Nevada Medicaid and Nevada Check Up

Legally Responsible Individual (LRI)

Availability Determination For the Personal Care Services Program

Please see page 2 of this form for LRI definition.

SECTION 1: DATE OF REQUEST: _____ /_____ /_____

SECTION 2: RECIPIENT REQUESTING TO BEGIN OR CONTINUE PERSONAL CARE SERVICES

Recipient Name:

Recipient ID: | Date of Birth:

SECTION 3: LEGALLY RESPONSIBLE INDIVIDUAL (LRI) INFORMATION (Submit one form for each LRI)

LRI Name: | Phone:

SECTION 4: LRI RELATIONSHIP

Check the relationship the LRI identified in Section 3 has to the recipient: (If this is a guardianship, attach a copy of the guardianship papers)

Recipients 18 years and older: A. ☐ Spouse B. ☐ Legal Guardian

Recipients under 18 years of age: C. ☐ Parent D. ☐ Step Parent E. ☐ Foster Parent F. ☐ Legal Guardian

SECTION 5: LRI UNAVAILABLE OR NOT CAPABLE OF PROVIDING CARE

Identify the reason the LRI identified in Section 3 is unavailable or not capable of providing care. (See page 2 for definitions and required documents)

☐ Unavailable to provide the recipient with necessary medical support due to the LRI's **work or school schedule**. Attach copy of proof of employment or school. If this option is checked, proceed to Section 7 to submit the form.

☐ Incapable to provide the recipient with necessary medical support due to LRI's own health condition. If this option is checked, complete section 6.

SECTION 6: LRI LIMITATIONS (A licensed healthcare professional must complete this section)

Enter the name of the LRI identified in Section 3:_____

Identify specific limitations of the LRI:

The LRI has: ☐ No limitations to provide care.

☐ Cognitive limitations (cannot learn care tasks, memory deficits)

☐ Physical limitations (cannot render care such as ability to lift recipient)

☐ Significant health or emotional issues that directly prevent or interfere with provision of care

Limitations: Describe in detail specific limitations and/or issues: _____

_____

_____

The limitations and/or issues described above are: ☐ Temporary through _____(date) ☐ Permanent

Date LRI was last seen in the healthcare professional's office: _____

LRI's Physician Name *(please print)*: _____ Contact Phone: _____

LRI's Physician Signature: _____ **Date:** _____

Credentials of healthcare provider signing the form:_____

SECTION 7: NOTES

SECTION 8: SUBMIT THIS FORM

Submit this form through the Provider Web Portal using the prior authorization number referenced on the related Notice of Decision. For questions regarding this form, call: (800) 525-2395

Legally Responsible Individual (LRI)

Availability Determination For the Personal Care Services Program

Submit one form for each LRI.

NOTE: This form is not required but may be used for determining if an LRI is unavailable or incapable of providing Personal Care Services (PCS).

Purpose: This form is a tool to assist in determining whether a Medicaid recipient's LRI is available and capable in assisting the recipient with Activities of Daily Living (ADLs) and/or Instrumental Activities of Daily Living (IADLs).

Definitions:

Legally Responsible Individual (LRI) - Individuals who are legally responsible to provide medical support. These individuals include: spouses of recipients, legal guardians, and parents of minor recipients, including stepparents, foster parents and adoptive parents. Power of Attorney is not an LRI.

Available Caregiver - An LRI who is physically present in the recipient's home or is physically present with the recipient while in settings outside the home (including employment sites) at the time necessary maintenance, health/medical care, education, supervision, support services, and/or assistance with ADLs and IADLs is needed by a Medicaid recipient.

Capable Caregiver - An LRI who can safely manage carrying out necessary maintenance, health/medical care, education, supervision, support services, and/or the provision of needed ADLs and IADLs.

Policy: Per Nevada Medicaid Services Manual, Chapter 3500 and 2600, **an LRI may not be reimbursed for providing PCS**. The LRI must provide verification from a physician, place of employment, or school that they are not capable, due to illness or injury, or not available, due to hours of employment and/or school attendance, to provide services. Additional documentation may be required on a case-by-case basis. Without this verification, PCS will not be authorized.

Instructions for LRI: Complete the date of request, the "Recipient Information" and the "Legally Responsible Individual (LRI) Information" sections. Ask your physician to complete the "LRI Limitations" Section 6.

Instructions and Required Documents to Demonstrate LRI's Limitations

If LRI is incapable of safely providing the recipient with medical support due to a **health condition**:

Instructions: Section 6 on page 1 must be completed by the primary care physician before this form is returned to Nevada Medicaid.

If LRI is unavailable to provide the recipient with necessary medical support due to **work schedule**:

Instructions: Provide verification of LRI's employment schedule. The verification MUST:

- Be written on company letterhead or other stationery which contains the employer name;
- List your specific days of work and hours of work on each day;
- Be signed by a human resources representative or your manager;
- Include the professional title of the person signing the verification; AND
- Contain contact information for the person signing the verification.

If LRI is unavailable to provide the recipient with necessary medical support due to **school schedule**:

Instructions: Provide verification of LRI's school schedule. The verification MUST:

- List the day, time and duration of each class;
- Be signed by an authorized school representative;
- Include the professional title of the person signing the verification; AND
- Contain contact information for the person signing the verification.

The Notes Section 7 is available for providers to communicate any special requests or additional information the Nevada Medicaid reviewers may find helpful.

This waiver is not a guarantee of services. Service provision is contingent upon eligibility, available benefits, contractual terms, limitations, exclusions, coordination of benefits and other terms and conditions set forth by the benefit program. The information on this form and on accompanying 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 is received in error, the reader shall notify sender immediately and destroy all information received.