2200 INTRODUCTION

The Home and Community-Based Service ~~Waiver~~ (HCB~~S~~W) Waiver Program recognizes that many individuals at risk of being placed in hospitals or ~~n~~Nursing ~~f~~Facilities (NF) can be cared for in their homes and communities, preserving their independence and ties to family and friends at an average cost no higher than that of institutional care.

The ~~Division of Health Care Financing and Policy's (DHCFP) Waiver for the Frail Elderly originated in 1987~~Waiver for the Frail Elderly (FE Waiver) is an optional service approved by – The Centers for Medicare and Medicaid Services (CMS). ~~The~~ Which allows the provision of waiver services ~~is~~ based on the identified needs of the waiver recipients.

Nevada ~~understands~~acknowledges that people who are elderly are able to lead satisfying and productive lives when they are provided the needed services and supports to do so. ~~Every biennium the service needs and the funded slot needs of the waiver program are reviewed by the Aging and Disability Services Division (ADSD) and by the DHCFP (also known as Nevada Medicaid) and presented to the Nevada State Legislature for approval.~~ Nevada is committed to the goals of self-sufficiency and independence and providing the elderly with the opportunity to remain in a community setting in lieu of institutionalization. ~~Nevada understands that people who are elderly are able to lead satisfying and productive lives when they are provided the needed services and supports to do so.~~ The Division is committed to the goals of self-sufficiency and independence.

2201 AUTHORITY

Section 1915(c) of the Social Security Act (SSA) permits states the option to waive certain Medicaid statutory requirements in order to offer an array of home and community-based services to eligible individuals who may require such services in order to remain in their communities and avoid institutionalization. The DHCFP's ~~Home and Community Based Waiver (HCBW)~~ FE Waiver ~~for the Frail Elderly~~ is an optional service ~~program~~ approved by ~~the Centers for Medicare and Medicaid Services (~~CMS~~)~~.
This waiver is designed to provide eligible Medicaid waiver recipients access to both Medicaid ~~s~~State P~~p~~lan services as well as certain extended Medicaid covered services unique to this waiver. The goal is to allow eligible waiver 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 recipients in the FE ~~program~~Waiver. This flexibility is predicated on administrative and legislative support, as well as federal approval.

Statutes and Regulations:

- Social Security Act: 1915(c) (HCBS~~W~~ Waiver)
- Social Security Act: 1916(e) (Cost Sharing – Patient Liability)
- Social Security Act: 1902(w) (State Plan for Medical Assistance)
- Omnibus Budget Reconciliation Act of 1987
- Balanced Budget Act of 1997
- Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- Title 42 Code of Federal Regulations (CFR) Part 441, Subparts G and H ~~(Home and Community-Based Services (~~HCBS~~)~~: Waiver Requirements~~:;~~ HCBS Waivers for Individuals Age 65 or Older: Waiver Requirements)
- Title 42 CFR Part 418 (Hospice Care)
- Title 42 CFR Part 431, Subparts B and E (General Administrative Requirements; Fair Hearing for Applicants and Recipients)
- Title 42 CFR Part 440 (Services: General Provisions)

- Title 42 CFR Part 489, Subpart I (Advanced Directives)
- Title 42 CFR Part 441.301 ~~©~~(c) (4); CFR 441.305 (a) (Replacement of Recipients in Approved Waiver Programs)
- CFR 440.40; CFR 440.169 (Case Management Service);
- Title 42 CFR 440.155 (Nursing Facility Services)
- State Medicaid Manual, Section 4440 (HCBS Waiver~~W~~, Basis, Scope and Purpose)
- ~~Nevada's Home and Community Based Waiver for the Frail Elderly Control Number~~
- Nevada Revised Statutes (NRS) Chapters 200 (Crimes Against the Person), 417 (Electronic Records and Transactions) 426 (Persons with Disabilities), 427A (Services to Aging Persons and Persons with Disabilities), 422 (Health Care Financing and Policy), 449 (Medical and Other Related Facilities), 616A (Industrial Insurance Administration), 629 (Healing ~~and~~ Arts Generally)
- Nevada Administrative Code (NAC) Chapters 427A (Services to Aging Persons), 441A (Communicable Diseases), 449 (Medical and Other Related Facilities)
- 21st Century Cures Act, H.R. 34, Sec. 12006 – 114th Congress
- H.R. 6042 – 115th Congress

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2202 RESERVED

2203 POLICY

The Waiver for the Frail Elderly (FE Waiver) is an optional service approved by the Centers for Medicare and Medicaid Services (CMS) which allows the provision of waiver services based on the identified needs of the waiver recipients.
Under this waiver, the following services are covered if identified in the Plan of Care (POC) as necessary to remain in the community and to avoid institutionalization:

1. Direct Service Case Management.
2. Homemaker Services.
3. Chore Services.
4. Respite Care Services.
5. Personal Emergency Response System (PERS).
6. Adult Day Care Services.
7. Adult Companion Services.
8. Augmented Personal Care (provided in a residential facility for groups or assisted living facility).

Services cannot be provided nor be reimbursed by DHCFP until and unless the applicant/recipient is found eligible in all three determination areas, as established by ADSD, DHCFP, and DWSS.

2203.1A~~.2~~ WAIVER ELIGIBILITY CRITERIA

1. HCB~~W~~S for the Frail Elderly Eligibility Criteria:

a. Eligibility for ~~Medicaid's HCBW for the Frail Elderly~~ Waiver is determined by the DHCFP, ADSD and the Division of Welfare and Supportive Services (DWSS). These three State agencies collaboratively determine eligibility for the F~~rail Elderly~~ Waiver as follows:

1. Waiver benefit plan eligibility is determined by ADSD ~~and authorized by the DHCFP Central Office Waiver Unit~~ by confirming the following criteria:

a. Applicants must be sixty-five (65) years of age or older;

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b. Each applicant/recipient must meet and maintain a ~~level of care~~LOC for admission into a ~~nursing facility~~NF and would require imminent placement in a ~~nursing facility~~NF (within 30 days or less) if HCB~~W~~S Waiver services or other supports were not available;

c. Each applicant/recipient must demonstrate a continued need for the services offered under the ~~HCBW for the Frail Elderly~~ Waiver to prevent placement in a ~~nursing facility~~NF or hospital. Utilization of State Plan Services only does not support the qualifications to be covered by the waiver;

d. The applicant/recipient must require the provision of one (1) waiver service at least monthly;

e. The applicant/recipient must have an adequate support system. This support system must be in place to ensure the physical, environmental and basic care needs of the applicant/recipient are met in order to provide a safe environment during the hours when home and community-based services are not being provided; and

f. Applicants may be placed from a ~~nursing facility~~NF, an acute care facility, another ~~HCBW program~~waiver, or the community.

2. Initial waiver packets are reviewed and authorized by the DHCFP Long Term Services and Supports (LTSS) Unit to ensure all waiver criteria are met and Eligibility Status forms are properly completed by the ADSD Case Managers.

3. Applicant must meet institutional income and resource guidelines for Medicaid as determined by Division of Welfare and Supportive Services (DWSS).

4. Residential ~~facility for~~ groups for Seniors and Assisted Living Facility:

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In addition to the requirements listed above:

a) Applicant/recipient must meet the criteria for placement in a Category 1 or 2 Residential Facility ~~for Groups or~~as defined by NAC 449.1591 and 449.1595;

b) Residential Group Homes for Seniors must have the appropriate endorsement for the admission from Health Care Quality and Compliance (HCQC).

~~Waiver applications must be approved by the DHCFP Central Office Waiver Unit to ensure the level of care criteria is met.~~

~~DWSS validates the applicant is eligible for Medicaid waiver services using institutional income and resource guidelines.~~

~~Recipients of the HCBW for the Frail Elderly must be Medicaid eligible for full Medicaid benefits for each month in which waiver services are provided.~~

~~Services for the HCBW for the Frail Elderly shall not be provided and will not be reimbursed until the applicant is found eligible for benefit plan services, full Medicaid eligibility, and prior authorization as required.~~

~~Medicaid recipients in the HCBW for the Frail Elderly may have to pay for part of the cost of the waiver services. The amount they are required to pay is called patient liability.~~

2203.1~~2AB~~ COVERAGE AND LIMITATIONS

1. Services are offered to eligible recipients who, without the waiver services, would require institutional care (provided in a hospital or ~~nursing facility~~NF) within 30 days or less.

2. Recipients on this waiver must meet and maintain Medicaid's eligibility requirements for the waiver. Recipients must be waiver eligible for each month in which waiver services are provided.

3. Services shall not be provided and will not be reimbursed until the applicant/recipient is found eligible for waiver services and must be prior authorized.

4. If an applicant is determined eligible for more than one HCB~~W~~S program, the individual cannot receive services under two or more such programs at the same time. The applicant must choose one HCB~~W~~S ~~program~~ waiver and receive services provided by that program.

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5. Recipients of the ~~HCBW for the Frail Elderly~~ Waiver 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. Close 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.

6. Waiver services may not be provided while a recipient is an inpatient of an institution.

7. The ~~HCBW for the Frail E~~ Waiver~~lderly~~ is limited by legislative mandate to a specific number of recipients who can be served through the waiver per year (slots). When ~~all~~no waiver slots are ~~full~~available, the ADSD utilizes a wait list to prioritize applicants who have been presumed to be eligible for the waiver.

Wait List Priority:

a) Applicants currently in an acute care or ~~nursing facility~~NF and desiring discharge;

b) Applicants with the highest LOC score indicating greatest functional deficits;

c) Applicants requiring services due to a crisis or emergency such as a significant change in support system;

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d) Applicants transitioning from another waiver;

e) Applicants with a terminal illness; or

f) Applicants requiring at least minimal essential personal care assistance (bathing, toileting and eating) as defined by NRS 426.723.

**Applicants may be considered for an adjusted placement on the wait list based on significant change of condition/circumstances.

