

September 28, 2015 Announcement 986

## Attention Provider Type 83: Use New, All-Inclusive Form FA-24C to Request Authorization for <u>Self-Directed Skilled Services</u>

A new, all-inclusive form has been published for provider type 83 (Personal Care Services – Intermediary Service Organization) to request authorization for **self-directed skilled services**. Form FA-24C (Authorization Request for Self-Directed Skilled Services) is online now for use beginning October 1, 2015. The previous forms for self-directed services (see list below) may be used only until October 31, 2015. Effective November 1, 2015, requests for self-directed skilled services submitted on any form other than the new FA-24C will be returned. The new FA-24C and FA-24C Instructions are posted on the <u>Provider Forms</u> webpage at <u>www.medicaid.nv.gov</u>.

For the purposes of an authorization request for <u>self-directed skilled services</u> only, the new, all-inclusive form FA-24C (Authorization Request for Self-Directed Skilled Services) replaces <u>ALL</u> of the following forms:

- FA-24: Authorization Request for Personal Care Services (PCS) (**Note:** FA-24 is still a valid form for the purposes of requesting Personal Care Services)
- NMO-3245: Intermediary Service Organization (ISO) Self-Directed Specific Skilled Medical, Nursing, or Home Health Care Services Recipient Agreement
- NMO-3246: Intermediary Service Organization (ISO) Self Directed Specific Skilled Medical, Nursing, or Home Health Care Services Personal Care Representative (PCR) Agreement
- NMO-3426: Nevada Medicaid Personal Care Services Program Self Directed Specific Medical, Nursing or Home Health Care Services Criteria
- NMO-3427: Nevada Medicaid Provider Agreement for Provision of Self Directed Specific Medical, Nursing or Home Health Care Services
- NMO-3428A: Health Care Provider Authorization for Self Directed Specific Medical, Nursing or Home Health Care Services
- NMO-3428B: Training Health Care Provider Authorization
- NMO-3429E: Nevada Medicaid Health Care Provider's Letter of Explanation