

Pre-Authorized Expenses: Nintex Long Form Instructions

LOCATING THE PRE-AUTHORIZED EXPENSES (PAE) FORMS:

- 1) Go to the OPDC website (www.oregon.gov/opdc)
- 2) Click the Provider dropdown at the top
- 3) Click Pre-Authorized Expenses
- 4) Under Request Forms, click the link named “Online PAE Nintex submission form”

Request Forms

NEW [Online PAE Nintex submission form](#) - replaces ALL of the pdf forms and adds a polygraph short form option.

(PDF forms will continue to be accepted until further notice)

PRE-AUTHORIZED EXPENSES – LONG FORM:

The long form should be used for any requests that do not fall under the Routine Expense policy and cannot be requested on a short form.

Amendments or Reconsiderations should not be submitted on the long form. Instead, email the PAE department directly at CSS@opds.state.or.us. You will need to include the PAE authorization number and a description of what is needed or any clarifying information/documentation, whichever is applicable.

****Stop - Please do not fill out a new form!****

Amendments and Reconsideration Requests must be submitted by email to our intake staff at: CSS@opds.state.or.us. Please include the word Amendment or Reconsideration in the subject line of your email, and list the authorization number it relates to. In the body of the email, please list what is needed, including any clarifying information or documentation. A new request form should only be submitted if additional services are being requested.

LONG FORM - PAGE ONE:

- Select your appointment type and the type of form needed.
- Fill in the Case Information, Attorney Information, and Service Provider Information sections.

- Enter one case number in the Case Information section. If the client has multiple case numbers, only enter the case number with the highest case type. If there are multiple cases with the same case type, use the oldest case number that remains open.

LONG FORM - PAGE TWO:

Your answers to the questions on this page are how our department is able to determine if the services or expenses are reasonable and necessary to the client's defense, so please fill these out to the best of your ability.

If the provider was previously approved for this case and the prior work is not described, a subsequent request may be denied as incomplete or duplicate. A description of the completed work is required for us to review any request for continuing services.

TOP SECTION – SERVICE OR ITEM REQUESTED

- Choose the category of the service requested.
- Choose the specific service being requested.
 - If after checking all categories, the service needed isn't listed, choose "Miscellaneous Services" in the Service Category, and "Other Services (Not Listed)" under Service Requested. In the next box, manually type the service needed.
- Enter the quantity of hours, pages, etc. needed for this service.
 - If requesting a quantity of 50 or more, select whether you want the quantity split across multiple PAE authorizations.

Do you want to have this authorization split?

☐ Yes ☐ No

How would you like your hours split?

The minimum is 20 hours each Authorization.

- Enter the rate for this provider/service.
- Select whether the provider will be testifying with the hours requested.

BOTTOM SECTION – REMAINING QUESTIONS ON THIS PAGE

- List the charges/allegations against the client and any other case numbers the client has, if applicable.
- If continuing services are being requested, select "yes" to the question "Has a previous request been made in the case for similar or related services" and then describe the work completed under the provider's previous PAE approval.
- Explain the work the provider is going to complete, and why this service is needed.
- Provide justification for the number of hours/pages requested (i.e., why is this amount needed all at once).

- If there is a guideline rate for the service you are requesting, and you are asking for a rate above the guideline, justification must be provided in the corresponding box for this to be considered.
- If requesting an out-of-state provider, explain why use of an out-of-state provider is reasonable and necessary to complete this service.
 - Please attempt to locate an in-state provider before requesting one from out-of-state. If you are having trouble locating an in-state provider, email the PAE department at CSS@opds.state.or.us for assistance.
- If rush service is needed (e.g., immediate air travel or an urgent unexpected trial expense), select yes to “Is service required within 48 hours?”
 - If you select yes, explain this in more detail in the next box.

FILE UPLOAD SECTION

- The bottom of page two has a section where documents may be attached. If you have any additional documentation that may be helpful during the review process, attach that here.
- If the requested provider is new to OPDC, upload a copy of their CV/Resume so we may complete our provider/rate review process.

If this request is for a provider new to OPDC, please include a CV/Resume with your submission.

