

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
Enterostomal Nurse			Physical Therapy		
Hi-Tech RN			PICC Line Certified Nurse		
Home Health Aide			Psychiatric Nurse		
Lab Drawing			Psychiatric Social Worker		
LPN			Respiratory Therapy		
Medical Social Worker			RN		
Occupational Therapy			Speech Therapy		
Pediatric Nurse			Wound Care		
Attendant/Care Services			Homemaker/Chore Services		
Certified Nurse Assistance			Personal Care Services		
Companion Care			Respite Care, Unskilled		

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

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