2203.1~~2~~C~~B~~ PROVIDER RESPONSIBILITIES

1. Providers are responsible for confirming the recipient's Medicaid eligibility each month prior to rendering waiver services.

2. ELECTRONIC VISIT VERIFICATION (EVV):

The 21st Century Cures Act requires the use of an of an EVV system to document services that are provided for all personal care services under a Medicaid state plan or waiver program. This mandate requires provider agencies to use an EVV system to record service delivery visit information. Nevada Medicaid utilizes the open-system model, procuring a vendor but also allows agencies to utilize their own if it meets the 21st Century Cures Act requirements for documentation.

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All service information must be recorded in an electronic system that interfaces with either a telephone or an electronic device that generates a timestamp. The provider agency must verify the EVV record, including any visit maintenance, prior to submitting a claim associated with the EVV record. All claims must be supported by an EVV entry into an EVV system prior to claim submission.

Agencies must ensure each personal care attendant has a unique identifier (National Provider Identification – NPI) associated with their worker profile in the EVV system.

a. STATE OPTION:

1. The EVV system electronically captures:

a. The type of service performed, based on procedure code;

b. The individual receiving the service;

c. The date of the service;

d. The location where service is provided;

e. The individual providing the service;

f. The time the service begins and ends.

2. The EVV system must utilize one or more of the following:

a. The agency/personal care attendant's smartphone;

b. The agency/personal care attendant's tablet;

c. The recipient's landline telephone;

d. The recipient's cellular phone (for Interactive Voice Response (IVR) purposes only);

e. Other GPS-based device as approved by the DHCFP.

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b. DATA AGGREGATOR OPTION:

1. All Personal Care Agencies that utilize a different EVV system (as approved by the DHCFP) must comply with all documentation requirements of this chapter and must utilize the data aggregator to report encounter or claim data.

a. Appropriate form must be approved by the DHCFP before use of system to ensure all data requirements are being collected to meet the 21st Century Cures Act.

b. At a minimum, data uploads must be completed monthly into data aggregator.

2203.1D RECIPIENT RESPONSIBILITIES

Applicants/recipients must meet and maintain all eligibility criteria to become eligible and to remain on the HCBS for the Frail Elderly.

2203.~~2~~1 ADMINISTRATIVE CASE MANAGEMENT ACTIVITIES

Administrative case management activities are performed by Aging and Disability Services Division (ADSD) case managers and refer to data collection for eligibility verification, ~~Level of Care (~~LOC~~)~~ evaluation, ~~Plan of Care (~~POC~~)~~ development, and other case management activities that are not identified on the POC.

2203.~~2~~1A COVERAGE AND LIMITATIONS

Administrative case management activities include:

1. Processing of Intake referrals;

2. Facilitating Medicaid eligibility, which may include assistance with the Medical Assistance to the Aged, Blind and Disabled (MAABD) application and obtaining documents required for eligibility determination;

3. Preliminary and ongoing assessments, evaluations and completion of forms required for service eligibility such as:

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a. Screening assessment for the LOC to determine if the individual has functional deficits and requires the level of service offered in a NF or a more integrated service that may be community-based. ~~The POC identifies the waiver services as well as other ongoing community support services that the recipient needs in order to live successfully in the community. The POC must reflect the recipient's service needs and include both waiver and non-waiver services in place at the time of POC completion, along with informal supports that are necessary to address those needs.~~

b. ~~The recipient's level of care, functional status and needs addressed by the POC must be reassessed annually or more often as needed.~~ Development of the POC identifying the waiver services as well as other ongoing community support services that the recipient needs to live successfully in the community.

~~b.~~c. The determination of the recipient's LOC, functional status and needs addressed by the POC must be reassessed annually or more often as needed. The recipient must also be reassessed when there is a significant change in his/her condition which influences eligibility. (The reassessment is to be conducted during a face-to-face visit.)

~~c.a. If services documented on a POC are approved by the recipient and the case manager and the recipient signature cannot be obtained due to extenuating circumstances, services can commence with verbal approval from the recipient. Case managers must document the recipient's verbal approval in the case notes and obtain the recipient signature on the POC as soon as possible.~~

4. Request ~~I~~issuance of Notices of ~~Action~~Decisions~~s~~ (NO~~A~~D) to the ~~Division of Health Care Financing and Policy (~~DHCFP~~)~~ ~~Central Office Waiver~~LTSS Unit staff ~~to issue a Notice of Decision (NOD)~~ when a waiver application is denied;

5. Coordination of care and services to collaborate in discharge planning to transition applicants from facilities;

6. Obtaining the necessary ~~D~~ddocumentation for case files prior to applicant's eligibility;

7. Case closure activities upon termination of service eligibility;

8. Outreach activities to educate recipients or potential recipients on how to ~~enter into~~access care and services through various Medicaid Program;

9. ~~Communication~~Distribution of the POC to all affected providers;

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10. Ensure completion of ~~p~~Prior A~~a~~uthorization (PA) form, if required, for all waiver services identified ~~documented~~ on the POC for submission into the Medicaid Management Information System (MMIS) renamed Inter Change.

2203.2~~1~~B PROVIDER RESPONSIBILITIES

In addition to the provider responsibilities listed in MSM 2203.4B Case Manager:

1. ~~Administrative case management providers (social workers, nurses, certified case managers, etc.) m~~Must be currently licensed as a Social Worker by the State of Nevada Board of Examiners for Social Workers or as a Registered Nurse by the Nevada State Board of Nursing.

2. Must have a valid driver's license and the ability to conduct home visits.

3. Must adhere to Health Insurance Portability and Accountability Act (HIPAA) requirements.

4. Must have a Federal Bureau of Investigation (FBI) criminal history background check.

2203.2~~1~~C RECIPIENT RESPONSIBILITIES

1. Applicant/recipients and/or their ~~authorize~~designated representative/LRI must cooperate with the ADSD by assisting with the assessment and reassessment process, accurately representing skill level needs, wants, resources and personalized goals.

2. Applicants/recipients together with the case manager must develop and/or review the POC.

~~2203.2 WAIVER ELIGIBILITY CRITERIA~~

~~The DHCFP's Home and Community Based Waiver (HCBW) for the Frail Elderly waives certain statutory requirements and offers waiver services to eligible recipients to assist them to remain in their own homes or community.~~

~~2203.2A COVERAGE AND LIMITATIONS~~

~~1. Services are offered to eligible recipients who, without the waiver services, would require institutional care (provided in a hospital or nursing facility) within 30 days or less. Recipients on this waiver must meet and maintain Medicaid's eligibility requirements for the waiver.~~

~~1. The HCBW for the Frail Elderly is limited by legislative mandate to a specific number of recipients who can be served through the waiver per year (slots). When all waiver slots are full, the ADSD utilizes a wait list to prioritize applicants who have been presumed to be eligible for the waiver.~~

~~2. When funding becomes available, the applicant will be processed for the program based on LOC score, risk factors, and date of referral. Applicants will be considered for a higher advancement on the Wait List based on whether they meet additional criteria. The following criteria may be utilized:~~

~~a. Applicants currently in an acute care or nursing facility and desiring discharge;~~

~~b.a. Applicants with the highest LOC score indicating greatest functional deficits;~~

~~c.a. Applicants requiring services due to a crisis or emergency such as a significant change in support system;~~

~~d.a. Applicants transitioning from another waiver;~~

~~e.a. Applicants with a terminal illness; or~~

~~f.a. Applicants requiring at least minimal essential personal care assistance (bathing, toileting and eating) as defined by NRS 426.723.~~

~~3. Waiver services may not be provided while a recipient is an inpatient of an institution.~~

~~2.1. HCBW for the Frail Elderly Eligibility Criteria:~~

~~a. Eligibility for Medicaid's HCBW for the Frail Elderly is determined by the DHCFP, ADSD and the Division of Welfare and Supportive Services (DWSS). These three State agencies collaboratively determine eligibility for the Frail Elderly Waiver as follows:~~

~~1. Waiver benefit plan eligibility is determined by ADSD and authorized by the DHCFP Central Office Waiver Unit by confirming the following criteria:~~

~~a. Applicants must be 65 years of age or older;~~

~~b.a. Each applicant/recipient must meet and maintain a level of care for admission into a nursing facility and would require imminent placement in a nursing facility (within 30 days or less) if HCBW services or other supports were not available;~~

~~c.a. Each applicant/recipient must demonstrate a continued need for the services offered under the HCBW for the Frail Elderly to prevent placement in a nursing facility or hospital. Utilization of State Plan Services only does not support the qualifications to be covered by the waiver;~~

~~d.a. The applicant/recipient must require the provision of one waiver service at least monthly;~~

~~e.a. The applicant/recipient must have an adequate support system. This support system must be in place to ensure the physical, environmental and basic care needs of the applicant/recipient are met in order to provide a safe environment during the hours when home and community-based services are not being provided; and~~

~~f.a. Applicants may be placed from a nursing facility, an acute care facility, another HCBW program, or the community.~~

~~g.a. Residential facility for groups:~~

~~In addition to the requirements listed above:~~

~~1. Applicant/recipient must meet the criteria for placement in a Category 1 or 2 Residential Facility for Groups or have the appropriate endorsement for the admission from Health Care Quality and Compliance (HCQC).~~

~~2.1. Waiver applications must be approved by the DHCFP Central Office Waiver Unit to ensure the level of care criteria is met.~~

~~3.1. DWSS validates the applicant is eligible for Medicaid waiver services using institutional income and resource guidelines.~~

~~a. Recipients of the HCBW for the Frail Elderly must be Medicaid eligible for full Medicaid benefits for each month in which waiver services are provided.~~

~~b.a. Services for the HCBW for the Frail Elderly shall not be provided and will not be reimbursed until the applicant is found eligible for benefit plan services, full Medicaid eligibility, and prior authorization as required.~~

