§1915(i) Home and Community Based Services (HCBS) State Plan Services
**ADMINISTRATION AND OPERATION**

**1. Program Title:** **NEVADA 1915(i) STATE PLAN HOME AND COMMUNITY BASED SERVICES -** Including Adult Day Health, HCBS Home-Based Habilitation and HCBS Partial Hospitalization.

§1915(i) Home and Community Based Services (HCBS) State Plan Services
**ADMINISTRATION AND OPERATION**

**2. State-wideness:**

☒ The State implements this supplemental benefit package statewide, per §1902(a)(1) of the Act.

☐ The State implements this benefit without regard to the state wideness requirements in §1902(a)(1) of the Act.:

☐ Geographic Limitation. HCBS state plan services will only be available to individuals who reside in the following geographic areas or political subdivisions of the State.:

☐ Limited Implementation of Participant-Direction. HCBS state plan services will be implemented without regard to state-wideness requirements to allow for the limited implementation of participant-direction. Participant-direction is available only to individuals who reside in the following geographic areas or political subdivisions of the State. Individuals who reside in these areas may elect to direct their services as provided by the State or receive comparable services through the service delivery methods that are in effect elsewhere in the State.:

§1915(i) Home and Community Based Services (HCBS) State Plan Services
**ADMINISTRATION AND OPERATION**

**3. State Medicaid Agency (SMA) Line of Authority for Operating the HCBS State Plan Supplemental Benefit Package:**

☒ The HCBS state plan supplemental benefit package is operated by the SMA. Specify the SMA division/unit that has line authority for the operation of the program *(select one)*:

☒ The Medical Assistance Unit: **Division of Health Care Financing and Policy**

☐ Another division/unit within the SMA that is separate from the Medical Assistance Unit

☐ The HCBS state plan supplemental benefit package is operated by: a separate agency of the State that is not a division/unit of the Medicaid agency. The interagency agreement or memorandum of understanding that sets forth the authority and arrangements for this delegation of authority is available through the Medicaid agency to CMS upon request.

§1915(i) Home and Community Based Services (HCBS) State Plan Services
**ADMINISTRATION AND OPERATION**

**4. Distribution of State Plan HCBS Operational and Administrative Functions.**

☒ The State assures that in accordance with 42 CFR §431.10, the Medicaid agency exercises administrative discretion in the administration or supervision of the state plan. When a function is performed by other than the Medicaid agency, the entity performing that function does not substitute its own judgment for that of the Medicaid agency with respect to the application of policies, rules and regulations. Furthermore, the Medicaid Agency assures that it maintains accountability for the performance of any operational, contractual, or local regional entities.:

| Function | Medicaid Agency | Other State Operating Agency | Contracted Entity | Local Non-State Entity |
|---|---|---|---|---|
| 1 Disseminate information concerning the state plan HCBS to potential enrollees | ☒ | ☒ Other divisions of the State Department of Health and Human Services | ☒ QIO-like agency | ☒ Providers |
| 2 Assist individuals in state plan HCBS enrollment | ☒ | ☒ Other divisions of the State Department of Health and Human Services | ☐ | ☒ Providers |
| 3 Manage state plan HCBS enrollment against approved limits, if any | ☒ | ☐ | ☐ | ☐ |
| 4 Review participant service plans to ensure that state plan HCBS requirements are met | ☒ | ☐ | ☒ QIO-like agency | ☒ Providers |
| 5 Recommend the prior authorization of state plan HCBS | ☒ | ☐ | ☒ QIO-like agency | ☒ Providers |
| 6 Conduct utilization management functions | ☒ | ☐ | ☒ QIO-like agency | ☐ |
| 7 Recruit providers | ☒ | ☐ | ☒ QIO-like agency | ☐ |
| 8 Execute the Medicaid provider agreement | ☒ | ☐ | ☒ QIO-like agency | ☐ |
| 9 Conduct training and technical assistance concerning state plan HCBS requirements | ☒ | ☐ | ☒ QIO-like agency | ☐ |
| 10 Conduct quality monitoring of individual health and welfare and State plan HCBS program performance. | ☒ | ☐ | ☒ QIO-like agency | ☒ Providers |

For items 1. and 2., the Nevada Divisions for Aging Services (DAS), Division of Child and Family Services (DCFS), and Mental Health and Developmental Services (MHDS) as well the office of Disability Services (ODS) will assist in disseminating information concerning the state plan HCBS and enrolling potential recipients.

§1915(i) Home and Community Based Services (HCBS) State Plan Services
**ADMINISTRATION AND OPERATION**

For items 1., 4., 5., 6., 7., 8., 9. and 10., the Medicaid Fiscal Intermediary which is the QIO-like agency in Nevada will serve as the contracted entity.

For item 10, the Nevada Divisions of Aging Services (DAS), Division of Child and Family Services (DCFS), and Mental Health and Developmental Services (MHDS) as well the Office of Disability Services (ODS) will assist in disseminating information concerning the state plan HCBS and enrolling potential recipients.

