



July 18, 2014

Announcement 773

Attention Provider Types 30 and 83: Functional Assessment Service Plan Tool Updates Effective August 1, 2014

The Nevada Medicaid Personal Care Services (PCS) Functional Assessment Service Plan (FASP) tool and instructions have been updated and will go into effect August 1, 2014. PCS provider agencies and intermediary service organizations (provider types 30 and 83) please note the following details:

1. The FASP is now one document. The PCS provider agency will receive one complete document.
2. The PCS provider agency must provide a copy of the FASP to the recipient.
 - a. Documentation must be maintained showing that the recipient has received a copy of their FASP.
3. Your new FASP will indicate the number of days per week and the recommended number of visits per day. This information should be taken into consideration when determining any flexibility of services and your plan of care.
 - a. Days per week and/or hours per day cannot be bundled, and must meet the medical necessity intended on the FASP.
 - b. Documentation must be maintained showing that the recipient has agreed upon any flexibility of services.
 - c. Documentation should be maintained that the PCS provider has discussed with the recipient how their needs will be met based on the covered tasks indicated on the FASP.
4. The new FASP is available at this link: [Functional Assessment NMO-7073](#). Please note the following:
 - a. Box 16 will provide the actual breakdown of time by each task. If the task shows zeros, this task is not an authorized task on your FASP.
 - b. Box 17 should be reviewed for any additional time that has been authorized due to special circumstances. If this is used, it will include the time from Box 16, as well as any additional authorized time and the specific task for which it was authorized.
 - c. Box 18 will provide you with the final total authorized hours, as well as the total number of days per week, and the suggested number of visits per day.
 - d. NOTE: Although you are receiving specific amount of time per task, you are still able to use the flexibility of services policy to best meet the needs of the recipient.
5. The courtesy authorization page will no longer be faxed with the FASP. Agencies must utilize the Electronic Verification System (EVS) to obtain their prior authorization number and to view authorized units and authorized dates of service. Verification of eligibility remains the provider's responsibility. To access EVS, visit the Nevada Medicaid website at www.medicaid.nv.gov. Select the "EVS" tab to review the User Manual and to register or login to EVS. For assistance with obtaining a secured login or accessing EVS, contact the HP Enterprise Services Field Representatives at NevadaProviderTraining@hp.com.
6. For a variety of reasons assessments are sometimes delayed; the provider agency should verify a recipient's prior authorization utilizing EVS before calling HP Enterprise Services (HPES) to check the status. Services are never ended or reduced without providing advanced notice, unless the recipient has been admitted to a facility, group home or other entity that includes personal care services.