

Attention Provider Type 39: Adult Day Health Care Prior Authorization Form and Form Instructions Updated

The Adult Day Health Care (ADHC) Prior Authorization Request form (FA-17) and the corresponding FA-17 Instructions have been updated. ADHC (provider type 39) providers must immediately begin using the new form. Requests submitted on the previous form will be returned to providers. The documents are posted on this website (www.medicaid.nv.gov) on the Provider Forms webpage.

Reminder: Please make sure your service plan/plan of care includes the recipient's goals and services to be provided.