



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 authorization requests has become necessary to better serve you and our Veterans. Please share the following process changes with all pertinent staff members.

To request: additional home health services/disciplines, a change in the level of care frequency, extensions or changes to currently authorized service dates, please follow the outline 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. All Requests Must be done in Writing
5. Only authorization requests using the attached request form will be accepted.

For further questions for concerns, please do not hesitate to contact me at 407/646-5500 extension 27836 or your Community Health Nurse.

Sincerely,

Sara McCarthy, MSN, RN
Community Health Program Manager



Orlando VAHS Community Health Program Payment 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 Skilled Need (SN, PT, OT, ST, MSW)	Start Date (xx/xx/xxxx)	End Date (if applicable (xx/xx/xxxx)	Frequency Change	Level of Service B&B, WC, Med Man, IV, Trach, Life vest etc
Skill 1.					
Skill 2.					
Skill 3.					
Skill 4.					
Skill 5.					

COMMUNITY HEALTH NURSING PROGRAM: LOCATION & INFO

Daytona Beach & Community Outpt Clinic-----Tara Klosterman: A-L Ph: 386-385-8591 Fax: 407-643-9377
Christopher Hensley: M-Z Ph: 407-587-6263

Lake Nona, Baldwin & Tavares Clinics----- Nancy Foss: A-L Ph: 407-646-4663 Fax: 407-643-9338
Marisol De Hoyos: M-Z Ph: 407-664-7497

Viera & Palm Bay outpatient Clinics----- Rose Pongnon: A-L Ph: 407-759-8698 Fax: 407-643-9211
Catherine Martin: M-Z Ph: 407-664-7149

Link to CHN Resource Page: <https://www.va.gov/orlando-health-care/programs/>

VA-CONTRACTED COMMUNITY SNF/REHAB

*JoAnn Guinta Ph: 407-664-7637 -----Brevard & Osceola Counties, Kissimmee
*Cynthia Robesky Ph: 407-646-4661-----Orange county
*Richard Breen Ph: 407-342-3917-----Lake County,Deltona, Volusia Cnty, Seminole Cnty