~~c.a. Medicaid recipients in the HCBW for the Frail Elderly may have to pay for part of the cost of the waiver services. The amount they are required to pay is called patient liability.~~

~~4.1. If an applicant is determined eligible for more than one HCBW program, the individual cannot receive services under two or more such programs at~~

~~the same time. The applicant must choose one HCBW program and receive services provided by that program.~~

~~5.1. Recipients of the HCBW for the Frail Elderly 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. Close 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.~~

~~2203.2B PROVIDER RESPONSIBILITIES~~

~~1. Providers are responsible for confirming the recipient's Medicaid eligibility each month prior to rendering waiver services.~~

~~2.1. ELECTRONIC VISIT VERIFICATION (EVV):~~

~~The 21st Century Cures Act requires the use of an of an EVV system to document services that are provided for all personal care services under a Medicaid state plan or waiver program. This mandate requires provider agencies to use an EVV system to record service delivery visit information. Nevada Medicaid utilizes the open system model, procuring a vendor but also allows agencies to utilize their own if it meets the 21st Century Cures Act requirements for documentation.~~

~~All service information must be recorded in an electronic system that interfaces with either a telephone or an electronic device that generates a timestamp. The provider agency must verify the EVV record, including any visit maintenance, prior to submitting a claim associated with the EVV record. All claims must be supported by an EVV entry into an EVV system prior to claim submission.~~

~~Agencies must ensure each personal care attendant has a unique identifier (National Provider Identification – NPI) associated with their worker profile in the EVV system.~~

~~a. STATE OPTION:~~

~~1. The EVV system electronically captures:~~

~~a. The type of service performed, based on procedure code;~~

~~b.a. The individual receiving the service;~~

~~c.a. The date of the service;~~

~~d.a. The location where service is provided;~~

~~e.a. The individual providing the service;~~

~~f.a. The time the service begins and ends.~~

~~2.1. The EVV system must utilize one or more of the following:~~

~~a. The agency/personal care attendant's smartphone;~~

~~b.a. The agency/personal care attendant's tablet;~~

~~c.a. The recipient's landline telephone;~~

~~d.a. The recipient's cellular phone (for Interactive Voice Response (IVR) purposes only);~~

~~e.a. Other GPS-based device as approved by the DHCFP.~~

~~b.a. DATA AGGREGATOR OPTION:~~

~~1. All Personal Care Agencies that utilize a different EVV system (as approved by the DHCFP) must comply with all documentation requirements of this chapter and must utilize the data aggregator to report encounter or claim data.~~

~~a. Appropriate form must be approved by the DHCFP before use of system to ensure all data requirements are being collected to meet the 21st Century Cures Act.~~

~~b.a. At a minimum, data uploads must be completed monthly into data aggregator.~~

~~2203.2C RECIPIENT RESPONSIBILITIES~~

~~Applicants/recipients must meet and maintain all eligibility criteria to become eligible and to remain on the HCBW for the Frail Elderly.~~

~~2203.2D MEDICAID EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT (EPSDT)~~

~~Recipients of this waiver are not eligible for EPSDT.~~

2203.3 POC DEVELOPMENT, IMPLEMENTATION AND MONITORING

CMS specifies that service planning for recipients in the Medicaid HCBS Waivers under section 1915 (c) of the Act must be developed through a person-centered planning process that addresses health and long term services and supports needs in a manner that reflects individual preferences and personalized goals. The planning process and the resulting POC, will assist the recipient in achieving personally defined outcomes in the most integrated community setting, ensuring delivery of services in a manner that reflects personal choices.
The setting options are identified and documented in the POC and are based on individual's preferences, and, for residential settings, information on resources for room and board must be provided.

The POC development is completed and reimbursed as an administrative function of the waiver under Administrative Case Management. The ADSD Case Managers develop the POC in conjunction with the NF LOC, and the Comprehensive Social Health Assessment (CSHA).

2203.3A POC DEVELOPMENT PROCESS:

1. The initial POC is developed based on information obtained during the initial assessment.

2. The POC is person centered, based on personalized goals, needs and preferences; and developed with participation from the recipient, the family, the designated representative/LRI and anyone else the recipient wants. The Case Manager must document this information in the CSHA narrative.

3. The POC must reflect the recipient's service needs and include both waiver and non-waiver services in place at the time of POC completion, along with informal supports that are necessary to address those needs. The Case Manager is responsible for identifying all services needed and received through any means.

4. The POC development process considers risk factors, equipment needs, behavioral status, current support system, and unmet service needs (this list is not all inclusive). The personalized goals are identified by the recipient and documented in the initial POC and each time the POC is updated with information obtained during the contacts with the recipient.

5. Facilitation of individual's choice regarding services and supports and who provides the services is given during the initial assessment. The applicant must sign the Statement of Understanding acknowledging they had the right to choose the services and providers.

6. The POC identifies the services required, including type, scope, amount, duration and frequency of services. The service providers are contacted by the Case Manager to establish

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availability and given a copy of the recipient's POC via fax prior to the initiation of services.

7. The ADSD Case Managers are responsible for prior authorizing waiver services.

8. Interim service plans are used to initiate or continue services until a finalized POC can be completed. The recipient's signature and date on form NMO 3580 (SOU) will serve as the interim POC.

9. If services documented on a POC are approved by the recipient and the case manager and the recipient signature cannot be obtained due to extenuating circumstances, services can commence with verbal approval from the recipient. The Case managers must document the recipient's verbal approval in the ~~case notes and~~narratives and obtain the recipient signature on the finalized POC within sixty (60) calendar days from the most recently signed SOU, or within 60 calendar days from the date of waiver slot allocation, whichever is later. The recipient/ designated representative/LRI must sign and date new and updated POCs.
~~as soon as possible.~~

10. The provider must sign and date a copy of all new and updated POCs within sixty (60) calendar days of a slot allocation or a reported change. It is the responsibility of the Case Manager to ensure the provider returns a signed copy of the POC to the ADSD for the case file.

11. Once the recipient is on the FE waiver, the recipient receives a copy of the initial POC, at the time of annual reassessment, or when the recipient's need for services changes.

12. The ADSD Case Manager submits all new and updated POCs and prior authorization to the service provider.

13. The POC is reviewed and updated at a minimum annually, but more often if changing conditions require an update.

2203.3B POC IMPLEMENTATION AND MONITORING:

a. The Case Managers are responsible for the implementation of the POC for each recipient. This is accomplished through the initial assessment and annual re-assessments.

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b. During contacts the following information is gathered based on the interview: goals, changes since last contact, hospitalizations, falls, meeting waiver service needs, any new or unmet needs, and satisfaction with services.

c. The ADSD supervisory staff and the DHCFP's Quality Assurance staff review the POC for the following information:

1. Objectives;

2. Personalized goals (if the recipient is unable to provide personal goals, a statement about why the client cannot provide goals;

3. Specific waiver services the recipient is currently receiving;

4. Specific services to be provided by the ADSD and additional services provided by other agencies;

5. The scope, amount, duration, frequency, and type of provider for each service; the provider of service identified; signature by the recipient/designated representative/LRI that they participated in the POC development;

6. Recipient's risks are identified; and

7. Service levels for recipients receiving augmented personal care services;

d. Using the person-centered approach, case manager and recipient/designated representative/LRI will determine the method and frequency of contacts and must be clearly documented in the POC. Note that some recipients may still require monthly contacts due to their level of need or safety risk and this should also be indicated on the POC.

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2203.~~34~~ WAIVER SERVICES

The DHCFP determines which services will be offered under the ~~HCBW for the~~ F~~rail~~ E~~lderly~~ Waiver. Providers and recipients must agree to comply with all ~~program~~ waiver requirements for service provision.

2203.~~342~~A COVERAGE AND LIMITATIONS

Under this waiver, the following services are covered if identified in the POC as necessary to remain in the community and to avoid institutionalization.

1. Direct Service Case Management.

2. Homemaker Services.

3. Chore Services.

4. Respite Care Services.

5. Personal Emergency Response System (PERS).

6. Adult Day Care Services.

7. Adult Companion Services.

8. Augmented Personal Care (provided in a residential facility for groups).

2203.~~43~~B PROVIDER RESPONSIBILITIES

1. All Service Providers:

a. Must obtain and maintain a ~~HCBW for the~~ F~~rail~~ E~~lderly~~ provider number (Provider Type 48, or 57 or 59 as appropriate) through the DHCFP's QIO-like vendor.

~~a.~~

b. All providers must meet all federal, state and local statutes, rules and regulations relating to the services being provided.

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~~b.~~c. In addition to this Chapter, the provider must also comply with rules and regulations for providers as set forth in the MSM Chapter 100 – Medicaid Program. Failure to comply with any or all of these stipulations may result in the DHCFP's decision to exercise its right to terminate the provider's contract.

d. Must understand the authorized service specification on the POC, record keeping responsibilities and billing procedures for provided waiver services.

~~c.~~

e. Be responsible for any claims submitted or payment received on the recipient's behalf; such claims should be made under penalties of perjury. Any false claims, statement or documents, or concealment of material facts may be prosecuted under applicable federal or state laws.

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~~d.~~f. Must understand that payment for services will be based on the level of service or specific tasks identified on the POC and will not be made to legally responsible individuals for furnishing waiver services.

~~e.~~g. All providers may only provide services that have been identified in the POC and that, if required, have a prior authorization.

h. Providers must verify the Medicaid eligibility status of each HCB~~WS~~ for Frail Elderly recipient each month.

~~f.~~i. Providers must be able to: perform the duties of the job; demonstrate maturity of attitude toward work assignments; communicate effectively; work under intermittent supervision; deal with minor emergencies arising in connection with the assignment and act accordingly, reporting these to the proper supervisor; demonstrate ability to understand, respect and maintain confidentiality in regards to the details of case circumstances.

