

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



Maine Department of Health and Human Services  
MaineCare Services  
Authorization Review  
11 State House Station  
Augusta, Maine 04333-0011  
Tel: (866) 690-5585; TTY: Dial 711 (Maine Relay)

## Private Duty Nursing Request for Authorization: Change of a Previously Approved Plan of Care

Member Name: \_\_\_\_\_ MaineCare Number: \_\_\_\_\_

Provider: \_\_\_\_\_ Provider Phone: \_\_\_\_\_

Provider Contact Person: \_\_\_\_\_

Authorization Number for Requested dates of Services: \_\_\_\_\_

Reason for Requested Change: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Plan - Choose One**

**Proposed Change - Choose One**

**Proposed Dates of Change**

RN \_\_\_\_\_ hours per week

RN \_\_\_\_\_ hours per week

LPN \_\_\_\_\_ hours per week

LPN \_\_\_\_\_ hours per week

\_\_\_\_\_

CNA \_\_\_\_\_ hours per week

CNA \_\_\_\_\_ hours per week

PSS \_\_\_\_\_ hours per week

PSS \_\_\_\_\_ hours per week

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Notes / Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please submit **all** requests via the Health PAS Online Portal by attaching to the existing prior authorization via fax at 1-866-598-3963.