§1915(i) Home and Community Based Services (HCBS) State Plan Services
**ADMINISTRATION AND OPERATION**

**5.** ☒ **Conflict of Interest Standards.** The State assures the independence of persons performing evaluations, assessments, and plans of care. Written conflict of interest standards ensure, at a minimum, that persons performing these functions are not:

- related by blood or marriage to the individual, or any paid caregiver of the individual
- financially responsible for the individual
- empowered to make financial or health-related decisions on behalf of the individual
- for assessments and plan of care
- providers of State plan HCBS for the individual, or those who have interest in or are employed by a provider of State plan HCBS; except at the option of the State, when such individuals are the only willing and qualified provider in a geographic area, and the State devises conflict of interest protections. *(If the State chooses this option, specify the conflict of interest protections the State will implement):*

The individual performing assessment, eligibility, and plan of care must be an independent third party.

§1915(i) Home and Community Based Services (HCBS) State Plan Services
**ADMINISTRATION AND OPERATION**

**6.** ☒ **Appeals**. The State allows for appeals in accordance with 42 CFR 431 Subpart E.

§1915(i) Home and Community Based Services (HCBS) State Plan Services
**ADMINISTRATION AND OPERATION**

**7.** ☒ **No FFP for Room and Board.** The State has methodology to prevent claims for Federal financial participation for room and board in HCBS state plan services.

§1915(i) Home and Community Based Services (HCBS) State Plan Services
**NUMBER SERVED**

**8.** ☒ **Non-duplication of services.** State plan HCBS will not be provided to an individual at the same time as another service that is the same in nature and scope regardless of source, including Federal, State, local, and private entities. For habilitation services, the State includes within the record of each individual an explanation that these services do not include special education and related services defined in the Individuals with Disabilities Improvement Act of 2004 that otherwise are available to the individual through a local education agency, or vocational rehabilitation services that otherwise are available to the individual through a program funder under §110 of the Rehabilitation Act of 1973.

§1915(i) Home and Community Based Services (HCBS) State Plan Services
**NUMBER SERVED**

**1. Projected Number of Unduplicated Individuals To Be Served Annually.** The first year projection is based on current utilization of all services combined. Growth in succeeding years is projected at 6.5%, which reflects the average annual caseload growth rates experienced by DHCFP.

| Annual Period | From | To | Projected Number of Participants |
|---|---|---|---|
| Year 1 | 7/1/2007 | 6/30/2008 | 4655 |
| Year 2 | 7/1/2008 | 6/30/2009 | 4958 |
| Year 3 | 7/1/2009 | 6/30/2010 | 5280 |
| Year 4 | 7/1/2010 | 6/30/2011 | 5623 |
| Year 5 | 7/1/2011 | 6/30/2012 | 5989 |

§1915(i) Home and Community Based Services (HCBS) State Plan Services
**NUMBER SERVED**

**2. Optional Annual Limit on Number Served.:**

☒ The State does not limit the number of individuals served during the Year.

☐ The State chooses to limit the number of individuals served during the Year.:

| Annual Period | From | To | Annual Maximum Number of Participants |
|---|---|---|---|
| Year 1 | | | |
| Year 2 | | | |
| Year 3 | | | |
| Year 4 | | | |
| Year 5 | | | |

☐ The State chooses to further schedule limits within the above annual period(s).:

§1915(i) Home and Community Based Services (HCBS) State Plan Services
**NUMBER SERVED**

**3. Waiting List.**

☒ The State will not maintain a waiting list.

☐ The State will maintain a single list for entrance to the HCBS state plan supplemental benefit package. State-established selection policies: are based on objective criteria; meet requirements of the Americans with Disabilities Act and all Medicaid regulations; ensure that otherwise eligible individuals have comparable access to all services offered in the package.

§1915(i) Home and Community Based Services (HCBS) State Plan Services
**FINANCIAL ELIGIBILITY**

**1.** **Income Limits.** The State assures that individuals receiving state plan HCBS are in an eligibility group covered under the State's Medicaid state plan, and who have income that does not exceed 150% of the Federal Poverty Level (FPL).

§1915(i) Home and Community Based Services (HCBS) State Plan Services
**FINANCIAL ELIGIBILITY**

**2. Medically Needy.:**

☒ The State does not provide HCBS state plan services to the medically needy.

☐ The State provides HCBS state plan services to the medically needy:

☐ The State elects to waive the requirements at section 1902(a)(10)(C)(i)(III) of the Social Security Act relating to community income and resource rules for the medically needy.

☐ The State does not elect to waive the requirements at section 1902(a)(10)(C)(i)(III).

