

MEDICAID SERVICES MANUAL  
TRANSMITTAL LETTER

September 10, 2015

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL  
FROM: TAMMY MOFFITT, CHIEF OF PROGRAM INTEGRITY  
SUBJECT: MEDICAID SERVICES MANUAL CHANGES  
CHAPTER 100 - MEDICAID PROGRAM

**BACKGROUND AND EXPLANATION**

Revisions to Medicaid Services Manual (MSM) Chapter 100 are being proposed to update policy with the current International Classification of Diseases (ICD)-10 CM verbiage.

These changes are effective October 1, 2015.

**MATERIAL TRANSMITTED**

CL 29363  
CHAPTER 100 - MEDICAID PROGRAM

**MATERIAL SUPERSEDED**

MTL 11/15  
CHAPTER 100 - MEDICAID PROGRAM

<b>Manual Section</b>	<b>Section Title</b>	<b>Background and Explanation of Policy Changes, Clarifications and Updates</b>
<b>105.1C</b>	<b>Medicaid Payments to Providers</b>	Deleting reference to ICD-9.
<b>105.1F</b>		Deleting reference to ICD-9.

<b>DRAFT</b>	<b>MTL-11/15 CL 29363</b>
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 105
MEDICAID SERVICES MANUAL	Subject: MEDICAID BILLING AND PAYMENT

105 MEDICAID BILLING AND PAYMENT

Medicaid payment must be made directly to the contracted person, entity, or institution providing the care or service unless conditions under #2 below are met. Federal regulations prohibit factoring or reassignment of payment.

- a. A provider may use a billing agent to complete Medicaid billing only if the compensation for this service is:
  - 1. related to the actual cost of processing the billing;
  - 2. not related on a percentage or other basis to the amount that is billed or collected; and
  - 3. not dependent on the collection of the payment.
- b. Medicaid payment for an individual practitioner may be made to:
  - 1. the employer of a practitioner if the practitioner is required, as a condition of employment, to turn over his fees to his employer;
  - 2. the group if the practitioner and the group have a contract in place under which the group submits the claims;
  - 3. the facility in which the services is provided, if the practitioner has a contract under which the facility submits the claims; or
  - 4. a foundation, plan or similar organization operating an organized health care delivery system if the practitioner has a contract under which the organization submits the claims. An “organized health care delivery system” may be a public or private Health Maintenance Organization (HMO).

105.1 MEDICAID PAYMENTS TO PROVIDERS

- A. As specified in federal regulations and the terms of all provider agreements, Medicaid payment is payment in full. Providers may not attempt to collect additional money directly from recipients. This includes, but is not limited to, situations where the provider’s claim is denied by Medicaid for failure to bill timely, accurately, or when Medicaid payment equates to zero because a third party’s payment exceeds Medicaid’s allowable amount.
- B. Medicaid utilizes the Centers for Medicare and Medicaid Services (CMS) developed National Correct Coding Initiative (NCCI) to control improper coding that leads to inappropriate payments. The National Correct Coding Initiative (NCCI) edits are defined

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as edits applied to services performed by the same provider for the same beneficiary on the same date of service. They consist of two types of edits:

1. NCCI edits, or procedure-to-procedure edits that define pairs of Healthcare Common Procedure Coding System (HCPCS)/ Current Procedural Terminology (CPT) codes that should not be reported together for a variety of reasons; and
  2. Medically Unlikely Edits (MUEs) or units-of-service edits that define for each HCPCS/CPT code the number of units of service beyond which the reported number of units of service is unlikely to be correct.
- C. Nevada Medicaid utilizes a clinical claims editor program to enhance the adjudication process for Nevada Medicaid/Check Up claims for professional services. The claims editor program employs a nationally recognized standardized method of processing claims for professional services using clinical logic based on **the most current** CPT, HCPCS, **International Classification of Diseases (ICD)-9-CM**, American Medical Association (AMA), CMS and specialty societal guidelines. The claim editor results in consistent claims adjudication for all providers of professional services and increased claims payment turnaround time.
- D. If an individual is pending Medicaid, it is requested the provider await an eligibility decision before billing for the service. If the provider decides not to wait for the decision, he or she may request payment from the recipient while the decision is pending. Once the recipient is found eligible for Medicaid, and the date of service for which payment was collected is covered, the provider must return the entire amount collected to the recipient before billing Medicaid. The payment subsequently received from Medicaid is payment in full and no additional payment may be requested from the recipient, and no part of the payment made by the recipient may be retained by the provider.
- E. Providers are to bill their usual and customary fees unless otherwise specified in Medicaid policy. For exceptions, refer to individual chapters. Billings are submitted according to established Medicaid policies.
- F. Appropriate billings must include the current year procedure codes and **ICD-9-CM** diagnostic codes or the Health Insurance Portability and Accountability Act (HIPAA) of 1996 compliant codes. Complete billing information may be obtained by contacting the Medicaid Field Representative at Medicaid's fiscal agent. Refer to Section 108 of this chapter for additional contact information.
- G. Claims for payment are to be sent to Nevada Medicaid's fiscal agent on an appropriate billing form. Claims may be submitted either through electronic media or by paper. Refer to Section 108 of this chapter for addresses and other information.

MEDICAID SERVICES MANUAL  
TRANSMITTAL LETTER

September 10, 2015

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL

FROM: TAMMY MOFFITT, CHIEF OF PROGRAM INTEGRITY

SUBJECT: MEDICAID SERVICES MANUAL CHANGES  
CHAPTER 2100, HOME AND COMMUNITY BASED WAIVER  
SERVICES FOR INDIVIDUALS WITH INTELLECTUAL  
DISABILITIES AND RELATED CONDITIONS

**BACKGROUND AND EXPLANATION**

Revisions to Medicaid Services Manual (MSM) Chapter 2100 are being proposed to bring this chapter in line with the current waiver renewal which was approved on January 10, 2014. Changes to this chapter include a name change throughout the entire chapter from Waiver for Person with Mental Retardation and Related Conditions to Waiver for Individuals with Intellectual Disabilities and Related Conditions. In addition, changes were made throughout the chapter to change Intermediate Care Facilities for the Mentally Retarded (ICF/MR) to Individuals with Intellectual Disabilities (ICF/ID). These changes bring the State in line with Federal requirements on the correct terminology: Individuals with Intellectual Disabilities.

Many services were reworded and updated for clarity. The provider qualifications and recipients rights sections were streamlined and clarified. Outdated language was either removed or reworded for clarity.

In July of 2013, Mental Health and Developmental Services (MHDS) were merged into Aging and Disability Services Division (ADSD). Throughout the chapter, references to MHDS were changed to ADSD.

Throughout the chapter, grammar, punctuation, and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity. Renumbering and re-arranging of sections was necessary.

These changes are effective October 1, 2015.

**MATERIAL TRANSMITTED**

CL 29236  
CHAPTER - 2100 HOME AND COMMUNITY -  
BASED WAIVER SERVICES FOR  
INDIVIDUALS WITH INTELLECTUAL  
DISABILITIES AND RELATED CONDITIONS

**MATERIAL SUPERSEDED**

MTL 08/10, 27/11, 49/10  
CHAPTER - 2100 HOME AND  
COMMUNITY - BASED WAIVER  
(HCBW) FOR PERSONS WITH  
MENTAL RETARDATION AND  
RELATED CONDITIONS

<b>Manual Section</b>	<b>Section Title</b>	<b>Background and Explanation of Policy Changes, Clarifications and Updates</b>
<b>2100</b>	<b>Introduction</b>	Updated waiver name and appropriate agency here and throughout the entire chapter.
		Consolidated provider responsibilities and recipient responsibilities from multiple sections throughout to one section, with exception to provider specific requirements.
<b>2101</b>	<b>Authority</b>	Removed outdated authorities or authorities that do not have to do with a home and community based waiver.
<b>2103.1A.1</b>	<b>Coverage and Limitations</b>	Clarified - through the Division of Welfare and Supportive Services. Cleaned up language throughout this section.
<b>2103.1A.9</b>		Added reference that legal guardians must provide verification that they cannot provide services and that
<b>2103.1A.11</b>		legal guardian of individuals 18 and over are considered Legally Responsible Individual (LRI's).
<b>2103.2</b>	<b>Waiver Services</b>	Updated wording, no change to policy.  Removed #7 – Community Integrations Services, no longer a waiver service and added a new waiver service, Career Planning.
<b>2103.2A</b>	<b>Provider Responsibility</b>	Removed paragraph (number c) reference to participant direction as it no longer offered under this waiver.  Clarified enrollment and certification requirements. Many of the requirements are verified by ADSD, so ADSD's certification letter is acceptable for enrollment.  Changed and clarified certification, not licensure.  Consolidated and moved provider responsibilities to one section.  Deleted insurance requirements as these are specific the ADSD certification process. ADSD is currently working with Risk Management to clarify amounts and type of insurance required.

		Clarified criminal background checks and deleted old language, and added new language.
		Added section for documentation requirements for this waiver, and removed reference and requirements for “daily record”. Daily record does not fit the documentation requirements of this waiver. Clarified what needs to be included in provider documentation.
		The Serious Occurrence Form was recently updated the language of this section to match form. This is clarification. This is not a policy change; just a clarification of what is required to be reported.
		Updated language for how to report abuse and neglect by age group.
		Updated language for employee files and what must be included in those files. There is not policy change, just updated language.
<b>2103.2B</b>	<b>Recipient Responsibilities</b>	Updated wording from authorized representative to personal representative in all places in this section and throughout the chapter. This is updated language.
		Updated daily record to service documentation, updated language.
		Included examples of required documents for signature, recipient rights and statement of choice.
<b>2103.3A</b>	<b>Coverage and Limitations</b>	Added reference to MSM 2500, Targeted Case Management.
<b>2103.4</b>	<b>Day Habilitation</b>	Reworded and clarified service description. This is not a change to policy, just updated language.
<b>2103.4A</b>	<b>Coverage and Limitations</b>	Reworded and clarified with updated language.
<b>2103.5</b>	<b>Residential Support Services</b>	Changed the name and reworded service to provide more clear guidance of what this service is intended to do.
<b>2103.5A</b>	<b>Coverage and Limitations</b>	Reworded: Residential Support Services.
		Clarified entire section to provide clarity. Included building of natural support networks.
		Clarified medication administration certification process.

Added g. Providing assistance with support and skill training in health care needs and h. Facilitation of mobility training, survival and safety skills.

Updated and clarified residential support services.

Reworded and clarified host homes.

Reworded and clarified residential support services.

Removed section reference to participant direction as it no longer offered under this waiver.

**2103.6A**            **Prevocational Services**

Reworded: Prevocational Services.

Clarified entire section to provide clarity.

Removed outdated language under coverage and limitation and reworded for clarity.

**2103.7**            **Supported Employment**

Reworded and expanded this entire service to provide clarity. This is not a policy change, but rather a policy clarification. This updated language matches the description of what the waiver says.

**2103.8**            **Behavioral Consultation, Training and Intervention**

Reworded and expanded this entire service to provide clarity. This is not a policy change, but rather a policy clarification. This updated language matches the description of what the waiver says.

Added Functional Behavioral Assessment.

Clarified service limitation and requirements if limit is exceeded.

**2103.9**            **Community Integration Services**

Removed entire section as this is no longer a service provided under this waiver.

**2103.9**            **Counseling Services**

Renumbered, new #9. Reworded this section for clarity.

Added: Counseling Services are provided based on the participant's need to assure his or her health and welfare in the community; and Added: individual and group services; assessment/evaluation process; therapeutic intervention strategies; risk assessment; skill development; psycho-educational activities and deleted outdated language.

**2103.9A**           **Coverage and Limitations**

Clarified service limitation and requirements if limit is exceeded.

<b>2103.9B</b>	<b>Counseling Services Provider Additional Qualifications</b>	In addition to the consolidated provider section, counseling service providers have additional qualification listed. Removed duplicative provider requirements and left unique requirements.
<b>2103.10</b>	<b>Residential Support Management</b>	Reworded and expanded this entire service to provide clarity. This is not a policy change, but rather a policy clarification. This updated language matches the description of what the waiver says.  Reworded to differentiate the service coordinator (ADSD) from residential support management which is an enrolled provider.
<b>2103.11</b>	<b>Residential Habilitation - Direct Support Management Provider Responsibilities/Quali fications</b>	In addition to the consolidated provider section, counseling service providers have additional qualification listed. Removed duplicative provider requirements and left unique requirements.
<b>2103.12</b>	<b>Non-Medical Transportation</b>	Reworded and expanded this entire service to provide clarity. This is not a policy change, but rather a policy clarification. This updated language matches the description of what the waiver says.  Removed reference to family, friends, and neighbors as only services needed must be prior authorized. Reference to MSM 1900 for State Plan Transportation was added.
<b>2103.12B</b>	<b>Non-Medical Transportation Provider Responsibilities/Quali fications</b>	In addition to the consolidated provider section, counseling service providers have additional qualification listed. Removed duplicative provider requirements and left unique requirements.
<b>2103.13</b>	<b>Nursing Services</b>	Updated nursing services definition to match definition in the waiver application.  Clarified that services must be provided in accordance with Nevada’s nurse practice act.  Clarified services to be provided under nursing services. Added reference to NRS 632 for licensed nurses.  Removed references to participant direction.

<b>2103.14</b>	<b>Nutrition Counseling Services</b>	Added additional information to this service to provide clarity.
		Clarified monthly case notes, not quarterly.
		Added #7 which is the service requirements and limitation. In addition, added requirements if service limit is exceeded.
<b>2103.14B</b>	<b>Nutrition Counseling Services Provider Additional Qualifications</b>	In addition to the consolidated provider section, counseling service providers have additional qualification listed. Removed duplicative provider requirements and left unique requirements.
<b>2103.15</b>	<b>Career Planning</b>	This entire section is new as it is a new waiver service.
		Language for this service matches what is outlined in the waiver to include provider qualifications.
		In addition to the consolidated provider section, counseling service providers have additional qualification listed. Removed duplicative provider requirements and left unique requirements.
<b>2103.16A.1</b>	<b>Slot Provision</b>	Reworded section to provide clarity to case managers on how to assess potential recipients on how to assess potential recipients prior to placement on the wait list and the requirements necessary to be eligible for the wait list. It also discussed their requirement to request a Notice of Decision (NOD) from the DHCFP if an individual is not eligible for waiver services.
		Clarified reinstatement process for individuals who are admitted into long term care and may be released back into the waiver.
		Reworded this section to provide clarity to case managers on steps necessary to process new recipients who have been issued a waiver slot from the wait list.
		Clarified prioritization for waiver wait list and the allocation of waiver slots.
		Clarified intake processes once a waiver slot has been assigned.
<b>2103.16A.2</b>	<b>Waiver Referral and Placement on the Wait List</b>	Removed section that referenced self direction as this is currently not in the waiver.

		Added statement regarding application for Medicaid benefits through the DWSS.
		Removed place of reassessment and changed direct to residential.
<b>2103.20A</b>	<b>Coverage and Limitations</b>	Reworded this entire section to include the CMS requirements for waiver reviews.
<b>2104.1</b>	<b>Suspended Waiver Services</b>	Removed section as NODS are no longer sent for suspended waiver services.
<b>2104.1</b>	<b>Denial of Waiver Services</b>	Added clarification of what imminent means.
<b>2104.2</b>	<b>Termination of Waiver Services</b>	Deleted reference to patient liability.
		Added reference for how to track individuals who are admitted to institutional placement, no jail, and how to track those cases in the event that someone is released timely and requests waiver services again.
<b>2104.3.j</b>	<b>Reduction or Denial Waiver Services</b>	Added service limits reason for reduction.
		Removed this statement as it is confusing for providers.
<b>2104.4A</b>	<b>Coverage and Limitations</b>	This is in addition to reference of how to track individuals who are placed in an institutional setting, not jail, and how to place them back on the waiver.
<b>2104.4B</b>	<b>Provider Responsibilities</b>	Clarified ADSD role when someone requests reinstatement within 90 days of being admitted to an institution as they have been discharged timely.
		Clarified ADSD's role in NOD's and timeframes.

