

iConnect Service Authorization

Authorization Details**iConnect ID** 42962**PIN** 0000200595

Consumer Erick Pastrana**Recipient ID** 7767058573**Provider** UNITED FAMILY HEALTH CARE INC**Provider Medicaid ID** 103690700**WSC** Hugo Ortiz**iConnect Provider Id** 18575**Fiscal Year** 2021-2022**Begin Date** 07/01/2021**End Date** 06/30/2022**Description** (4140) Personal Supports**Service Code** S5130UC**Units Per** 36.00**Ratio** 1:1**Unit of Measure** Calendar Day**Rate** \$3.86**Unit Type** 15 mins**Max Approved Amt** \$50720.4**Max Units** 13140

Prior Authorization Data**SA Status** Approved**PA Number** 5221179122**PA Status** Approved**PA Assign Date****Authorization ID** 474767**PA Reject Reason**

Notes

Please approve 36QH P/D X 365 = 13140 units of personal support per year

Service provided in accordance with current support plan. Documentation must be provided in accordance with the iBudget Waiver Handbook.

Hugo B Ortiz 06/13/2021