LogistiCare

# Attendant Pre-Assessment Checklist
# (APAC)

Please check the appropriate response for each question and follow the given instructions.

1. **Is the client 18 years of age or older?** ☐ **Yes** ☐ **No**

   → If Yes, proceed to the next question.

   → If No, STOP client does not qualify to ride with an attendant. Requires escort by parent or guardian.

2. **Does the client have a family member or friend available to transport him or her for mileage reimbursement?** ☐ **Yes** ☐ **No**

   → If Yes, STOP Contact the Utilization Review Department Staff for further assistance.

   → If No, proceed to the next question.

3. **Is the need for an attendant solely based on the client's ability to get in and out of the vehicle and/or facility?** ☐ **Yes** ☐ **No**

   → If Yes, STOP Contact the Utilization Review Department Staff for further assistance.

   → If No, proceed to the next question.

4. **Can the client be transported by him or herself without incident?** ☐ **Yes** ☐ **No**

   → If Yes, STOP Contact the Utilization Review Department Staff for further assistance.

   → If No, proceed to the next question.

5. **Is the need for an attendant based on behavioral issues or some type of special medical need that requires monitoring with possible intervention?**

   ☐ **Behavioral Issue** ☐ **Medical Monitoring Intervention**

   → If the client's need is based on behavioral issues, proceed to next question.

   → If the client's need is based on required medical monitoring with possible intervention, STOP this does not qualify him/her to ride with an attendant as attendants are not medically trained.

6. **Are the client's behavioral issues specific to the home, facility, transportation or all three?** ☐ **Home** ☐ **Facility** ☐ **Transportation** ☐ **All**

   → If the client's behavioral issues are specific to transportation, proceed to the next question.

   → If the client's behavioral issues are specific to the home or facility, STOP Contact the Utilization Department Staff for further assistance.

7. **Would the client's behavior prevent the driver from operating the vehicle safely?**

   ☐ **Yes** ☐ **No**

   → If Yes, complete the Attendant Care Eligibility Assessment (ACEA) form. Provide as much information as possible. Fax the ACEA and the APAC forms to the Utilization Review Department at (866) 907-1491.

   → If No, STOP Contact the Utilization Department Staff for further assistance.