<b>DRAFT</b>	<b>MTL-08/10 CL 29236</b>
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 2100
MEDICAID SERVICES MANUAL	Subject: INTRODUCTION

2100 INTRODUCTION

The Home and Community-Based Waiver (HCBW) Program recognizes that many individuals at risk of being placed in ~~Intermediate eCare fFacilities (ICFs) for persons~~ **Individuals with ~~mental retardation~~ Intellectual Disabilities (IID)** can be cared for in their homes and communities, preserving their independence and ties to family and friends at a cost no higher than that of institutional care.

Nevada's Waiver for ~~Persons Individuals with Mental Retardation~~ **Intellectual Disabilities** and Related Conditions originated in 1982. The provision of waiver services is based on the identified needs of the waiver recipient. Every biennium, the service needs and the funded slot needs of the waiver program are reviewed by the ~~Division of Mental Health and Developmental Services (MHDS)~~ **Aging and Disability Services Division (ADSD)** and by the Division of Health Care Financing and Policy (DHCFP) and presented to the Nevada State Legislature for approval. Nevada is committed to the goal of providing ~~persons individuals with mental retardation an intellectual disability~~ **or a related conditions** with the opportunity to remain in a community setting in lieu of institutionalization. ~~MHDS ADSD~~ **ADSD** and the DHCFP understand that people who have ~~mental retardation intellectual disabilities~~ **intellectual disabilities** or a related condition are able to lead satisfying and productive lives when they are provided the services and supports needed to do so. Both ~~MHDS ADSD~~ **ADSD** and the DHCFP are committed to the goals of self-sufficiency and independence.

<b>DRAFT</b>	<b>MTL-49/10 CL 29236</b>
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 2101
MEDICAID SERVICES MANUAL	Subject: AUTHORITY

2101 AUTHORITY

Section 1915(c) of the Social Security Act permits states the option to waive certain Medicaid statutory requirements in order to offer an array of Home and Community-Based Services (HCBS) to eligible individuals who may require such services in order to remain in their communities and avoid institutionalization. The Division of Health Care Financing and Policy's (DHCFP's) Home and Community-Based Waiver (HCBW) for ~~Persons~~ **Individuals** with ~~Mental Retardation~~ **Intellectual Disabilities** and Related Conditions is approved by the Centers for Medicare and Medicaid Services (CMS). This waiver is designed to provide eligible Medicaid waiver recipients access to both state plan services as well as certain extended Medicaid covered services unique to this waiver. The goal is to allow recipients to live in their own homes or community settings, when appropriate.

The DHCFP has the flexibility to design this waiver and select the mix of waiver services that best meet the goals of the program. This flexibility is predicated on administrative and legislative support, as well as federal approval.

Statutes and Regulations:

- Social Security Act: 1915 (c) ~~(Provisions Respecting Inapplicability and Waiver of Certain Requirements)~~
- ~~Social Security Act: 1902 (A) (State Plans for Medical Assistance)~~
- ~~Social Security Act: 1902 (w) (State Plans for Medical Assistance)~~
- ~~Code of Federal Regulations (CFR) (Title 42) 435.1009, (Institutionalized Individuals)~~
- ~~CFR (Title 42) Part 431, Subpart E (Fair Hearings for Applicants and Recipients)~~
- ~~CFR (Title 42) Part 441, Subpart G (Home and Community-Based Services (HCBS): Waiver Requirements)~~
- Code of Federal Regulations (CFR) (Title 42) Part 441, Subpart I (Community Supported Living Arrangements Services)
- CFR (Title 42) Part 483.430(a) (Qualified ~~Mental Retardation~~ **Intellectual Disabilities** Professional ~~(QMRP)~~ (QIDP))
- ~~State Medicaid Manual 4440 (HCBS — Basis, Scope and Purpose)~~

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- ~~Omnibus Budget Reconciliation Act (OBRA) of 1987~~
- ~~Balanced Budget Act of 1997~~
- ~~Health Insurance Portability and Accountability Act (HIPAA) of 1996~~
- ~~Nevada's HCBW Agreement for Persons with Mental Retardation and Related Conditions~~
- ~~Nevada Revised Statutes (NRS) Chapter 232.357 (Limitations on Sharing Confidential Information by Divisions)~~
- ~~NRS Chapter 422 (Health Care Financing and Policy)~~
- ~~NRS Chapter 424 (Foster Homes for Children)~~
- ~~NRS Chapter 432.A.024 (Child care facility, defined)~~
- ~~NRS Chapter 433 (General Provisions)~~
- Nevada Revised Statute (NRS) Chapter 435 (**Persons Individuals with Mental Retardation Intellectual Disabilities and Related Conditions**)
- ~~NRS Chapter 449.004 ("Facility for the care of adults during the day" defined)~~
- Nevada Administrative Code (NAC) Chapter 435 (**Persons Individuals with Mental Retardation Intellectual Disabilities and Related Conditions**)
- ~~NAC Chapter 639 (Pharmacists and Pharmacy)~~

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DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 2102
MEDICAID SERVICES MANUAL	Subject: RESERVED

2102          RESERVED

DRAFT

<b>DRAFT</b>	<b>MTL-27/11 CL 29236</b>
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 2103
MEDICAID SERVICES MANUAL	Subject: POLICY

2103 POLICY

2103.1 WAIVER ELIGIBILITY CRITERIA

Nevada's Waiver for ~~Persons~~ Individuals with ~~Mental Retardation~~ Intellectual Disabilities and Related Conditions waives certain statutory requirements and offers Home and Community-Based Services (HCBS) to eligible recipients to assist them to remain in the community. The target population for this waiver includes all individuals who are diagnosed with ~~mental retardation~~ intellectual disabilities or a related condition and who have been found eligible and have an open case with an ~~Mental Health and Developmental~~ Aging and Disability Services Division Services- (MHDS) (ADSD) Regional Center. Individuals are eligible if they meet Medicaid's eligibility ~~criteria~~ requirements and are either in an Intermediate Care Facility for ~~the Mentally Retarded~~ Individuals with Intellectual Disabilities (ICF/MRIID) ~~facility~~ or are at risk for ICF/MRIID placement without the provision of HCBS and supports.

2103.1A COVERAGE AND LIMITATIONS

1. Waiver participants must meet and maintain Medicaid's eligibility requirements **through the Division of Welfare and Supportive Services (DWSS)** for all months waiver services are being provided.
2. The Home and Community-Based Waiver (~~HCBW~~) for ~~Persons~~ Individuals with ~~Mental Retardation~~ Intellectual Disabilities and Related Conditions is limited, by legislative mandate and available matching state funding to a specific number of recipients who can be served through the waiver year. When all waiver slots are full, a wait list is utilized to prioritize applicants who have been presumed to be eligible for the waiver.
3. Wait List Prioritization
  - a. First priority is residents of an ~~Intermediate eCare Facility (ICF) for persons~~ ~~Individuals with mental retardation~~ Intellectual Disabilities (ICF/IID) ~~or related conditions~~.
  - b. Second priority is applicants who are at risk of institutionalization due to loss of their current support system or crisis situation.
  - c. Third priority is applicants determined appropriate for waiver services.
4. The Division of Health Care Financing and Policy (~~DHCFP~~) must assure the Centers for Medicare and Medicaid Services (CMS) that Medicaid's total expenditures for waiver and Medicaid State Plan services will not, in any waiver year, exceed 100% ~~percent~~ of

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the amount that would be incurred by Medicaid for these individuals in an institutional setting in the absence of the waiver. The DHCFP must also document that there are safeguards in place to protect the health and welfare of recipients.

5. Waiver services ~~may not be provided while a recipient is an inpatient of an institution~~ must cease when an individual is admitted to a hospital or nursing facility for the duration of the stay. Residential settings that bill per diem may bill the per diem rate for admit and discharge days only when services were provided and documented for some part of the days in question. Residential settings that bill by the unit or hour may bill for services provided and documented on admit and discharge days.
6. The Waiver for ~~Persons~~ Individuals with ~~Mental Retardation~~ Intellectual Disabilities and Related Conditions Eligibility Criteria:

Applicants or recipients must meet and maintain all criteria to be eligible, and to remain on the Waiver for ~~Persons~~ Individuals with ~~Mental Retardation~~ Intellectual Disabilities and Related conditions.

- a. Eligibility for the DHCFP's Waiver for ~~Persons~~ Individuals with ~~Mental Retardation~~ Intellectual Disabilities and Related Conditions is determined by the combined efforts ~~of the Division~~ of MHDSADSD, the DHCFP and the ~~Division of Welfare and Supportive Services~~ (DWSS). Two ~~(2)~~ separate determinations must be made for eligibility for the Waiver:

1. Service eligibility for the waiver is determined by ~~MHDS~~ ASD's regional office staff and authorized by the DHCFP's Central Office ~~(CO)~~ staff.

- a. An ~~MHDS~~ ASD Regional Center ~~Intake Process~~ psychologist, based on supporting documentation, establishes the existence of ~~mental retardation~~ an intellectual disability or a related condition.

- b. Each applicant/recipient must meet and maintain a ~~H~~Level of ~~e~~Care (LOC) ~~category~~ for admission into an ~~intermediate care facility ICF/IID for persons with mental retardation and related conditions~~. The recipient would require imminent placement in an ICF/~~MRIID~~ facility (within 30 to 60 days) if HCBW services or other supports were not available.

- c. Each applicant/recipient must demonstrate a continued need for a waiver service(s) to prevent placement in an ICF/IID ~~intermediate~~

<b>December 15, 2010</b>	<b>HOME AND COMMUNITY-BASED WAIVER (HCBW) FOR <del>PERSONS-INDIVIDUALS</del> WITH <del>MENTAL RETARDATION</del> INTELLECTUAL DISABILITIES AND RELATED CONDITIONS</b>	Section 2103 Page 2
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~~care facility for the mentally retarded.~~ Utilization of State Plan Services solely does not support the qualifications to be covered by the waiver.

- d. The applicant/recipient must have an adequate support system to provide a safe environment during the hours when ~~Home and Community-Based Services (HCBS)~~ are not being provided. HCBS are not a substitute for natural and informal supports provided by family, friends or other available community resources.
2. Eligibility determination for full Medicaid benefits is made by DWSS.
    - a. Recipients of the Waiver for ~~Persons Individuals with Mental Retardation Intellectual Disabilities~~ and Related Conditions must be Medicaid eligible for full Medicaid benefits for all months in which waiver services are provided.
    - b. Services from the waiver for ~~Persons Individuals with Mental Retardation Intellectual Disabilities~~ and Related Conditions cannot be provided until and unless the applicant is found eligible in both determination areas.
    - c. ~~When Medicaid recipients in the Waiver for Persons with Mental Retardation and Related Condition have to pay for part of the cost of the waiver services the amount they are required to pay is called patient liability.~~
  7. If an applicant/recipient is determined eligible for more than one ~~Home and Community-Based Waiver (HCBW)~~ program, the individual cannot receive services under two or more such programs at the same time. The applicant/recipient must choose one HCBW program and receive services provided by that program.
  8. Recipients of the Waiver for ~~Persons Individuals with Mental Retardation Intellectual Disabilities~~ and Related Conditions who are enrolled or elect to enroll in a hospice program may be eligible to remain on the waiver if they require waiver services to remain in the community. Collaborative case coordination between the hospice agency and the waiver case manager is required to prevent any duplication of services. Refer to Medicaid Services Manual (MSM) Chapter 3200 for additional information on hospice services.
  9. An able and/or capable parent or Legally Responsible Individual (LRI) of a minor child; has a duty/obligation to provide the child necessary maintenance, health/medical care,

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education, supervision and support. Necessary maintenance includes but is not limited to, the provision of Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). Payment will not be made for the routine care, supervision or services normally provided for the child without charge as a matter of course in the usual relationship among members of the nuclear family. Waiver services are not a substitute for natural and informal supports provided by family, friends or other available community resources; however, are available to supplement those support systems so the child is able to remain in their home. Allowance may be given in individual circumstances when there is no other LRI residing in the home and an able and/or capable parent's employment requirements result in prolonged or unexpected absences from the home, ~~(not to include voluntary overtime)~~ or when such employment requirements require the able and/or capable parent or LRI to work uninterrupted at home in order to meet the requirement of his or her employer, or when employment requirements include unconventional work weeks or work hours. ~~The LRI must provide verification from a physician, place of employment, or school that they are not capable, due to illness or injury, or unavailable, due to hours of employment and school attendance, to provide services. Additional verification may be required on a case by case basis. Without this verification, HCBW services will not be authorized.~~

10. LRIs may not be reimbursed for HCBW services. ~~The LRI must provide verification from a physician, place of employment, or school that they are not capable, due to illness or injury, or unavailable, due to hours of employment and school attendance, to provide services. Additional verification may be required on a case by case basis. Without this verification, HCBW services will not be authorized.~~
11. Legal guardians of individuals age 18 and over are considered LRIs.

~~2103.1B PROVIDER RESPONSIBILITIES~~

- ~~1. Providers are responsible for confirming the recipient's Medicaid eligibility each month.~~
- ~~2. DHCFP is responsible to collect any patient liability.~~

~~2103.1C RECIPIENT RESPONSIBILITIES~~

~~Applicants or recipients must meet and maintain all criteria to be eligible and to remain on the Waiver for Persons with Mental Retardation and Related Conditions.~~

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2103.1 ~~BD~~ MEDICAID EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT (EPSDT)

The children made eligible for Medicaid through their enrollment in the Waiver for ~~Persons~~ **Individuals** with ~~Mental Retardation~~ **Intellectual Disabilities** and Related Conditions receive all the medically necessary Medicaid coverable service available under EPSDT. A child's enrollment in the waiver will not be used to deny, delay, or limit access to medically necessary services that are required to be available to Medicaid-eligible children under federal EPSDT rules. The waiver service package is a supplement to EPSDT services.

2103.2 WAIVER SERVICES

~~MHDS~~ **ADSD**, the operating agency for the waiver, **in conjunction with the DHCFP and the state budget process**, determines which services will be offered under the Waiver for ~~Persons~~ **Individuals** with ~~Mental Retardation~~ **Intellectual Disabilities** and Related Conditions. Providers and recipients must agree to comply with the requirements for service provision in accordance with ~~MHDS~~ **ADSD** and the DHCFP policies.

~~2103.2A~~ ~~COVERAGE AND LIMITATIONS~~

Under this waiver, the following services are ~~covered~~ **available** for individuals who have been ~~identified utilizing the Level of Care (LOC) assessment~~ **assessed** to be at risk for ICF/~~MRIID~~ placement without the provision of enhanced supports as identified in the Individual Support Plan (ISP).

- ~~1.a.~~ Day Habilitation.
- ~~2.b.~~ Prevocational Services.
- ~~3.c.~~ Supported Employment.
- ~~4.d.~~ Behavioral Consultation, Training and Intervention.
- ~~5.e.~~ Residential Habilitation, ~~Direct Services and Support~~ **Residential Support Services**.
- ~~6.f.~~ Residential Habilitation, ~~Direct~~ **Residential Support Management**.
- ~~7.~~ ~~Community Integration Services~~.
- ~~8.g.~~ Counseling (Individual and Group).
- ~~9.h.~~ Non-Medical Transportation.

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- ~~10.i.~~ Nursing Services.
- ~~11.j.~~ Nutrition Counseling Services.
- k. Career Planning.

