

## 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](http://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**

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

**SECTION 3: CONTACT INFORMATION****RECIPIENT INFORMATION**

Last Name:		First Name:	
Recipient Medicaid ID:		Date of Birth:	
Translator Required: <input type="checkbox"/> Yes <input type="checkbox"/> 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](http://www.medicaid.nv.gov) for additional instructions regarding this section.*

Does recipient have an LRI? (see definition above) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
LRI Name:		Phone:	
Relationship to Recipient:		Does LRI reside with recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the LRI also on the PCS Program: <input type="checkbox"/> Yes <input type="checkbox"/> No		Receives _____ hrs/wk	
LRI Employment Status: <input type="checkbox"/> Employed # Hrs/wk: _____ Days Off: _____ <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Other			

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Recipient Name:	Recipient Medicaid ID:	Date of Request:
<b>ALTERNATE CONTACT INFORMATION</b> <i>(An alternate contact is needed for scheduling purposes in the event the recipient and/or LRI are unavailable.)</i>		
Alternate Contact Name:		
Phone:	Relationship to Recipient:	
Can this person be contacted in case we are unable to contact recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>SECTION 4: DIAGNOSES AND INCIDENTS</b>		
<b>DIAGNOSIS/DIAGNOSES AFFECTING THE INDIVIDUAL'S ABILITY TO COMPLETE TASKS:</b>		
Is anyone else in the home receiving PCS at this time?		
<input type="checkbox"/> Yes - Who: _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown		
<b>INCIDENTS, INCLUDING A SUMMARY OF ALL REPORTED SERIOUS OCCURRENCES, WITHIN PAST 90 DAYS</b> <i>(Check all that apply. The Summary of Reported Serious Occurrences section is mandatory.)</i>		
<input type="checkbox"/> Hospitalization      Discharged date or anticipated discharge date: _____		
<input type="checkbox"/> Recent Fall	<input type="checkbox"/> Surgery      Type: _____	<input type="checkbox"/> Loss of non-paid caregiver
<input type="checkbox"/> New Medical Condition/Diagnosis <i>(specify)</i> :		
<input type="checkbox"/> Addition or loss of other services <i>(specify)</i> :		
<input type="checkbox"/> Summary of Reported Serious Occurrences: _____		
_____		
_____		
<input type="checkbox"/> No Serious Occurrences		
<b>SECTION 5: COMMENTS</b> <i>(General comments that would assist an assessor in completing an accurate assessment; include reason for request):</i>		
<b>SECTION 6: PERSON COMPLETING/SUBMITTING THIS REQUEST</b> <i>(This person will be contacted with questions or if additional information is needed to process this request.)</i>		
Name:		Phone:

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Recipient Name:	Date of Request:
<b>SECTION 7: PERSONAL CARE ATTENDANT (PCA) INFORMATION</b> <i>(An LRI cannot be a PCA) (Mandatory fields)</i>	
PCA Name:	
PCA Phone Number: <span style="float: right;"><i>(cannot be the agency's phone number)</i></span>	
<p>Please check only one of the following boxes to indicate the PCA's relationship to the recipient and if they reside with the recipient:</p> <p><input type="checkbox"/> PCA is a relative and resides in the home. Relationship to recipient: _____</p> <p><input type="checkbox"/> PCA is a relative but does not reside in the home. Relationship to recipient: _____</p> <p><input type="checkbox"/> PCA is <b>not</b> a relative but resides in the home.</p> <p><input type="checkbox"/> PCA is <b>not</b> a relative and does not reside in the home.</p>	
<b>SECTION 8: ADDITIONAL COMMENTS</b>	

*The information contained in this form, including attachments, is privileged and confidential and is only for the use of the individual or entities named on this form. If the reader of this form is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, the reader is hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If this communication has been received in error, the reader shall notify sender immediately and shall destroy all information received. This referral/authorization is not a guarantee of payment.*