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MEDICAID SERVICES MANUAL	Subject: POLICY

2303.5 **HOMEMAKER SERVICES**

Homemaker services consist of IADLs such as general household tasks, meal preparation, essential shopping, and laundry. These services are provided when the individual regularly responsible for these activities is temporarily absent or unable to manage their private residence and is necessary to avoid placement in an institution. These services are provided to individuals who are not authorized to receive State Plan PCS and require assistance with IADLs.

2303.5A **COVERAGE AND LIMITATIONS**

1. Homemaker services are provided at the recipient’s home, or place of residence (community setting)
2. Services must be directed to the individual recipient and related to their health and welfare.
3. DHCFP or its Fiscal Agent and case management providers are not responsible for the replacement of goods damaged in the provision of service.
4. Homemaker services include:
 - a. General household tasks: including mopping floors, vacuuming, dusting, changing and making beds, washing dishes, defrosting and cleaning the refrigerator, cleaning bathrooms and kitchens, and washing windows as high as the homemaker can reach while standing on the floor;
 - b. Essential shopping to obtain prescribed drugs, medical supplies, groceries, and other household items required specifically for the health and maintenance of the recipient;
 - c. Meal preparation: menu planning, storing, preparing, serving food, buttering bread and plating food;
 - d. Laundry services: washing, drying, and folding the recipient’s personal laundry and linens (sheets, towels, etc.), excluding ironing. The recipient is responsible for any laundromat and/or cleaning fees;
 - e. Assisting the recipient and family members or caregivers in learning a homemaker routines and skills, so the recipient may carry on normal living when the homemaker is not present;
 - f. Accompanying the recipient to homemaker activities such as shopping or the laundromat. Any transportation to and from these activities is not reimbursable as a Medicaid expense;

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- g. Routine clean-up of waste for up to two household pets. Walking a pet is not included unless it is a service animal.
 - h. Additional homemaker activities may be approved on a case-by-case basis.
5. Activities the homemaker shall not perform and for which Medicaid will not pay include the following:
- a. Transporting the recipient in a private car;
 - b. Cooking and cleaning for the recipient's guests, other household members or for the purpose of entertaining;
 - c. Repairing electrical equipment;
 - d. Ironing and mending;
 - e. Giving permanents, dying, or cutting hair;
 - f. Accompanying the recipient to appointments, social events, or in-home socialization;
 - g. Washing walls;
 - h. Moving heavy furniture, climbing on chairs or ladders;
 - i. Purchasing alcoholic beverages that are not prescribed by the recipient's physician;
 - j. Doing yard work such as weeding or mowing lawns, trimming trees, shoveling non-essential snow-covered areas and vehicle maintenance; or
 - k. Providing care to pets unless the animal is a certified service animal.
6. Live-in LRIs are limited to up to two hours per week, for non-live-in LRIs, the service hours will be based on the case manager's assessment of the recipient's living conditions (e.g. living alone, risk level).

2303.5B PROVIDER RESPONSIBILITIES

In addition to the provider responsibilities listed in Section 2303.2B, Homemaker Providers must:

- 1. Provide adequate training related to homemaking assistance appropriate for recipients with physical disabilities completed initially and annually;

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2. Ensure that EVV requirements and expectations are met, including the documentation of all services in approved EVV system;
3. The service must be prior authorized by the case manager and documented in an approved EVV system.
4. As mandated by Nevada statute, federal law or any other applicable Medicaid authority, providers must adhere to all wage requirements established by federal or state law or applicable Medicaid requirements for direct care workers. Specific wage requirements are referenced in the Waiver for Persons with Physical Disabilities, Appendix C- Participant Services and are outlined in the provider's enrollment contract. The DHCFP Audit unit will conduct audits to ensure compliance with any wage requirement. As part of these audits, documents requested may include but not limited to:
 - a. Payroll records such as timesheets or timecards;
 - b. Detailed paystubs including hours and rates per direct care worker;
 - c. Employment documentation used to verify identification and authorization to work;
 - d. Financial records needed to verify a provider's wage expense.

If a provider is determined to not be in compliance with paying their direct care workers a required wage, a provider will be subject to corrective action. Initial violations for non-compliance may result in provider education as well as recoupment of overpayment due to a provider not paying a direct care worker the mandated wage. Continued violations may trigger corrective action including additional penalties up to termination.

2303.5C RECIPIENT RESPONSIBILITIES

In addition to the Recipient Responsibilities outlined in 2303.2C, the recipient must:

1. Agree to utilize an approved EVV system for the waiver services being received from the provider agency.
2. Confirm services were provided by electronically signing or initialing, as appropriate per POC, the EVV record that reflects the service rendered. If IVR is utilized, a vocal confirmation is required.

2303.6 RESPITE CARE

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Respite Care Services are provided to recipients unable to care for themselves. This service is provided on a short-term basis because of the absence or need for relief of those persons normally providing the care. Respite providers perform general assistance with ADLs and IADLs as well as provide supervision to functionally impaired recipients in their private home or place of residence (community setting).

2303.6A COVERAGE AND LIMITATIONS

1. Respite services may be for 24-hour periods.
2. Respite care is limited to 120 hours for the duration of the POC.
3. Services must be prior authorized by the case manager.

