2603.8 PROVIDER RESPONSIBILITIES

ISO providers shall ensure that services to Medicaid and NCU recipients are provided in accordance to the individual recipient's approved service plan and in accordance with the conditions specified in this chapter and the Medicaid Provider Contract.

Additionally, all ISO providers have the following responsibilities:

1. Certification and/or Licensure

   In order to enroll as a Nevada Medicaid ISO provider, all providers must be certified and/or licensed by the DPBH as an ISO or an Agency to Provide Personal Care in the Home and certified as an ISO.

   Providers must comply with licensing requirements and maintain an active certification and/or license at all times.

2. Provider Enrollment

   To become a Nevada Medicaid ISO provider, the provider must enroll with the QIO-like vendor as an Intermediary Service Organization (PT 83).

   The provider must meet the conditions of participation as stated in the MSM Chapter 100.

   The provider must comply with all local, state and federal regulations and applicable statutes, including but not limited to Nevada Revised Statutes Chapters 449 and 629, the Internal Revenue Service (IRS), Federal Insurance Contributions Act (FICA), Occupational Safety and Health Act (OSHA), the Health Insurance Portability and Accountability Act (HIPAA) and the 21st Century Cures Act.

3. Employer of Record
   The ISO is the employer of record for the PCAs providing services to a Medicaid recipient who chooses the Self-Directed service delivery model. The ISO shall not serve as the managing employer of the PCA.

4. Electronic Visit Verification (EVV)

   Utilize an EVV system that meets the requirements of the 21st Century Cures Act, to electronically document the PCS provided to Medicaid recipients served by a Medicaid provider. Refer to Addendum B for more information about EVV system requirements.

5. Recipient Education

   The ISO may initiate education of the recipient or PCR in the skills required to act as the managing employer and self-direct care. This may include training on how to recruit,

interview, select, manage, evaluate, dismiss and direct the PCA in the delivery of authorized services. Education must begin with an accepted recipient referral and continue throughout the duration of the service provision. Verification of recipient education must be maintained in the recipient's file.

6. Personal Care Assistant (PCA) List

The ISO may, upon request, provide a list of PCAs to recipients, their LRI or their PCR. The recipient, their LRI or PCR may reference this list in recruiting potential PCAs.

7. Backup List

The ISO shall maintain and make available to the recipient, their LRI or PCR, on request, a list of qualified PCAs that may be able to provide back-up services. The ISO is not responsible for arranging or ensuring back-up care is provided as this is the responsibility of the recipient, their LRI or PCR.

8. Backup Plan

The ISO may, upon request, assist the recipient in developing a written back-up plan to address personal care service needs in the event that care is interrupted. This may include providing a current list of PCAs available to assist in providing appropriate back-up services. The ISO is responsible for documenting the back-up plan that is developed but is not responsible for arranging or ensuring back-up care is provided, as this is the responsibility of the recipient, their LRI or PCR.

9. Medicaid and Nevada Check Up (NCU) Eligibility

Verification of Medicaid or NCU eligibility on a monthly basis is the responsibility of the ISO.

10. Prior Authorization

The ISO shall obtain prior authorization for services prior to the provision of services. All initial and ongoing services must be prior authorized by the DHCFP's QIO-like vendor. Services which have not been prior authorized will not be reimbursed.

11. Service Initiation

Prior to the start of services, the ISO staff must review and document with the recipient, their LRI or PCR all components of the MSM Chapter 2600 and the following items:

a. The ISO may initiate education of the recipient or PCR in the skills required to act as managing employer and self-direct care. This may include training on how to recruit, interview, select, manage, evaluate, dismiss and direct the PCAs in the

delivery of authorized services. Documentation of this must be maintained in the recipient's file.

b. The ISO must review with the recipient, their LRI or PCR the approved service plan, weekly hours, tasks to be provided and EVV requirements and recipient participation.

c. The ISO must review with the recipient, their LRI or PCR his or her responsibility to establish the PCA's schedule and to establish his or her own back-up plan.

d. The ISO provider must review with the recipient, their LRI or PCR the differences between the Agency and the SD Service Delivery Model.

12. PCS Not Permitted

The following are some of the activities that are not within the scope of PCS and are not permitted. This is not an all-inclusive list.

a. Skilled Care Services requiring the technical or professional skill that State statute or regulation mandates must be performed by a health care professional licensed or certified by the State. PCS services must never be confused with services of a higher level that must be performed by persons with professional training and credentials;

b. Increasing and/or decreasing time authorized on the approved service plan;
c. Accepting or carrying keys to the recipient's home;

d. Purchasing alcoholic beverages for use by the recipient or others in the home unless prescribed by the recipient's physician;
e. Making personal long-distance telephone calls from the recipient's home;

f. Performing tasks not identified on the approved service plan;

g. Providing services that maintain an entire household;

h. Loaning, borrowing, or accepting gifts of money or personal items from the recipient;

i. Accepting or retaining money or gratuities for any reason other than that needed for the purchase of groceries or medications for the recipient; and

j. Care of pets, except in the case where the animal is a certified service animal.

13. Supervision

The ISO must review with the recipient, their LRI or PCR, the recipient's approved service plan. This must be done each time a new service plan is approved. The ISO must clarify

with the recipient, their LRI or PCR, the recipient's needs and the tasks to be performed. Documentation of the approved service plan review must be maintained in the recipient's record.

All PCAs must understand the EVV requirements and expectations, including the documentation of all personal care services in an approved EVV system.

14. Provider Liability

Provider liability responsibilities are included in the Medicaid and NCU Provider Contract.

