



DEPARTMENT OF VETERANS AFFAIRS
Orlando VA Medical Center
13800 Veterans Way
Orlando, FL 32827

In Reply Refer To:

Dear Home Health Agency:

In response to the rapid growth in the Orlando VA Medical Center's Community Health Program, a change in processing home care and hospice authorization requests has become necessary to better serve you and our Veterans. Please share the following process changes becoming effective November 1, 2012 with all pertinent staff members.

To request: a) additional home health services/disciplines, b) a change in the level of care for hospice services, or c) extensions and changes to currently authorized service dates, please familiarize yourself with the process outlined below:

1. Complete the attached request form and fax it to the appropriate Community Health Office (fax numbers provided at the bottom of the Fee Authorization Request form).
2. Use the case management model/ concept addressing all skilled needs on the same request form whenever possible. Separate submissions for individual skilled needs may delay authorization approval.
3. Once the request is received, authorization/approval may take up to five (5) business days to process. Please consider the time needed to process your request in order to avoid disruption in care to the Veteran or unauthorized services.
4. Requests for additional authorization or extensions to service dates cannot be made by telephone.
5. Only authorization requests using the attached request form will be accepted.

Please do not hesitate to contact me at 407/646-5500 extension 27836 or your community health nurse, if you have questions or concerns regarding this process.

Sincerely,

Sara McCarthy, MSN, RN
Community Health Program Manager



Orlando VA Community Health Program Fee Authorization Request Form

Patient: _____ Last 4 of SSN _____ Name of Agency _____

In order to process the request for additional services, visits or extension of authorization period, the following information must be submitted via fax to the Community Health Program **at least one (1) week prior to the Authorization End Date.**

1. Clinical reason for additional visits or extension of end date:

2. Goals met in this authorization period:

3. Goal not met in this authorization period:

4. Skill/Service(PT, OT, SN, MSW, SLP) requested, including new start date, end date and how many visits requested :

	Type of Service <small>(SN, PT, OT, ST, MSW, HOSPICE)</small>	Start Date <small>(xx/xx/xxxx)</small>	End Date <small>(xx/xx/xxxx)</small>	Number of Visits Requested	Level of Service <small>(Hospice Only) Routine, Inpt, Cont Care, Respite</small>
Skill 1.					
Skill 2.					
Skill 3.					
Skill 4.					
Skill 5.					

Note: One time visit request for discharge from care can be completed via a telephone visit.

Community Health Program Location

Daytona Beach Clinic & Community Outpatient Clinics
Orlando VA Clinics (Baldwin Campus/Tavares Clinic)
Viera Outpatient Clinic
Viera Outpatient Clinic

Phone Number

386/947-2222
407/646-4663
321/637-3655
321/637-3604

Fax Number

407/643-9377
407/643-9338
407/643-9211
407/643-9211

Contact Name

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