§1915(i) Home and Community Based Services (HCBS) State Plan Services
**NEEDS-BASED EVALUATION/REEVALUATION**

**1. Responsibility for Performing Evaluations / Reevaluations.** Independent evaluations / reevaluations to determine whether applicants are eligible for HCBS are performed:

☐ Directly by the Medicaid agency

☒ By Other: QIO-like agency

§1915(i) Home and Community Based Services (HCBS) State Plan Services
**NEEDS-BASED EVALUATION/REEVALUATION**

**2. Qualifications of Individuals Performing Evaluation/Reevaluation.** There are qualifications (that are reasonably related to performing evaluations) for persons responsible for evaluation/reevaluation for eligibility.:

1. The QIO-like agency employs licensed registered nurses and licensed social workers to evaluate/re-evaluate for eligibility.
2. All the individuals performing evaluations/reevaluations will have professional credentials and experience in evaluating an individual's needs for medical and social supports.

§1915(i) Home and Community Based Services (HCBS) State Plan Services
**NEEDS-BASED EVALUATION/REEVALUATION**

**3.** ☒ **Process for Performing Evaluation/Reevaluation.** Describe the process for evaluating whether individuals meet the needs-based State plan HCBS eligibility criteria and any instrument(s) used to make this determination. If the reevaluation process differs from the evaluation process, describe the differences:

Prior authorization must be obtained through the QIO-like vendor using universal needs assessment tool. This same process is used to both evaluate and reevaluate whether an individual is eligible for the 1915(i) services.

§1915(i) Home and Community Based Services (HCBS) State Plan Services
**NEEDS-BASED EVALUATION/REEVALUATION**

**4. Needs-based HCBS Eligibility Criteria.** Needs-based criteria are used to evaluate and reevaluate whether an individual is eligible for HCBS state plan services. The criteria take into account the individual's support needs and capabilities and may take into account the individual's ability to perform two or more ADLs, the need for assistance, and other risk factors:

The "1915(i) Home and Community Based Services Universal Needs Assessment Tool" will be used to evaluate and reevaluate whether an individual is eligible for the Nevada 1915(i) HCBS state plan services. In order to qualify for services, the individual meets at least two of the following:

1. the inability to perform 2 or more ADLs;
2. the need for significant assistance to perform ADLs;
3. risk of harm;
4. the need for supervision;
5. functional deficits secondary to cognitive and /or behavioral impairments.

§1915(i) Home and Community Based Services (HCBS) State Plan Services
**NEEDS-BASED EVALUATION/REEVALUATION**

**5.** ☒ **Needs-based Institutional and Waiver Criteria.** There are needs-based criteria for receipt of institutional services and participation in certain waivers that are more stringent than the criteria above for receipt of HCBS state plan services. Individuals receiving institutional services and participating in certain waivers on the date that more stringent criteria become effective are exempt from the new criteria until such time as they no longer require that level of care. *(Include copies of the State's official documentation of the need-based criteria for each of the following):*

- *Applicable Hospital*
- *NF*
- *ICF/MR*

**Differences Between Level Of Care Criteria**

| State Plan HCBS needs-based eligibility criteria | NF (& NF LoC waivers) | ICF/MR (& ICF/MR LoC waivers) | Long Term Care Hospital LoC |
|---|---|---|---|
| Individuals need at least two of the following:<br><br>Functional Impairment in<br>1. ADL/IADLs, or<br>2. Cognitive behavior.<br><br>Or Risk Factors of<br>3. Medical<br>4. Need for Supervision<br>5. Substance Abuse<br>6. Multiple Social System Involvement | The individual's condition requires services for three of the following:<br><br>1. Medication,<br>2. Treatments/Special Needs,<br>3. ADLs,<br>4. Supervision,<br>5. IADLs | The individual has a diagnosis of Mental retardation or related condition and requires active treatment due to substantial deficits in three of the following:<br><br>1. Mobility,<br>2. Self-Care,<br>3. Understanding and Use of Language,<br>4. Learning,<br>5. Self Direction, and<br>6. Capacity for Independent Living | The individual has chronic mental illness and has at least three functional deficits:<br><br>1. Imminent risk of self harm,<br>2. Imminent risk of harm to others,<br>3. Risk of serious medical complications,<br>4. Need for 24 hour supervision |

To qualify for the NF standard, a recipient must score three points on the NF Level of Care Determination. To qualify for State plan HCBS benefit, the recipient must score at least two points on the Universal Needs Based Assessment.

§1915(i) Home and Community Based Services (HCBS) State Plan Services
**NEEDS-BASED EVALUATION/REEVALUATION**

**6.** ☒ **Reevaluation Schedule.** The State assures that needs-based reevaluations are conducted at least annually.

§1915(i) Home and Community Based Services (HCBS) State Plan Services
**NEEDS-BASED EVALUATION/REEVALUATION**

**7.** ☒ **Adjustment Authority.** The State will notify CMS and the public at least 60 days before exercising the option to modify needs-based eligibility criteria in accord with 1915(i)(1)(D)(ii).

