Instructions for Completing Form FA-24C

Authorization Request for Self-Directed Skilled Services
(For use only by Provider Type 83 – Intermediary Service Organization - ISO)

Finding the Form and Instructions Online

Form FA-24C and these instructions are online at www.medicaid.nv.gov (select "Forms" from the "Providers" menu, and scroll down until you see form FA-24C and instructions FA-24C-I).

General Form Instructions

Please save/download this form to your computer and complete, or print information on this form. If information is illegible, processing may be delayed. You can enter information directly into the form with your computer keyboard by clicking in any field and typing. You can check and uncheck the checkboxes by clicking them.

When you are finished, print or save the document and upload it through the Provider Web Portal.

Completing the Form

This section describes the information to enter in each form field.

DATE OF REQUEST: Enter the date you submit the form to Nevada Medicaid.

NOTES

Providers may use this section to communicate any special requests or additional information the Nevada Medicaid reviewers may find helpful.

SECTION 1: Contact Information

PURPOSE OF REQUEST

Check one of these boxes to indicate the type of prior authorization you are requesting.

- Initial – Check this box if the recipient does not have a current authorization for self-directed skilled services.
- Reauthorization – Nevada Medicaid may authorize services for up to one year. Check this box if the Request for Medically Necessary Skilled Services has changed within an authorized period or for annual request for authorization.

RECIPIENT INFORMATION

- Last Name, First Name, Middle Initial – Enter the recipient's name as it appears on their Medicaid card.
- Recipient's Medicaid ID – Enter 11-digit number shown on the front of the recipient's Medicaid card.
- Date Of Birth – Enter the recipient's Date of Birth (DOB).
- Recipient Address (including City, State and Zip Code fields) – Enter the recipient's home address.
- Phone – Enter the recipient's phone number. If the recipient does not have a phone number, enter "N/A" in this field.

- **Note:** Verify that the address and phone number are current, whether or not they match the information on file with Nevada Medicaid. If the recipient has moved, remind him/her to update the demographic information with the Division of Social Services (DSS).

Please check the appropriate box to indicate who is responsible to direct the recipient's care.

- If the recipient is **able** to direct his/her own care, complete Section 4; do not complete Section 5.
- If the recipient is **unable** to direct his/her own care, complete Section 5; do not complete Section 4.

LEGALLY RESPONSIBLE INDIVIDUAL (LRI) INFORMATION

Complete this section only when the recipient has an LRI. An LRI is defined as a parent, step-parent, adoptive parent or foster parent of a minor child, spouse or legal guardian.

If the recipient has an LRI that is available and capable, the LRI is required to perform the services. If the LRI is not available or not capable, a Personal Care Representative must be designated and must be present when care is delivered. An FA-24B (Legally Responsible Individual (LRI) Availability Determination for the Personal Care Services Program) must be completed.

- LRI Name – Enter the name of the recipient's LRI.
- Relationship to Recipient – Enter the guardian's relationship to the recipient e.g., spouse, parent, guardian.
- LRI Address (including City, State and Zip Code fields) – Enter the LRI's address in these fields. If the LRI's address is the same as the recipient's, then write "same."
- Phone – Enter the LRI's phone number.

PERSONAL CARE REPRESENTATIVE INFORMATION

Complete this section if the recipient is unable to direct his/her own care and has no legally responsible individual available or capable to perform or direct the care. ***The Personal Care Representative cannot be the Personal Care Assistant.*** Attach a copy of any applicable signed legal documents.

- Contact Name – Enter the name of the contact person.
- Relationship to Recipient – Enter the contact person's relationship to the recipient.
- Contact Address (including City, State and Zip Code fields) – Enter the contact's address.
- Phone – Enter the contact person's phone number.

ISO PROVIDER INFORMATION

- ISO Provider Name – Enter the name of the ISO provider.
- NPI/API – Enter the provider's National Provider Identifier (NPI) or 10-digit Atypical Provider Identifier (API). Please ensure the API entered matches your provider type (PT 83).
- Phone and Fax – Enter the provider's phone and fax numbers.

SECTION 2: Request for Medically Necessary Skilled Services

This section must be completed by a Physician, Physician's Assistant (PA) or Advanced Practice Registered Nurse (APRN).

Complete the table listing each skilled service, the corresponding diagnosis, the Frequency of Service and Instructions/Steps to Complete the Tasks. If more than 10 skilled services are needed, complete an additional Section 2 to ensure the Request for Medically Necessary Skilled Services is complete.

Health Care Provider's Signature and Attestation: The Health Care Provider must sign to certify the

statements on the form are true. Sign, date, print the name and enter the title.

The health care provider signing Section 2 must cross out any rows that have been left blank.

SECTION 3: Confirmation of PCA Competency

A licensed health care provider must complete this section.

Enter the name of the PCA.

List the skilled services the PCA is competent to perform for the listed recipient.

The health care provider must sign, date, print their name and enter their title.

Note: Complete Section 3 for each competent Personal Care Assistant. Each time a new PCA is hired to perform skilled services for this recipient during an approved authorization period, the new PCA must sign the existing Section 6 and complete a new Section 3. All currently authorized PCAs must have a completed Section 3 and Section 6 on file with the ISO.

SECTION 4: Recipient Agreement

The recipient must read and sign to indicate they have read and understand the statements and have read and understand the specific medical, nursing or home health care self-directed option as defined by NRS 629.091 (reproduced in Section 7 of this form).

The ISO Provider representative must sign and date.

SECTION 5: Personal Care Representative (PCR) Agreement

This section is to be completed only if the recipient is unable to direct their own care. The Personal Care Representative cannot be the Personal Care Assistant.

The personal care representative or LRI must sign to indicate they have read and understand the statements and have read and understand the specific medical, nursing or home health care self-directed option as defined by NRS 629.091 and NRS 422.540 (reproduced in Section 7 of this form).

This section must be completed by:

- LRI: If you are the LRI and directing the care, but unable to perform the care AND form FA-24B is on file

Or

- PCR: If there is no LRI and a PCR has been designated

Or

- PCR: If a PCR has been designated by the LRI because the LRI is unavailable and has form FA-24B on file.

The ISO Provider representative must also sign and date this section.

SECTION 6: Required Signatures

Required Signatures: The personal care assistant, recipient, legally responsible individual/personal care representative (LRI/PCR) and ISO provider must sign to indicate they read and understood the Request for Medically Necessary Skilled Services and they are not an employee of Nevada Medicaid.

SECTION 7: Applicable Nevada Revised Statutes (NRS)

The NRS applicable to form FA-24C are provided for reference.

How to Submit the Form

After completing the form, upload it through the Provider Web Portal.

Questions

If you have any questions about the self-directed skilled program requirements or completing this form, contact the Gainwell Technologies Prior Authorization Contact Center at (800) 525-2395.

Additional Resources

The Billing Guideline for Provider Types 30 and 83 provides information regarding proper billing procedures. These guidelines are online at www.medicaid.nv.gov (select "Billing Information" from the "Providers" menu).