

Please review the enclosed information from the Saint Mary's Personal Assistance Services Program. The responsibility of the PAS Program is to provide non-medical supportive services to people with disabilities who are able to direct their own care. Services are provided to recipients in their own homes, thus avoiding institutionalization. The program is designed to assist people with such non-medical care as bathing, dressing, personal hygiene, and assistance with feeding and transfers.

Our services are directed toward those individuals who do not qualify for Medicaid or any Medicaid Waiver Program. Payment for these services is determined through the use of a sliding fee scale. The sliding scale determines hourly co-payment for assistance based on monthly income and medical expenses.

The funds to provide these vital services are limited and a waiting list have been created to establish who may be able to utilize the services as they become available. If you are interested in being considered to receive personal assistance services, **please fill out the enclosed application form, complete with physician's statement and financial records.** When we receive your completed application, you will be placed on the service waiting list.

Thank you for your interest.

Sincerely,



Daniel S. Marlow
State Manager
Saint Mary's PAS Program
(775) 770-3300
(866) 289-5564



PAS Program Services Defined

Tasks PAS Program Employees Are Allowed To Perform:

Assist client with feeding as necessary
Bathing of client and clean up of bath area after bathing
Dressing and undressing of client
Grooming, including hair brushing and dental care
Lifting as required, using proper lift methods and equipment as necessary
Light meal preparation and clean up of cooking and eating area after meal
Light housekeeping in main living quarter of client
Setting out of necessary medication for client. Clients must take the medication themselves
Assist client with toileting
Washing of laundry for the client only

Tasks PAS Program Employees Are Allowed To Perform Only After Being Trained And Signed Off By Nurse:

Changing of wound dressing
Range of motions exercises
Insertion of suppositories, catheters, changing of colostomy bags the cleaning of them

Tasks PAS Program Employees Are NOT Allowed To Perform Under Any Circumstance:

Dispensing of medication(s)
General house cleaning, not including areas defined above
Injections
No running of errands, including shopping or banking
Respiratory therapy
Taking of blood pressure or in any way monitoring client's health condition
Transporting or riding in a vehicle with a client
Tube feeding

Please remember, the program is designed to provide personal care only, not look after the client once tasks on the plan of care are completed.

Revised 08/25/08



Community Resource Guide

Knowledgeable Resources:

Nevada 2-1-1, www.211.org , -----	211
Northern Nevada Center for Independent Living, 999 Pyramid Way -----	353-3599
State of Nevada Aging Services Division -----	687-4826
Washoe County Senior Services Center, 155 East 9 th St -----	328-2575
Social Security Administration, 1170 Harvard Way -----	784-5221
Nevada State Welfare, 3697 Kings Row -----	448-5000
Adult Social Services, 1001 East 9 th street -----	328-3700

Equipment Needs:

Care Chest, 7910 N. Virginia St-----	829-2273
Accellence Home Medical Equipment, 35 North Edison Way, Ste. 37 -----	787-8880
Arlington Clinical, 6530 South McCarran Blvd -----	828-8200
Medtech Services, Inc., 4690 Longley Lane, Ste. 15 -----	826-2022

Transportation:

RTC Access Transportation Services -----	348-0477
Citi-Lift, 600 Sutro St-----	348-0477
R.S.V.P., 800 Haskell St -----	784-1807

Meals:

Home Delivered Meal Program -----	328-2590
Washoe County Senior Center Nutrition Program -----	328-2575

Companion Services:

Senior Companion Program, 406 Pyramid Way-----	358-2322
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Emergency Call Device:

Washoe Lifeline -----	982-5410
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We hope that this resource guide can help you with some of the services that we cannot provide through the PAS Program. If further information is needed, please contact our office for assistance at 775-770-3300 or 866-289-5564.

Thank you,
PAS Program Staff

Frequently Asked Questions (FAQ) for PAS Applications

For what timeframe are we collecting financial data?

Calendar year (January 1– December 31)

Why do we need to supply this information?

We need to evaluate your eligibility for our program and determine if you will have a co-pay for services based on our sliding fee scale.

What do you need for proof of income?

We can accept any official form that gives **gross** monthly income. Some examples may be:

- Pay check stub
- W-2 form
- Monthly pension statement
- SSI or SSDI benefit award statement
- Income Tax Form

If I have rental properties, what amount do I list as income?

The gross income for your rental properties will be the net income of the property. This will be the amount of monies collected after paying rental expenses.

Can I just submit a bank statement?

We prefer to have other official forms verifying income and medical expenses but can take a bank statement as long as the source of income or deposits is identified as well as where expenses were incurred (like for prescriptions or doctor visits, etc.).

If I live with a family member, do I include their income?

You only include income from a family member that is legally obligated to pay your debts; generally this would be a spouse.

If I have changes in my income or expenses when do I report that?

You are required to report any significant change in financials when they occur. This can be at any time throughout the application process. In many cases, we will re-verify all financial information prior to the start of service.

If my income is under the amount listed on the request for financials, do I still need to supply medical expenses?

No, if your income is under the amount listed than you do not need to supply proof of any medical expenses.

What kind of receipts do I need to submit for proof of medical expenses?

Any medical expense from persons supported by your listed income, that occur on a monthly basis or paid purchases for durable medical equipment (such as power wheelchair, shower chair, medical bed et cetera). The receipt needs to show amount **paid** not owed.

Are dental expenses included as a medical expense?

Routine cleaning is not included but all other dental expenses such as x-rays, fillings, extractions, surgeries and so on are qualified medical expenses (please contact us if you have a question).

What if I have other assets such as a savings account, retirement account, Certificate of Deposit, or stocks or bonds?

If they produce an income, we need proof of that income only. We do not take any savings or assets into account for our financials. We simply look at monthly income and medical expenses.