§1915(i) Home and Community Based Services (HCBS) State Plan Services
**NEEDS-BASED EVALUATION/REEVALUATION**

**8.** ☒ **Residence in home or community.** The State plan HCBS benefit will be furnished to individuals who reside in their home or in the community, not an institution. *(Specify any residential settings, other than an individual's home or apartment, in which residents will be furnished State plan HCBS, if applicable. Describe the criteria by which the State determines that these settings are not institutional in character such as privacy and unscheduled access to food, activities, visitors, and community pursuits outside the facility):*

§1915(i) Home and Community Based Services (HCBS) State Plan Services
**PERSON-CENTERED PLANNING & SERVICE DELIVERY**

**1.** ☒ The State assures that there is an independent assessment of individuals determined to be eligible for HCBS. The assessment is based on:

- An objective face-to-face evaluation by an independent agent trained in assessment of need for home and community-based services and supports;
- Consultation with the individual and others as appropriate;
- An examination of the individual's relevant history, medical records, care and support needs, and preferences;
- Objective evaluation of the inability to perform, or need for significant assistance to perform 2 or more ADLs (as defined in §7702B(c)(2)(B) of the Internal Revenue Code of 1986);
- Where applicable, an evaluation of the support needs of the individual (or the individual's representative) to participant-direct; and
- A determination of need for at least one State plan home and community-based service before an individual is enrolled in the State plan HCBS benefit.

§1915(i) Home and Community Based Services (HCBS) State Plan Services
**PERSON-CENTERED PLANNING & SERVICE DELIVERY**

**2.** ☒ The State assures that, based on the independent assessment, the individualized plan of care:

- Is developed by a person-centered process in consultation with the individual, the individual's: treating physician, health care or supporting professional, or other appropriate individuals, as defined by the State, and where appropriate the individual's family, caregiver, or representative;
- Identifies the necessary HCBS to be furnished to the individual;
- Takes into account the extent of, and need for, any family or other supports for the individual;
- Prevents the provision of unnecessary or inappropriate care;
- Is guided by best practices and research on effective strategies for improved health and quality of life outcomes; and
- Is reviewed at least annually and as needed when there is significant change in the individual's circumstances.

**3. Responsibility for Face-to-Face Assessment of an Individual's Support Needs and Capabilities.** There are educational/professional qualifications (that are reasonably related to performing assessments) of the individuals who will be responsible for conducting the independent assessment, including specific training in assessment of individuals with physical and mental needs for HCBS.:

A physician or other licensed practitioner of the healing arts within the scope of this professional practice as defined and limited by Federal and State law with experience in conducting assessments will be responsible for conducting the face-to-face independent assessments and reassessments of an individual's support needs and capabilities.

**4. Responsibility for Service Plan Development.** There are qualifications (that are reasonably related to developing plans of care) for persons responsible for the development of the individualized, person-centered plan of care.

The service plan is developed by the service provider. An interdisciplinary team will formulate the plan in conjunction with the recipient. The team must include staff trained in person-centered planning, and must include a licensed health care professional and may include other individuals who can contribute to the plan development. Recipient and family involvement in service planning must be documented in the Service Plan.

The Conflict of Interest Standards specified in Administration and Operation, question #5 are applicable to service plan development.

**5. Supporting the Participant in Service Plan Development.** Supports and information are made available to the participant (and/or the additional parties specified, at the choice of the participant) to direct and be actively engaged in the service plan development process.:

Participants are provided by the service case manager or the DHCFP District Office staff with information about the person-centered planning process, their opportunity to select who participates in the planning, the services available and the available providers.

The provider will ensure the recipient, or the recipient's legal representative, is fully involved in the treatment planning process and choice of providers. The provider will also ensure the participant has an understanding of the needed services and the elements of the Service Plan. Participant's, family's (at the choice of the participant) and/or legal representative's participation in treatment planning must be documented on the Service Plan.

Providers will ensure the recipient or the recipient's legal representative is fully involved in the plan of care and ongoing day to day delivery of services, while promoting the rights of the client in regards to choice of services and providers.

**6. Informed Choice of Providers:**

A physician or other licensed practitioner of the healing arts conducts the needs-based assessment and refers the recipient to the local Medicaid District Office for a list of providers who meet Medicaid requirements and have a Medicaid contract to provide needed services. The Medicaid District Office will provide information and assistance in contacting Medicaid providers, including a list of providers and service descriptions. The recipient or the recipient's representative contacts the provider to select a provider of services. The provider of services is responsible for obtaining a written statement that the recipient was offered a choice of providers.

§1915(i) Home and Community Based Services (HCBS) State Plan Services
**PERSON-CENTERED PLANNING & SERVICE DELIVERY**

**7. Process for Making Service Plan Subject to the Approval of the Medicaid Agency:**

The quality improvement organization (QIO) selected by Nevada Medicaid will approve all service plans. Additionally, DHCFP staff or designee will review a representative sample of participant service plans each year, with a confidence level of 95%.

