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Document:	Scope of Services – Home Health Agency
Description:	List of services eligible for Home Health Providers
Directions:	Please indicate PROVIDER services and return upon completion.

SCOPE OF SERVICES – HOME HEALTH					
Services	**Yes**	**No**	**Services**	**Yes**	**No**
Attendant/Care Services			Pediatric Nurse		
Certified Nurse Assistance			Personal Care Services		
Companion Care			Physical Therapy		
Enterostomal Nurse			PICC Line Certified Nurse		
Hi-Tech RN			Psychiatric Nurse		
Home Health Aide			Psychiatric Social Worker		
Homemaker/Chore Services			Respiratory Therapy		
Lab Drawing			Respite Care, Unskilled		
LPN			RN		
Medical Social Worker			Speech Therapy		
Occupational Therapy			Wound Care		

If you checked YES, but there are limitations or you provide other services not listed, please describe below:

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FOR QUESTIONS/CONCERNS REGARDING THIS FORM OR TO SUBMIT COMPLETED FORM, PLEASE EMAIL:
contracting@mynexuscare.com