~~The Participant Direction of Waiver Services is designed to support individuals who prefer to direct their own services. This service delivery method is an option available to individuals who are currently served in the MHDS Rural Regional Center geographic areas of Carson City, Douglas, Lyon, Storey, Mineral, Esmeralda, White Pine, Lander, Eureka, Humboldt, Pershing and Churchill Counties. Individuals who choose participant direction will be assisted by a Financial Management Services (FMS) staff member and Support Broker to access self-directed services.~~

#### 2103.2BA PROVIDER RESPONSIBILITY

1. All Providers:
  - a. Must enroll as a Provider Type 38 and maintain an active provider number.
  - b. May not bill for services provided by a LRI.
  - ~~c. Waiver services furnished by relatives, who meet all certification, training and reporting requirements, may be reimbursed a maximum of 40 hours of direct services per week, per individual or household. Each Regional Center will have payment review procedures to ensure that the service for which payment is being made has a service authorization and has been rendered in accordance with the Individual Support Plan and the condition that the state has placed on the provision of such services.~~
  - ~~d.c.~~ May only provide services that have been identified in the ISP.
  - d. Must verify the Medicaid eligibility status of each HCBW recipient each month.
  - e. Must be certified by Nevada Developmental Services pursuant to Nevada Revised Statute (NRS) 435 and Developmental Services Policy and Procedures.
  - ~~e.f.~~ Meets all the requirements to be enrolled and maintain status as an enrolled Medicaid provider pursuant to MSM Chapters 100 and 2100.
  - ~~f.g.~~ Meets all conditions of participation in MSM Chapter 100, Section 102.

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- h. Providers are required to present the following documents upon certification through ADSD and/or enrollment through the DHCFP's fiscal agent. Refer to Development Services Policy and Procedures, and the enrollment checklist located on the fiscal agent's website.

The minimum needed for enrollment through the DHCFP's fiscal agent:

1. Signed Statement or verification of Provider Certification from ADSD.
2. Signed Master Service Provider Agreement.

The following is part of ADSD's certification process:

3. Vendor Registration form.
4. Copy of business license(s) per city jurisdiction(s).
5. Copy of incorporation, LLC, Assumed/Fictitious Name or DBA (Doing business as) documents (if applicable).
6. Copy of Professional Liability insurance, if applicable:
7. Copy of Fire Safety Certificate(s) (for each worksite) – if applicable.
  - a. Occurrence with \$300,000 aggregate.
8. The State of Nevada as additional insured.
  - a. Coverage for physical and sexual abuse and molestation unless a specific waiver is granted according to Risk Management and Developmental Services.
9. Copy of Wage and Hour Certification(s) (for each worksite) – if applicable.
10. Non Profit Organizations: must provide copy of Articles of Incorporation, list of Board of Directors and/or organizational chart, if applicable:
11. Submit proof, from insurance agent, that applicable Liability Insurance (as required by State Risk Management) can be written before commencement of contracted services.

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12. Worker's Compensation Insurance for Employees *or* Affidavit of Rejection of Coverage.

13. Coverage for Employee Dishonesty (Organizational Providers only).

14. Auto insurance:

a. For all Agency Owned or Leased Vehicles (Organizational Providers).

b. For vehicle(s) to be used in transporting individuals (if applicable) (Individual Provider).

15. General Liability Insurance with *minimum* coverage limits of:

a. Organizational Providers - \$1,000,000 per occurrence with \$2,000,000 aggregate.

b. Individual Providers-\$100,000 per occurrence.

~~f.i. Individual contractors who provide services in their home must have a certificate from MHDS in order to be compensated for providing services to recipients of the Waiver for Persons with Mental Retardation and Related Conditions. Must have approval from ADSD in order to be compensated for providing services to recipients of the Waiver for Individuals with Intellectual Disabilities and Related Conditions.~~

~~g.j. Criminal Background Checks:~~

~~All agency personnel including owners, officers, administrators, managers, employees and consultants must undergo State and Federal Bureau of Investigations (FBI) background check upon licensure and then at a minimum of every five (5) years thereafter to ensure no convictions of applicable offenses have been incurred and the safety of recipients is not compromised. A criminal background check is required for all owners, administrators, and employees who provide direct care to recipients.~~

1. The DHCFP policy requires all ~~waiver providers~~ owners, administrators, and employees have ~~State and Federal~~ a fingerprint based criminal history submitted prior to service initiation, and every five years thereafter. ~~background checks completed. The DHCFP fiscal agent will not enroll~~

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~~any provider agency whose owner or operator has been convicted of a felony under State or Federal law for any offense which The DHC FP determines is inconsistent with the best interest of recipients. Additional information may be found in MSM Chapter 102.2 Providers may contact the Nevada Department of Public Safety (DPS) and inquire about opening an account under the National Child Protection Act/Volunteer Children's Act (NCPA/VCA). The purpose of the NCPA/VCA is to complete a fingerprint based background check for individuals providing services to children, elderly and the disabled.~~

NOTE: Internet based background checks are not acceptable as they are not fingerprint based.

~~2. Criminal background checks must be conducted through the Nevada Department of Public Safety (DPS). Agencies do not have to have a DPS account. Individuals may request their own personal criminal history directly from DPS and the FBI and must have the results sent directly to the employer. Information and instructions may be found on the DPS website at: <http://nvrepository.state.nv.us/criminal/forms/PersonalNevadaCriminalHistory.pdf>~~

~~3.2.~~ The employer is responsible for reviewing the results of employee criminal background checks and maintaining the results ~~within the employee's personnel records on file.~~ Hiring and Continued employment is at the sole discretion of the ~~servicing agency provider.~~ However, the DHC FP has determined certain felonies and misdemeanors to be inconsistent with the best interests of recipients. The employer should gather information regarding the circumstances surrounding the conviction when considering ongoing employment and have this documented in the employee's personnel file. These convictions include (not all inclusive):

- a. murder, voluntary manslaughter or mayhem;
- b. assault with intent to kill or to commit sexual assault or mayhem;
- c. sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime;
- d. abuse or neglect of a child or contributory delinquency;

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- e. a violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of Nevada Revised Statutes (NRS);
- f. a violation of any provision of NRS 200.700 through 200.760;
- g. criminal neglect of a patient as defined in NRS 200.495;
- h. any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property;
- i. any felony involving the use of a firearm or other deadly weapon;
- j. abuse, neglect, exploitation or isolation of older persons;
- k. kidnapping, false imprisonment or involuntary servitude;
- l. any offense involving assault or battery, domestic or otherwise;
- m. conduct inimical to the public health, morals, welfare and safety of the people of the State of Nevada in the maintenance and operation of the premises for which a provider contract is issued;
- n. conduct or practice that is detrimental to the health or safety of the occupants or employees of the facility or agency; or
- o. any other offense that may be inconsistent with the best interests of all recipients.

**Refer to MSM Chapter 100 for additional information.**

**d.2.3.** Providers are required to initiate diligent and effective follow up for results of background checks within 90 days of submission of prints and continue until results are received. An “undecided” result is not acceptable. If an employee believes that the information provided as a result of the criminal background check is incorrect, the individual must immediately inform the employing agency in writing. Information regarding challenging a disqualification is found on the DPS website at: <http://dps.nv.gov> under Records and Technology.

- a. Must have **Cardio Pulmonary Resuscitation (CPR)** and First Aid training within 90 days of hire **if providing direct service**.

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- i.b. Must complete required training within six ~~(6)~~ months of beginning employment.
- j.c. ~~Each p~~Providers must maintain ~~daily records, fully documenting the scope, frequency and duration of the services provided. The documentation will include the recipients' initials daily with a full signature of the recipient on each daily record. When the recipient is unable to provide a signature due to cognitive and/or physical limitations this will be clearly documented in the ISP. The direct service staff will initial after each service is delivered with a full signature of the direct service staff at the bottom of each daily record. Periodically, the DHCFP staff may request this documentation to compare it to billings submitted. The records must be maintained by the provider for at least six (6) years after the date the claim is paid.~~ relevant documentation of services provided on one or more documents, including documents that may be created or maintained in electronic format. This documentation must be kept in a manner as to fully disclose the nature and extent of services delivered.

The documentation must include:

1. Type of service.
2. Date of service.
3. Name of individual receiving service.
4. Individual Record Number.
5. Name of provider.
6. Written or electronic signature of the person delivering the service, or initials of the person delivering the service if a signature and corresponding initials are on file with the provider. For example, an attendance record must have daily initials and documentation of time in and time out.
7. Number of units of the delivered service or continuous amount of uninterrupted time during which the service was provided.
8. Begin and end time of the delivered service.

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9. Initials of the recipient. If the recipient is unable to provide initials due to a cognitive and/or physical limitation, this will be clearly documented in the Individual Support Plan (ISP).
- ~~10.~~ Each provider must cooperate with ~~MHDS~~ ASD and/or State or Federal reviews or inspections.
- ~~11.~~ Report any recipient incidents or problems to ~~MHDS~~ ASD on a timely basis.
- ~~12.~~ All service providers other than ~~MHDS~~ ASD must obtain and maintain a service Provider contract with ~~MHDS~~ ASD prior to providing services to a waiver recipient.
- ~~13.~~ Prior authorization for waiver services is made through the written ISP and the service contracts (agreements) which reflect the ISP.
14. Serious Occurrences.
34. Providers must report any recipient incidents, or issues regarding the provider/employee's ability to deliver services to the ~~MHDS-ASD~~ service coordinator by telephone/fax within 24 hours of discovery. A completed Serious Occurrence report must be made within five ~~(5)~~ working days and maintained ~~in the agency's recipient record~~ on file by the agency.

Serious occurrences involving either the provider/employee or recipient may include, but are not limited to the following:

- ~~1.~~ Suspected physical or verbal abuse;
- ~~2.~~a. Unplanned hospitalization or ER visit;
- ~~3.~~b. Neglect of the recipient; Injury or fall requiring medical intervention;
- ~~4.~~c. Exploitation; Alleged physical, verbal, emotional, sexual abuse or sexual harassment;
- d. Assault, violence, or threat;
- e. Suicide threat or attempt;
- f. Criminal activity or legal involvement;

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- ~~5.g. Sexual harassment or sexual abuse~~ Alleged theft or exploitation;
- ~~6.h. Injuries requiring medical intervention~~ Medication error per ADSD policy;
- ~~7. An unsafe working environment;~~
- ~~8. Any event which is reported to Child or Elder Protective Services or law enforcement agencies;~~
- ~~9. Death of the recipient during the provision of Waiver Services (PCS); or~~
- ~~10.i.~~ Loss of contact with the recipient for three consecutive scheduled days;
- ~~j. Elopement of a resident living in a 24-hour setting;~~
- ~~k. Death of the recipient during the provision of Waiver Services, or a significant caregiver (paid or unpaid), if applicable; or~~
- ~~l. Other.~~

~~p.4.5.~~ Notification of Suspected Abuse or Neglect

State law requires that ~~persons~~ individuals employed in certain capacities must make a report to ~~a child protective service agency or the appropriate law enforcement agency~~ immediately, but in no event later than ~~twenty-four (24)~~ hours after there is reason to suspect ~~a minor child has been abused or neglected the abuse, neglect or exploitation of a minor child, vulnerable adult or older individual~~. The DHCFP expects that all providers be in compliance with the intent of all applicable laws.

For recipients under the age of ~~eighteen (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 ~~sixty (60)~~ and over, ~~the Aging and~~

~~Disability Services Division (ADSD) accepts reports of suspected abuse, neglect or self-neglect, exploitation or isolation. Elder Protective Services within the Aging and Disability Services Division (ADSD) accepts reports of suspected abuse, neglect or self-neglect, exploitation or isolation. For vulnerable adults, report of abuse, neglect, exploitation and social isolation are to be made to local law enforcement.~~

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- ~~1~~.a. Child Abuse - Refer to NRS 432B regarding child abuse or neglect.
- ~~2~~.b. Elder Abuse - Refer to NRS 200.5091 to 200.50995 regarding elder abuse, exploitation, or neglect.
- ~~3~~.c. Other Age Groups - For all other individuals or vulnerable **persons individuals** -(NRS 200.5091 to 200.50995) defined as “a person 18 years of age or older who”:
  - ~~a~~.1. suffers from a condition of physical or mental incapacitation because of a developmental disability, organic brain damage or mental illness; or
  - ~~b~~.2. has one or more physical or mental limitations that restrict the ability of the person to perform the normal ADLs contact local law enforcement agencies.

~~4~~.56. Complaint Procedure

The Provider must respond to all complaints in a reasonable and prompt manner. The Provider must maintain records that identify the complaint, the date received and the response and outcome of the incident.

The Provider must investigate and respond in writing to all written complaints within ~~10~~ **ten** calendar days of receipt.

The Provider will provide the recipient written notification of the complaint and its outcome. As appropriate, written notification must also be provided to the waiver service coordinator at the Regional Center.

~~4~~.67. Health Insurance Portability and Accountability Act (HIPAA), Privacy, and Confidentiality

Refer to MSM Chapter 100 for information on HIPAA, privacy, and confidentiality of recipient records and other ~~p~~**Protected** ~~h~~**Health** ~~i~~**Information** (PHI).

~~7~~8. ~~MHDS~~**ADSD**:

An Interlocal Contract between ~~MHDS~~ **ADSD** and the DHCFP is maintained to outline responsibilities of both agencies in the operation and administration of the

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2.89. Provider Agencies:

- a. ~~Agencies employing providers of service to the waiver program must maintain employee files~~ All employees must have a separate file which includes background checks (initially and every five years), reference checks, Cardio Pulmonary Resuscitation (CPR)/First Aid certification (within 90 days of the beginning of employment and ongoing), and ~~records documenting~~ documentation of new employee orientation and annual training to include the number of hours of training provided, and ongoing training.
- b. All providers are required to provide annual training to employees on recipient rights, confidentiality, abuse, neglect and exploitation, including definitions, signs, symptoms, and prevention as well as reporting requirements. Providers will also complete established training requirements of the specific ~~Developmental~~ Regional Centers.

4.910. Exemptions from Training

- a. The agency, may exempt a prospective service provider from those parts of the required training where the agency judges the person to possess adequate knowledge or experience, or where the provider's duties will not require the particular skills.
- b. The exemption and its rationale must be provided in writing and a copy of the exemption must be placed in the recipient's case record. Where the recipient or other private third party functions as the employer, such individuals may exercise the exemption authority identified above.

2103.2 ~~CB~~ RECIPIENT RESPONSIBILITIES

Applicants or recipients must meet and maintain all criteria to be eligible and to remain on the Waiver for Individuals with Intellectual Disabilities and Related Conditions.

The recipient or the recipient's authorized representative will:

- 1. Notify the provider(s) and service coordinator of a change in Medicaid eligibility.

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2. Notify the provider(s) and service coordinator of current insurance information, including the name of other insurance coverage, such as Medicare.
3. Notify the provider(s) and service coordinator of changes in medical status, service needs, address, and location, or of changes of status of LRI(s)/authorized representative.
4. Treat all staff and providers appropriately.
5. Initial **and/or sign** the provider ~~daily record log service documentation~~ verifying services were rendered unless otherwise unable to perform this task due to intellectual and/or physical limitations.
6. Notify the provider when scheduled visits cannot be kept or services are no longer required.
7. Notify the provider of missed visits by provider staff.
8. Notify the provider and **MHDS ADSD** Service Coordinator of unusual occurrences, complaints regarding delivery of services, specific staff, or to request a change in caregiver.
9. If applicable, furnish the provider with a copy of their Advance Directives (**AD**).
10. Not request a provider to work more than the hours authorized in the ~~Support Plan ISP~~.
11. Not request a provider to provide service for a non-recipient, family, or household members.
12. Not request a provider to perform services not included in the ~~Support Plan ISP~~.
13. Contact the service coordinator to request a change of provider.
14. Sign all required forms unless otherwise unable to perform this task due to intellectual and/or physical limitations.