§1915(i) Home and Community Based Services (HCBS) State Plan Services
**PERSON-CENTERED PLANNING & SERVICE DELIVERY**

**8. Maintenance of Service Plan Forms.** Written copies or electronic facsimiles of service plans are maintained for a minimum period of three years as required by 45 CFR §74.53. Service plans are maintained by the following:

☐ Medicaid agency

☐ Case Manager

☒ Other: Service providers

**1. Home and Community Based Services (HCBS) State Plan Services:**

**Service Specifications**

**Service Title: Home and Community Based (HCBS) Adult Day Health Care:**

Service Definition (Scope): Adult Day Health Care services include health and social services needed to ensure the optimal functioning of the participant. Services are generally furnished in four or more hours per day on a regularly scheduled basis. The schedule may be modified as specified in the service plan (not to exceed 6 hours per day). Services must take place in a non-institutional or community-based setting.

Services provided by the appropriate professional staff include the following:

- Care coordination
- Supervision and assistance to the recipient, to ensure the recipient's well being and that care is appropriate to recipient's needs
- Nursing Services
  - Assessment
  - Care planning
  - Treatment
  - Medication administration
- Restorative therapy and care
- Nutritional assessment and planning
- Recipient training in activities of daily living
- Social activities to ensure the recipient's optimal functioning
- Meals (*Meals provided as a part of these services shall not constitute a "full nutritional regimen" (3 meals per day)).*

FIN REF: Attachment 4.19-B, Page 14 – 14b

§1915(i) Home and Community Based Services (HCBS) State Plan Services
**SERVICES**

Specify limits (if any) on the amount, duration, or scope of this service for:

☒ Categorically needy: No more than 6 hours per day per recipient.

☐ Medically needy:

Specify whether the service may be provided by a: ☐ Relative
☐ Legal Guardian
☐ Legally Responsible Person

Provider Qualifications:

| Provider Type: | License: | Certification: | Other Standard: |
|---|---|---|---|
| Home and Community Based Services (HCBS) Adult Day Health Care Facility | Licensed by the Health Division Bureau of Licensure and Certification, as an Adult Day Care Facility | Certified by the Division of Health Care Financing and Policy as an Adult Day Health Care provider that provides medical/nursing services in conjunction with adult day care activities. | Must maintain a Medicaid Services Provider Agreement and comply with the criteria set forth in the Medicaid Services Manual. |

Verification of Provider Qualifications:

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification: |
|---|---|---|
| Home and Community Based Services (HCBS) Adult Day Health Care Facility | Division of Health Care Financing and Policy (DHCFP) | Annual |

Service Delivery Method:

☐ Participant-directed

☒ Provider managed

FIN REF: Attachment 4.19-B, Page 14 – 14b

§1915(i) Home and Community Based Services (HCBS) State Plan Services
**SERVICES**

**Service Title: Habilitation**

Service Definition (Scope): Habilitation Services include services designed to assist individuals in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings. Habilitation Services are prescribed by a physician, provided by the appropriate qualified staff, and include the following:

- Care Coordination
- Adaptive Skill Development
- Assistance with Activities of Daily Living
- Community Inclusion
- Transportation (not duplicative of State Plan non-emergency transportation)
- Adult Educational Supports
- Social and Leisure Skill Development
- Physical Therapy
- Speech Therapy
- Occupational Therapy

Habilitation services under Section 1915(i) do not include special education and related services defined in the Individuals with Disabilities Education Improvement Act of 2004 (IDEA), which otherwise are available to the individual through a local education agency, and vocational rehabilitation services, which otherwise are available to the individual through a program funded under Section 110 of the Rehabilitation Act of 1973. Documentation to this effect will be maintained in the file of each individual receiving habilitation services that may be duplicated through these specific authorities.

The professional provider must see a patient at least once, have some input as to the type of care provided, review the patient after treatment has begun, and assume legal responsibility for the services provided.

FIN REF: Attachment 4.19-B, Page 15 – 15a

§1915(i) Home and Community Based Services (HCBS) State Plan Services
**SERVICES**

Additional needs-based criteria for receiving the service, if applicable:

Recipient must need Habilitation services as identified in the functional assessment as assessed by a Licensed Practitioner of the Healing Arts within the scope of professional practice as defined and limited by Federal and State law.

Specify limits (if any) on the amount, duration, or scope of this service for:

☒ Categorically needy: Each service is subject to Utilization Management.

☐ Medically needy:

Specify whether the service may be provided by a:

☐ Relative
☐ Legal Guardian
☐ Legally Responsible Person

Provider Qualifications:

| Provider Type: | License: | Certification: | Other Standard: |
|---|---|---|---|
| Habilitation Services Provider Agency | No state license required for the agency. | Current accreditation with either the Commission on Accreditation of Rehabilitation Facilities or the Joint Commission on the Accreditation of Health Organizations. | Must maintain a Medicaid Services Provider Agreement and comply with criteria specified in the Medicaid Services Manual. |
| Care Coordinator | Must have current licensure as a Social Worker or Registered Nurse as defined in 42CFR440.60. | | |
| Certified Care Coordinator | Must have current licensure as a Social Worker or Registered Nurse as defined in 42CFR440.60. | Current certification. | |
| Other Licensed Individual who provides Care coordination | Must have current licensure as a Social Worker or Registered Nurse as defined in 42CFR440.60. | | Must be a licensed individual that is eligible to apply for certification as a care coordinator or who is working under the direct supervision of a Certificate of Clinical Competence (CCC). |
| Physical Therapist/ Occupational Therapist/ Speech Therapist | Must have current professional licensure as defined in 42CFR440.110. | | |

