pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OLTL Service Authorization Form
HCBS Waiver Programs

DATE:	☐ Annual Renewal	☐ New referral	☐ Temporary change	☐ Revision (change in need)	☐ Termination

CONSUMER'S NAME:	DOB:
ADDRESS:	PHONE/EMAIL:
PRIMARY CONTACT (RELATIONSHIP TO CONSUMER):	PHONE/EMAIL:
PRIMARY CARE PHYSICIAN	PHONE/FAX/EMAIL:
ICD-9 DIAGNOSIS CODE:	MEDICAL ASSISTANCE NUMBER (10 DIGITS):
PROVIDER NAME:	

PROGRAM NAME:

☐ OBRA Waiver ☐ Independence Waiver ☐ CommCare Waiver
☐ Attendant Care/Act 150 ☐ Aging Waiver ☐ AIDS Waiver

SERVICE AUTHORIZED (TYPE):

☐ Accessibility adaptations	☐ Home health nursing (LPN)**	☐ Personal assistance services (CSLA)*
☐ Adult daily living	☐ Home health nursing (RN)**	☐ Personal emergency response system (PERS)
☐ Behavior therapy	☐ Home health occupational therapy**	☐ Prevocational services*
☐ Cognitive rehabilitation*	☐ Home health occupational therapy-assist.**	☐ Residential habilitation
☐ Community integration*	☐ Home health physical therapy**	☐ Respite (agency)*
☐ Community transition services	☐ Home health physical therapy-assist.**	☐ Service coordination
☐ Counseling services	☐ Home health speech and language therapy**	☐ Structured day habilitation
☐ Durable medical equipment & supplies	☐ Non-medical transportation	☐ Supported employment*
☐ Home delivered meals	☐ Nutritional counseling	☐ Transition service coordination
☐ Home health aide*	☐ Personal assistance services (agency)*	☐ Telecare

* **(Details of activities for these services are listed below.)**
** (Must be accompanied by a script renewed every 60 days.)
*** For all participant-directed and Financial Management Services (FMS), please use the referral protocols established by the Vendor Fiscal/Employer Agent (VF/EA).

TOTAL NUMBER OF APPROVED UNITS PER WEEK (AMOUNT):	SERVICE PROVISION DATES (SERVICE BEGIN AND END DATES/APPLICABLE DATES):

PREFERRED SCHEDULE (DURATION AND FREQUENCY):

DESIRED OUTCOME OF SERVICE:

SERVICE COORDINATOR (SC):	SC AGENCY:	SC PHONE/EMAIL:

SPECIAL CONDITIONS/INSTRUCTIONS:

INDIVIDUALIZED BACKUP PLAN:

UNIQUE CIRCUMSTANCES (ALLERGIES, SMOKING/PETS, CHILDREN UNDER 18, ETC.):

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*DETAILS OF CURRENT NEEDS: THE CONSUMER WILL NEED ASSISTANCE WITH THE FOLLOWING ADL/IADLS (SCOPE):
☐ Bathing
☐ Hair care
☐ Dressing
☐ Lotion/ointment
☐ Meal preparation
☐ Eating/drinking
☐ Laundry
☐ Light housekeeping
☐ Shopping
☐ Medication management
☐ Reading/writing
☐ Managing finances
☐ Social/leisure activities
☐ Telephone/communication devices
☐ Securing transportation
☐ Appointment scheduling
☐ Caring for personal possessions
☐ Obtaining seasonal clothing
☐ Using a prosthetic device
☐ Ambulating
☐ Range of motion
☐ Supervised walks
☐ Supervision/coaching/cueing
☐ Toileting
☐ Bowel/bladder management
☐ Transfers
☐ Incontinence care
☐ Catheter care
☐ Wound care
☐ G-tube feedings
☐ Other