If I made a large purchase, does it only account for one year?

Large purchases will be accounted over a period of time depending on the dollar amount.

\$0 - \$3999	1 year
\$4000 - \$7999	2 years
\$8000 - \$10999	3 years
\$11000 - \$13999	4 years
\$14000 - \$16999	5 years
\$17000 - \$19999	6 years
\$20000 and over	7 years

Medicaid-Related Frequently Asked Questions**Why might I have to apply for Medicaid or Medicaid Waiver programs?**

To be eligible for the PAS Program, you must exhaust all other financial assistance services such as Medicaid and Waiver programs (CHIPs, WIN, COPE). If you are eligible for any of these services, you are no longer eligible for PAS Program grant subsidy.

If I have a prior Medicaid Denial Letter, do I need to reapply for Medicaid?

Once we receive your financials, we will review the information and notify you if a re-application is needed.

What if I am on Hospice care, do I have to apply for Medicaid?

If you are currently under Hospice care, you do not need to apply for Medicaid.

What if I do not want to apply for Medicaid and want to stay with PAS?

In order to qualify for the Saint Mary's PAS Program, you must not be eligible for services under the Medicaid state plan or under any Medicaid waiver. If you may be eligible for Medicaid you **must** apply for their services and can remain an active PAS client until you receive a denial letter or begin services through Medicaid. If you are eligible for Medicaid and DO NOT apply, your Saint Mary's PAS services may be suspended.

Medicaid takes a long time to get on service, what do I do in the mean time?

The PAS Program will continue to supply services until you get a denial letter from Medicaid or until service starts with Medicaid, as long as we have proof of your application.

What are the Medicaid eligibility requirements?

There are many different ways to qualify for Medicaid. Some examples are:

1. If your income is below 100% of poverty level (as established annually by the federal government)
 - 1 Person - \$903/month
 - 2 Persons - \$1215/month
 - Additional Persons – Add \$312/month for each additional person
2. If you need have a severe disability and need assistance with bathing, eating and toileting and make less than 300% of the poverty level
 - 1 Person - \$2709/month
 - 2 Persons - \$3645/month
 - Additional Persons – Add \$936/month for each additional person
3. If you have a severe disability and need assistance with bathing, eating and toileting and are over the age of 60, you should apply to the Nevada Division of Aging Services for a Medicaid Waiver

Since Saint Mary's does not offer a Medicaid PAS program, and this is not our field of expertise, we cannot supply exact eligibility information for each individual client. Please contact your local Medicaid office and discuss with them about your possible eligibility and enrollment. They can be reached at the following numbers:

Carson City – 775-684-3676
Reno – 775-687-1900
Elko – 775-753-191
Las Vegas – 702-668-4200

How do I get a Medicaid application?

You may call your local Medicaid office and they can mail an application to your home.

Carson City – 775-684-3676
Reno – 775-687-1900
Elko – 775-753-191
Las Vegas – 702-668-4200

Can I call and pre-screen for Medicaid eligibility?

You may call the CBC Intake representative to pre-screen and see if you might be eligible for a Waiver Program. Please inform the representative you were referred by Saint Mary's PAS Program.

Northern Nevada – 775-688-2964
Southern Nevada – 702-486-3545



Saint Mary's
A member of CHW

Personal Assistance Services Program
520 West Sixth Street, Reno, Nevada 89503
(775) 770-3300 office
866-289-5564 toll-free
(775) 770-7708 fax

ANNUAL FINANCIAL DISCLOSURE

1. What is your **monthly GROSS** income (including spouse's income)?

Source:

Amount:

TOTAL:

\$ _____

(You may submit as proof of income: Social Security award letter, bank statements showing direct deposit of income, pension statements, employment statements, etc.)

2. How many people are supported by the above income? _____
(Please note this can only include spouses, and children younger than 18).

People in Household (from #2 above)	Gross Income (compare to #1 above)
1	\$1,806
2	\$2,430
3	\$3,054
4	\$3,678
5	\$4,302
6	\$4,926

In order to qualify for the Saint Mary's Personal Assistance Services program, you must not be eligible for services under the Medicaid state plan or under any Medicaid waiver. After all requested documentation has been received, the application will be reviewed and you will be notified if you are not eligible. If you are eligible for the program you will receive a written notification of any co-payments.



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ANNUAL FINANCIAL DISCLOSURE

3. Please list **monthly** medical expenses for all household members.
(If you or a family member had medical expenses that did not occur monthly, please specify).

Insurance Premiums: _____

Prescriptions: _____

Doctor Visits: _____

Hospital Stays: _____

Medical Supplies: _____

Medical Equipment: _____

TOTAL: \$ _____

Please submit receipts of payment for medical expenses. Note: if you have a non-recurring one-time expense for an item (such as a Hoyer lift, or a ramp, or other adaptive technology), this amount will be pro-rated over 12 months to determine an average cost per month for medical expenses.

I certify that the preceding information is true and complete. I understand that Saint Mary's ensures that all submitted information will remain confidential.

Applicant Signature: _____ Date: _____ Time: _____



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PHYSICIAN'S DIAGNOSIS FORM

The purpose of this Diagnosis Form is to determine the physical disabilities that limit the functional activities of the person, who without personal care assistance would be at risk of institutionalization.

CONSUMER'S NAME: _____

PRESCRIPTION FOR SERVICE: _____

DIAGNOSIS AND PROGNOSIS: _____

PRECAUTIONS, IF ANY (SEIZURES, DIABETIC, ETC.): _____

CURRENT MEDICATIONS:

NAME

DOSAGE

Physician's Name: _____

Phone: _____

Physician's Signature: _____

Date: _____

Time: _____