Drag files here or [Select files](#)

LONG FORM - PAGE THREE:

TRAVEL EXPENSES

- If travel expenses are needed, the travel section will appear after selecting yes to “Are you requesting any travel expenses?”
- Enter the traveler’s name, their business location in “Departing From”, and their ultimate destination in the “Arriving At” box.
- If requesting mileage, enter the estimated number of miles needed for this trip.
- If travel time reimbursement is needed, enter the total number of hours needed for travel, and the provider’s requested travel time rate.
 - An estimate of travel time will be calculated upon review. If the travel time will be used for multiple trips, this should be indicated on the request form by selecting “yes” to the question “Relating to travel time, is more than one trip expected”, otherwise the travel time may be adjusted.

Travel Time - Hours	Travel - Rate	Travel - Total
	\$ 0.00	\$ 0.00

Relating to travel time, is more than one trip expected?

☐ Yes ☐ No

- Check the box for airfare, if that is needed for the provider's trip.
 - If approved, the provider will book airfare through Corporate Travel Management (CTM). This must be done within 60 days of the date the authorization was processed.
 - The provider will not be reimbursed if airfare is booked elsewhere or paid out of pocket.
 - Information regarding air travel and CTM is also documented on the approval itself, in the travel section of the PAE.

You MUST call Corporate Travel Management for air travel. Call (877) 564-1095. Ask to speak to a corporate agent.

- Flights must be booked within 60 days of the date this authorization was processed.
- Effective May 7, 2025, all travelers will require REAL ID compliant identifications for air travel.
- IF YOU PURCHASE YOUR OWN TICKET, YOU WILL NOT BE REIMBURSED.

- If overnight travel is needed, enter the number of days of meals and number of nights of lodging needed.
 - These expenses will be approved at the GSA rates. For more information, please refer to the Pre-Authorized Expenses policy, section 3.23.
- Reimbursement for a rental car may also be requested when necessary.
 - Typically, this expense is only approved alongside airfare, so if you are requesting a rental car but not airfare, clear justification must be provided in your description of services on the previous page of the request form.
- We've provided an additional section, "Other travel expense", for expenses not already listed. If there is a different type of travel expense needed, please list that here, along with the quantity and rate of the expense.

Other travel expense	Quantity	Rate	Total
		\$ 0.00	\$ 0.00

★ **GOOD TO KNOW:**

- Justification must be provided for any requested travel. This information may be included in your answers to the questions on page 2 of the long form.
 - Please note, a lack of justification may result in a denial of travel expenses.

- Travel time is not approved separately for Case Managers, Investigators or Mitigators. This is included in their total authorized service hours and will not be approved separately.
- Hourly attorney travel time is routine and should not be requested through PAE. They may include this in their invoice for hourly services.
- A maximum of \$75/hour is allowed for travel time associated with flat-rate services. If a higher rate is requested, this will be adjusted prior to approval.
- After receiving an approval that includes airfare, the traveler has 60 days to book their flight through CTM. After 60 days, CTM will no longer have a record of the approval, and our department will need to be contacted at CSS@opds.state.or.us to have the airfare reissued.

BACKDATING

- A PAE request should be submitted prior to any new work beginning on a case, however when this is not possible, you may request to have the PAE authorization backdated.
- When a backdated effective date is needed to cover services that have already begun or already occurred, select yes to the question “Does this request need to be backdated?”
- In the provided box, describe the circumstances that resulted in the PAE request being submitted after the services began/occurred.
 - A backdated approval will not be issued without this information.
- After indicating the request needs to be backdated, an effective date box will appear in the Attorney Signature section below. Enter the earliest date of service in this box.

★ GOOD TO KNOW:

- Any service dates occurring prior to the effective date will not be paid. If you are unsure what date the PAE needs to be effective, ask the provider what their earliest date of service was, and enter that date.
- The effective date should not be the earliest date of service over the life of the case; this is simply the earliest date for services covered under this specific PAE authorization.

ATTORNEY SIGNATURE

- The attorney must enter their name, indicating they approve the submission and provided justification.
- The submission date will automatically reflect the current date and cannot be changed.
- Once completed, click “Submit” to send your request to the PAE department for processing.