2. ~~2203.12 PROVIDER ENROLLMENT/TERMINATION~~

To become a Waiver provider, as a PT 48, 57 or 59, providers must enroll with the QIO-like vendor. Enrollment checklist and forms can be found on the QIO-like vendor's website at www.medicaid.nv.gov.

All Waiver ~~p~~Providers Types 48, 57 and 59 must be licensed by the Division of Public and Behavioral Health (DPBH). Providers ~~comply with~~must always comply with all licensing requirements and maintain an active certification and/or license, all the DHCFP provider enrollment requirements, provider responsibilities/qualifications, and the DHCFP provider agreement limitations. Provider non-compliance with any or all of these stipulations may result in the DHCFP's decision to exercise its right to terminate the provider's contract.

~~g.~~3. Criminal Background Checks

The DHCFP policy requires all waiver providers and it's~~All agency~~ personnel, including owners, officers, administrators, managers, employees and consultants must undergo State and FBI background checks upon licensure and then at a minimum of every five (5) years thereafter to ensure no convictions of applicable offenses have been incurred (ADSD personnel must follow State of Nevada policy regarding required background checks) and the safety of recipients is not compromised. For complete instructions, refer to the DPBH website at dpbh.nv.gov

~~1. The DHCFP policy requires all waiver providers have State and Federal criminal history background checks completed.~~ The DHCFP's fiscal agent will not enroll any

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provider agency whose owner or operator has been convicted of a felony under State or Federal law for any offense which the DHCFP determines is inconsistent with the best interest of recipients. Additional information may be found in MSM Chapter 100 – Medicaid Program, Section 102.2.

~~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. The employer is responsible for reviewing the results of the employee criminal background checks and maintaining the results within the employee's personnel records. Continued employment is at the sole discretion of the servicing agency. However, the DHCFP 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 sexual related crime;~~

~~d. abuse or neglect of a child or contributory delinquency;~~

~~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 the 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;~~

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~~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.~~

4. Recipients Records:

~~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. This is particularly important when an "undecided" result is received. 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.~~

~~Providers must be able to: perform the duties of the job; demonstrate maturity of attitude toward work assignments; communicate effectively; work under intermittent supervision; deal with minor emergencies arising in connection with the assignment and act accordingly, reporting these to the proper supervisor; demonstrate ability to understand, respect and maintain confidentiality in regards to the details of case circumstances.~~

a. Each provider must have a file for each recipient. In the recipient's file, the provider must have a copy of the current POC and maintain daily records, fully documenting the scope and frequency of services as specified on the POC.

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b. The ~~documentation~~daily records ~~will~~must include the recipient's initials daily with a full signature of the recipient on each record. If the recipient is unable to provide a signature due to cognitive and/or physical limitations, this will be clearly documented on the POC, indicating the designated representative or LRI. Recipients without an LRI can select an individual to act on their behalf by completing the Designated Representative Attestation Form. The Case Manager will be required to document
the designated representative that can sign documents and be provided information about the recipient's care.

c. The provider will initial after the daily services are delivered, with a full signature of the provider on each daily record. ~~Providers may use electronic signatures on the daily record documentation but using an electronic signature does not remove the provider's responsibility for providing accurate and verifiable documentation indicating the scope and frequency of services provided.~~ If a provider elects to use electronic signatures, they must have weekly printouts of the daily record in the recipient's file or make available upon request. For electronic signatures, systems and software products must include protection against modifications, with administrative safeguards that correspond to policies and procedures of the ADSD. The individual whose name is on the alternate signature method and the provider bear the responsibility for the authenticity of the information being attested to.

~~h.~~

d. Periodically, ~~Medicaid Central Office~~DHCFP ~~/~~and/or ADSD staff may request ~~daily services~~~~this~~ documentation to compare it to submitted claims. These records must be maintained by the provider for at least six years after the date the claim is paid.

~~i.a. Must have a separate file for each employee. Records of all the employee's training, required health certificates, first aid and cardiopulmonary resuscitation certifications and documents which are evidence that the employee has been tested for tuberculosis must be in the file. Please refer to NAC 449.200 for additional requirements.~~

~~j.~~e. The number of hours specified on each recipient's POC, for each specific service listed (except Case Management~~),~~ and PERS), will be considered the maximum number of hours allowed to be provided by the caregiver and paid by the DHCFP's QIO-like vendor, unless the case manager has approved additional hours due to a temporary condition or circumstance.

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~~k.~~f. Services for waiver recipients residing in a residential facility for groups should be provided as specified on the POC and at the appropriate authorized service level.

~~l.~~g. If fewer services are provided than what is authorized on the POC, the reason must be adequately documented in the daily record and communicated to the case manager.

~~m.~~h. Cooperate with ADSD and/or State or Federal reviews or inspections by providing all requested records.

~~n.~~5. Serious Occurrence Report (SOR):

Providers must report any recipient incidents, or issues regarding the provider/employee's ability to deliver services to the ADSD ~~case manager by telephone/fax~~ must be notified of serious occurrences within 24 hours of discovery. Provider must complete the web-based Nevada DHCFP SOR Form; this form is available at the fiscal agent's website at www.medicaid.nv.gov, under Providers Forms. A completed SOR form report must be made within five (5) ~~working~~business days and maintained in the agency's recipient record.

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. Unplanned hospitalization;

3. Abuse, ~~N~~neglect, exploitation~~, or~~ isolation, abandonment, or unexpected death of the recipient;

4. Theft;

5. Sexual harassment or sexual abuse;

6. Injuries requiring medical intervention;

7. An unsafe working environment;

8. Any event which is reported to ~~Elder~~Adult Protective Services (ages 18 years old and above) or law enforcement agencies;

9. Death of the recipient during the provision of waiver services; or
~~9.~~

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

11. Medication errors resulting in injury, hospitalization, medical treatment or death.

~~11.~~12. Elopment of a recipient residing in a Residential Group Homes for Seniors or Assisted Living Facility;

The State of Nevada has established mandatory reporting requirements of suspected incidents of Elder Abuse, Neglect, Isolation and Exploitation. The ADSD and local law enforcement are the receivers of such reports. Suspected elder abuse must be reported as soon as possible, but no later than 24 hours after the person knows or has reasonable cause to believe that an elder person has been abused, neglected, isolated or exploited. ~~of identification/suspicion.~~ Refer to NRS 200.5091 to 200.50995 "Abuse, neglect, exploitation, isolation, or abandonment, of older and vulnerable persons" regarding elder abuse or neglect.

~~o.~~6. Adhere to HIPAA requirements.

Refer to MSM Chapter 100 for information on HIPAA, privacy and confidentiality of recipient records and other protected health information.

~~p.~~7. Obtain and maintain a business license as required by city, county or state government, if applicable.

~~q.~~8. Providers for residential facility for groups must obtain and maintain required HCQC licensure.

~~2.~~9. Aging and Disability Services Division (ADSD):

In addition to the provider responsibilities listed in Section 2203.~~3~~4B, ADSD must:

a. ~~m~~Maintain compliance with the Interlocal Agreement with the DHCFP to operate the ~~HCBW for the~~ F~~rail~~ E~~lderly~~ Waiver.

b. C~~c~~omply with all waiver requirements as specified in the ~~HCBW for the~~ F~~rail~~ E~~lderly~~ Waiver.

~~3.~~10. Qualification and Training:

a. All service providers must arrange training for employees who have direct contact with recipients of the ~~HCBW programs and~~FE Waiver and must have service

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specific training prior to performing a waiver service. Training at a minimum must include, but not limited to:

1. policies, procedures and expectations of the agency relevant to the provider, including recipient's and provider's rights and responsibilities;

2. procedures for billing and payment;
~~2.~~
3. record keeping and reporting including daily records and SORs;

4. information about the specific needs and goals of the recipients to be served; and

5. interpersonal and communication skills and appropriate attitudes for working effectively with recipients including: understanding care goals; respecting recipient rights and needs; respect for age, cultural and ethnic differences; recognizing family relationships; confidentiality;– abuse, neglect, and exploitation, including signs, symptoms, and prevention; respecting personal property; ethics in dealing with the recipient, family and other providers; handling conflict and complaints; and other topics as relevant. ~~.~~

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b. Additional training requirements for Residential ~~facility for~~ group~~s~~ homes for Seniors and Assisted Living Facilities:

In addition to the requirements listed above under section 2203.4B.10a:

1. Caregivers of a residential facility for groups must be at least 18 years of age; be responsible and mature and have the personal qualities which will enable him or her to understand the problems of the aged and disabled; demonstrate the ability to read, write, speak and understand the English language; must possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility and annually receive no less than eight (8) hours of training related to providing for the needs of the residents of a residential facility for groups as outlined in the NAC 449.3975 "Attendants, Qualifications; annual training"; must be knowledgeable in the use of any prosthetic devices or dental, vision or hearing aids that the residents use and must understand the provisions of NAC 449.156 to NAC 449.27706, "Residential Facilities for Groups" inclusive, and Sections 2 and 3 of the regulation, and sign a statement that he/she has read those provisions as outlined in NAC 449.196 "Qualifications and training of caregivers.

2. If a caregiver assists a resident of a residential facility for groups in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of Subsection 6 of NRS 449.03~~72~~2 "Medical and other Related Facilities", which must include, at least sixteen (16) hours of training in the management of medication consisting of not less than twelve (12) hours of classroom training and not less than four (4) hours of practical training, and obtain a certificate acknowledging the completion of such training; receive annually at least eight hours of training in the management of medication and provide the residential facility for groups with satisfactory evidence of the content of the training and his or her attendance at the training; complete the training program developed by the administrator of the residential facility for groups pursuant to paragraph (e) of Subsection 1 of NAC 449.2742 "Administration of Medication: Responsibilities of administrator, caregivers and employees of facility"; and annually pass an examination related to the management of medication approved by the HCQC as outlined in NAC 449.196 "Qualifications and trainings of caregivers".

