

Member Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## **REQUEST FOR SERVICES BY A LEGAL RESPONSIBLE INDIVIDUAL**

For Members/Parents/Guardians/Legal Representatives requesting a Legally Responsible Individual (LRI) render Personal Care Services (PCS) through the following benefits: Early Periodic Screening, Diagnostic and Treatment (EPSDT), Agency Based Community Benefit (ABCB) or Self-Directed Community Benefit (SDCB), a Legal Responsible Individual (LRI) request must be submitted to their MCO and be authorized and approved prior to receiving services from their LRI.

The Member will work with their Personal Care Agency and Care Coordinator or SDCB Support Broker and Employer of Record (EOR) (when appropriate) to submit the LRI Request Form. The form and any supplemental documentation should be submitted to the MCO to evaluate the reason why the LRI should serve as the paid caregiver for PCS.

### **Please note:**

- **Legally Responsible Individuals (LRI) are defined as a person who has a duty under State law to care for another person. This category typically includes: the parent (biological or adoptive) of a minor child; the guardian of a minor child who must provide care to the child; or the spouse of a member.**
- **An LRI can be hired as a paid caregiver for these members under extraordinary circumstances, which include the inability to find and retain other qualified, suitable caregivers in absence of the parent/guardian/spouse (LRI), necessitating the LRI stay at home to ensure the member's health and safety and to avoid institutionalization.**
- **LRIs may not be paid for any services that they would ordinarily perform in the household for individuals of the same age who do not have a disability or chronic illness.**
- **Individuals hired as caregivers, including LRIs as caregivers, must meet employment qualifications and training standards. Caregiving services provided by LRIs must meet the definition of a covered service and be specified in the member's approved care plan.**
- **The request to employ an LRI as a caregiver must be approved or denied in writing by the appropriate MCO staff member.**
- **MCO prior approval must be given before the LRI may be hired to provide personal care services.**
- **LRIs are required to be submitted to the MCO on an annual basis to review for ongoing LRI needs.**

Member Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Legally Responsible Individual Request Form

Please fill out the following:

Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medicaid Card ID #: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Requested Employee (LRI): \_\_\_\_\_

Legal Relationship to Member: \_\_\_\_\_

Service to be provided:

EPSDT PCS

Agency Based PCS

Self-Directed PCS

Care Plan Dates: \_\_\_\_\_ Initial \_\_\_\_ Annual \_\_\_\_ Revision \_\_\_\_

Member/Legal Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*The individual requesting to be the paid LRI cannot sign this form\*\*\*

1. Tell us what has been done to find other qualified, suitable providers.

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2. What special needs/extraordinary circumstances do you have that require the LRI to provide personal care service(s) that will keep you safe in your home?

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Member Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**3. What special skills and abilities does the LRI have that meet your unique needs that will help to keep you safe in your home?**

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**4. What specific job duties or tasks is the LRI requesting to provide?**

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**5. Why is a Non-LRI provider unable to successfully provide the approved covered service?**

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**Add any other information if needed:**

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**MCO OFFICE USE ONLY**  Approved  Denied

Member Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Approved Start Date:** \_\_\_\_\_ **Approved End Date:** \_\_\_\_\_

Notes \_\_\_\_\_  
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**MCO Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_