

Alabama Department of Senior Services Medicaid Waiver Programs
Service Provider Authorization

Service Provider	Name of Client	Case Manager	Phone
<input type="checkbox"/> Check box if a missed visit will place this client at risk.	<input type="checkbox"/> Initial Referral <input type="checkbox"/> Redetermination <input type="checkbox"/> Change <input type="checkbox"/> Termination	Emergency/Disaster Priority <input type="checkbox"/> Not Priority <input type="checkbox"/> Priority – Client Lives Alone <input type="checkbox"/> Priority Advanced - Medical Need	Diagnosis/Diet Limitations
	Skilled Nursing <input type="checkbox"/> RN <input type="checkbox"/> LPN		
Frequency(s) 	Begin Date 	End Date 	Comments
<input type="checkbox"/> Administer medications and treatments prescribed by a licensed or otherwise legally authorized physician or dentist.			<p style="text-align: center;"><i>The provision of services in excess of that indicated above will not be reimbursed. Please notify the case manager if the service schedule needs changing.</i></p>
<input type="checkbox"/> Provide education and training designed to maintain access to a level of health care which is recognized by the nursing and medical professions as proper.			
<input type="checkbox"/> Administer skilled services as ordered by the physician.			
<input type="checkbox"/> Evaluate effectiveness of nursing service and report changes in client's condition as warranted.			
<input type="checkbox"/> Provide skilled medical observation and monitor client's physical mental or emotional condition and report any changes.			
<input type="checkbox"/> Orient the client to daily events.			
<input type="checkbox"/> Observe home safety to include home's surroundings and report concerns to Case manager.			
<input type="checkbox"/> Accompany client to medical appointments, if necessary.			
<input type="checkbox"/> In an emergency, accompany client to ER via ambulance.			
		Authorized Signature	