

## PERSONAL CARE FORMS INSTRUCTIONS

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**Form Name:** Personal Care RN Initial Contact Log (Policy Section 517)

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

- Enter the following information at the top of the form. Applicant's:
  - 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 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 **"PC Recipient"** section of the form by documenting:
  - The prior authorization received from KEPRO (UMC).
  - The date the Personal Care Assessment was conducted.
  - The date the Plan of Care was developed with the PC Recipient.
  - The date the direct care services began.
  - Note any comments in the comments section
  - The Personal Care RN must sign and date this section of the form.