FIN REF: Attachment 4.19-B, Page 15 – 15a

§1915(i) Home and Community Based Services (HCBS) State Plan Services
**SERVICES**

| | | | |
|---|---|---|---|
| Registered Nurse | Must have current licensure as a Registered Nurse as defined in 42CFR440.60. | Registered Nurse | Must have current licensure as a Registered Nurse as defined in 42CFR440.60. |
| Physician | Must have current licensure as a Physician as defined in the 42CFR440.50. | | |
| Habilitation Technician | | | Possess high school diploma or GED; some post-secondary educational experience preferred; a minimum of two positive, verifiable employment experiences; two years of related experience; job experience that demonstrates the ability to teach, work independently of constant supervision, demonstrate regard and respect for recipients; have verbal and written communication skills; the ability to multi-task; the ability to follow through with designated tasks; knowledge of the philosophy and principles of independent living for people with disabilities.<br>Habilitation Technicians must be directly supervised by a licensed/certified Therapy provider as defined in 42CFR440.110. Documentation will be kept supporting the supervision of service and ongoing involvement in the treatment by the supervising qualified provider. |
| Licensed Psychologist | Must have current licensure as a Psychologist as defined in 42CFR440.60. | | |

Verification of Provider Qualifications:

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification: |
|---|---|---|
| Habilitation Services Provider Agency | The designated QIO like-vendor for Nevada Medicaid. | Annual |

Service Delivery Method:

☐ Participant-directed

☒ Provider managed

FIN REF: Attachment 4.19-B, Page 15-15a

§1915(i) Home and Community Based Services (HCBS) State Plan Services
**SERVICES**

**Service Title: Home and Community Based Services (HCBS) Day Treatment or Other Partial Hospitalization Services for Individuals with Chronic Mental Illness**

Service Definition (Scope): Partial Hospitalization Services for Individuals with Chronic Mental Illness is a comprehensive interdisciplinary program aimed at supporting individuals with chronic mental illness and substance related disorders that require assistance with the acquisition, retention, or improvement of skills related to living in home and community based settings. The services are furnished under a medical model by a hospital or in an outpatient hospital setting. The service helps recipients with chronic mental illnesses reside in the most normative and least restrictive, family centered environment, and integrated setting appropriate to the their medical needs. The goal is to divert recipients from institutional settings to home and community based settings.

Services include:

- Day treatment,
- Partial hospitalization,
- Intensive Outpatient,
- Medication management,
- Medication management training and support,
- Crisis intervention,
- Screening, assessments, and diagnosis,
- Care coordination,
- Family, group, and individual therapy,
- Psychosocial rehabilitation,
- Communications skills,
- Occupational therapy, and
- Basic skills training:
    - maintenance of the home and community living environment,
    - restoration and maintenance of activities of daily living,
    - community integration and adaptation skills training and development, and
- Therapeutic social and leisure skills training and development.

The service must be prescribed by a physician or other licensed practitioner of the healing arts within the scope of this professional practice as defined and limited by Federal and State law.

FIN REF: Attachment 4.19-B, Page 16 – 17b

Additional needs-based criteria for receiving the service, if applicable:

**Partial Hospitalization Services** for Individuals with Chronic Mental Illness are based on an intensity of needs determination and are aimed at supporting recipients who need the amount, duration, and scope of medical assistance to:

- improve or retain functioning,
- prevent relapse,
- assistance with self care and treatment,
- assistance with family inclusion and integration,
- assistance with activities of daily living,
- assistance with medication education and training,
- assistance with educational supports,
- home and community living environment skills,
- community integration and adaptation skills, and
- therapeutic social and leisure skills.

Specify limits (if any) on the amount, duration, or scope of this service for:

☒ Categorically needy: Each service is subject to Utilization Management.

☐ Medically needy:

Specify whether the service may be provided by a:

☐ Relative
☐ Legal Guardian
☐ Legally Responsible Person

FIN REF: Attachment 4.19-B, Page 16 – 17b

§1915(i) Home and Community Based Services (HCBS) State Plan Services
**SERVICES**

Provider Qualifications:

| Provider Type: | License: | Certification: | Other Standard: |
|---|---|---|---|
| Qualified Mental Health Provider | ▪ Licensed Physician 42CFR440.50<br>▪ Licensed Psychiatrist 42CFR440.50<br>▪ Licensed Psychologist 42CFR440.60<br>▪ Licensed Registered Nurse 42CFR440.60<br>▪ Licensed Advanced Practitioner of Nursing 42CFR440.60<br>▪ Licensed Nurse Practitioner 42CFR440.60<br>▪ Licensed Marriage and Family Therapist 442CFR440.60<br>▪ Licensed Clinical Social Worker 42CFR440.60<br>▪ Licensed Interns under the direction of the above categories 42CFR440.60 | Graduate degrees appropriate for licensure | Mental Health Counselor employed by State Mental Health Authority |