3. Within 30 calendar days after a caregiver is employed at the facility, he/she must be trained in First Aid and Cardiopulmonary Resuscitation (CPR) as described in NAC 449.231 "First Aid and Cardiopulmonary resuscitation" and be able to recognize and appropriately respond to medical and safety emergencies.

4. Caregivers staff providing direct care and support to residents must have training specific to the waiver population being cared for at the residential facility for groups, including the skills needed to care for recipients with increasing functional, cognitive and behavioral needs. Training will include, but not limited to, techniques such as transfers, mobility, positioning, use of special equipment, identification of signs of distress, First Aid and CPR.

~~4.~~

5. Must have a separate file for each employee. Records of all the employee's training,– required health certificates, first aid and cardiopulmonary resuscitation certifications and documents which are evidence that the employee has been tested for tuberculosis must be in the file. Please refer to NAC 449.200 for additional requirements.

~~6. Service providers/employees must complete either a QuantiFERON® TB Gold blood test (QFT-G) or a two step (TB) Tuberculin skin test prior to~~

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~~initiation of services for a Medicaid recipient. Thereafter, each service provider/employee must receive a QFT-G blood test or one step TB skin test annually, prior to the expiration of the initial test. If the service provider/employee has a documented history of a positive QFT-G or TB skin test (+10 mm induration or larger), the service provider/employee must have clearance by a chest X-ray prior to initiation of services for a Medicaid recipient.~~

~~If the service provider/employee has been medically cleared after a documented history of a positive QFT-G or TB skin test which was 10 mm or larger and then by chest X-ray, the service provider/employee must have documentation annually which demonstrates no signs or symptoms of active tuberculosis. The annual screening for signs and symptoms must address each of the following areas of concern and must be administered by a qualified health care provider as defined in NAC 441A.110.~~

~~a. Has had a cough for more than three weeks;~~

~~b. Has a cough which is productive;~~

~~c. Has blood in his sputum;~~

~~d. Has a fever which is not associated with a cold, flu or other apparent illness;~~

~~e. Is experiencing unexplained weight loss; or~~

~~f. Has been in close contact with a person who has active tuberculosis.~~

~~Annual screening for signs and symptoms of active disease must be completed prior to the one year anniversary of the last screening. Documentation of the annual screening and the results must be maintained in the service provider/employee file.~~

~~Documentation of TB testing must be issued by a medical facility or licensed medical professional qualified to administer the test, signed by the physician or his/her designee, stating the date of the test, the date the test was read, and the results, and maintained in the service provider/employee's file. Any lapse in the required timelines above results in non-compliance with this Section.~~

~~In addition, providers must also comply with the tuberculosis requirements outlined in NAC 441A.375 and NAC 441A.380.~~

c. Exemptions from Training for Provider Agencies:

1. The provider 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.

2. The exemption and its rationale must be provided in writing and a copy of the exemption must be placed in the employee's file.

3. ADSD/DHCFP may review exemptions for appropriateness.

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2203.~~34~~C RECIPIENT RESPONSIBILITIES

The recipient or, if applicable, the recipient's designated ~~authorized~~ representative/LRI will:

1. ~~n~~Notify the provider(s) and the ~~ADSD c~~Case ~~m~~Manager of any change in Medicaid eligibility;

2. N~~n~~otify the provider(s) and the ~~ADSD c~~Case ~~m~~Manager of current insurance information, including the name of the insurance coverage, such as Medicare;

3. ~~n~~Notify the provider(s) and the ~~ADSD c~~Case ~~m~~Manager of changes in medical status, support systems, service needs, address or location changes, and/or any change in status of designated ~~authorized or legal~~ representative/LRI;

4. T~~t~~reat all staff and ~~-~~providers and ~~their staff members~~ appropriately. Provide a safe, non-threatening and healthy environment for caregiver(s) and the Case Manager(s);

5. ~~initial and s~~Sign the provider's daily/weekly record(s) to verify ~~that~~ services were provided (except for Case Management and PERS). If the recipient is unable to provide a signature due to cognitive and/or physical limitations, this will be clearly documented on the SOU and/or the case narrative; ~~POC;~~

6. N~~n~~otify the provider or the ~~ADSD c~~Case ~~m~~Manager when scheduled visits cannot be kept or services are no longer required;

7. ~~n~~Notify the provider agency or ~~ADSD~~ Case Manager of any missed appointments by the provider agency staff;

8. N~~n~~otify the provider agency or the ~~ADSD c~~Case ~~m~~Manager of any unusual occurrences, complaints regarding delivery of services, specific staff or to request a change in caregiver or provider agency;

9. ~~f~~Furnish the provider agency with a copy of his or her Advance Directive;

~~9.~~10. Work with the Case Manager and/or HCBS provider(s) to establish a back-up ~~f~~plan in case the caregiver is unable to work at the scheduled time;

~~10.~~11. ~~not request any~~Understand a provider may not perform services or ~~to~~ work more ~~than the~~ hours than authorized in the POC;

12. ~~not request~~Understand a provider may not ~~to~~ work or clean for a ~~non~~ recipient's~~,~~ family household members or others~~household members~~;

13. Understand that at least one annual face-to-face visit is required;

14. Understand that if case management is the only HCBS Waiver service, a monthly contact with the Case Manager is required;

~~11.~~

~~12.~~15. N~~n~~ot request a provider to perform services not included in the POC;

~~13.~~16. ~~c~~Contact the ~~c~~Case M~~m~~anager to request a change of provider agency;

17. ~~c~~Complete, sign and submit all required forms on a timely basis; and

~~14.~~

~~15.~~18. B~~b~~e physically available for authorized waiver services, ~~quarterly~~face-to-face ~~home~~ visits, and assessments.

2203.4~~2~~D MEDICAID EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT (EPSDT)

Recipients of this waiver are not eligible for EPSDT.

2203.4~~5~~ DIRECT SERVICE CASE MANAGEMENT

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Direct service case management is provided to eligible recipients in the HCB~~W~~S Waivers ~~program~~ when case management is identified as a service ~~i~~on the POC. The recipient has a choice of direct service case management provided by ADSD or a private case management ~~provider agencies.~~

2203.5~~4~~A COVERAGE AND LIMITATIONS

These services ~~includes~~include (not all inclusive):

1. Identification of resources and assisting recipients in locating and gaining access to waiver services and other State Plan services, as well as needed medical, social, educational and other services regardless of the funding source.~~;~~

2. Coordination of multiple services and/or providers when applicable.~~;~~
~~2.~~

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3. Monitoring the overall provision of waiver services, to ~~in an effort to~~ protect the safety and health of the recipient and to determine that the POC personalized goals are being met;

4. Monitoring and documenting the quality of care through ~~monthly~~ contact with recipients:

   a. The case manager must have ongoing ~~a monthly~~ contact with each waiver recipient and/or the recipient's designated~~authorized~~ representative/LRI; this may be a telephone contact. At a minimum, there must be one~~a~~ face-to-face visit with each recipient ~~once every three months~~annually. ~~More~~All other ongoing contacts may be ~~made if the recipient has indicated a significant change in his or her health care status or is concerned about his or her health and/or safety~~ by telephone, fax, e-mail, or face-to-face.

   b. When recipient service needs increase, due to a temporary condition or circumstance, the case manager must thoroughly document the increased service needs in their case narratives~~notes~~. The POC 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 thirty (30) calendar days. If the recipient is utilizing a private case management agency, this information must be communicated to the ADSD for ~~prior authorization~~ PA adjustment.

   c. During the ongoing ~~monthly~~ contact or face-to-face visit, the case manager monitors and documents the quality of care of the recipient. Quality of care includes the identification, remediation and follow-up of health and safety, risk factors ~~issues~~, needs and concerns of the recipient, waiver service satisfaction and whether the services are promoting personalized goals stated in the POC. The case manager

also assesses the need for any change in services or providers. If the recipient is utilizing a private case management agency, this information must be communicated to the ADSD for ~~prior authorization~~ PA adjustment.

d. During scheduled visits to a residential facility for groups, the case manager is responsible for reviewing the POC and daily logs as applicable for feedback from the recipient to help ensure services are delivered as authorized in the POC. In addition, the case manager is responsible for reviewing the medication log to ensure appropriate administration and documentation is completed timely.

5. ~~Making certain that~~ Ensure the recipient retains freedom of choice in the provision of services; During the contacts with the recipient, the case manager must inquire and narrate the recipient's choice to continue receiving waiver service.

6. Notifying all affected providers of changes in the recipient's medical status, service~~s~~ needs, address, ~~and location~~, or of changes of the status of ~~legally responsible individuals or authorized~~ designated representative/LRI;

7. Notifying all affected providers of any unusual occurrence or change in status of a waiver recipient;

8. Notifying all affected providers of any recipient complaints regarding delivery of service or specific provider staff;

9. Notifying all affected providers if a recipient requests a change in the provider staff or provider agency; ~~and~~

10. The Case Managers must provide recipients with appropriate amount of ~~c~~Case ~~m~~Management services necessary to ensure the recipient is safe and receives ~~sufficient~~enough services. Case management will be considered an "as needed" service.

11. When Case Management is the only waiver service identified in the POC, the Case managers ~~must~~shall continue to have monthly contact with recipients and/or the recipient's designated ~~authorized~~ representative/LRI of at least 15 minutes(equal to one unit), ~~per recipient,~~ per month. The amount, duration, scope, and frequency of ~~c~~Case ~~m~~Management services billed to the DHCFP must be adequately documented and substantiated by the ~~c~~Case ~~m~~Manager's narratives ~~notes~~

~~10.~~12. The Case Managers must show due diligence to hold ongoing contacts as outlined in the POC (frequency and method). Ongoing contacts are required, every attempt to contact the recipient should be documented. As least three (3) telephone calls must be completed on separate days, if no response is received after the 3rd attempt, a letter must be sent to

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recipient requesting a return contact. If the recipient fails to respond by the date indicated in the letter, the recipient may be terminated.

