

# HSCSN Respite Services Form



Initial Request

Change in Request

**Instructions: Please complete the information and fax to HSCSN at 202-721-7190**

DC regulations for home health services specifically require personal care aide services to be ordered, in writing, by a physician or advanced practice registered nurse who is enrolled in the DC Medicaid program and has had a prior professional relationship with the beneficiary prior to the order for the PCA services (**Chapter 50 Medicaid Reimbursement for PCA Services Section 5006.1**).

**HSCSN must have an order from the enrollee's physician or nurse practitioner for ALL respite services.**

I. MEMBER INFORMATION			
Member Name:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Member ID	Date of Birth	Height:	Weight:
Primary Diagnosis:			
Treating Diagnosis/ICD 10 Code for Home Care:			
II. RESPITE SERVICES – to be completed by a MD or NP			
<input type="checkbox"/> PRN respite services not to exceed 168 hours every six months. Once an order is received it is good for 1 year.			
<input type="checkbox"/> RN Assessment to be conducted prior to the initiation of services.			
PROVIDER NAME (MD or NP): Please Print		Signature/ Date:	
Provider Name:			
Phone Number:			