

NAME: RN Member Contact Form (Policy Section 501.12.3)

PURPOSE: To document all contacts/visits (except for the 6 month and annual visits) with, or on behalf of, a member. Must be maintained within the member's record. The RN Assessment and Plan of Care must be complete. The procedure code is T1002, Service Unit 15 minutes, and the Service Level is 6 units per month.

1. Document Member's:
 - Last and First Name
 - Medicaid number
 - Date of contact/visit
 - Start time of the visit/contact
 - Stop time of the visit/contact
 - Total time of the visit/contact (in minutes)

2. The reason for home the visit/contact **must be marked**. Billable reasons for the home visit could be one or more of the following:
 - 30 day home visit to assure service being provided by the PA/HM follows the POC. (Note: *This 30 day home visit refers to policy section: 501.12.3.1 E. Make a home visit with the member and Personal Assistance/Homemaker within 30 calendar days after PA/HM services begin.*)
 - For any needs and/or condition changes of the member.
 - Evaluation due to a change in the POC.
 - Post Hospital Visit.
 - At members request attend the PAS evaluation.
 - To complete home visit for a Service Level Change request.
 - To complete home visit for a Dual Service request.
 - Home visit for incident follow-up.
 - Initial Service Plan meeting if member request's.
 - In home training for the PA/HM specific to the member.

3. Enter the required supportive documentation for the home visit such as:
 - The result of the home visit related to the reason (s) marked.
 - The outcome.
 - Any changes needed to the POC.
 - The names of those present and their relationship to member.

4. Travel time or miles **are not** billable for PA/RN at any time.

5. Member/Legal representative must sign and date certifying that the reported information is complete and accurate.

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6. RN must sign and date certifying that the reported information is complete and accurate.