2303.6B PROVIDER RESPONSIBILITIES

In addition to the provider responsibilities listed in, Section 2303.2B, Respite providers must:

1. Provide adequate training related to personal care assistance appropriate for recipients with physical disabilities completed initially and annually to include training on personal hygiene needs and techniques for assisting with ADLs, such as bathing, grooming, skin care, transfer, ambulation, exercise, feeding, dressing, and use of adaptive aids and equipment, homemaking, and household care;
2. Meet the requirements of NRS 629.091, Section 2303.3B of this Chapter, and MSM Chapter 2600 if a respite provider is providing attendant care services that are considered skilled services; and
3. Providers are responsible to ensure that EVV requirements and expectations are met, including the documentation of all services in approved EVV system.
4. Services must be prior authorized by the case manager and documented in an approved EVV system.
5. As mandated by Nevada statute, federal law or any other applicable Medicaid authority, providers must adhere to all wage requirements established by federal or state law or applicable Medicaid requirements for direct care workers. Specific wage requirements are referenced in the Waiver for Persons with Physical Disabilities, Appendix C- Participant Services and are outlined in the provider’s enrollment contract. The DHC FP Audit unit will conduct audits to ensure compliance with any wage requirement. As part of these audits, documents requested may include but not limited to:
 - a. Payroll records such as timesheets or timecards;

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- b. Detailed paystubs including hours and rates per direct care worker;
- c. Employment documentation used to verify identification and authorization to work;
- d. Financial records needed to verify a provider's wage expense.

If a provider is determined to not be in compliance with paying their direct care workers a required wage, a provider will be subject to corrective action. Initial violations for non-compliance may result in provider education as well as recoupment of overpayment due to a provider not paying a direct care worker the mandated wage. Continued violations may trigger corrective action including additional penalties up to termination.

2303.6C RECIPIENT RESPONSIBILITIES

In addition to the Recipient Responsibilities outlined in 2303.2C, the recipient must:

- 1. Agree to utilize an approved EVV system for the waiver services being received from the provider agency.
- 2. Confirm services were provided by electronically signing or initialing, as appropriate per POC, the EVV record that reflects the service rendered. If IVR is utilized, a vocal confirmation is required.

2303.7 ATTENDANT CARE SERVICES

Attendant Care Services are an extension of State Plan Personal Care Services (PCS) intended to support an individual to remain independent within the community. These services are authorized by case managers to assist the recipient's need for ADL and IADL assistance based upon functional deficits.

2303.7A COVERAGE AND LIMITATIONS

The scope and nature of these services do not otherwise differ from State Plan PCS furnished under the State Plan. Attendant Care Services are only provided to individuals aged 21 and over when the limits of the State Plan Option PCS are exhausted. Refer to MSM chapter 3500 for further information.

- 1. Where possible and preferred, recipients will direct their own service through an ISO. Refer to MSM Chapter 2600. Under the ISO model, the recipient can recruit, select, or terminate a caregiver. If this option is not used, the recipient will choose a provider agency that will otherwise recruit, screen, schedule caregivers, provide backup and assurance of emergency assistance.

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2. Extended personal care attendant services in the recipient’s POC may include assistance with ADLs and IADLs.

Hands-on care, of both a supportive and health-related nature, specific to the needs of a medically stable, physically disabled individual. Supportive services are those which substitute for the absence, loss, diminution, or impairment of a physical or cognitive function.

3. Flexibility of Services

Flexibility of service delivery, which does not alter medical necessity, may occur within a single week period without an additional authorization. Reference 2303.2B.7 of this chapter for details.

2303.7B PROVIDER RESPONSIBILITIES

In addition to the provider responsibilities listed in 2303.2B, the provider must:

1. When the provision of services includes self-directed skilled, qualifications and requirements must be followed in accordance with NRS 629.091, and MSM Chapter 2600.
2. Demonstrate the ability to:
 - a. Perform the care tasks as prescribed;
 - b. Identify emergency situations and to act accordingly and;
 - a. Maintain confidentiality regarding the details of case circumstances.
3. Provide adequate training related to personal care assistance appropriate for recipients with physical disabilities completed initially and annually to include:
 - a. Procedures for arranging backup when not available, agency contact person(s), and other information as appropriate. (Note: This material may be provided separate from a training program as part of the provider’s orientation to the agency.)
 - b. Personal hygiene needs and techniques for assisting with ADLs, such as bathing, grooming, skin care, transfer, ambulation, exercise, feeding, dressing, and use of adaptive aids and equipment.
 - c. Home making and household care, including good nutrition, special diets, meal planning and preparation, essential shopping, housekeeping techniques, and maintenance of a clean, safe, and healthy environment.
4. Providers are responsible to ensure that EVV requirements and expectations are met,

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including the documentation of all services in an approved EVV System.

5. Services must be prior authorized by the case manager and documented in an approved EVV system.
6. As mandated by Nevada statute, federal law or any other applicable Medicaid authority, providers must adhere to all wage requirements established by federal or state law or applicable Medicaid requirements for direct care workers. Specific wage requirements are referenced in the Waiver for Persons with Physical Disabilities, Appendix C- Participant Services and are outlined in the provider's enrollment contract. The DHCFP Audit unit will conduct audits to ensure compliance with any wage requirement. As part of these audits, documents requested may include but not limited to:
 - a. Payroll records such as timesheets or timecards;
 - b. Detailed paystubs including hours and rates per direct care worker;
 - c. Employment documentation used to verify identification and authorization to work;
 - d. Financial records needed to verify a provider's wage expense.

If a provider is determined to not be in compliance with paying their direct care workers a required wage, a provider will be subject to corrective action. Initial violations for non-compliance may result in provider education as well as recoupment of overpayment due to a provider not paying a direct care worker the mandated wage. Continued violations may trigger corrective action including additional penalties up to termination.

2303.7C RECIPIENT RESPONSIBILITIES

In addition to the Recipient Responsibilities outlined in 2303.2C, the recipient must:

1. Agree to utilize an approved EVV system for the waiver services being received from the provider agency.
2. Confirm services were provided by electronically signing or initialing, as appropriate per POC the EVV record that reflects the service rendered. If IVR is utilized, a vocal confirmation is required.