



Medicaid Personal Attendant Services
Practitioner's Statement of Medical Need

Program Description: Primary Home Care (PHC) and Community Attendant Services (CAS) are Medicaid programs administered by the Texas Health and Human Services Commission (HHSC). PHC and CAS provide *non-technical attendant services* to eligible individuals who have a medical condition resulting in a functional limitation in performing personal care. Attendants help individuals with activities of daily living, such as bathing, grooming, meal preparation and housekeeping. Attendants are trained and supervised by non-medical personnel.

Part I. Individual Information - To be completed by the provider Home and Community Support Service Agency (HCSSA)/employer.

Individual Name (Last, First, Middle)		Individual No.
Individual Address		
HCSSA/Employer Name	Supervisor	Area Code and Telephone No.
HCSSA/Employer Address		

Part II. HCSSA's/Financial Management Services Agency's (FMSA's) Statement

I certify that I have verified with the U.S. Department of Health and Human Services Office of Inspector General and the Texas Health and Human Services Commission Office of Inspector General that the practitioner is not excluded from participation in Medicare or Medicaid.

HCSSA/FMSA Representative's Name (type or print)

Signature - HCCSSA/FMSA Representative

Date

Part III. Practitioner's Statement and Certifications

Check All Functional Limitations Related To Medical Diagnoses

- | | | | | |
|--|--|--|---|---------------------------------------|
| <input type="checkbox"/> Bedfast | <input type="checkbox"/> Behavior/Emotional Problems | <input type="checkbox"/> Falls Easily | <input type="checkbox"/> Cognitive Impairment | <input type="checkbox"/> Contractures |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Difficulty Swallowing | <input type="checkbox"/> Limited Range of Motion | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Incontinence |
| <input type="checkbox"/> Pain | <input type="checkbox"/> Limited Dexterity | <input type="checkbox"/> Spasticity | <input type="checkbox"/> Nausea | <input type="checkbox"/> Numbness |
| <input type="checkbox"/> Paralysis | <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Chairbound | <input type="checkbox"/> Tremors | |
| <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Blackouts | <input type="checkbox"/> General Weakness | <input type="checkbox"/> Unable to Stand for Long | |
| <input type="checkbox"/> Other: | _____ | | | |

Individual Name	Individual No.
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Part IV. Medical Diagnosis (es) and ICD-10 Codes

Medical Diagnosis(es)	Corresponding ICD-10 Codes

Statement of Medical Need

I hereby certify this individual has been evaluated within the past 12 months and was found to have a medical need resulting in a functional limitation; **OR**

I hereby certify I have ongoing knowledge of this individual, have reviewed the individual's medical record within the past 12 months and the individual has a medical need resulting in a functional limitation.

A diagnosis of only mental illness, intellectual disability, or both, does not meet the criteria for medical need. The individual is not eligible if there is no other medical diagnosis.

If medical need is ongoing, no end date is required.

If the medical need is temporary, complete the following statement:

I anticipate the need will end on _____ (mm/dd/yy), because of the individual's temporary diagnosis of _____

Including an unnecessary end date may cause the individual's services to be terminated.

I also certify that I am not an owner, partner or member of the service provider requesting completion of the Practitioner's Statement of Medical Need.

_____ Signature - Practitioner				_____ Date	
Practitioner's Name (type or print)	<input type="checkbox"/> MD <input type="checkbox"/> PA <input type="checkbox"/> APN <input type="checkbox"/> DO	License or Individual NPI No.	State	Military or VA <input type="checkbox"/> Yes	
Practitioner's Address (Street, City, State, ZIP Code)				Area Code and Telephone No.	