

NAME: PERSONAL CARE INITIAL CONTACT LOG (Policy Section 517.20 A.)

PURPOSE: To document the when the provider receives the PAS from the physician actions taken to complete the authorization of medical eligibility through the UMC and the date the member's Personal Care Assessment, Personal Care Plan of Care, and date direct care services began.

- Enter the following information at the top of the form. Applicants:
 - Last Name.
 - First name.
 - Middle Initial (MI).
 - Address.
 - Date of Birth.

- Complete the **“Applicant”** section of the form by documenting:
 - Name of the Personal Care Agency.
 - Personal Care agency address, phone and fax number.
 - The date the date the PAS was completed.
 - The date the PAS was received from the doctor.
 - Signature and Date of the Personal Care RN.
 - Note any comments in the comments section.

- Complete the **“Member”** section of the form by documenting:
 - The member Prior Authorization Received from APS Healthcare (UMC).
 - The date the Personal Care Assessment was conducted.
 - The date the Plan of Care was Developed with the member.
 - The date direct care services began.
 - Note any comments in the comments section.
 - The Personal Care RN must sign and date this section of the form.