Verification of Provider Qualifications:

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification: |
|---|---|---|
| QMHP | Division of Health Care Financing and Policy | Annual |

Service Delivery Method:

☐ Participant-directed

☒ Provider managed

FIN REF: Attachment 4.19-B, Page 16 – 17b

**2. Policies Concerning Payment for State Plan Home and Community Based Services (HCBS) Furnished by Legally Responsible Individuals, Other Relatives and Legal Guardians:**

☒ The State does not make payment to legally responsible individuals, other relatives or legal guardians for furnishing state plan Home and Community Based Services (HCBS).

☐ The State makes payment to:

☐ **Legally Responsible Individuals.** The State makes payment to legally responsible individuals under specific circumstances and only when the relative is qualified to furnish services:

☐ **Relatives.** The State makes payment to relatives under specific circumstances and only when the relative is qualified to furnish services:

☐ **Legal Guardians.** The State makes payment to legal guardians under specific circumstances and only when the guardian is qualified to furnish services:

☐ **Other policy.**:

§1915(i) Home and Community Based Services (HCBS) State Plan Services
**SERVICES**

Definition: Participant-direction means self-direction of services per §1915(i)(1)(G)(iii).

**1. Election of Participant-Direction.:**

☒ The State does not offer opportunity for participant-direction of state plan Home and community Based Services (HCBS).

☐ Every participant in HCBS state plan services (or the participant's representative) are afforded the opportunity to elect to direct services. Alternate service delivery methods are available for participants who decide not to direct their services.

☐ Participants in HCBS state plan services (or the participant's representative) are afforded the opportunity to direct some or all of their services, subject to criteria specified by the State.

**2. Description of Participant-Direction.:**

§1915(i) Home and Community Based Services (HCBS) State Plan Services
**SERVICES**

**3. Participant-Directed Services:**

| **Participant-Directed Service** | **Employer Authority** | **Budget Authority** |
|---|---|---|
| | ☐ | ☐ |
| | ☐ | ☐ |

**4. Financial Management:**

☐ Financial Management is not furnished. Standard Medicaid payment mechanisms are used.

☐ Financial Management is furnished as an administrative function.

**5.** ☐ **Participant–Directed Service Plan.** The State assures that, based on the independent assessment, a person-centered process produces an individualized plan of care for participant-directed services that:

- Is directed by the individual or authorized representative and builds upon the individual's preferences and capacity to engage in activities that promote community life;
- Specifies the services to be participant-directed, and the role of family members or others whose participation is sought by the individual or representative;
- For employer authority, specifies the methods to be used to select, manage, and dismiss providers;
- For budget authority, specifies the method for determining and adjusting the budget amount, and a procedure to evaluate expenditures; and
- Includes appropriate risk management techniques.

**6. Voluntary and Involuntary Termination of Participant-Direction:**

**7. Opportunities for Participant-Direction**

**a. Participant–Employer Authority** (individual can hire and supervise staff).

☒ The State does not offer opportunity for participant-employer authority.

☐ Participants may elect participant-employer Authority.

☐ **Participant/Co-Employer**. The participant (or the participant's representative) functions as the co-employer (managing employer) of workers who provide waiver services. An agency is the common law employer of participant-selected/recruited staff and performs necessary payroll and human resources functions. Supports are available to assist the participant in conducting employer-related functions.

☐ **Participant/Common Law Employer**. The participant (or the participant's representative) is the common law employer of workers who provide waiver services. An IRS-approved Fiscal/Employer Agent functions as the participant's agent in performing payroll and other employer responsibilities that are required by federal and state law. Supports are available to assist the participant in conducting employer-related functions.

**b. Participant–Budget Authority** (individual directs a budget).

☒ The State does not offer opportunity for participants to direct a budget.

☐ Participants may elect Participant–Budget Authority.

**Participant-Directed Budget**:

**Expenditure Safeguards**:

§1915(i) Home and Community Based Services (HCBS) State Plan Services
**QUALITY MANAGEMENT STRATEGY**

