

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)

Significant Changes in Services Request

Member: _____ **MaineCare Number:** _____

Provider Name: _____ **PA Number:** _____

The purpose of this form is to inform the Office of Maine Care Services of the significant changes in services for a MaineCare Member under 21 receiving PDN services. Submit this form with the following items:

1. **Page one only** of the MED Kids-PDN form. In box 4 (Assessment Trigger) enter the number 3 (significant medical change).
2. Include clinical information to support the change in the member’s health status (a narrative note or clinical records from the treating physician) to validate the services being requested.
3. Complete the **Significant Changes in Services Requested** form.
4. Enter the PA number for the **current** authorization that includes the dates requested below.

Services: RN, LPN, CNA, PSS	Start Date	End Date	Indicate Hours per Day							Total Hours per Week
			Sun	Mon	Tues	Wed	Thu	Fri	Sat	
RN per week										
LPN per week										
CNA per week										
PSS per week										
RN per month										

****Please note:** After the expiration of the requested change of service dates, the end date of this PA will return to the end date originally approved when the PA was authorized.

Please submit all requests through the Health PAS Online Portal or via fax at 1-866-598-3963.