11.13. Monitoring to assure providers of residential facility for groups meet required programwaiver standards.; and

12.14. Arranging for the relocation of the recipient, if necessary, when an alternative placement is requested or needed.

2203.54B PROVIDER RESPONSIBILITIES

In addition to the provider responsibilities listed in Section 2203.43B, Case Managers must:

1. bBe currently licensed as Social Worker by the State of Nevada Board of Examiners for Social Workers or licensure as a Registered Nurse by the Nevada State Board of Nursing.

2. Hhave a valid driver's license and means of transportation to enable homeface-to-face visits.

In addition, to the requirements listed above, private cCase mManagers must:

a. hHave one year experience of working with seniors in a home--based environment.

b. Palso provide evidence of taxpayer ID number, Workman's Compensation Insurance, Unemployment Insurance Account, Commercial General Liability, Business Automobile Liability Coverage and Commercial Crime Insurance.

c. Bbe employed by a private Ccase Mmanagement provider agency.

2203.54C RECIPIENT RESPONSIBILITIES

1. Each recipient and/or his or her authorized designated representative/LRI must cooperate with the implementation of services and the implementation of the POC.

2. Each recipient is to comply with the rules and regulations of the DHCFP, ADSD, DWSS and the HCBWFE waiver for the Frail Elderly.

2203.65 HOMEMAKER SERVICES

Homemaker services consist of light housekeeping, meal preparation, shopping and laundry. These services are provided when the individual regularly responsible for these activities is temporarily

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absent or unable to manage their private residence and is necessary to avoid placement in an institution. Services must be directed to the individual recipient and related to their health and welfare.

2203.~~5~~6A COVERAGE AND LIMITATIONS

1. Homemaker services are provided at the recipient's home, or place of residence (community settings) ~~by agencies enrolled as a Medicaid provider~~.

~~2.1. Homemaker services are provided when the individual regularly responsible for these activities is temporarily absent or unable to manage their private residence and is necessary to avoid placement in an institution. Services must be directed to the individual recipient and related to their health and welfare.~~

~~3.~~2. The DHCFP/ADSD is not responsible for replacing goods which are or become damaged in the provision of service.

~~4.~~3. Homemaker services include:

a. M~~m~~eal preparation: menu planning, storing, preparing, serving of food, cutting up food, buttering bread and plating food;

b. L~~l~~aundry services: washing, drying and folding the recipient's personal laundry and linens (sheets, towels, etc.) excludes ironing. Recipient is responsible for all laundromat and/or cleaning fees;

c. L~~l~~ight housekeeping: changing the recipient's bed linens, dusting, vacuuming the recipient's living area, cleaning kitchen and bathroom areas;

d. E~~e~~ssential shopping to obtain~~:~~ prescribed drugs, medical supplies, groceries, and other household items required specifically for the health and maintenance of the recipient; or

e. A~~a~~ssisting the recipient and family members or caregivers in learning homemaker routine and skills so the recipient may carry on normal living when the homemaker is not present.

~~5.~~4. Activities the homemaker shall not perform and for which Medicaid will not pay include the following:

a. transporting the recipient in a private car;

b. cooking and cleaning for the recipient's guests, other household members or for the purposes of entertaining;

c. repairing electrical equipment;

d. ironing and mending;

e. giving permanents, dyeing or cutting hair;

f. accompanying the recipient to appointments, social events or ~~in home~~in-home socialization;

g. washing walls and windows;

h. moving heavy furniture, climbing on chairs or ladders;

i. purchasing alcoholic beverages that were not prescribed by the recipient's physician;

j. doing yard work such as weeding or mowing lawns, trimming trees, shoveling non-essential snow covered areas, and vehicle maintenance; or

k. care of pets except in cases where the animal is a certified service animal.

2203.~~65~~B PROVIDER RESPONSIBILITIES

In addition to the provider responsibilities listed in Section 2203.~~43~~B, Homemaker Providers must:

1. ~~a~~Arrange and receive training related to household care, including good nutrition, special diets, meal planning and preparation, shopping information, housekeeping techniques, and maintenance of a clean, safe and healthy environment; and

2. ~~I~~inform recipients that the ADSD, the DHCFP or its QIO-like vendor fiscal agent is not responsible for replacement of goods damaged in the provision of service.

Providers are responsible to ensure that EVV requirements and expectations are met, including the documentation of all services in approved EVV System.

Service must be prior authorized and documented in an approved EVV System.

2203.~~5~~6C RECIPIENTS RESPONSIBILITIES

1. Agree to utilize an approved EVV system for the waiver services being received from the provider agency.

2. Confirm services were provided by electronically signing or initialing, as appropriate per service plan, the EVV record that reflects the service rendered. If IVR is utilized, a vocal confirmation is required.

2203.~~76~~ CHORE SERVICES

Chore services are intermittent in nature and may be authorized as a need arises for the completion of a specific task which otherwise left undone poses a home safety issue. These services are provided only in cases where neither the recipient, nor anyone else in the household, is capable of performing or financially providing for them, and where no other relative, caretaker, landlord, community volunteer/agency or third party payer is capable of, or responsible for, their provision and without these services the recipient would be at risk of institutionalization

2203.~~76~~A COVERAGE AND LIMITATIONS

1. This service includes heavy household chores in the private residence such as:

   a. cleaning windows and walls;

   b. shampooing carpets;

   c. tacking down loose rugs and tiles;

   d. moving heavy items of furniture ~~in order~~ to provide safe access;

   e. packing and unpacking for the purpose of relocation;

   f. minor home repairs; or

   g. removing trash and debris from the yard.

2. ~~Chore services are intermittent in nature and may be authorized as a need arises for the completion of a specific task which otherwise left undone poses a home safety issue. These services are provided only in cases where neither the recipient, nor anyone else in the household, is capable of performing or financially providing for them, and where no other relative, caretaker, landlord, community volunteer/agency or third party payer is capable of, or responsible for, their provision and without these services the recipient would be at risk of institutionalization.~~ This is not a skilled, professional service.

3. In the case of rental property, the responsibility of the landlord pursuant to the lease

agreement, must be examined and confirmed prior to any authorization of service. The legal responsibility of the landlord to maintain and ensure safety on the rental property shall supersede any waiver ~~program~~ covered services.

2203.~~76~~B PROVIDER RESPONSIBILITIES~~REQUIREMENTS~~

In addition to the provider responsibilities listed in ~~Section~~MSM 2203.~~43~~B, individuals performing chore services must:

1. B~~b~~e able to read, write and follow written or oral instructions;

2. ~~h~~Have experience and/or training in performing heavy household activities and minor home repair; and

3. M~~m~~aintain the home in a clean, sanitary and safe environment if performing heavy household chores and minor home repair services.

Providers are responsible to ensure that EVV requirements and expectations are met, including the documentation of all services in approved EVV System.

Service must be prior authorized and documented in an approved EVV System.

2203.~~76~~C RECIPIENTS RESPONSIBILITIES

1. Agree to utilize an approved EVV system for the waiver services being received from the provider agency.

2. Confirm services were provided by electronically signing or initialing, as appropriate per service plan, the EVV record that reflects the service rendered. If IVR is utilized, a vocal confirmation is required.

2203.~~87~~ RESPITE CARE

Services provided to recipients unable to care for themselves. Respite care is ~~provided~~furnished on a short-term basis because of the absence or need for relief of those persons~~e primary caregiver~~normally providing the care. Respite providers

perform general assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) ~~and~~s well as provide supervision to functionally impaired recipients in their private home or place of residence (community setting)~~:~~.

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2203.~~8~~7A COVERAGE AND LIMITATIONS

~~1. Respite care is provided on a short-term basis because of the absence or need for relief of the primary caregiver.~~

~~2.~~1. Respite ~~care may occur in the recipient's private home.~~services may be for 24-hour periods.

~~3.~~2. Respite care is limited to 336 hours per waiver year.

2203.~~7~~8B PROVIDER RESPONSIBILITIES

In addition to the provider responsibilities listed in ~~Section~~ MSM 2203.~~4~~3B, Respite Providers must:

~~1. perform general assistance with ADLs and IADLs and provide supervision to functionally impaired recipients in their private home;~~

~~2.~~1. ~~H~~have the ability to read and write and to follow written or oral instructions;

~~3.~~2. ~~h~~Have had experience ~~and/or~~ training in providing for the personal care needs of people with functional impairments;

~~4.~~3. ~~D~~demonstrate the ability to perform the care tasks as prescribed;

~~5.~~4. ~~B~~be tolerant of the varied lifestyles of the people served; and

~~6.~~5. Provide ~~arrange~~ training in personal hygiene needs and techniques for assisting with ADLs, such as bathing, grooming, skin care, transferring, ambulating, feeding, dressing and use of adaptive aids and equipment, homemaking and household care.

Providers are responsible to ensure that EVV requirements and expectations are met, including the documentation of all services in approved EVV System.

Service must be prior authorized and documented in an approved EVV System.

2203.~~7~~8C RECIPIENTS RESPONSIBILITIES

1. Agree to utilize an approved EVV system for the waiver services being received from the provider agency.

2. Confirm services were provided by electronically signing or initialing, as appropriate per service plan, the EVV record that reflects the service rendered. If IVR is utilized, a vocal confirmation is required.

2203.~~98~~ PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)

PERS is an electronic device, which enables certain recipients at high risk of institutionalization to secure help in an emergency. The recipient may also wear a portable "help" button to allow for mobility. The system is connected to the recipient's phone and programmed to signal a response center once a "help" button is activated.

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2203.~~89~~A COVERAGE AND LIMITATIONS

~~1. PERS is an electronic device, which enables certain recipients at high risk of institutionalization to secure help in an emergency. The recipient may also wear a portable "help" button to allow for mobility. The system is connected to the recipient's phone and programmed to signal a response center once a "help" button is activated.~~

1. PERS services are limited to those recipients who live alone in a private residence, or who are alone for significant parts of the day in that residence, have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision. The recipient must be physically and cognitively capable of using the device in an appropriate and proper manner.