| **Requirement** | **Monitoring Activity** *(What)* | **Monitoring Responsibilities** *(Who)* | **Evidence** *(Data Elements)* | **Management Reports** *(Yes/No)* | **Frequency** *(Mos/Yrs)* |
|---|---|---|---|---|---|
| Service plans address assessed needs of enrolled participants, are updated annually, and document choice of services and providers. | 1. All person-centered service plans will be reviewed when initially submitted by the provider.<br>2. A representative sample of service plans for the entire population will be reviewed annually.<br>3. Participant Experience Survey (PES) that addresses access to care, choice and control, respect/dignity, community integration and inclusion.<br>4. A needs assessment will be done at least annually for all participants. A representative sample will be reviewed to determine changes in functioning levels within the sample and try to get a picture of the total population. | 1. QIO-like vendor.<br>2. DHCFP<br>3. DHCFP<br>4. DHCFP | 1. & 2. Current assessment is in the file. Current service plans exist in the file. Service plan addresses all the assessed needs. Service plan is person-centered. Choice of providers is documented in the case file.<br>3. Results of PES.<br>4. Results of representative sample review of changes in functioning level. | 1 &2. Percent of compliance in each component; trends of changes in percent compliance. Serious problem areas defined.<br>3. Summary reports of PES.<br>4. Summary reports of sample review of changes in functioning level. Sample represents a 95% confidence level. | 1. Ongoing as submitted.<br>2. Annual.<br>3. At least annually or at discharge.<br>4. Annual. |
| Providers meet required qualifications | Verify 100% providers meet requirements established for each service, such as licensure, accreditation, etc.<br>Verify all providers have a current Medicaid contract. | DHCFP | DHCFP records the documentation of provider meeting qualifications, such as copies of licenses, certifications and Medicaid contracts. | List of all providers, with reports of compliance in each area of qualification, with percentage compliance. | Review 100% of providers per year. |
| The SMA retains authority and responsibility for program operations and oversight. | DHCFP conducts routine ongoing monitoring of 1915(i) HCBS. | DHCFP | Documentation of monitoring system. Management reports of monitoring results. | Summary reports of quality of HCB Services.<br>Documentation of monitoring findings, remediation, analysis of effectiveness of remediation, and documentation of system improvement. | Ongoing. |

1915(i) Home and Community Based Services (HCBS) State Plan Services
**QUALITY MANAGEMENT STRATEGY**

| | | | | | |
|---|---|---|---|---|---|
| The SMA maintains financial accountability through payment of claims for services that are authorized and furnished to enrolled participants by qualified providers. | DHCFP oversight exists through the MMIS system to assure claims are coded and paid in accordance with the state plan. State Plan HCB Services will be included in the population of paid claims subject to a PERM-like financial review. Additionally, a program review of a representative sample of claims will be conducted annually. | DHCFP | MMIS reports. PERM-like review reports.<br>Documentation of sample selection process for program review, monitoring tools, monitoring findings reports and management reports. | Documentation of monitoring findings, remediation, analysis of effectiveness of remediation, documentation of system improvement. | Ongoing payment edits.<br>Annual reviews. |
| The State identifies, addresses and seeks to prevent incidents of abuse, neglect, and exploitation, including the use of restraints. | Service plans address health and welfare and are monitored by DHCFP and the QIO-like vendor. Recipients may participate in Participant Experience Surveys (PES) that address access to care, choice and control, respect/dignity and community integration and inclusion.<br><br>Providers of all services are required to ensure compliance with 42CFR483.374 to assure the health and welfare of recipients with regard to seclusion and restraints. | DHCFP, QIO-like vendor, Bureau of Licensure and Certification (BLC) when appropriate. | DHCFP and QIO-like vendor Program review reports, PES Responses.<br><br>Complaints received by DHCFP, BLC, or incidents identified in program reviews. | Summary reports of BLC tracking results, program reviews and PES. | Ongoing. |

1915(i) Home and Community Based Services (HCBS) State Plan Services

**QUALITY MANAGEMENT STRATEGY**

| | |
|---|---|
| Describe the process(es) for remediation and systems improvement. | Serious occurrence reports, Participant Experience Surveys and program review reports that identify issues related to a specific participant will be referred to the District Office case manager to assess and remediate immediately, if appropriate. Central Office program specialists will analyze all review findings, prepare reports as indicated above, make recommendations for remediation and submit to a management team or program chief. The report will include an executive summary that highlights important issues that require attention and remediation. Providers will be informed and educated when problems are identified. When necessary a plan of improvement will be required of specific providers that do not meet standards specified in the Medicaid Services Manual. If corrective action is determined by DHCFP to not be adequate, appropriate actions will be taken and may include temporary suspension or full termination of provider Medicaid contracts. Program specialists will assess the effectiveness of remediations and report results to the management team or program chief. The Management Team or Program Chief will review and approve the report or return to the program specialist for additional information or action. When complete the program specialist and the management team or Program Chief will determine whether the monitoring system has been effective or needs improvement.<br><br>The State plans to treat remediation and improvement activities for delegated functions by a similar methodology to the process described above. Once any issue is identified through management procedures or reports related to claims utilization, level of care determinations, notices of decision, fair hearing outcomes, audit findings, or utilization management trends, DHCFP works directly with the responsible delegated entity to remediate the findings and prioritize in its systems improvement processes. DHCFP is in the process of developing a meaningful, statewide monitoring, analysis and remediation system for these occurrences. DCHFP will assess how best to distinguish and prioritize incident reports to identify trends and work with affected entities to effectively prioritize based on the impact to the recipient and the needs of all parties involved. |