15. Notification of Suspected Abuse or Neglect

State law requires that persons employed in certain capacities make a report to a child protective service agency, an aging and disability services agency or law enforcement agency immediately, but in no event later than 24 hours after there is reasonable cause to believe that a child, adult or older person has been abused, neglected, exploited, isolated or abandoned.

For recipients under the age of 18, the Division of Child and Family Services (DCFS) or the appropriate county agency accepts reports of suspected child abuse and neglect. For adults' age 60 and over, the Aging and Disability Services Division (ADSD) accepts reports of suspected abuse, neglect or self-neglect, exploitation or isolation. For all other individuals (other age groups) contact local law enforcement.

The DHCFP expects that all providers be in compliance with the intent of all applicable laws.

16. Serious Occurrences

The ISO must report all serious occurrences involving the recipient, the PCA, or affecting the provider's ability to deliver services. The Nevada DHCFP Serious Occurrence Report must be completed within 24 hours of discovery and submitted to the local DHCFP District Office. If the recipient is on a Home and Community Based Waiver (HCBW), the notification shall be made directly to the HCBW case manager's ADSD office.

Reportable serious occurrences involving either the recipient or PCA include, but are not limited to the following:

a. Suspected physical or verbal abuse;

b. Unplanned hospitalization or ER visit;

c. Neglect of the recipient;

d. Exploitation;

a. Sexual harassment or sexual abuse;

b. Injuries or falls requiring medical intervention;

g. An unsafe working environment;

h. Any event which is reported to Child or Elder Protective Services or law enforcement agencies;

i. Death of the recipient;

j. Loss of contact with the recipient for three consecutive scheduled days;

k. Medication errors;

l. Theft;

m. Medical Emergency; or

n. Suicide Threats or Attempts.

17. Health Insurance Portability and Accountability Act (HIPAA), Privacy and Confidentiality Information on HIPAA, privacy and confidentiality of recipient records and other protected health information is found in MSM Chapter 100.

18. Direct Marketing

Providers shall not engage in any unsolicited direct marketing practices with any current or potential Medicaid PCS recipient or their LRI. All marketing activities conducted must be limited to the general education of the public or health care providers about the benefits of PCS. Such literature may be printed with the company's logo and contact information, however, this literature may not be distributed, unsolicited, to any current or potential Medicaid PCS recipient(s)or their LRI. The provider may not, directly or indirectly, engage in door-to-door, telephone, direct mail, email or other cold-call marketing activities.

The provider must ensure that marketing, including plans and materials, are accurate and do not mislead, confuse or defraud current or potential recipients. Statements considered inaccurate, false or misleading include, but are not limited to, any assertion or statement that:

a. the recipient must enroll with the provider in order to obtain benefits or in order not to lose benefits; or

b. the provider is endorsed, certified or licensed by the DHCFP. Compensation or incentives of any kind which encourage a specific recipient to transfer from one provider to another are strictly prohibited.

19. Records

The provider must maintain medical and financial records, supporting documents, and all other records relating to services provided. The provider must retain records for a period pursuant to the State records retention policy, which is currently six years from the date of payment for the specified service.

a. If any litigation, claim or audit is started before the expiration of the retention period provided by the DHCFP, records must be retained until all litigation, claims or audit findings have been finally determined.

1. The Provider must maintain all required records for each PCA employed by the agency, regardless of the length of employment.

2. The Provider must maintain the required record for each recipient who has been provided services, regardless of length of the service period.

b. The PCA's supervisor (or other designated agency representative) must review and approve all service delivery records completed by the PCA. The provider will only be paid for the hours and tasks authorized on the approved service plan, which are clearly documented as being provided on the service delivery records. This includes electronic service delivery records.

20. Documentation Requirements

In addition to all of the above responsibilities, if Self-Directed Skilled Services are provided it is the responsibility of the ISO to ensure all requirements of NRS 629.091 are met in order to receive reimbursement for these services. All required documentation must be made available to the DHCFP or its designee immediately upon request.

In order to ensure the safety and well-being of the recipient, documentation specific to this option is required and must be signed by all applicable individuals as identified on each form and updated annually with any significant change in condition. Documentation must be maintained in the recipient's file.

All service delivery records completed by the PCA must be reviewed. The provider will only be paid for the hours and tasks which are provided according to the approved service plan and are documented on the service delivery records. This includes electronic service delivery records.

21. Discontinuation of Provider Agreement

a. In the event that a Provider decides to discontinue providing PCS to any of their service areas, the Provider shall:

1. provide all current Medicaid recipients with written notice at least 30 calendar days in advance of service discontinuation advising the recipient will need to transfer to a Medicaid contracted PCS provider. A current list of Medicaid contracted PCS providers must be obtained from the QIO-like vendor and included with the notification;

2. provide the DHCFP with a copy of the written notice of intent to discontinue services, including a list of the affected recipients, at least 30 calendar days in advance of service discontinuation; and

3. continue to provide services through the notice period or until all recipients are receiving services through another Provider, whichever occurs sooner.

b. In the event that the DHCFP discontinues the contractual relationship with a Provider, for any reason, the Provider shall:

1. within five calendar days of receipt of the DHCFP notification to terminate the contractual relationship, send written notification to all their current Medicaid recipients advising the recipient will need to transfer services to a Medicaid contracted PCS provider. A current list of Medicaid contracted PCS providers must be obtained from the QIO-like vendor and be included in this notification.

2. provide reasonable assistance to recipients in transferring services to another provider.

Providers who fail to satisfactorily meet the requirements discussed above shall be prohibited from participation in a new application for any other PCS provider agreement for a period of not less than one year.

22. 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 outlined in rate State Plan authority 4.19-B and adherence requirements are outlined in a provider's enrollment contract. The DHFP 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.