2103.3 SERVICE COORDINATION

2103.3A COVERAGE AND LIMITATIONS

Service Coordination is provided under the Medicaid State Plan Targeted Case Management service (~~refer to MSM Chapter 2500~~). This is an integral part of the management of the Waiver

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for ~~Persons~~ Individuals with ~~Mental Retardation~~ Intellectual Disabilities and Related Conditions.

Refer to MSM Chapter 2500 for allowable activities under Targeted Case Management. Administrative waiver activities are not billable under Targeted Case Management.

#### 2103.4 DAY HABILITATION

~~Day habilitation services consist of a daily program of functional and meaningful activities that assist with the acquisition, retention or improvement in self-help, socialization and adaptive skills that takes place in a variety of day habilitation settings. Activities and environments are designated to foster the acquisition of skills, appropriate behavior, greater independence and personal choice. Day Habilitation Services are regularly scheduled activities in a non-residential setting, separate from the participant's private residence or other residential living arrangement. Services include assistance with the acquisition, retention, or improvement in self-help, socialization and adaptive skills that include performing activities of daily living and community living.~~

Activities and environments are designed to foster the acquisition of skill, building positive social behavior and interpersonal competence, greater independence and personal choice. Services furnished are identified in the individual's ISP.

Day habilitation services focus on enabling the participant to attain or maintain his or her maximum potential and shall be coordinated with any needed therapies in the individual's person-centered services and support plans, such as physical, occupational, or speech therapy.

Day habilitation services may also be used to enable individuals to participate in hobbies, clubs and/or senior related activities in the community, specifically for those who choose not to work or are at advanced ages.

#### 2103.4A COVERAGE AND LIMITATIONS

~~A person who receives day habilitation services may also receive supported employment and prevocational services. A person's support plan may include two or more types of non-residential habilitation services. Different services may not be billed during the same time period of the day. Participants who receive day habilitation services and support may include two or more types of non-residential services. However, different types of non-residential habilitation services may not be billed during the same period of the day.~~

Day habilitation may not provide for the payment of services that are vocational in nature (i.e. for the primary purpose of producing goods or performing services).

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Documentation is maintained in the file of each individual receiving this service that the service is not available under a program funded under Section 110 of the Rehabilitation Act of 1973 or Individuals with Disabilities Education Improvement Act (IDEA) (20 U.S.C. 1401 et seq.).

~~Documentation must be maintained in the recipient's file that indicates this service is not available under a program funded under Section 110 of the Rehabilitation Act of 1973 or Individuals with Disabilities Education Improvement Act (IDEA).~~

## 2103.4B DAY HABILITATION PROVIDER RESPONSIBILITIES/QUALIFICATIONS

### 1. Provider Agencies:

- ~~a. All provider agencies/organizations providing day habilitation services must meet the requirements for Certificate of Qualification in accordance with NRS 435.230 to 435.320 all inclusive or meet equivalent standards of MHDS rules, regulations and standards and demonstrate a community need.~~
- b.a. An employee of an agency that provides habilitation services and has met the requirements for certification under NRS and Nevada Administrative Code (NAC) 435 and/or ~~ADSD~~**MHDS** policy must provide documentation to the DHCFP to maintain approved provider status. **MHDS ADSD** verifies provider qualifications annually.
- e.b. An employee of an agency must have a High School Diploma or equivalent; however this requirement may be waived with approval from ~~MHDS~~ **ADSD**.
- ~~d. An employee of an agency must have criminal clearance in accordance with MHDS and the DHCFP policy.~~
- ~~e.c. Must meet all the requirements to be enrolled and maintain status as an enrolled Medicaid provider pursuant to MSM Chapters 100 and 2100, as applicable.~~

### 2. Individual Providers:

- a. Must meet the requirements for certification according to ~~MHDS~~ policy and provide required documentation to the DHCFP to maintain approved provider status. ~~MHDS~~ **ADSD** will verify qualification annually.
- b. Must be at least 18 years of age.
- c. Must have a High School Diploma or equivalent; however, this requirement may

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be waived with approval from **MHDSADSD**.

~~d. — Must have criminal background check in accordance with MHDS and the DHCFP policy.~~

e.d. Must have the ability to implement the recipient's ISP.

f.e. Must have the ability to communicate with and understand the recipient.

**2103.4C RECIPIENT RESPONSIBILITIES**

~~Refer to section 2103.1C and 2103.2C.~~

**2103.5 RESIDENTIAL ~~HABILITATION—DIRECT SERVICES AND~~ SUPPORT SERVICES**

~~Residential Support Services are designed to ensure the health and welfare of the individual, as well as the welfare of the community at large, through protective oversight and supervision activities and supports to assist in the acquisition, improvement, retention, and maintenance of the skills necessary for individuals to successfully, safely, and responsibly reside in their community.~~

~~Residential Support Services are provided throughout the course of normal ADL, as well as in specialized training opportunities outlined in the participant's ISP. These services are individually planned and coordinated, assuring the non-duplication of services with other State Plan Services.~~

~~Residential support services staff is trained and responsible for implementing Individual Habilitation Plans, goals, objectives, and service supports related to residential and community living. These supports include the facilitation of personal care services such as activities of daily living and instrumental activities of daily living. In addition, services include effective communication skills, community inclusion and the development of natural support networks, mobility training, survival and safety skills, support and teaching of interpersonal and relationship skills, making choices and problem solving skills, community living skills, social and leisure skills, money management skills, as well as support and skill training in health care needs, to include medication management. Residential support services emphasize positive behavior strategies, including interventions and supervision designed to maximize community inclusion while safeguarding the individual and general public. Services also support exercising individual rights and protect against rights violations and infringements without due process.~~

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Intermittent supported living services are services provided by an individual or organizational provider to individuals residing in their own homes not requiring one-on-one supervision and/or 24 hour care.

A host home is a supported living arrangement within an integrated community neighborhood which provides residential support services in a family living setting.

Twenty-four hour Supported Living Services are residential support services provided 24 hours per day by an organizational qualified provider. These services are delivered within non-provider owned homes in integrated community neighborhood settings. There are some provider owned homes located in the rural area due to resource limitations.

Residential support services cannot duplicate the scope and nature of State Plan Personal Care Services. Any ADL or IADL that is covered in the Individual Habilitation Plan, whether it is completed for them or the individual is completing the task with supervision as part of their training, cannot be covered under State Plan Personal Care Services. ~~Residential Habilitation—Direct Services and Supports are designed to ensure the health and welfare of the recipients, and to assist in acquiring, retaining, and improving adaptive skills necessary to reside successfully in their community. These services are individually planned and coordinated, and described in the ISP. The ISP assures non-duplication of Direct Services and Support with other State Plan Services.~~

2103.5A COVERAGE AND LIMITATIONS

1. ~~Direct Services and Support—~~ Residential Support Services staff are trained and responsible for ~~the implementation~~ implementing ISPs, goals, objectives and service supports related to residential and community living. ~~of ISP goals related to residential and community living.~~

These ~~supports services~~ include:

- a. the participation in the development of the ISP.
- b. adaptive skill development.
- c. facilitation of **personal care and** ADLs.
- d. facilitation of community inclusion.

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- e. facilitation of IADLs to include teaching community living skills; interpersonal and relationship skills; **building of natural support networks**; choice making skills; social and leisure skills; budgeting and money management skills.
  - f. providing assistance with ~~self administration of medication and medication administration through ASD staff certified in a Developmental Services (DS) approved Medication Program. (including the use of certified medication aides) that assist the recipient in the most integrated setting appropriate for his or her needs.~~
  - g. providing assistance with support and skill training in health care needs.
  - h. facilitation of mobility training, survival and safety skills.
2. ~~Direct Services and Support may be provided up to 24 hours a day based on the assessed needs of the recipient to ensure his or her health and welfare. When an individual resides in a 24-hour setting, direct support hours must be shared by two or more individuals in the 24-hour setting unless the individual requires one-to-one direct support hours as a result of medical or clinical necessity, as determined by the Regional Center Psychologist and Regional Center Nurse. Residential Support Services may be provided on a continuum of service delivery model ranging from intermittent to 24-hour supported living arrangements, as determined by the ISP team. Residential support services are provided in either the service recipient's natural family home or in a non-provider owned home or apartment, unless otherwise approved by the regional center director. These settings are fully integrated within community residential neighborhoods and are owned or leased in the service recipient's name or on the behalf of the recipient, with the exception of approved Host Home services. In 24-hour supported living arrangements, protective oversight hours must be shared with other recipients in the home unless clear documentation exists that shows a need for one-on-one supervision due to health and safety needs of the person supported and approved by the agency director or designee.~~
- ~~3. Direct Services and Support staff are also responsible for:~~
- ~~a. protective oversight and supervision to assure health and welfare.~~
3. Under this service category, the responsibility for the living environment rests with the service agency and encompasses a variety of Supportive Living Arrangements (SLAs):
- a. Residential support services in a 24-hour setting are limited to four recipients unless otherwise authorized by the Regional Center Director. Host Home SLA's are limited to two service recipients residing in one home, unless otherwise

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~~authorized by the DS Regional Center Director. SLAs are typically provided within a continuum of care that may include 24-hour services/supports with awake and/or sleep staff that is shared with four or fewer individuals and services based on individual LOC needs to assist in the acquisition, retention and improvement of skills necessary to support the person to successfully reside in their community.~~

~~b. SLAs with intermittent services are available to a recipient who may choose to live with a family member, in their own home or apartment and/or may share with roommates and access direct services, which may be provided in the home or community, with the goal of enhancing the recipients ability to be as self-sufficient as possible and utilize available community resources.~~

~~c. Host Homes are typically accessed for up to two younger recipients or more dependent recipients who desire or need a family living situation. Host Home providers are individuals who choose to have their home licensed and/or certified to care for individuals with mental retardation and related conditions. Recipients receiving services from Host Home providers can expect to be included in the Host Homes' family life and activities. Direct services/supports may be utilized to assist in the acquisition, retention or improvement of skills necessary to support the person to successfully reside in their community.~~

5.4. Individual SLA homes do not require state licensure; however, individual providers and provider agencies must be approved and certified by **MHDS ADSD** in order to render services to ~~persons~~ individuals with ~~mental retardation~~ intellectual disabilities and related conditions.

2103.65B ~~RESIDENTIAL HABILITATION – DIRECT SERVICES AND SUPPORT PROVIDER RESPONSIBILITIES~~ RESIDENTIAL SUPPORT SERVICES PROVIDER RESPONSIBILITIES

~~1.A.~~ Individual Providers – Provider Managed:

~~a.1.~~ Must be at least 18 years of age.

~~b.~~ ~~Must be certified (including provisional certification) pursuant to NAC 435 and provide required information to the DHCFP to maintain approved provider status~~

2. Must have a High School Diploma or equivalent (may be waived with **MHDSADSD** approval).

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~~d.3.~~ Must have First Aid and CPR training within 90 days of hire.

~~e.~~ ~~Must have criminal clearance in accordance with MHDS and DHCFP policy.~~

~~f.4.~~ Must have the ability to implement the recipient's ISP and Habilitation Plan.

~~g.5.~~ Must have the ability to communicate with and understand the recipient.

~~h.6.~~ Provider qualifications will be reviewed by **MHDS ASD** on initial application, within the first year as part of certification review and at least every two years thereafter as part of re-certification review.

~~2.B.~~ Individual Providers – Participant-Directed:

~~a.1.~~ Must be at least 18 years of age.

~~b.2.~~ Must have the ability to communicate with and understand the participant.

~~e.3.~~ Must provide three reference checks in accordance with **MHDS ASD** policy.

~~d.4.~~ Must have First Aid and CPR training within 90 days of hire.

~~e.5.~~ ~~Must have criminal clearance in accordance with MHDS and the DHCFP policy.~~

~~f.65.~~ Must meet the requirements specified in NAC 435 and provide information to the DHCFP to maintain approved provider status.

~~g.76.~~ Must have the ability to implement the goals and services as identified in the participant's ISP.

~~h.87.~~ Must have the ability to communicate with and understand the recipient.

~~i.98.~~ FMS staff will review provider qualifications at initial application and annually thereafter.

~~3.C.~~ Agency Providers – Provider Managed:

~~a.1.~~ Individuals providing direct services and support services must be at least 18 years of age.

~~b.2.~~ ~~Employees of an agency that provides direct services and support must be certified (including provisional certification) according to NAC 435 and provide~~

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~~the required information to MHDS to maintain approved provider status.~~

~~e.3. Must have First Aid and CPR training within 90 days of hire.~~

~~d.4. Must have criminal clearance in accordance with MHDS and the DHCFP policy.~~

e.5.2. Must have a High School Diploma or equivalent. This requirement may be waived with ~~MHDS-ADSD~~ approval.

~~f.6.3~~ Must meet all the requirements to be enrolled and maintain status as an enrolled Medicaid provider pursuant to MSM Chapters 100 and 2100, as applicable.

~~g.7.4~~ **MHDS ADSD** will verify provider qualification on initial application and provisional certification, within the first year as part of the Quality Assurance (QA) review for certification and at least every three years thereafter as part of the re-certification QA review.

#### 2103.6A PREVOCATIONAL SERVICES

Prevocational Services are ~~services that prepare recipients for paid or unpaid employment. Services must be reflected in the recipient's ISP and are directed to habilitation rather than explicit employment.~~ designed to create a path to integrated employment in the community for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities, is considered to be optimal outcomes for prevocational services. Individuals receiving prevocational services must have employment-related goals in their person-centered ISP; the general habilitative activities must be designed to support such employment goals.

Services include teaching such concepts as attendance, task completion, problem solving, interpersonal relations and safety, and communication with customers, co-workers, or supervisors. This service provides for learning and work experience, including volunteer work, participation in social and recreational activities to facilitate community integration, classroom style program/training, experience – where an individual can develop general, non-job or task specific strengths and skills that contribute to employability in paid employment within integrated community settings. Services are expected to occur over a defined period of time and with specific outcomes to be achieved, as identified in the individual's ISP.

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2103.6~~AB~~ **COVERAGE AND LIMITATIONS**

- ~~1.~~ The prevocational services provided under this waiver are not available under a program funded under Section 110 of the Rehabilitation Act of 1973 or Section 602(16) and (17) of the IDEA (20 U.S.C. 1401(16 and 17)). Documentation will be maintained in the file of each individual receiving prevocational services that the service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or P.L. 94-142.
- ~~2.~~ ~~Services include teaching skills such as self care, social skills, attendance, mobility training, task completion, self direction, problem solving and safety.~~
- ~~3.~~ ~~Services are not job or task oriented, but instead, aimed at a generalized result. Services are reflected in the participants ISP and are directed to habilitation rather than explicit employment objectives.~~
- ~~4.1.~~ ~~Recipients receiving prevocational services may also receive supported employment services. The recipient's service plan may include two or more types of non-residential habilitation services; however, different services may not be billed during the same time period of the day. Participants who receive prevocational services may include two or more types of non-residential support services; however, different types of non-residential support services may not be billed during the same period of the day.~~
- ~~5.~~ ~~When compensated, individuals must be adequately compensated and the compensation must be in accordance with applicable state and federal labor laws (NRS 433).~~

2103.6~~BC~~ **PREVOCATIONAL SERVICES PROVIDER RESPONSIBILITIES/QUALIFICATIONS**

1. Provider Agencies:
  - a. All provider agencies/organizations providing day habilitation services must meet the requirements for Certificate of Qualification in accordance with NRS 435.230 to 435.320, all inclusive or meet ~~MHDS ASD~~ rules, regulation and standards and demonstrate a community need.
  - ~~b.~~ ~~An employee of an agency that provides prevocational services and has met the requirements for certification under NRS and NAC 435 and/or MHDS policy must provide documentation to the DHCFP to maintain approved provider status. MHDS will verify provider qualifications annually.~~
  - e.b. An employee of an agency must have a High School Diploma or equivalent, however, this requirement may be waived with approval from ~~MHDS ASD~~.