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2. The service component includes both, the installation of the device and monthly monitoring. Two separate authorizations are required for payment, the initial installation fee for the device and a monthly fee for ongoing monitoring; both are covered under the waiver.

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3. The necessity for this type of emergency safety measure to prevent institutionalization will be identified in the assessment and included in the POC.

2203.~~98~~B PROVIDER RESPONSIBILITIES

In addition to the provider responsibilities listed in ~~Section~~ MSM 2203.~~43~~B, PERS Providers must:

1. ~~B~~be responsible for ensuring that the response center ~~is always staffed by trained professionals at all times~~is always staffed by trained professionals ;

2. ~~b~~Be responsible for any replacement or repair needs that may occur and monthly monitoring of the device to ensure is working properly;

3. ~~u~~Utilize devices that meet Federal Communication Commission standards, Underwriter's Laboratory, Inc. (UL) standards or equivalent standards, ~~and be in good standing with the local Better Business Bureau; and~~

4. ~~i~~Inform recipients of any liability the recipient may incur as a result of the recipient's disposal of provider property.

2203.~~98~~C RECIPIENT RESPONSIBILITIES

1. The recipient is responsible to utilize the leased PERS equipment with care and caution and to notify the PERS provider and ~~the ADSD Cc~~ase M~~m~~anager if the equipment is no longer working.

2. The recipient must return the equipment to the provider when the recipient no longer needs or utilizes the equipment, when the recipient terminates from the waiver program or when the recipient moves from the area.

3. The recipient must not dispose or damage ~~throw away~~ the PERS equipment. This is leased equipment and belongs to the PERS provider.

2203.~~10~~9 ADULT DAY CARE SERVICES

Adult Day Care~~It~~ is provided for four or more hours per day~~;~~ on a regularly scheduled basis, for one or more days per week in an outpatient setting~~, and is provided in accordance with the goals in the recipient's POC.~~

~~It~~ encompasses~~ing~~ social service needs to ensure the optimal functioning of the recipient.

~~It~~This service is provided ~~in an outpatient setting.~~ in accordance with the goals in the recipient's POC and is not merely diversional in nature. Services are provided in a non-residential Adult day Care facility setting.

2203.~~10~~9A COVERAGE AND LIMITATIONS

1. ~~Adult day care facilities provide services in a non-institutional community based setting on a regularly scheduled basis.~~ The emphasis is on social interaction in a safe environment. ~~It is provided for four or more hours per day, one or more days per week, and is provided in accordance with the goals in the recipient's POC.~~ The POC must indicate the number of days per week the recipient will attend.

~~2.1. It is provided in an outpatient setting.~~

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~~3.1. It encompasses social service needs to ensure the optimal functioning of the recipient.~~

~~4.~~2. Meals provided are furnished as part of the ~~program~~ waiver but must not constitute a "full nutritional regime" (i.e., three meals per day). Meals must be served in a manner suitable for the recipient and prepared with regard for individual preferences. Special diets and nourishments must be provided as ordered by the client's physician.

~~5.~~3. Service utilization and billing method (per diem/unit rate) will be prior authorized as indicated ~~o~~in the recipient's POC. The per diem rate is authorized when the recipient is in attendance for six or more hours per day, and the unit rate is authorized for attendance of a minimum of four (4) hours and up to ~~four (4) hours and up to less than~~ six (6) hours per day. Providers must bill in accordance with the approved PA, even if the recipient occasionally attends less than six hours. If the recipient's overall pattern changes and consistently attends less than six hours a day, a ~~new~~change to the - POC and PA will be required to update the service utilization and billing method. Please reference the Billing Guides for further instructions at www.mediaid.nv.gov select "Billing Information" from the "Providers" menu.

~~6.~~4. Providers must not bill for days a recipient is not in attendance, even if it is a regularly scheduled day. Providers must keep attendance records for each recipient. Claims must reflect dates and times of service as indicated on the attendance records.

~~7. Reference MSM Chapter 1900 for transportation policies.~~

2203.10~~9~~B PROVIDER RESPONSIBILITIES

In addition to the provider responsibilities listed in MSM~~Section~~ 2~~3~~203.~~43~~B, Adult Day Care Providers must:

Meet and maintain the service specifications as an adult day care provider as outlined in NAC 449 "Medical Facilities ~~for Care of Adults During the Day."~~and other Related Entities".

~~1. Comply with the provisions regarding tuberculosis as outlined in NAC 441A.375 and 441A.380.~~

2203.11~~0~~ ADULT COMPANION SERVICES

Adult Companion services are ~~Provides~~ non-medical care, supervision and socialization to a functionally impaired recipient in his or her home or place of residence, which ~~may~~ are furnished on a short term basis or to meet the need ~~provide temporary~~for relief for the primary caregiver.

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2203.1~~0~~A COVERAGE AND LIMITATIONS

~~1. Provides non-medical care, supervision and socialization to a functionally impaired recipient in his or her home or place of residence, which may provide temporary relief for the primary caregiver.~~

~~2.~~1. Adult companions may assist or supervise the recipient with ~~such~~ tasks such as meal preparation and clean up, light housekeeping, shopping and facilitate transportation/escort as needed. These services are provided as an adjunct to the Adult Companion Services and must be incidental to the care and supervision of the recipient.

~~3.~~2. The provision of Adult Companion Services does not entail hands-on medical care.

~~4.~~3. This service is provided in accordance with the personalized ~~a~~ goals in the POC and is not purely diversional in nature.

~~5.~~4. Transportation is not a covered service. Reference MSM Chapter 1900 Transportation Services for transportation policies.

2203.1~~0~~B PROVIDER RESPONSIBILITIES

In addition to the provider responsibilities listed in ~~Section~~MSM 2203.~~3~~64B, Adult Companion Providers must:

1. ~~b~~Be able to read, write and follow written or oral instructions; and

2. ~~h~~Have experience or training in how to interact with recipients with disabling disabilities and various health conditions.

Providers are responsible to ensure that EVV requirements and expectations are met, including the documentation of all services in approved EVV system.

Service must be prior authorized and documented in an approved EVV System.

2203.1~~0~~C RECIPIENTS RESPONSIBILITIES

1. Agree to utilize an approved EVV system for the waiver services being received from the provider agency.

2. Confirm services were provided by electronically signing or initialing, as appropriate per service plan, the EVV record that reflects the service rendered. If IVR is utilized, a vocal confirmation is required.

2203.1~~2~~1 AUGMENTED PERSONAL CARE

Augmented ~~p~~Personal ~~c~~Care (APC) provided in a licensed residential facility for groups or assisted living facility, is a 24-hour in home service that provides assistance for functionally impaired elderly recipients with basic self-care and ADLs ~~activities of daily living~~ that include as part of the service:

A. Homemaker Services;

B. Personal Care Services;

C. Chore Services;

D. Companion Services;

E. Therapeutic social and recreational programming;

F. Medication oversight (to the extent permitted under State Law); and

G. Services which will ensure that residents of the facility are safe, secure, and adequately supervised.

This care is over and above the mandatory service provision required by regulation for residential facility for groups.

2203.1~~2~~1A COVERAGE AND LIMITATIONS

~~1. Augmented personal care in a licensed residential facility for groups provides assistance for the functionally impaired elderly with basic self-care and ADLs such as personal care services, homemaker, chore, companion services, medication oversight (to the extent permitted under State law), therapeutic social and recreational programming and services that ensure that the residents of the facility are safe, secure and adequately supervised.~~

1. This service includes 24-hour on-site response staff ~~in home supervision~~ to meet scheduled or unpredictable needs in a way that promotes maximum dignity and independence; and provides supervision, safety, and security~~.~~

2. Once a FE Waiver applicant expresses an interest in a residential group setting, they are provided with a list of qualified providers. A case manager is available to provide additional information and guidance related to the individual's specific needs. Consideration may include size of the home, geographic location, proximity to friends and

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family, available support, activities, food, staff, other residents, likes and dislikes, medical or mental health concerns, whether pets are allowed, and a variety of other individualized preferences.

3. There are four~~three~~ service levels of ~~Augmented Personal Care (~~APC~~)~~. The service level provided is based on the recipient's functional needs to ensure ~~his/her~~the recipient's health, safety and welfare ~~in the community~~. The ADSD's Case Managers determine the service level and Pas for services as an administrative function of the FE Waiver.

   a. Level One Daily (minimum assistance):

      ~~P~~This level provides supervision and cueing to ~~monitor the quality and~~ complete~~ion of~~ basic self-care and ADLs with minimum hands on care. ~~Some basic self-care services may require minimum hands-on assistance. This service level provides laundry services to meet the recipient's needs. If needed this service provides i~~In home supervision is available when direct care tasks are not being completed.

   b. Level Two Daily (moderate assistance):

      This level p~~P~~rovides ~~minimal~~ physical assistance ~~with~~ to complete~~ion of~~ basic self-care and ADLs with moderate hands on care. ~~Some basic self-care may require a moderate level of assistance. This service level provides laundry services to meet the recipient's needs. If needed t~~This service provides in home supervision with regularly scheduled checks as~~if~~ needed.

   c. Level Three Daily (maximum assistance):

      This level ~~P~~provides ~~moderate~~ physical assistance ~~with~~ to complete~~ion of~~ basic self-care and ADLs with maximum hands on care. Direct 24 hour supervision and/or safety system (alarm) to ensure safety when supervision is not direct. It includes daily home making for clean up after basic self care tasks, weekly homemaking for general cleaning, and up to twice daily assistance with meal preparation. ~~Some basic self-care may require a maximal level of assistance. This service level provides laundry service to meet the recipient's needs. If needed this service provides direct visual supervision or safety systems to ensure recipient safety when supervision is not direct.~~

   d. Level Four (Critical Behaviors):

      In addition to meeting a level of one, two or three for ADL/IADL care, level 4 requires substantial and/or extensive assistance with critical behaviors: Behavioral Problems, Resists Care, Socially Inappropriate, Wandering, Physically Abusive to

self and/or others, Verbally Abusive, and behaviors that represent a safety risk. Requiring the full attention of staff member when behaviors are present and/or presents a need for additional staffing to redirect and address behaviors. Additional documentation and agency approval required.

