CONTINUED SNF STAY
PRIOR AUTHORIZATION FORM

This form must be completed by a person with thorough clinical knowledge of the member's current clinical presentation and his/her clinical evaluation history. **Clinical documentation supporting the medical necessity of this request is required (i.e. therapy minutes, progress notes, assessments, current plan of care, and care conference notes) on or prior to the last authorized day.** For more information, please refer to the medical policy document MC/N002 Skilled Inpatient Services (Skilled Nursing Facility and Acute Inpatient Rehabilitation) located at https://www.preferredone.com/MedicalPolicy/.

Please email this form and clinical documentation to UM@Preferredone.com or fax to (763) 847-4014.

Member Name	PreferredOne ID #	DOB
Discharge Date (actual/anticipated)	Discharge Destination (actual/anticipated): ☐ Home ☐ Hospital ☐ SNF	
Physical Restrictions: ☐ NO ☐ YES (specify)		

Facility Name	NPI #
Facility Contact Name	
Facility Contact Phone	Facility Contact Fax

DAYS PER WEEK/MINUTES ARE CALCULATED EVERY 7 DAYS, USING DAY OF ADMISSION AS DAY 1.	
SKILLED PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY	START DATE: END DATE:
PT DAYS PER WEEK	TOTAL MINUTES
OT DAYS PER WEEK	TOTAL MINUTES
SLP DAYS PER WEEK	TOTAL MINUTES
PT – PROGRESS IN THE LAST WEEK:	
OT – PROGRESS IN THE LAST WEEK:	
SLP – PROGRESS IN THE LAST WEEK:	
CURRENT ASSISTIVE DEVICES:	
CURRENT LEVEL OF ASSISTANCE WITH ADL'S:	

CONTINUED SNF STAY
PRIOR AUTHORIZATION FORM

Member Name
PreferredOne ID #

TRANSFER:	GRM/HYG:	BED MOB:
BATHING:	UE DSG: LE DSG:	TOILETING:
AMBULATION: DISTANCE:	EATING:	IADL'S:
REHAB POTENTIAL:		
SKILLED NURSING (IV OR PICC LINE, GTUBE, TRACH CARE, WOUND CARE, EDUCATION, ETC..) *SEND NURSE ASSESSMENT NOTES*		
SKILLED NURSTING INTERVENTIONS:		
IDENTIFY BARRIERS/LIMITATIONS:		
CARE PLAN (INCLUDING CURRENT GOALS AND PROJECTED TIME FRAMES FOR MEETING GOALS):		
ANTICIPATED DATE OR COMPLETION OF THERAPY/TREATMENT PLAN:		
UPCOMING APPOINTMENTS/NEW ORDERS FROM AHCP/NEW REFERRALS PLACED:		
CARE CONFERENCE DOCUMENTATION (INCLUDE WHEN NEXT CARE CONFERENCE IS SCHEDULED):		
DISCHARGE PLANNING (ADDRESS MEMBER AND CAREGIVER ABILITY TO ADDRESS POST-DISCHARGE CARE):		