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- ~~d.c.~~ Annual certification is required for certified centers meeting requirements under NRS and NAC 435.
- ~~e.~~ ~~Employees of an agency that provides prevocational services must have criminal clearance in accordance with MHDS and the DHCFP policy.~~
- ~~f.d.~~ All providers must meet all requirements to enroll and maintain Medicaid provider status according to MSM Chapters 100 and 2100, as applicable.
- ~~ge.~~ Must meet all conditions of participation according to MSM Chapter 100, Section 102.1.

~~2103.6C~~ ~~RECIPIENT RESPONSIBILITIES~~

~~Refer to Sections 2103.1C and 2103.2C.~~

2103.7 SUPPORTED EMPLOYMENT

Supported employment service is a combination of intensive ongoing supports and services that prepare recipients for paid employment.

Supported employment services are individualized and may include any combination of the following services: Vocational job related discovery or assessment, person-centered employment planning, job placement, job development, negotiation with prospective employers, job analysis, job carving, training and systematic instruction, job coaching, benefit supports, training and planning, transportation (by the employment provider to any sub-sites or necessary to complete the job), asset development and career advancement services and other workplace support services including services not specifically related to job skill training that enable the participant to be successful in integrating into the job setting.

Individual Employment Supports are services for individuals who, because of their disabilities, need intensive ongoing supports to obtain and maintain an individual job in competitive employment or customized employment, or self-employment, in an integrated work setting in the general workforce for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

Customized employment is another approach to supported employment. Customized employment means individualizing the employment relationship between employees and employers in ways that meet the needs of both. It is based on an individualized determination of the strengths, needs and interest of the person with disabilities, and is also designed to meet the

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specific needs of the employer. Customized employment assumes the provision of reasonable accommodations and support necessary to perform the function of a job that is individually negotiated and developed.

Supported employment small group employment supports may include any combination of the following services: vocational/job related discovery or assessment, person-centered employment planning, job placement, job development, negotiation with prospective employers, job analysis, training and systematic instruction, job coaching, benefit supports, training and planning, transportation and career advancement services. Other workplace supports may include services not specifically related to job skill training that enable the waiver participant to be successful in integrating in the job setting.

The outcome of this service is sustained paid employment and work experience leading to further career development and individual integrated community-based employment for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level benefits paid by the employer of the same or similar work performed by individuals without disabilities. Small group employment does not include vocational services provided in a facility based work setting.

2103.7A **COVERAGE AND LIMITATIONS**

- ~~Supported employment is a combination of intensive ongoing supports that enable from whom competitive employment at or above minimum wage is unlikely or who may be able to work in a competitive work environment but who, because of their disabilities, need supports to perform in a work setting. Supported employment is conducted in a variety of settings, including enclaves at community businesses and work sites in which persons without disabilities are employed. Supported employment activities are designed to increase or maintain the recipient's skill and independence. When supported employment services are provided at a work site in which persons without disabilities are employed, payment will be made only for the adaptations, supervision and training required by individuals receiving waiver services as a result of their disabilities, and will not include payment for the supervisory activities rendered as a normal part of the business settings. When supported employment services are provided at a work site in which individuals without disabilities are employed, payment will be made only for the adaptations, supervision and training required by individuals receiving waiver services as result of their disabilities, and will not include payment for the supervisory activities rendered as a normal part of the business setting.~~
- ~~The supported employment services furnished under this waiver are not available under a program funded by either the Rehabilitation Act of 1973 or P.L. 94-142. Documentation will be maintained in the file of each individual receiving supported employment services~~

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~~that the service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or P.L. 94-142. Supported employment may be furnished as expanded habilitation services under the provision of the 1915 (c) of the Act. It is important to note that such services may only be furnished to a waiver participant to the extent that they are not available as vocational rehabilitation services funded under Section 110 of the Rehabilitation Act of 1973 or, in the case of youth, under the provision of the Individuals with Disabilities Educational Act (IDEA).~~

3. Supported Employment Small Group Employment Support are service and training activities provided in regular business, industry and community setting of two to eight workers with disabilities. Examples include mobile crews and other business-based work groups employing small group of workers with disabilities in employment in the community. Supported employment small group work employment supports must be provided in a manner that promotes integration into the workplace and interaction between participants and people without disabilities in those workplaces.

3.4. Federal Financial Participation will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

- a. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;
- b. Payments that are passed through to users of supported employment programs; or
- c. Payments for vocational training that is not directly related to an individual's supported employment program.

~~4. A recipient who receives supported employment services may also receive prevocational or day habilitation services. A recipient's service plan may include two or more types of non-residential habilitation services; however, different services may not be billed during the same time period of the day.~~

2103.7B SUPPORTED EMPLOYMENT PROVIDER RESPONSIBILITIES/QUALIFICATIONS

1. Provider Agencies:

- a. ~~All provider agencies/organizations providing supported employment services must meet the requirements for Certificate of Qualification in accordance with~~

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~~NRS 435.230 to 435.320, for certified centers meeting the requirements set forth in NRS and all inclusive or meet MHDS rules, regulations and standards and demonstrate a community need.~~

~~1. Annual certification is required NAC 435.~~

a. Employees of an agency that provides supported employment services must meet the requirements for certification in accordance with NRS 435 and ~~MHDS~~ **ADSD** policy, and provide required documentation to the DHCFP to maintain approved provider status

b. Must be at least 18 years of age.

c. Must have a High School Diploma or equivalent; however, this may be waived with approval of ~~MHDS~~ **ADSD**.

d. ~~Must have criminal clearance in accordance with MHDS and the DHCFP policy.~~ Must meet all requirements to enroll and maintain enrolled Medicaid provider pursuant to the DHCFP MSM, Chapter 100 and 2100.

2. Individual Providers – Provider Managed:

~~a. Individuals who provide supported employment services must meet the requirements for certification in accordance with NRS 435 and MHDS policy and provide required information to DHCFP to maintain approved provider status.~~

~~b.a~~ Must have a High School Diploma or equivalent; however, this may be waived with approval of ~~MHDS~~ **ADSD**.

~~e. Must have criminal clearance in accordance with the DHCFP policy.~~

~~d.b.~~ Must have the ability to implement the recipient's ISP.

~~e.c.~~ Must have the ability to communicate with and understand the recipient ~~MHDS~~ **ADSD** will verify provider qualification on initial application and annually thereafter.

3. Individual Providers – Participant-Directed:

a. Must be at least 18 years of age.

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- b. Must have the ability to communicate with and understand the participant.
- c. Must provide three reference checks in accordance with ~~MHDS~~ **ADSD** policy.
- d. Must have First Aid and CPR training within 90 days of hire.
- ~~e.~~ ~~Must have criminal clearance in accordance with MHDS and the DHCFP policy.~~
- ~~f.~~ Must meet the requirements specified in NAC 435 and provide information to the DHCFP to maintain approved provider status.
- ~~g.~~ Must have the ability to implement the goals and services as identified in the participant's ISP.
- ~~h.~~ Must have the ability to communicate with and understand the recipient.
- ~~i.~~ FMS staff will review provider qualifications at initial application and annually thereafter.

~~2103.7C~~ ~~RECIPIENT RESPONSIBILITIES~~

~~Refer to Sections 2103.1C and 2103.2C.~~

2103.8 BEHAVIORAL CONSULTATION, TRAINING AND INTERVENTION

~~Behavioral consultation, training and intervention services are intended for unpaid caregivers, paid direct services and/or day habilitation staff or others who provide direct care and supports to the individual. Behavior consultation, training and intervention services consist of functional support assessment, positive behavioral support plan development, training and support coordination for an individual and their team related to behavior that compromise an individual's quality of life. Factors that compromise an individual's quality of life include interfering with forming and maintaining relationships, community integration, ADLs, or activities that pose a health and safety risk to the individual or others. This does not include discrete trial training.~~ provide behaviorally-based assessment and intervention for participants, as well as support, training, and consultation to family members, caregivers, paid residential support staff, or jobs and day training staff. This service also includes participation in the development and implementation of Individual Support Plans and/or positive behavior support plans, necessary to improve an individual's independence and inclusion in their community, increase positive alternative behaviors, and/or address challenging behavior. These services are not covered under the State Plan and are provided by professionals in psychology, behavior analysis and related fields.

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~~Consultation activities are provided by professionals in psychology and closely allied fields with expertise in functional assessment and the provision of positive behavioral supports.~~

2103.8A COVERAGE AND LIMITATIONS

1. Behavioral consultation, training and intervention may be provided in the recipient's home, school, workplace, and in the community. The services include:
  - ~~1~~.a. functional behavioral assessment and an assessment of the environmental factors that are precipitating a problem behavior.
  - ~~2~~.b. development of behavior support plan in coordination with the ~~ISP~~ team members.
  - ~~3~~.c. consultation or training on how to implement positive behavior support strategies and/or behavior support plan.
  - ~~4~~.d. consultation or training on data collection strategies to monitor progress.
  - ~~5~~.e. monitoring of recipient and the provider(s) in the implementation and modification of the support plan, as necessary.
2. Behavioral Consultation, Training and Intervention may not exceed \$5,200.00 per year.

2103.8B BEHAVIORAL CONSULTATION, TRAINING AND INTERVENTION PROVIDER RESPONSIBILITIES/QUALIFICATIONS

1. ~~Provider Agencies~~In addition to the provider qualification listed in this chapter:
  - a. Employees of behavioral provider agencies must have provisional or regular certification per NRS 435 and have a Bachelor's degree in psychology, special education or closely allied field plus at least one year professional clinical experience using behavior intervention and functional assessment procedures and developing, implementing, monitoring of behavior support plans in applied setting; or
  - b. Master's degree in psychology, special education or closely related field with expertise in functional assessment and the provision of positive behavioral supports.

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- c. Experience working with ~~people~~ individuals with ~~mental-retardation~~ intellectual disabilities or related conditions is preferred.
- d. ~~Must have criminal clearance in accordance with MHDS and the DHCFP policy.~~
- ed. Must meet all requirements to enroll and maintain status as Medicaid provider pursuant to the DHCFP MSM, Chapters 100 and 2100, as applicable.
- f. ~~MHDS will verify qualifications upon enrollment and annually thereafter.~~

2. Individual Providers:

- a. Bachelors degree in psychology, special education or closely allied field plus at least one year professional clinical experience using behavior intervention and functional assessment procedures and developing, implementing, monitoring of behavior support plans in applied settings; or
- b. Master's degree in psychology, special education or closely allied field with expertise in functional assessment and the provision of positive behavioral supports.
- c. Experience working with individuals with intellectual disabilities or related conditions is preferred.
- d. Must have criminal clearance in accordance with the DHCFP and ~~MHDS~~ ASD policy.
- e. ~~MHDS~~ ASD will verify qualifications prior to approval of initial provider agreement and annually thereafter.

~~2103.8C RECIPIENT RESPONSIBILITIES~~

~~Refer to Section 2103.1C and 2103.2C.~~

~~2103.9 COMMUNITY INTEGRATION SERVICES~~

~~Community integration services are based on a comprehensive assessment of the recipient's needs and desires related to community participation and their existing circle of support.~~

~~2103.9A COVERAGE AND LIMITATIONS~~

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~~Community integration services focus on assisting the recipient to join and participate in clubs, organizations, teams or groups that are not specifically affiliated with the disability community. Outcomes of this service include friendships/natural supports, increased community connections, and sharing hobbies and/or recreational activities with other community members. Community integration services do no duplicate what is required under IDEA, nor are respite services included.~~

~~Community Integration services include:~~

- ~~1. thorough assessment of recipient skills, interests, and preferences;~~
- ~~2. identification of integrated community resources, groups, clubs, teams or organizations where the recipient's interests, skills and preferences would be valued and shared;~~
- ~~3. development of a community inclusion plan in the ISP; and~~
- ~~4. evaluation of the success of the community inclusion plan.~~

~~2103.9B COMMUNITY INTEGRATION SERVICES PROVIDER RESPONSIBILITIES/QUALIFICATIONS~~

- ~~1. Individual Providers Participant Directed:
 
  - ~~a. Must be at least 18 years of age.~~
  - ~~b. Must have a high school diploma or equivalent.~~
  - ~~a. Must have at least six months of specialized training and experience in working with individuals with disabilities in a community setting.~~
  - ~~e.b. Must have the ability to communicate with and understand the participant.~~
  - ~~d. Must provide three reference checks in accordance with MHDS policy.~~
  - ~~e. Must have First Aid and CPR training within 90 days of hire.~~
  - ~~f. Must have criminal clearance in accordance with MHDS and the DHCFP policy.~~
  - ~~g. Must meet the requirements specified in NAC 435 and provide information to the DHCFP to maintain approved provider status.~~~~

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~~h.e. Must have the ability to implement the goals and services as identified in the participant's ISP.~~

~~i. Must have the ability to communicate with and understand the recipient.~~

~~j. FMS staff will review provider qualifications at initial application and annually thereafter.~~

~~2. Agency Providers:~~

~~a. Employee of an agency that provides community integration services must meet the requirements for certification (including provisional certification) or Certificate of Qualifications in accordance with NRS 435 and MHDS policy.~~

~~b. Must have proof of specialized training and experience with methods of enhancing community connections (that is, workshops, assessments, development and implementation of plans for social integration) or certification in community integration service by MHDS.~~

~~c. Must have knowledge of community resources and groups.~~

~~d. Must follow all MHDS policies and procedures and provide required information to DHCFP to maintain approved provider status.~~

~~e. Must be at least 18 years of age.~~

~~f. Must have High School Diploma or equivalent.~~

~~g. Must have First Aid and CPR training within 90 days of hire.~~

~~h. Must have criminal clearance in accordance with MHDS and the DHCFP policy.~~

~~i. Must meet all requirements to be enrolled and maintain status as an enrolled Medicaid provider pursuant to the DHCFP MSM Chapters 100 and 2100, as applicable.~~

~~j. MHDS will verify provider qualifications annually.~~

~~3. Individual Provider Managed:~~

~~Proof of specialized training and experience with methods of enhancing social~~

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- ~~a. — capital (that is, workshops, assessments, development and/or implementation of plans for social integration).~~
- ~~b. — Must have knowledge and awareness of community resources and groups.~~
- ~~c. — Must comply with all MHDS policies and procedures.~~
- ~~d. — Must be at least 18 years of age.~~
- ~~e. — Must have High School Diploma or equivalent.~~
- ~~f. — Must have First Aid and CPR training within 90 days of hire.~~
- ~~g. — Must have criminal clearance in accordance with MHDS and the DHCFP policy.~~
- ~~h. — Must have the ability to implement the recipient's ISP.~~
- ~~i. — Must have the ability to communicate with and understand the recipient.~~

~~MHDS will certify provider qualification annually.~~

~~2103.109~~ COUNSELING SERVICES

~~Counseling services provide assessment/evaluation, consultation, therapeutic interventions, support and guidance for waiver participants and/or family members, caregivers, and team members, which are not covered by the Medicaid State Plan and which improve the individual's personal adaptation and inclusion in the community. This service is available to individuals who have intellectual and/or developmental disabilities and provides problem identification and resolution in areas of interpersonal relationships, community participation, independence, and attaining personal outcomes, as identified in the participant's ISP.~~

~~Counseling services are specialized and adapted in order to accommodate the unique complexities of enrolled participants and include consultation with team members, including family members, support staff, service coordinators and other professionals comprising the participant's support team; individual and group counseling services; assessment/evaluation services; therapeutic interventions strategies; risk assessment; skill development; and psycho educational activities.~~

~~Counseling services are provided based on the participant's need to assure his or her health and welfare in the community and enhance success in community living.~~

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2103.~~10A~~9A COVERAGE AND LIMITATIONS

~~Counseling services provide assessment, support and guidance for waiver participants and/or unpaid caregiver or family members in problem identification and resolution in areas of personal adaptation including interpersonal relationships, self-esteem, community participation, independence, families, friends, work, and psycho-social challenges. These services are provided based on the participant's need to assure his or her health and welfare in the community.~~

Counseling services may include:

1. individual and group counseling services;
2. ~~group or family counseling~~assessment/evaluation services;
3. therapeutic intervention strategies;
4. risk assessment;
- 3.5. ~~psychological consultation to include the development of therapeutic intervention strategies~~skill development; and/or
- 4.6. ~~skill development and psycho-social education in social interaction, sexuality issues, anger management, problem solving, or other areas to reduce stress and enhance success in the community~~psycho-educational activities.
7. Counseling services may not exceed \$1,500.00 per year.

