Post Acute Facility Continued Stay Review Form

For PACE and Partnership Members ONLY

Please complete the PA form and fax along with supporting clinical documentation to:
Community Care Utilization Management
Fax: 414-384-8272 Phone: 262-207-9393, please call UM with any questions.
Incomplete forms or lack of supporting clinical may cause delay in determination or administrative denial for lack of clinical information.

Member Name: DOB: Medicaid #:
Member Phone: Member Address:
Provider Name/Clinic: Tax ID:
Address:
Clinical Contact/Title: Phone Number: Fax Number:

Date of review:

Clinical Continued Stay/Skilled Services Update: Complete below:
- Detailed, current notes regarding the services
  - -Ventilator Setting and RT notes
  - -Wound Care Notes (Dimensions, Treatment Orders
  - -IV Antibiotic Information (Dose, Frequency, Stop Date)

Physical Therapy: Frequency: _____
Transfers: ☐ Max A ☐ Min A ☐ CGA ☐ Independent ☐ Other ______________
Ambulation: _____ feet using device _____ ☐ Max A ☐ Min A ☐ CGA ☐ Independent ☐ Other ______________
Gait (describe): ______________________________ Balance(describe): ______________________________
Stairs: ☐ Yes ☐ No # of stairs _____

Occupational Therapy: Frequency: Minutes:

ADL's Upper Body:	☐ Max	☐ Min	☐ CGA	☐ Independent	☐ Other
ADL's Lower Body:	☐ Max	☐ Min	☐ CGA	☐ Independent	☐ Other
Toileting:	☐ Max	☐ Min	☐ CGA	☐ Independent	☐ Other
Bed Mobility:	☐ Max	☐ Min	☐ CGA	☐ Independent	☐ Other

Speech Therapy**:**
Frequency: ____________________ Diet: ______________________________
Progress: ____

Discharge Plan: ____

Projected discharge date: ___________ Barriers to discharge: ______________________________

Goal Update: ____

(Please attach additional pages if needed)

Privacy and confidentiality:
The information within this fax message is intended for the recipient(s) only. If you have received this fax in error, please contact us at 262-207-9393 (phone) or 414-384-8272 (fax) and destroy this document received. State and Federal Law prohibits any unauthorized use of this information. Thank you for your cooperation.