

Personal Care Prior Authorization Request Form

Provider Information			
Provider Name:		<input type="checkbox"/> Initial Request	<input type="checkbox"/> Concurrent Request
Date Submitted:		Contracted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
NPI (N/A if Atypical):		Provider Tax ID (TIN):	
Medicaid ID:			
Contact Name:		Email Address:	
Phone:		Fax #:	
Address:			
Member Information			
Member Name:		Member Date of Birth:	
CareSource PASSE ID #:		Member Medicaid ID:	
Care Coordinator Name:			
ICD-10 Diagnosis Code:		Diagnosis Description:	
Type of Request			
Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Retrospective <input type="checkbox"/>			

INSTRUCTIONS:

- All services should be reflected in the Person-Centered Services Plan (PCSP) and developed in collaboration between member, family/guardian, service providers and care coordination. Care coordination assignment can be found in the provider portal or by emailing CareCoordination@CareSourcePASSE.com.
- The following are the current methods for submitting an authorization. This form is required.
 - Provider Portal: <https://ProviderPortal.CareSource.com/>
 - Fax: 1-844-542-2605
- CareSource PASSE integrates with the CareBridge Electronic Visit Verification (EVV) system. For claims to pay, you or your EVV vendor must connect with CareBridge. Click [here](#) to find out how to connect:

Personal Care	Limits/Guidelines	Prior Authorization Required; up to six months		
	Start Date:		End Date:	
T1019, (4-20)	Total units: (1 unit= 15 min)			
T1019 U3, (21+)	Total units: (1 unit= 15 min)			
Recommended Documentation	Individualized plan of care demonstrating need for assistance with activities of daily living. This Plan of Care should be supported by ARIA. Detailed schedule of hours to include times per day. Name of individuals providing personal care and relationship to member.			

AR-PAS-P-2417206b

Disclaimer: An authorization is not a guarantee of payment; Member must be eligible at time of services are rendered.

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