Nevada Medicaid and Check Up

Authorization Request for Personal Care Services (PCS)

Upload this request through the Provider Web Portal. **Questions? Call:** (800) 525-2395

For information on completing this form, see the instructions online at www.medicaid.nv.gov (select "Forms" from the "Providers" menu, then click on Form Number FA-24-I).

DATE OF REQUEST: ____/____/_____

SECTION 1: FOR NEVADA MEDICAID USE ONLY

SECTION 2: PURPOSE OF REQUEST

☐ Update Visit (annual) ☐ Significant Change in Condition ☐ Temporary Service Authorization ☐ One-Time Service	☐ Information Only _____ _____ _____	☐ Cancel Authorization Agency's last date of service: ____/____/_____ Reason: ☐ Recipient Ineligible ☐ Recipient Expired ☐ Other: _____

SECTION 3: CONTACT INFORMATION

RECIPIENT INFORMATION

Last Name:			First Name:
Recipient Medicaid ID:			Date of Birth:
Translator Required: ☐ Yes ☐ No			Language:
Address:			
City:	State:	Zip Code:	Phone:

PCS AGENCY INFORMATION

PCS Agency Name:		City:
NPI/API:	Phone:	Fax:

LEGALLY RESPONSIBLE INDIVIDUAL (LRI) INFORMATION *(if applicable*)*

**Complete this section if the definition of LRI is met. Individuals who are legally responsible to provide medical support, including spouses of recipients, legal guardians [not power of attorney (POA)], and parents of minor recipients, including stepparents, foster parents and adoptive parents. Attach a completed copy of form FA-24B (LRI Availability Determination for the Personal Care Services Program) with any submitted request when the recipient resides with an LRI. It is the responsibility of the provider to attach a current work note (availability) or a copy of the permanent disability form or an updated disability form if the disability was/is temporary (capability). If this section is not addressed and appropriate paperwork not attached, this request will be denied and the form will be returned to the provider. See the FA-24 Instructions on the Forms webpage at www.medicaid.nv.gov for additional instructions regarding this section.*

Does recipient have an LRI? *(see definition above)* ☐ Yes ☐ No ☐ Unknown		
LRI Name:		Phone:
Relationship to Recipient:	Does LRI reside with recipient? ☐ Yes ☐ No	
Is the LRI also on the PCS Program: ☐ Yes ☐ No		Receives_____ hrs/wk
LRI Employment Status: ☐ Employed # Hrs/wk:_____ Days Off:_____ ☐ Unemployed ☐ Disabled ☐ Other		

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Recipient Name:	Recipient Medicaid ID:

ALTERNATE CONTACT INFORMATION
(An alternate contact is needed for scheduling purposes in the event the recipient and/or LRI are unavailable.)

Alternate Contact Name:	
Phone:	Relationship to Recipient:

Can this person be contacted in case we are unable to contact recipient? ☐ Yes ☐ No

SECTION 4: DIAGNOSES AND INCIDENTS

DIAGNOSIS/DIAGNOSES AFFECTING THE INDIVIDUAL'S ABILITY TO COMPLETE TASKS:

Is anyone else in the home receiving PCS at this time?

☐ Yes - Who:_____ ☐ No ☐ Unknown

INCIDENTS, INCLUDING A SUMMARY OF ALL REPORTED SERIOUS OCCURRENCES, WITHIN PAST 90 DAYS
(Check all that apply. The Summary of Reported Serious Occurrences section is mandatory.)

☐ Hospitalization Discharged date or anticipated discharge date: _____

☐ Recent Fall	☐ Surgery Type:_____	☐ Loss of non-paid caregiver

☐ New Medical Condition/Diagnosis *(specify):*

☐ Addition or loss of other services *(specify):*

☐ Summary of Reported Serious Occurrences*:* _____

_____

_____

_____

☐ No Serious Occurrences

SECTION 5: COMMENTS *(General comments that would assist an assessor in completing an accurate assessment; include reason for request):*

SECTION 6: PERSON COMPLETING/SUBMITTING THIS REQUEST *(This person will be contacted with questions or if additional information is needed to process this request.)*

Name:	Phone:

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SECTION 7: PERSONAL CARE ATTENDANT (PCA) INFORMATION *(An LRI cannot be a PCA) (Mandatory fields)*
PCA Name:
PCA Phone Number: *(cannot be the agency's phone number)*
Please check only one of the following boxes to indicate the PCA's relationship to the recipient and if they reside with the recipient: ☐ PCA is a relative and resides in the home. Relationship to recipient:_____ ☐ PCA is a relative but does not reside in the home. Relationship to recipient:_____ ☐ PCA is **not** a relative but resides in the home. ☐ PCA is **not** a relative and does not reside in the home.
SECTION 8: ADDITIONAL COMMENTS