2103.~~109~~B COUNSELING SERVICES PROVIDER ADDITIONAL RESPONSIBILITIES/  
QUALIFICATIONS

1. ~~Individual Provider — Level 1:~~ In addition to the provider qualifications listed in this chapter:
  - a. ~~All persons~~ Providers under this category ~~providing services under this category~~ must have graduated from an accredited college or university with a Master's degree in a two year curriculum in counseling, marriage and family therapy, psychology, social work or a closely allied academic field. A closely allied field is licensed by the state by appropriate categories. A graduate level intern supervised by a licensed clinician or mental health counselor may provide these services;~~or~~

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- b. ~~Professional experience in a setting serving persons with mental retardation is preferred. A graduate level intern who is enrolled in a Master's level program at an accredited college or university that provides at least two year curriculum in counseling, marriage and family therapy, psychology, social work or a closely allied academic field or doctor level program in a clinical field; and~~
- c. ~~Criminal clearance in accordance with MHDS and the DHCFP policy. Are supervised by a licensed clinician or mental health counselor (professional experience in a setting servicing individuals with intellectual disabilities is preferred).~~
- d. ~~Meets all conditions of participation in the MSM Chapter 100, Section 102.1 Professional experience in a setting serving individuals with intellectual disabilities is preferred.~~
- e. ~~MHDS will verify provider qualifications upon enrollment and prior to expiration of the license; the provider will send a copy of the current license to MHDS/FMS as appropriate. ADSD will verify provider qualifications upon enrollment and prior to expiration of the license; the provider will send a copy of the current license to the ADSD/ (Financial Management Services (FMS) as appropriate.~~

~~2. Individual Provider Level 2:~~

- a. ~~A graduate level intern who is enrolled in a Master's level program at an accredited college or university that provides at least a two year curriculum in counseling, marriage and family therapy, psychology, social work or a closely allied academic field or a doctor level program in a clinical field.~~
- b. ~~Supervision by licensed clinician or mental health counselor (professional experience in a setting serving persons with mental retardation is preferred).~~
- c. ~~Criminal clearance in accordance with MHDS and the DHCFP policy.~~
- d. ~~MHDS will verify provider qualifications upon enrollment and at least annually. Provider must show proof of completion of a master's level program or enrollment as a graduate intern, and identification of supervisor/verification of license.~~

~~2103.10C RECIPIENT RESPONSIBILITIES~~

~~Refer to section 2103.1C and 2103.2C.~~

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2103.10 ~~10~~ RESIDENTIAL ~~HABILITATION—DIRECT~~ SUPPORT MANAGEMENT

~~Direct Support Management is designed to ensure that direct services and support provided by agencies are planned, scheduled, implemented in accordance with the recipient's preferences. Direct Support Management staff will monitor the service provided by the direct services and support staff on a regular basis and as needed depending on the frequency and duration of the approved services.~~ Residential Support Management is designed to ensure the health and welfare of individuals receiving residential support services from agencies in order to assure those services and supports are planned, scheduled, implemented and monitored as the individual prefers and needs depending on the frequency and duration of approved services. Residential support managers assist the participant with managing their residential supports.

Residential support managers must work collaboratively with the participant's Targeted Case Manager. Residential Support Management services are different from Targeted Case Management. The Targeted Case manager is responsible for the development of the ISP, which is the overall HCBS plan, in consultation with the ISP team.

The Residential Support Manager is responsible to develop, implement, and monitor the specific residential habilitation plan related to Residential Support Services.

2103.10 ~~10~~ +A COVERAGE AND LIMITATIONS

1. ~~Direct-Residential~~ Support Management staff will assist the recipient in managing their supports within the home and community settings. This service includes:
  - a. assisting the person to develop his or her goals;
  - b. scheduling and attending Individual Support Team Planning ~~ISP~~ meetings;
  - c. ~~developing action/service plans as determined in the recipient's ISP and train residential habilitation direct services and support staff in their implementation and data collection;~~ develop habilitation plans specific to residential support services, as determined in the participant's ISP and train residential support staff in implementation and data collection;
  - d. assisting the ~~person~~ individual to apply for and obtain community resources and benefits such as Medicaid, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Housing and Urban Development (HUD), Food Stamps, housing, etc.;
  - e. assisting the ~~recipient~~ individual in locating residences;

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- f. assisting the **person individual** in arranging for and effectively managing generic community resources and informal supports;
- g. assisting the **person individual** to identify and sustain a personal support network of family, friends, and associates;
- h. providing problem solving and support with crisis management;
- i. supporting the **recipient individual** with budgeting, bill paying, and with scheduling and keeping appointments;
- j. observing, coaching, training and providing feedback to direct service staff to ensure they have the necessary and adequate training to carry out the supports and services identified in the ISP;
- k. following up with health and welfare concerns and remediation of deficiencies;
- l. completing required paperwork on behalf of the recipient (as needed);
- m. making home visits to observe the **recipient's individual's** living environment to assure health and welfare; and
- n. providing information to the Service Coordinator (Targeted Case Manager) to allow evaluation and assurance that support services provided are those defined in the ISP and are effective in assisting the recipient to reach his or her goals.

~~o. direct Support Managers must work collaboratively with the recipient's Service Coordinator (or TCM).~~

~~2. Direct Support Management services provided in this waiver is different from the State Plan TCM, each having a distinct role and purpose in supporting individuals, and no duplication of payments will be made.~~

**2103.11B RESIDENTIAL HABILITATION – DIRECT SUPPORT MANAGEMENT PROVIDER RESPONSIBILITIES/QUALIFICATIONS**

**4A. Agency Providers:**

- 1. Employees of an agency that provides direct support management services must be at least 18 years of age;

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2. Must be certified (including provisional certification according to NAC 435) and provide required information to DHCFP to maintain approved provider status;
3. Must have a High School Diploma or equivalent and two years experience providing direct service in a human services field and under the direct supervision/oversight of a Qualified ~~Mental Retardation~~ **Intellectual Disabilities** Professional (Q**MRIDP**) or its equivalent;
4. Completion of Bachelor's degree from an accredited college or university in psychology, special education, counseling, social work, or closely allied field;
- ~~5. Must have criminal clearance in accordance with MHDS and the DHCFP policy;~~
- 6.5. Meet all requirements to enroll and maintain status as an enrolled provider pursuant to the DHCFP MSM Chapters 100 and 2100, as applicable; or
- 7.6. **MHDSADSD** will verify Direct Service and Support staff qualification upon application for enrollment for provisional certification and within the first year of enrollment as part of initial Quality Assurance certification review. Verification will occur at least every two years thereafter as part of re-certification review.

~~2103.11C~~ ~~RECIPIENT RESPONSIBILITIES/QUALIFICATIONS~~

~~Refer to Sections 2103.1C and 2103.2C.~~

2103.12A ~~2~~ NON-MEDICAL TRANSPORTATION

Non-medical transportation service is offered to enable waiver recipients to gain access to community activities and services that are identified in the recipients ISP. Non-medical transportation service allows individuals to engage in normal day-to-day non-medical activities such as going to the grocery store or bank, participating in social events or attending a worship service. Whenever possible, family, neighbors, friends, or community agencies should provide this service without charge.

2103.12A COVERAGE AND LIMITATIONS

1. ~~Non-medical transportation service is offered in this waiver to enable waiver recipients to gain access to waiver and other community services, activities and resources that were identified in the recipients ISP. Non-Medical Transportation Service enables individuals to participate in work, volunteer at sites or homes of family or friends; civic organizations or social clubs; public meetings or other civic activities and spiritual activities or events.~~

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~~Whenever possible, family, neighbors, friends, or community agencies can provide this service without charge is utilized. This service is offered in addition to the medical transportation services offered under the Medicaid State Plan. This service will not duplicate or impact the amount, duration and scope of the medical transportation benefit provided under the Medicaid State Plan. Refer to MSM Chapter 1900 for more information regarding the coverage and limitations of medical transportation.~~

2. Non-medical transportation services under this waiver must be described or identified in the recipient's ISP and pre-authorized before the service is utilized. ~~Whenever possible, family, neighbors, friends or community agencies which can provide this service without charge must be utilized.~~

2103.12B NON-MEDICAL TRANSPORTATION PROVIDER RESPONSIBILITIES/  
QUALIFICATIONS

1. Individual Providers – Participant Direction:
  - a. Must have a valid Nevada Driver's License and provide proof of liability insurance.
  - b. Must show evidence of vehicle safety inspection prior to hire and are subject to periodic vehicle safety inspections. **Providers are responsible for obtaining safety inspections and providing them to ADSD upon request.**
  - c. Must be at least 18 years of age.
  - d. Must have a high school diploma or equivalent.
  - e. Must have at least six months of specialized training and experience in working with individuals with disabilities in a community setting.
  - f. Must have the ability to communicate with and understand the participant.
  - g. Must provide three reference checks in accordance with **MHDS ADSD** policy.
  - h. Must have First Aid and CPR training within 90 days of hire.
  - ~~i. Must have criminal clearance in accordance with MHDS and the DHCFP policy.~~
  - k.i. Must meet the requirements specified in NAC 435 and provide information to DHCFP to maintain approved provider status.

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~~h.j.~~ Must have the ability to implement the goals and services as identified in the participant’s ISP.

~~m.k.~~ FMS staff will review provider qualifications at initial application and annually thereafter.

2. Agency Provider – Provider Managed:

a. An employee of an agency must have a valid Nevada Driver’s License.

An agency must have uninterrupted liability insurance per Nevada State Risk Management specification and **MHDSADSD** policy; automobile insurance, per State of Nevada requirements including all automobiles owned and leased by the agency; and assurance of routine vehicle safety and maintenance inspection on file.

b. An employee of an agency that provides direct support services must be certified (including provisional certification) in accordance with NAC 435 as a Supported Living Provider.

~~e. — Must have criminal clearance in accordance with MHDS and the DHCFP policy.~~

~~d.c.~~ Must meet all requirements to be enrolled and maintain status of an enrolled Medicaid provider pursuant to MSM Chapters 100 and 2100, as applicable.

~~e.d.~~ Must meet all conditions of participation in MSM Chapter 100, Section 102.1.

~~f.e.~~ **MHDSADSD** will verify provider qualification prior to approval of initial provider agreement and annually thereafter.

~~2103.12C — RECIPIENT’S RESPONSIBILITIES~~

~~Refer to Sections 2103.1C and 2103.2C.~~

2103.13 NURSING SERVICES

There are three components of this service: Direct Services, Comprehensive Medical Community Support Services, and Nursing Assessment.

Direct Services: Direct skilled nursing services are intended to be provided by a Registered Nurse (RN) or Licensed Practical Nurse (LPN) in a community setting as described and

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approved in the recipient's ISP. LPN's must be under the supervision of an RN licensed in the state. Services include skilled medical care that is integral to meeting the daily medical needs of recipient. These services are intended to allow individuals under this waiver to live safely within an integrated community setting. Services are limited to those that only a licensed professional can provide; not those that unlicensed staff can provide. For example, ADL's are not skilled services. Skilled services include, but are not limited to: medication administration, wound care, nasogastric or gastrostomy tube feeding, ostomy care, tracheotomy aspiration care, and catheter care. Direct services will be reimbursed when the procedure can be only be performed safely by a RN or LPN. Factors to consider when determining the need for direct nursing services include: the complexity of the procedure; the recipient's functional and physical status; the absence of a caregiver who is trained to perform the function; and that the service is reasonable and necessary.

**Comprehensive Medical Community Support Services:** These services will be provided by an RN or LPN under the supervision of an RN licensed in the state. Services are geared toward the development of health services support plans; training of direct support staff or family members to carry out treatment; monitoring of staff knowledge and competence to improve health outcomes; assistance with revision of health support plans in response to new or revised treatment orders or lack of positive outcomes of current supports by staff; monitoring/assessment of the recipient's condition in response to current health supports provided; and as needed assistance with referrals to other medical providers. This service includes professional observation and assessment, individualized program design and implementation, training of recipients and family members, consultation with caregivers and other agencies, and monitoring and evaluation of planning and service outcomes. The functions outlined for this service differs from case management in that this service relates directly to the medical needs of the individual. In addition, nurses may attend ISP team meetings and physician visits as needed to provide advocacy, resource information and recommendations to team and treating physicians in order to facilitate health supports.

**Nursing Assessment:** Assessments are completed by an RN and provide the basis for recommendations for medical and mental health care and follow-up; which are shared with the person's team for review and inclusion in the individual's support plan. The assessment includes: an interview with the recipient; identification of diagnoses, including symptoms and signs of condition; assessment of verbal and nonverbal communication skills; a review of medical and social history including current medication and drug history; as well as other information available from either records or interviews with staff and family. The RN will assess vital signs, skin color and condition, motor and sensory nerve function, nutrition, sleep patterns, oral health, physical activities, elimination, and consciousness. Additionally, an assessment of the recipient's social and emotional factors and status will be completed to include; religion, thoughts on health care, mood, and social/support networks.

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~~Nursing Services provide routine medical and health care services that are integral to meeting the recipient's daily needs, such as routine medication administration, tending to the needs of recipients who are ill or require medical attention on an ongoing basis. Nursing services are long term, occur at least monthly, and are necessary to maintain or improve the individual's general health and welfare in the community.~~

~~Nursing Services may include medication administration, assessment (including annual nursing assessment), the development of a treatment/support plan, training and technical assistance, monitoring the individual and provider in the implementation of the plan, and documentation of outcomes. Services may be delivered in the recipient's home, day program, or in other community settings. Services may also include referrals to Home Health Care or other medical providers for specific action or treatment under the Medicaid State Plan.~~

2103.13A COVERAGE AND LIMITATIONS

1. Routine nursing services are services within the Scope of the Nevada Nurse Practice Act.
2. Services must be provided by an RN or Licensed Practical Nurse (LPN) under the supervision of an RN who is licensed to practice as a nurse in the State of Nevada.
3. Nursing Services may include:
  - a. Medication administration.
  - b. Assessments (including nursing assessment).
  - c. Development of treatment plan or support plan.
  - d. Training and technical assistance for paid support staff to carry out treatment plan or support plan.
  - e. Monitoring of the recipient and the provider in the implementation of the plan and ~~documentation~~ provide nursing case notes of the services provided and the outcomes of those services.
  - f. Referrals to ~~H~~home ~~H~~health care or other medical providers for certain treatment procedures covered under the Medicaid State Plan.
4. Nursing services may be provided in the recipient's home, day program, or in other community settings as described in the Service Plan.

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5. Medical and health care services such as physician services that are not routinely required to meet the daily needs of waiver recipients are not covered under this service. Nursing services provided in this waiver will not duplicate the nursing services covered under the Medicaid State Plan.

