

Instructions for Completing Form PAS-ISO

Request for Self-Directed Skilled Services

(For use only for Personal Assistance Services (PAS) Program, Self-Directed Skilled Services)

Finding the Form and Instructions Online

Form PAS-ISO (Intermediary Service Organization) and these instructions are online at www.adsd.nv.gov (select Programs, then Programs for Persons with Physical Disabilities and Related Conditions, Personal Assistance Services (PAS)).

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 check boxes by clicking them.

When you are finished, print or save the document and email, fax or mail to the appropriate office location below. This form should be attached to the CBC Program Application if applying for the PAS program and requesting self-directed skilled services.

ADSD Las Vegas Regional Office

Community Based Care
3320 W Sahara Ave, Suite 100
Las Vegas, NV 89102
(702) 486-3569 Fax
CBCSouthIntake@adsd.nv.gov
(702) 486-3545

ADSD Reno Regional Office

Community Based Care
9670 Gateway Drive, Suite 100
Reno, NV 89521
(775) 688-2969 Fax
CBCNorthSupport@adsd.nv.gov
(775) 687-0800

ADSD Carson City Office

Community Based Care
3416 Goni Road, Suite D-132 Carson
City, NV 89706
(775) 687-0574 Fax
CBCNorthSupport@adsd.nv.gov
(775) 687-4210

ADSD Elko Regional Office

Community Based Care
1010 Ruby Vista Drive, Suite 104
Elko, NV 89801
(775) 753-8543 Fax
CBCNorthSupport@adsd.nv.gov
(775) 738-1966

Completing the Form

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

DATE OF REQUEST: Enter the date you submit the form.

NOTES

Providers may use this section to communicate any special requests or additional information that may be 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 self-directed skilled service(s) through the PAS Program.
- Reauthorization – ADSD may authorize services for up to one year. Check this box if this is an annual request for self-directed skilled services or if the Request for Medically Necessary Skilled Services has changed within an authorized period.

RECIPIENT INFORMATION

- Last Name, First Name, Middle Initial – Enter the recipient’s full name.
- 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.

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 (Legally Responsible Individual). 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 (PCR) must be designated and must be present when care is delivered. A CBC-LRI Availability Form must be completed.

- LRI Name – Enter the name of the recipient’s LRI.
- Relationship to Recipient – Enter the LRI’s relationship to the recipient ex., 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 as recipient.”
- 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 LRI 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 personal care representative.
- Relationship to Recipient – Enter the personal care representative's relationship to the recipient.
- Contact Address (including City, State and Zip Code fields) – Enter the personal care representative's address.
- Phone – Enter the personal care representative's phone number.

ISO PROVIDER INFORMATION

- ISO Provider Name – Enter the name of the ISO provider.
- API – API - Enter the provider's 10-digit Atypical Provider Identifier (API). Please ensure the API matches your provider type 83 enrollment with the Division of Health Care Financing and Policy (DHCFP).
- 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 Personal Care Attendant (PCA) Competency

A licensed health care provider must complete this section.

Enter the name of the PCA who will be performing the services.

List the skilled services the Personal Care Attendant 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 PCA. 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 PCA's 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 also.

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 PCR 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 CBC-LRI 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 CBC-LRI on file.

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

SECTION 6: Required Signatures

Required Signatures: The PCA, recipient, 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 Aging and Disability Services Division (ADSD) or the authorizing provider.

SECTION 7: Applicable Nevada Revised Statutes (NRS)

The NRS applicable to form PAS-ISO are provided for reference.

Questions

If you have any questions about the self-directed skilled services requirements or completing this form, contact the appropriate office location listed on page 1 and ask for CBC Intake.