

PERSONAL CARE AIDE SERVICES HOME CARE CRITERIA

1. I have ongoing Medicaid eligibility and personal care aide (PCA) services have been determined by Nevada Medicaid to be medically necessary;
2. My legally responsible adult(s) is/are unavailable or incapable of providing necessary care;
3. I am capable of making choices about activities of daily living or have a personal representative who assumes this responsibility;
4. I may require periodic professional medical and/or support services under professional supervision. These services are not required on a full-time basis;
5. I understand Medicaid personal care aide (PCA) services must be authorized in accordance with an approved service plan. The service plan prepared by the PCA case manager links personal care aide tasks to my unmet needs as determined by a Functional Assessment. I understand Medicaid authorization for payment of service(s) does not guarantee availability of Medicaid providers;
6. I understand personal care aide services must be medically necessary and meet Nevada Medicaid's utilization control procedures;
7. My legally responsible family members may not be reimbursed for providing care.

I understand the services I will receive must be within the above limits of Nevada Medicaid's Personal Care Aide Program.

In accordance with federal rules and regulations, the Nevada State Division of Health Care Financing and Policy and providers of Medicaid services do not discriminate unlawfully against recipients on the basis of race, color, national origin, sex, religion, age, disability or handicap (including AIDS or AIDS-related conditions). For further information or to file a complaint, please contact the Division of Health Care Financing and Policy civil rights coordinator at (775) 687-4776, or the Office of Civil Rights (OCR), Department of Health and Human Resources, 50 United Nations Plaza, San Francisco, CA 94102 at (415) 437-8310.

Recipient Name

Recipient/Personal Representative Signature

Date

Medicaid #

Service Worker Signature

Date