2103.13B NURSING SERVICES PROVIDER ~~ADDITIONAL QUALIFICATIONS/RESPONSIBILITIES~~

1. Individual Provider ~~Participant Directed~~ and Provider Managed – Level 1:
  - a. ~~Must be an RN in accordance with NRS 632 licensing requirements.~~
  - b. ~~Must have criminal clearance in accordance with MHDS and DHCFP policy.~~
2. ~~Individual Provider Participant Directed and Provider Managed Level 2:~~
  - a. ~~May be an LPN under the supervision of an RN in accordance with NRS 632 licensing requirement.~~
  - b. ~~Must have criminal clearance in accordance with MHDS and DHCFP policy.~~
  - c. ~~MHDS will verify provider qualification (Level 1 and 2) upon enrollment and every two years thereafter. FMS will verify provider qualifications for providers under self directed services upon enrollment and annually thereafter. Provider will send a copy of the current license to MHDS/FMS as appropriate. ASD will verify provider qualifications upon enrollment and annually thereafter. Providers are required to send a copy of the current license to ASD.~~
3. Agency Providers ~~Participant Directed and Provider Managed:~~
  - a. Employees of a Home Health Agency (HHA), Nursing Registry, or private service providers must be an RN in accordance with NRS 632.
  - b. ~~Must have criminal clearance in accordance with MHDS and the DHCFP policy.~~
  - c. ~~A LPN must be under the supervision of a RN in accordance with NRS 632 licensing requirements.~~
  - d. ~~Must meet all requirements to be enrolled and maintain Medicaid provider status pursuant to MSM Chapters 100 and 2100, as applicable.~~

~~Must meet all conditions of participation in MSM Chapter 100, Section 102.1.~~

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~~MHDS will verify provider qualifications upon enrollment and annually thereafter.~~

~~2103.13C~~ — ~~RECIPIENT'S RESPONSIBILITIES~~

~~Please refer to Sections 2103.1C and 2103.2C.~~

2103.134 NUTRITION COUNSELING SERVICES

Nutrition counseling services include assessment of the ~~recipient's individual's~~ nutritional needs, development and/or revision of recipient's nutritional plan, counseling and nutritional intervention, observation and technical assistance related to successful implementation of the nutritional plan.

~~These waiver-covered dietitian duties are above and beyond those approved and covered under State Plan Services.~~

2103.14A COVERAGE AND LIMITATIONS

1. Training, education and consultation for recipients and their families or support staff involved in the day-to-day support of the recipient.
2. Comprehensive assessment of nutritional needs.
3. Development, implementation and monitoring of nutritional plan incorporated in the ISP, including updating and making changes in the ISP as needed.
4. Assist in menu planning and healthy menu options.
5. Provide nutritional education and consultation.
6. Provide ~~quarterly~~ monthly case notes on nutritional activities and summaries of progress on the nutritional plan.
7. ~~This service requires a physician's order, determination of medical necessity, and the individual's health must be at risk. This service is limited to \$1,300.00 per year, per individual. This service does not include the cost of meals or food items.~~

2103.134B NUTRITION COUNSELING SERVICES PROVIDER ~~ADDITIONAL QUALIFICATIONS/RESPONSIBILITIES~~

1. ~~Individual — Participant Directed and Provider Managed~~—In addition to the provider qualifications listed in this chapter, providers must be:

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- a. ~~a Registered Dietician as certified by the American Dietetic Association.~~
- b. ~~Must have criminal clearance in accordance with MHDS and the DHCFP policy~~Licensed to practice in the state of Nevada.
- e. ~~MHDS will verify provider qualification upon enrollment and annually thereafter for self-directed services, and prior to approval of initial provider agreement and every three years for provider managed individuals.~~

~~2. Agency Providers:~~

- a. ~~Registered Dietician by the American Dietetic Association.~~
- b. ~~Must have criminal clearance in accordance with MHDS and the DHCFP policy.~~
- e. ~~Must meet all requirements to be enrolled and maintain Medicaid provider status pursuant to MSM Chapters 100 and 2100.~~

~~2103.14C RECIPIENT'S RESPONSIBILITIES~~

~~Please refer to Sections 2103.1C and 2103.2C.~~

~~2103.1545 PROVIDER ENROLLMENT TERMINATION PROCESS CAREER PLANNING~~

~~Career planning is a person-centered, comprehensive employment planning and support services that provide assistance for waiver recipients to obtain, maintain, or advance in competitive employment or self employment. This service will engage waiver recipients in indentifying a career direction and developing a plan for achieving integrated employment at or above minimum wage.~~

~~The outcome of this service is documentation of the individual's stated career objective and career plan used to guide individual employment support. Services include planning for sufficient time and experiential learning opportunities to allow for appropriate exploration, assessment and discovery processes for learning about career options, as well as the participant's skills and interests. Career planning may include informational interviewing, job tours, job shadowing, community exploration, community and business research, benefit supports, job preference inventories, situational and community-based assessments, job sampling, training and planning, as well as assessments for the use of assistive technology in the workplace to increase independence.~~

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**2103.154A COVERAGE AND LIMITATIONS**

The ISP may include two or more types of non-residential habilitation services. However, different types of non-residential habilitation services may not be billed simultaneously. If a waiver participant is receiving pre-vocational services or day habilitation services, career planning may be used to develop additional learning opportunities and career options consistent with the person's skills and interest. Career Planning will be limited to 40 days of, and a specified number of hours identified in the ISP.

**2103.154B CAREER PLANNING PROVIDER ADDITIONAL QUALIFICATIONS**

In addition to the provider qualifications listed in this chapter, providers of Career Planning must have:

1. Education and experience equivalent to a Bachelor's degree in social services, rehabilitation, or business. Experience in working with individuals with intellectual disabilities and related conditions providing employment service and job development. Must demonstrate knowledge of person-centered career planning, job analysis, supported employment services, situational and community-based assessments, best practices in customized employment, and knowledge of the business needs of an employer.
2. Valid Nevada driver's license required. Must have access to an operational and insured vehicle and be willing to use it to transport individuals. (Providers will bill Career Planning unit rate for time spent transporting, not a separate rate).
4. Individual must make a commitment to becoming a certified Employment Specialist through enrollment in national recognized employment courses.
4. Must have the ability to communicate with and understand the recipient.

**2103.15C PROVIDER ENROLLMENT ~~TERMINATION~~ PROCESS**

1. All providers should refer to the MSM Chapter 100 for enrollment procedures.
2. All providers must comply with all the DHCFP and ~~MHDS~~ **ADSD** enrollment requirements, provider responsibilities/qualifications, and the DHCFP and ~~MHDS~~ **ADSD** provider agreement and limitations set forth in this chapter.
5. Provider non-compliance with all or any of these stipulations may result in the ~~Nevada~~ DHCFP's decision to exercise its right to terminate the provider's contract.

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2103.16 INTAKE PROCEDURES

~~MHDS~~The ~~ADSD~~ has developed policies and procedures to ensure fair and adequate access to the HCBW for ~~People~~ ~~Individuals~~ with ~~Mental Retardation~~ ~~Intellectual Disabilities~~ and ~~Relation~~~~Related~~ Conditions.

2103.16A COVERAGE AND LIMITATIONS

1. SLOT PROVISION

a. The allocation of waiver slots is maintained at the ~~MHDS~~ ~~ADSD~~ Regional Offices. As waiver slots become available, ~~MHDS~~~~ADSD~~ determines how many slots may be allocated.

b. ~~Waiver recipients who wish to voluntarily terminate from the waiver (e.g., move out of state, or request that his or her waiver services be terminated, etc.) then at a later date, wants to be considered for the waiver, that recipient's name will be placed on the waiting list based on a new referral date~~Recipients must be terminated from the waiver when they move out of state, fail to cooperate with program requirements, or request termination, and sent a Notice of Decision (NOD). Their slot may be given to the next person on the wait list. If they request waiver services at a later date, they are placed on the bottom of the list by category with a new referral date.

c. ~~A waiver recipient who involuntarily terminates from the waiver due to institutional placement, (e.g., has been placed in a nursing facility, an intermediate care facility for the mentally retarded, or hospital), and after discharge from the facility wants to be re-considered for the waiver~~When a recipient is placed in a nursing facility, ICF/IID, or hospital, they must be sent a NOD terminating them from the waiver 45 days from admit date. Their waiver slot must be held for 90 days from the ~~Notice of Decision~~ NOD date. They may be placed back in that slot if they are released within 90 days of the NOD date, and request reinstatement. They must continue to meet program eligibility criteria. After 90 days, their slot may be given to the next individual on the wait list. If a recipient requests reinstatement after the 90 days are over, they are treated as a new referral.

~~The recipient will be placed back on the waiver if:~~

- ~~1. The facility discharge occurred within the same waiver year;~~
- ~~2. The recipient still meets the waiver eligibility criteria; and~~

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~~3. The funding for the waiver service is available.~~

2. **WAIVER REFERRAL AND PLACEMENT ON THE WAIT LIST**

- a. A referral or inquiry for the waiver may be made by a potential applicant or by another party on behalf of the potential applicant ~~by contacting the local ADSD Regional Office. once the recipient is determined eligible for Developmental Services. This process is completed through the initial Support Plan meeting and the service request is appropriate for the applicant's need~~ Regional center staff will discuss waiver services, including eligibility requirements with the referring party or potential applicant.
- b. ~~Once MHDS has identified that the applicant is currently receiving services through the regional centers and is presumed eligible for waiver services, a request may be made to be placed on the waitlist, if one exists. The service coordinator must conduct a Level of Care (LOC) screening to verify eligibility for the wait list.~~

NOTE: If the applicant does not meet an LOC, they will receive a NOD which includes the right to a fair hearing.

- c. All applicants who meet program criteria must be placed on the statewide waiver list by priority and referral date. The following must be completed before placement on the wait list.
  - 1. The applicant must meet LOC criteria for placement in an ICF/IID.
  - 2. The applicant must require at least one ongoing waiver service.
  - 3. The applicant must meet criteria for IID or a Related Condition.

~~Applicants must be sent a NOD indicating "no slot available". If it has been determined no slot is expected to be available within the 90-day determination period, MHDS-ADSD will notify the DHCFP-CO Central Office Waiver Unit via NMO-2734 when no slot is available. to deny the application due to no slot available.~~ The applicant will remain on the waiting list.

- ~~d. Once MHDS has matching state funds available the MHDS waitlist policy will be followed.~~

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3. WAIVER SLOT ~~IS AVAILABLE~~ ALLOCATION

Once a slot ~~and matching state funds are determined available~~ is allocated, the applicant ~~who has been assigned a waiver slot~~, will be processed for the waiver.

The procedure used for processing an applicant will be as follows:

- a. ~~The MHDS ADSD service coordinator will make certain that the Medicaid application, through DWSS, has been completed or updated and will assist in this process as needed.~~ schedule a face-to-face visit with the recipient to complete the full waiver assessment to include diagnostic data, LOC determination, and will obtain all applicable forms, including the Authorization for Release of Information.
- b. ~~The MHDS service coordinator will gather the diagnostic data, and complete the waiver assessment and the level of care assessment.~~
- c. ~~An Authorization for Release of Information form is needed for all waiver recipients. This form provides written consent for MHDS to release information about the recipient to providers selected by the recipient to provide waiver services.~~

The applicant and/or an authorized representative must understand and agree that personal information may be shared with providers of services and others as specified on the form.

The ~~MHDS~~ADSD service coordinator will inform the applicant and/or an authorized representative that, pursuant to NRS 232.357, the Divisions within the Nevada Department of Health and Human Services (DHHS) may share confidential information without a signed ~~A~~authorization for ~~R~~release of ~~I~~information.

The service coordinator will provide an application to apply for Medicaid benefits through DWSS. The recipient is responsible for completing the application and submitting all requested information to DWSS. The case manager will assist upon request.

- e.b. The applicant/recipient will be given the right to choose waiver services in lieu of placement in an ICF/~~MRIID~~. If the applicant and/or legal representative prefers placement in an ICF/~~MRIID~~, the service coordinator will assist the applicant in arranging for facility placement.

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~~d.c.~~ The applicant/recipient will be given the right to request a hearing if not given a choice between HCBS and ICF/~~MR-IID~~ placement.

~~e.d.~~ When the applicant/recipient is approved by **MHDSADSD** for waiver services, the following will occur:

1. A team meeting is held and a written ~~individual support plan~~ **ISP** is developed in conjunction with the recipient and the Individual Support Team to determine specific service needs **and** to ensure the health and welfare of the recipient.
2. The recipient, the recipient's family, or the legal representative/authorized representative ~~should participate~~ **are included** in the development of the ~~individual support plan~~ **ISP**.
3. The ~~individual support plan~~ **ISP** is subject to the approval of the **Central Office** Waiver Unit of the DHCFP.
4. Recipients will be given the free choice of all qualified available Medicaid providers of each Medicaid covered service included in his/her written individual support plan. Current ~~individual support plan information as it relates to the services provided~~ **ISPs** must be given to all service providers and kept in the participant's record.

~~Participants in the MHDS Rural Regional Center geographic areas of Carson City, Douglas, Lyon, Storey, Mineral, Esmeralda, White Pine, Lander, Eureka, Humboldt, Pershing and Churchill Counties may choose the participant direction option for waiver services. The ISP documents the~~

~~5. choice of participant direction. The individual's team develops the participant directed budget associated with participant directed services.~~

~~g.5.~~ All forms must be complete with signature and dates where required.

~~h.6.~~ **MHDSADSD** will forward **all** completed waiver ~~program information packet and a form NMO-2734-form~~ requesting **waiver** approval to the DHCFP **Central Office** Waiver Unit.

~~a1.~~ If the ~~application~~ **waiver packet** is not approved ~~by the DHCFP CO Waiver Unit,~~ the following will occur:

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1a. A NOD stating the reason(s) for the denial will be sent to the applicant, the **ADSD service coordinator**, and **DWSS** by the **DHCFP Central Office Waiver Unit** via the Hearings and Policy Unit.

~~b. A 2734 form will be sent to MHDS and DWSS by the DHCFP CO Waiver Unit stating that the application has been denied and the reason(s) for the denial.~~

b2. If the ~~DHCFP CO Waiver Unit~~ waiver packet is approved ~~the application~~, the following will occur:

1. ~~A Form NMO-2734 form~~ will be sent by the **DHCFP Central Office Waiver Unit** to the ~~MHDS and DWSS~~ stating the application has been approved **ADSD service coordinator**. **ADSD** is responsible for notifying **DWSS** of approval to coordinate slot allocation with **DWSS** approval.

2. Once the ~~application waiver~~ has been approved by ~~the DHCFP CO Waiver Unit and DWSS~~, waiver services can be initiated.

~~i. If the applicant/recipient is denied by MHDS waiver services, then:~~

~~1. The MHDS service coordinator will send written notice to the DHCFP CO Waiver Unit.~~

~~2. The DHCFP CO Waiver Unit will send a Notice of Decision (NOD) to the applicant via the Hearing and Policy Unit of DHCFP stating the reason(s) why the application was denied by MHDS.~~

~~3. The DHCFP CO Waiver Unit will also send form NMO 2734 to MHDS and DWSS stating that the application was denied and the reason(s) for the denial.~~

#### 4. EFFECTIVE DATE FOR WAIVER SERVICES

The effective date for waiver services approval is the completion date of all the intake forms, or the waiver eligibility determination date by **DWSS**, whichever is later. If the applicant is in an institution, the effective date cannot be prior to the date of discharge from the institution.

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In some cases, it may be necessary to begin waiver services on the 1<sup>st</sup> of the month to coincide with Service Contracts. In that case, the effective date for waiver services approval is the completion date of all the intake forms or the first of the month the waiver eligibility determination is made by DWSS, whichever is later.

