



Home Health Care Services: In order to better assist our providers and members to obtain their particular need please check off the items and services your agency is able to provide. If you have any questions please contact Provider Relations at **915-532-3778** or **ProviderServicesDG@elpasohealth.com**.

Agency Name:

Email:

Phone:

Address:

Program Participation:

- | | | | |
|--|-----------------------------------|---|---|
| <input type="checkbox"/> STAR | <input type="checkbox"/> CHIP | <input type="checkbox"/> CHIP Perinatal | <input type="checkbox"/> Preferred Administrators |
| <input type="checkbox"/> Health Care Options | <input type="checkbox"/> Medicare | <input type="checkbox"/> STAR+PLUS | |

Accepting New Patients:

- Yes No Established Only

Accepting:

- Pediatric Ages _____ Adult Ages _____

Website:

Office Hours: 8:00 A.M. – 5:00 P.M.

On Call Service: Yes No

SERVICES PROVIDED

- | | | |
|---|--|--|
| <input type="checkbox"/> Personal Assistance Services | <input type="checkbox"/> Skilled Nursing | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Speech Therapy | <input type="checkbox"/> 24/7 RN Support |
| <input type="checkbox"/> Stroke / Cardiac Rehab | <input type="checkbox"/> Wound Care | <input type="checkbox"/> Wound Vac |
| <input type="checkbox"/> Medical Social Workers | <input type="checkbox"/> Fall Prevention | <input type="checkbox"/> Catheter Care |
| <input type="checkbox"/> Ostomy Care | <input type="checkbox"/> IV Therapy | <input type="checkbox"/> DM Management |
| <input type="checkbox"/> HTN Management | <input type="checkbox"/> COVID Management | <input type="checkbox"/> Metabolic Syndrome Management |
| <input type="checkbox"/> Home Health Aide | <input type="checkbox"/> Disease Processes | <input type="checkbox"/> Enteral Feeding |
| <input type="checkbox"/> Dietician | <input type="checkbox"/> Other: | |

ADDITIONAL SERVICES / COMMENTS

SKILLED NURSING SERVICES

- | | | |
|---|---|---|
| <input type="checkbox"/> Initial nursing assessment | <input type="checkbox"/> Ongoing skilled nursing visits | <input type="checkbox"/> Medication administration |
| <input type="checkbox"/> Medication management / reconciliation | <input type="checkbox"/> Injections | <input type="checkbox"/> IV therapy / infusion services |
| <input type="checkbox"/> Wound care (surgical, pressure ulcers, etc.) | <input type="checkbox"/> Ostomy care | <input type="checkbox"/> Catheter care |
| <input type="checkbox"/> Chronic disease management | <input type="checkbox"/> Post-hospital / post-surgical care | <input type="checkbox"/> Patient & caregiver education |
| <input type="checkbox"/> Vital signs and condition monitoring | <input type="checkbox"/> Tracheostomy care | <input type="checkbox"/> Diet teaching |
| <input type="checkbox"/> Pleural/Effusion | <input type="checkbox"/> Catheter care/ suprapubic | <input type="checkbox"/> Ventilator care |
| <input type="checkbox"/> Pt/INR Coaguchek: <input type="radio"/> Lab <input type="radio"/> In House | <input type="checkbox"/> Lab draws home | |

THERAPY SERVICES

- | | | |
|--|---|---|
| <input type="checkbox"/> Physical Therapy (PT) | <input type="checkbox"/> Occupational Therapy (OT) | <input type="checkbox"/> Speech-Language Pathology (SLP) |
| <input type="checkbox"/> Mobility training | <input type="checkbox"/> ADL training | <input type="checkbox"/> Speech therapy |
| <input type="checkbox"/> Strength & balance | <input type="checkbox"/> Safety & functional skills | <input type="checkbox"/> Cognitive therapy |
| <input type="checkbox"/> Gait training / fall prevention | <input type="checkbox"/> Adaptive techniques | <input type="checkbox"/> Swallowing therapy |
| <input type="checkbox"/> MBSS (Modified Barium Swallow Study) | | |

HOME HEALTH AIDE SERVICES

- | | | |
|---|---|---|
| <input type="checkbox"/> Bathing assistance | <input type="checkbox"/> Dressing assistance | <input type="checkbox"/> Grooming / hygiene |
| <input type="checkbox"/> Toileting assistance | <input type="checkbox"/> Mobility / transfer assistance | |

MEDICAL SOCIAL SERVICES

- | | | |
|---|--|--|
| <input type="checkbox"/> Psychosocial assessment | <input type="checkbox"/> Counseling related to illness or disability | <input type="checkbox"/> Care planning support |
| <input type="checkbox"/> Community resource referrals | <input type="checkbox"/> Financial / social support guidance | |

MEDICAL EQUIPMENT & SUPPLIES

Durable Medical Equipment (DME)

- | | | |
|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Walker | <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Hospital bed |
| <input type="checkbox"/> Oxygen equipment | <input type="checkbox"/> Other: _____ | |

Medical Supplies

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Wound care supplies | <input type="checkbox"/> Diabetic supplies | <input type="checkbox"/> Catheters |
| <input type="checkbox"/> Ostomy supplies | <input type="checkbox"/> Other: _____ | |

Incontinence Supplies

PERSONAL CARE & LONG-TERM SUPPORT *(Primarily Texas Medicaid / STAR+PLUS / Waivers)*

- | | |
|--|--|
| <input type="checkbox"/> Assistance with Activities of Daily Living (ADLs) | <input type="checkbox"/> Assistance with Instrumental ADLs (IADLs) |
| <input type="checkbox"/> Respite care | <input type="checkbox"/> Care coordination / case management |
| <input type="checkbox"/> Adaptive aids | <input type="checkbox"/> Minor home modifications |