



October 26, 2017

Web Announcement 1463

Attention Personal Care Services Provider Types 30 and 83:

**Instructions Regarding Recipient Eligibility Transfers
from Managed Care Organization to Fee-for-Service**

When a prior authorization (PA) request for Personal Care Services (PCS) has been approved by one of the Managed Care Organizations (MCOs) and the recipient's eligibility subsequently transfers to Fee-for-Service (FFS), Nevada Medicaid will authorize PCS services in order to ensure continuity of care while awaiting completion of an in-home functional assessment (FASP). PCS providers please upload or submit by fax an [FA-24 \(Authorization Request for Personal Care Services \(PCS\)\)](#) with the Significant Change in Condition checkbox selected, along with a copy of the approved authorization from the MCO. This MCO documentation must include the service type (PCS), approved dates of services and authorized units. The MCO documentation must be uploaded as a separate attachment from the FA-24 when submitted through the Provider Web Portal.

Upon receipt of the PA request and required documentation, Nevada Medicaid will issue a temporary authorization at the level of service provided by the MCO and obtain an in-home functional assessment. Once the in-home functional assessment has been completed, the provider will be notified of the outcome. Failure to include the required MCO authorization will result in a delay in processing the request for authorization of continued PCS services.