Waiver services will not be backdated beyond the ~~1<sup>st</sup>~~ first of the month in which the waiver eligibility determination is made by DWSS.

5. WAIVER COST

The DHCFP must assure CMS that the average per capita expenditures under the waiver will not exceed 100% ~~percent~~ of the average per capita expenditures for the institutional ~~level-of-care~~ LOC under the state plan that would have been made in that fiscal year, had the waiver not been granted.

2103.17 BILLING PROCEDURES

The State assures that claims for payment of waiver services are made only when an individual is Medicaid eligible and only when the service is included in the approved individual support plan.

2103.17A COVERAGE AND LIMITATIONS

~~MHDSADSD~~ (Provider Type 38) must complete the CMS 1500 for payment of waiver services. Incomplete or inaccurate provider claims will be returned to ~~MHDSADSD~~ by the DHCFP's fiscal agent. If the wrong form is submitted it will also be returned to ~~MHDSADSD~~ by the DHCFP's fiscal agent.

2103.18 PERMANENT CASE FILE

A. For each approved waiver recipient, the service coordinator must maintain a permanent case file that documents services provided under the Waiver for ~~Persons~~ Individuals with ~~Mental Retardation~~ Intellectual Disabilities and Related Conditions.

B. These records must be retained for six ~~(6)~~ years from the date of waiver service(s).

2103.19 SERVICE COORDINATOR RECIPIENT CONTACTS

A. ~~Monthly~~ Contacts

2.1. The service coordinator must have ~~monthly~~ ongoing contact with each waiver recipient, ~~or~~ a recipient's authorized or ~~legal~~ personal representative, or the

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recipient's direct care service provider, by any means chosen by the recipient or representative. ~~This may be a phone contact~~ The contact must be sufficient to address health and safety needs of the recipient, and ~~Aat~~ a minimum, there must be a ~~direct contact~~ face-to-face visit with each recipient ~~every three (3) months~~ annually.

2. ~~During the monthly contact, the service coordinator will assess the individual's status and satisfaction with services and indicate actions to be taken if any changes are needed. During ongoing contact, the service coordinator will monitor the person's current condition to include health and safety, assess for changes needed, satisfaction with services and supports, whether the habilitation plans are meeting identified goals, and provide any necessary follow up on needs or concerns.~~

B. Reassessment

1. Recipients must be reassessed annually. ~~in the same month. The assessment will take place in the recipient's home or service provision site.~~
2. The recipient must be reassessed when there is a significant change in his/her condition.
3. ~~The number of hours specified on each recipient ISP for each specific services except Direct-Scope, frequency, and duration must be identified on the ISP, with the exception of Residential Support Management. Providers cannot exceed the maximum allowed as indicated on the ISP. are considered the maximum number of hours allowed to be provided by the caregiver and paid by the DHCFP, unless the Service Coordinator has approved additional hours due to a temporary condition or circumstance. Caregivers are allowed to provide fewer services than stated on the ISP if the reason for the providing less service is adequately documented on the daily record.~~
4. When the recipient service needs increase, due to a temporary condition or circumstance, the service coordinator must thoroughly document the increased service needs in their case notes. The ISP does not need to be revised for temporary conditions or circumstances. A temporary condition or circumstance is defined as an increase or decrease in service needs for a period not to exceed 30 days.
5. ~~Direct-Residential Ssupport Mmanagement~~ hours are defined in the ISP. ~~Approval A for~~ temporary increase in the ~~Direct Residential Ssupport Mmanagement~~

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hours for the participant must receive prior authorization from **MHDSADSD** and be justified based on health, safety and welfare concerns. If an increase is warranted to exceed a 30 day period, there must be a re-assessment based on thorough documentation in the ~~Direct residential S~~support ~~M~~managers case notes reflecting the health, safety and welfare concerns and the ISP must be revised.

a. Reassessment Procedures

During the reassessment process, the service coordinator should:

1. Re-affirm the recipient meets the waiver criteria outlined in Section 2103.1A.6 of ~~the~~ MSM Chapter 2100.
2. Re-assess the recipient's ability to perform ADLs, his/her medical and mental status and support systems.
3. Re-evaluate the services being provided and progress made toward the goal(s) stated on the individual support plan.
4. Develop a new individual support plan and review the waiver costs.
5. Re-assess the recipient's LOC.

2103.20 DHCFP ANNUAL REVIEW

The State will have in place a formal system by which it assures the health and welfare of the recipients served on the waiver, the recipient's satisfaction with the services and the cost effectiveness of these services.

2103.20A COVERAGE AND LIMITATIONS

The DHCFP (administrative authority) and ~~MHDS~~ **ADSD** (operating agency) will collaboratively conduct an annual review of the waiver program to assess quality of life, functional independence, and health and welfare of recipients receiving waiver services. The State must operate this waiver in accordance with certain "assurances" identified in Federal regulations. CMS has designated six waiver assurances that states must include as part of an overall quality improvement strategy, which are:

1. ~~Provide CMS with information on the impact of the waiver. This includes the type, amount, and cost of services provided under the waiver and provided under the state plan,~~

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~~and the health and welfare of the recipients served on the waiver.~~ Level of Care: Recipients enrolled meet level of care criteria consistent with individuals residing in institutional settings.

2. Assure financial accountability for funds expended for HCBS-**Service Plan: A recipient's needs and preferences are assessed and reflected in a person centered service plan.**
3. Evaluate that all provider standards are continuously met, and that ISPs are periodically reviewed to assure that services furnished are consistent with the identified needs of the recipients **Qualified Providers: Provider agencies and workers providing services are qualified either through licensure or certification.**
4. Evaluate the recipient's satisfaction with the waiver program **Health and Welfare: Recipients are protected from abuse, neglect and exploitation and receive supports to address identified needs.**
5. Further assure all problems identified by this monitoring will be addressed by the provider in an appropriate and timely manner, consistent with the severity and nature of the deficiencies **Financial Accountability: Verification that reimbursement is only made for services that are approved and provided, and the cost of those services does not exceed the cost of institutional care on a per person or aggregate basis (as determined by the state).**
6. **Administrative Authority: The DHCFP is fully accountable for HCBS waiver design, operations and performance.**

2103.20B PROVIDER RESPONSIBILITIES

Providers must cooperate with **the** DHCFP's annual review process.

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2104 HEARINGS

~~2104.1 SUSPENDED WAIVER SERVICES~~

- ~~A. A recipient's case may be suspended, instead of closed, if it is likely the recipient will be eligible again for waiver services within the next 60 days (for example: if a recipient is admitted to a hospital, nursing facility, or intermediate care facility for the mentally retarded). After receiving written documentation from the service coordinator (Form NMO 2734) of the suspension of waiver services, a NOD identifying the effective date and the reason for suspension will be sent to the recipient by the DHCFP CO Waiver Unit.~~
- ~~B. If at the end of 45 days the recipient has not been removed from suspended status, the case must be closed. A NOD identifying the 60<sup>th</sup> day of suspension as the effective date of closure and the reason for termination will be sent to the recipient by the DHCFP CO Waiver Unit on or before the 45<sup>th</sup> day of suspension.~~
- ~~C. Waiver services will not be paid for the days that a recipient's case is in suspension.~~

~~2104.2 RELEASE FROM SUSPENDED WAIVER SERVICES~~

~~If a recipient has been released from the hospital, nursing facility or an ICF/MR before 60 days from the admit date the service coordinator, within five working days of release must:~~

- ~~a. Complete Form NMO 2734 informing the DHCFP CO of the release of suspension.~~
- ~~b. Complete a new individual support plan if there has been a significant change in the recipient's condition needs. If a change in services is expected to resolve in less than 30 days a new individual support plan is not necessary. Documentation of the temporary change must be made in the service coordinator's notes. The date of the resolution must also be documented in the service coordinator's notes.~~
- ~~c. Complete a new service authorization if necessary.~~
- ~~d. Contact the service provider(s) to reestablish services.~~

2104.31 DENIAL OF WAIVER APPLICATION

Reasons to deny an applicant for waiver services:

- a. The applicant does not meet the criteria of being diagnosed with ~~mental retardation~~ intellectual disability or having a condition related to an ~~mental retardation~~ intellectual

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disability.

- b. The applicant does not meet the Level of Care (LOC) criteria for placement in an ~~ICF/MR~~ Intermediate Care Facility (ICF)/ Individuals with Intellectual Disabilities (IID).
- c. The applicant has withdrawn their request for waiver services.
- d. The applicant fails to cooperate with the service coordinator or the Home and Community-Based Services (HCBS) providers in establishing and/or implementing the Individual Support Plan (ISP), implementing waiver services, or verifying eligibility for waiver services.
- e. The applicant's support system is not adequate to provide a safe environment during the time when HCBS are not being provided. HCBS services are not a substitute for natural and informal supports provided by family, friends or other available community resources.
- f. The agency has lost contact with the applicant.
- g. The applicant fails to show a need for Home and Community-Based Waiver (~~HCBW~~) services.
- h. The applicant would not require imminent placement in an ICF/~~MRIID~~ if HCBS were not available. (Imminent placement means within 30 to 60 days.)
- i. The applicant has moved out of state.
- j. Another agency or program will provide the services.
- k. ~~MHDS-ADSD~~ has filled the number of slots allocated to the HCBW for ~~Persons Individuals -with-Mental-Retardation~~ Intellectual Disabilities and Related Conditions. The applicant has been approved for the waiver waiting list and will be contacted when a slot is available.

When the application for waiver services is denied the service coordinator will send a notification (Form NMO-2734) to the DHCFP Central Office Waiver Unit identifying the reason for denial. The Waiver Unit will send a Notice of Decision (NOD) for Payment Authorization Request (Form NMO-3582) to the applicant or the applicant's ~~legal~~ personal representative. The service coordinator will submit the form within ~~5~~ five days of the date of denial of waiver services.

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2104.23 TERMINATION OF WAIVER SERVICES

Reasons to terminate a recipient from the waiver:

- a. The recipient no longer meets the criteria of ~~an mental retardation~~ **intellectual disability** or having a related condition.
- b. The recipient no longer meets the ~~level of care~~ **LOC** criteria for placement in an ICF/~~MRIID~~.
- c. The recipient has requested termination of waiver services.
- d. The recipient has failed to cooperate with the service coordinator or HCBS providers in establishing and/or implementing the support plan, implementing waiver services, or verifying eligibility for waiver services.
- e. The recipient's support system is not adequate to provide a safe environment during the time when HCBS are not being provided. Home and Community-Based services are not a substitute for natural and informal supports provided by family, friends or other available community resources.
- f. The recipient fails to show a continued need for HCBW services.
- g. The recipient no longer requires imminent ICF/~~MRIID~~ placement if HCBS were not available. (Imminent placement means within 30 to 60 days.)
- h. The recipient has moved out of state.
- i. Another agency or program will provide the services.
- j. The recipient has been, or is expected to be, institutionalized over 60 days (in a hospital, nursing facility, ~~intermediate facility for persons with mental retardation~~, ICF/IID, or incarcerated). **\*\*\*\*See below.**
- k. ~~DWSS and/or MHDS-ADSD~~ has lost contact with the recipient.
- l. ~~The recipient fails to pay patient liability.~~ The recipient has not utilized any waiver services over a 12 month period.

When a recipient is scheduled to be terminated from the waiver program, the service coordinator will send a notification (Form NMO-2734) to the DHCFP **Central Office** Waiver Unit identifying the reason for termination. The waiver unit will send a NOD **for Payment** to the recipient or the recipient's legal representative. The form must be mailed by the DHCFP to the

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recipient at least 13 calendar days before the Date of Action (DOA) on the NOD. Refer to MSM Chapter 3100 for exceptions to the advance notice.

\*\*\*\*Service coordinators must track recipient stays in hospitals, nursing facilities, or ICF/IID's. Five days prior to the 45<sup>th</sup> day, the service coordinator will send a notification (Form NMO-2734) to the DHCFP Central Office Waiver Unit identifying the 60<sup>th</sup> day of inpatient status which is the termination date for waiver services.

Waiver slots must be held for 90 days, from the 45<sup>th</sup> day, which will be the date the NOD is sent to the recipient indicating termination or institutional placement, in case they are released and need waiver services upon release.

#### 2104.34 REDUCTION OR DENIAL OF WAIVER SERVICES

Reasons to reduce or deny waiver services:

- a. The recipient no longer needs the number of service/support hours/days which were previously provided.
- b. The recipient no longer needs the service/supports previously provided.
- c. The recipient's parent and/or legal guardian is responsible for the maintenance, health care, education and support of their child.
- d. The recipient's support system is providing the service.
- e. The recipient has failed to cooperate with the service coordinator or HCBS providers in establishing and/or implementing the support plan, implementing waiver services, or verifying eligibility for waiver services.
- f. The recipient has requested the reduction of supports/services.
- g. The recipient's ability to perform tasks has improved.
- h. Another agency or program will provide the service.
- i. Another service will be substituted for the existing service.
- j. ~~Payments for services provided by relatives, who are not the LRI, are limited to 40 hours per week, per individual served, per household.~~ The recipient has reached their service limit either annually or number of units.

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~~When there is a reduction of waiver services the service coordinator will send a notification (Form NMO 2734) to the DHCFP CO Waiver Unit identifying what the reduction is and the reason for the reduction. The DHCFP CO Waiver Unit will send a NOD Form NMO 3582 to the recipient or the recipient's legal representative. The form must be mailed by the agency to the recipient at least 13 calendar days before the DOA on the NOD.~~

2104.4 REAUTHORIZATION WITHIN 90 DAYS ~~OF WAIVER TERMINATION~~

2104.4A COVERAGE AND LIMITATIONS

1. If waiver services have been terminated due to placement in an institutional setting (hospital, nursing facility, or ICF/IID), the recipient ~~and the recipient/applicant is~~ may be eligible for readmission to the waiver ~~as if they have a discharge date and—defined in Section 2103.16A.1.b and 2103.16A.1.c and is they~~ requesting re-approval within 90 days of the NOD date (which is the 45th day). ~~closure the service coordinator must complete the following:~~

~~†~~The service coordinator must complete the following:

- a. ~~A new waiver assessment~~ Complete Form NMO-2734 indicating the date waiver services will begin again;
- b. ~~A new Statement of Choice;~~
- c. ~~A new Individual Support Plan; and~~
- d. ~~A new LOC Determination.~~

~~All forms must be complete with signatures and dates. All forms will be submitted to the DHCFP CO Waiver Unit for approval.~~

2. If a recipient ~~is has been~~ terminated from the waiver for more than 90 days, they are treated as a new referral. ~~and a slot is available, the recipient is eligible for readmission to the waiver as defined in Section 2103.1A.6, and a new waiver packet has been approved by the DHCFP CO, MHDS must issue a new service authorization.~~

2104.4B PROVIDER RESPONSIBILITIES

~~MHDS-ADSD~~ will forward all necessary forms to the DHCFP Central Office Waiver Unit ~~for approval as required.~~

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When a NOD is required to be sent to a recipient, the service coordinator will send a notification (Form NMO-2734) to the DHCFP Central Office Waiver Unit identifying a denial, termination, reduction, along with the reason. The DHCFP Central Office Waiver Unit will send a NOD Form, NMO-3582 to the recipient or the recipient's legal representative. The form must be mailed by the agency to the recipient at least 13 calendar days before the Date of Action on the NOD for a termination or reduction. Denials do not require 13 days.

There are no responsibilities for service providers.

~~2104.6C~~ ~~RECIPIENT RESPONSIBILITIES~~

~~Recipients must cooperate fully with the reauthorization process to assure approval of his/her request for readmission to the waiver.~~

2104.5 HEARINGS PROCEDURES

Please reference MSM Chapter 3100, Hearings, for hearings procedures.