Documentation on the daily log for at least 60 days is required to justify amount and types of care for service level determination and verification of proper billing.

All four service levels provide help with laundry; housekeeping; meal preparation and eating; bed mobility and transfers; bathing, dressing, and grooming; mobility and ambulation; and access to social and recreational programs. The service level determines the amount, duration and frequency of the services provided.

*All service levels are reassessed annually, or as significant changes occur, and may increase or decrease to reflect the recipient's current level of need.

*Documentation on the daily log is required to justify amount and types of care for service level determination and verification of proper billing.

4. Section 1903 (a)(1) of the SSA provides funding for Federal Financial Participation (FFP) to States for expenditures for services under an approved State plan. FFP is not available to subsidize the cost of room and board furnished in a residential facility for groups. The cost for room and board is a private agreement between the recipient and the group home/assisted living setting.

5. Nursing and skilled services (except periodic nursing evaluations) are incidental, rather than integral to the provision of group care services. Payment will not be made for 24-hours skilled care or supervision.

6. Other individuals or agencies may also furnish care directly, or under arrangement with the residential ~~facility for~~ groups or assisted living facility. However, the care provided by these other entities supplements what is being provided but does not supplant it.

7. Personalized care furnished to individuals who choose to reside in a residential group or assisted living facility based on their individualized POC, which is developed with the recipient, people chosen by the recipient, caregivers and the Case Manager. Care must be furnished in a way that fosters the independence of each recipient.

8. The facility provides personalized care to the residents, and the general approach to operating the facility incorporates these core principles:

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a. The facility is designed to create a residential environment that actively supports and promotes each resident's quality of life and right to privacy.

b. The facility is committed to offering high-quality supportive services that are developed by the facility in collaboration with the recipient's individual needs.

c. The facility provides a variety of creative and innovative services that emphasize the particular needs of each recipient and the personal choice of lifestyle.

d. The operation of the facility and its interaction with its recipients, supports each recipient's need for autonomy and the right to make decisions

e. The operation of the facility is designed to foster a social climate that allows the recipient to develop and maintain personal relationships with fellow residents and with persons in the general community.

f. The facility is operated in a manner which minimizes the need for its recipients to move out of the facility as their respective physical and mental conditions change over time; and

~~6.~~ g. The facility is operated in such a manner to foster a culture that provides a high-quality environment for the recipients, their families, the staff, any volunteers and the community at large

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2203.1~~2~~1B AUGMENTED PERSONAL CARE PROVIDER RESPONSIBILITIES

In addition to the responsibilities listed in MSM Section 2203.~~3~~4B providers must:

1. Be licensed and maintain standards as outlined by the Health Division, HCQC under NRS/NAC 449 "Medical and other related entities" ~~Residential Facility for Groups~~.

~~2.~~ The provider for a residential ~~facility for groups~~ groups or assisted living facility must:

2.

a. Notify ADSD Case Manager within three (3) ~~working~~business days when the recipient states that he or she wishes to leave the facility.

b. Participate with the ADSD Case Manager in discharge planning.

c. Notify the ADSD Case Manager within one (1) ~~working~~ business day if the recipient's living arrangements have changed, eligibility status has changed or if

there has been a change in his or her health status that could affect his or her health, safety or welfare.

d. Notify the ADSD of any occurrences pertaining to a waiver recipient that could affects ~~his or her~~the health, safety or welfare.

e. Notify the ADSD of any recipient complaints regarding delivery of service or specific staff of the setting. If the recipient is not satisfied with their living arrangements or services, the Case Manager will work with the recipient and the provider to resolve any areas of dissatisfaction. If the recipient makes the decision to relocate to another setting, the Case Manager will provide information and facilitate visits to other contracted settings. ~~residential facility of groups.~~

f. Provide the ADSD with at least a thirty 30 calendar ~~-~~days' notice before discharging a recipient unless the recipient's condition deteriorates and warrants immediate discharge. When the Case Manager is notified, they assist in relocation and working with staff on transfers/discharges

~~g.a. Be responsible for any claims submitted or payment received on the recipient's behalf; such claims should be made under penalties of perjury. Any false claims, statement or documents, or concealment of material facts may be prosecuted under applicable federal or state laws.~~

~~h.~~g. Privacy,~~rov~~ dignity and respect are maintained during the provisions of services. Living units are not entered without permission. ~~de care to a newly placed recipient for a minimum or 30 days unless the recipient's condition deteriorates and warrants immediate discharge.~~

~~i.~~h. Conduct business in such a way ~~that~~to ensure the recipient freedom from coercion and restrain and ~~-~~the recipient retains freedom of choice. Residential group homes settings must provide services based on the recipient's choice, direction, and preferences.

~~j.~~i. Provide transportation to and from the ~~residential facility for groups~~ setting to the hospital, a NF~~nursing facility~~, routine medical appointment and social outings organized by the facility. Recipients may choose to enjoy their privacy, participate in physical activities, relax or associate with other residents in the group. Recipients may go out with family members or friends at any time and may pursue personal interest outside of the residence.

~~k.~~ Accept only those residents who meet HCQC's licensure ~~the~~ requirements ~~of the licensure and certification.~~and as specified under NAC 499.272 Services and support are allowed by qualified individuals that are based on medical necessity,

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but not a requirement for living in the home. The only limitations are licensure restrictions for certain medical conditions.

~~l.~~j. Provide services to FE ~~w~~Waiver eligible recipients in accordance with the recipient's ~~plan of care~~POC, the rate, waiver ~~program~~ limitations, and procedures of the DHCFP.

~~m.~~k. Not use or disclose any information concerning a recipient for any purpose not directly connected with the administration of the ~~HCBW for the~~ Frail ~~E~~lderly Waiver except by written consent of the recipient, his ~~or~~/her designated/~~authorized or~~ legal representative ~~or family~~.

~~n.~~l. Have enough ~~sufficient number of~~ caregivers always present at the facility to conduct activities and provide care and protective supervision for the residents. ~~at all times.~~ The facility setting must comply with HCQC staffing requirements as establish and verified by the HCQC for the specific facility type (for example, an Alzheimer facility). Please refer to HCQC website for information on a specific facility type requirement.

~~o.~~m. There must be 24-hour on site staff to meet scheduled or unpredictable needs and provide supervision, safety and security, and transportation if one or more residents are present.

~~p.~~n. Not use Medicaid waiver funds to pay for the recipient's room and board. The recipient's income is to be used to cover room and board costs.

o. Each recipient must have privacy in their sleeping or living unit:

a) Units or rooms have locking doors. A bedroom or bathroom door in a residential group setting which is equipped with a lock must open with a single motion from the inside. Staff must knock before entering; recipients have the right to choose who enters the bedroom.

b) Recipients sharing units have a choice of roommate

c) Encourage recipients to utilize personal furniture, furnishing, photo and decorative items to personalize their living space.

p. Food and snacks available always. Dietary restrictions or modifications are included in the POC. There are optional meal choices outside of the regular menu for routine meals. Recipients can also store and access food in their private kitchenette.

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q. Allowed unrestricted visitation by family/friends at the recipient's will. The setting requests visitors sign in/out for safety.

r. Modifications to the POC must be justified and the following requirements must be documented:

2203.1~~2~~1C RECIPIENT RESPONSIBILITIES

1. Recipients are to cooperate with the providers of residential facility for groups in the delivery of services.

2. Recipients are to report any problems with the delivery of services to the residential facility for group administrator and/or ~~ADSD C~~case M~~m~~anager.

~~2203.12 PROVIDER ENROLLMENT/TERMINATION~~

~~All providers must comply with all the DHCFP provider enrollment requirements, provider responsibilities/qualifications, and the DHCFP provider agreement limitations. Provider non-compliance with any or all of these stipulations may result in the DHCFP's decision to exercise its right to terminate the provider's contract.~~

~~2203.12A COVERAGE AND LIMITATIONS~~

~~All providers are to refer to the MSM Chapter 100 for enrollment procedures.~~

~~2203.12B PROVIDER RESPONSIBILITIES~~

~~In addition to the provider responsibilities listed in Section 2203.3B:~~

~~1. All providers must meet all federal, state and local statutes, rules and regulations relating to the services being provided.~~

~~2. ADSD must have an Interlocal Agreement with the DHCFP in order to provide services.~~

~~3. All Other Service Providers must apply for and maintain a contract with the DHCFP through its Fiscal Agent.~~

2203.13 INTAKE PROCEDURES

ADSD has developed policies and procedures to ensure fair and adequate access to the Home and Community-Based Waiver for the Frail Elderly.

2203.13A COVERAGE AND LIMITATIONS

1. Referral

a. A referral or inquiry for the FE ~~w~~Waiver may be initiated by e-mail, phone, mail, fax, in person or by an applicant or another party on behalf of the ~~potential~~ applicant.

b. The ADSD intake specialist will make phone/verbal contact with the applicant/designated representative/LRI within fifteen (15)~~seven working~~ business days ~~of the~~ from the referral date.

~~b.~~c. If ~~a potential~~the applicant appears to be eligible, a face to face visit must be~~is~~ scheduled and completed within forty-five (45) calendar days from the referral date to assess eligibility including ~~a level of care screening~~the NF LOC determination.

~~c.~~d. If the ~~intake worker~~ ADSD intake Specialist determines during the ~~referral~~face-to-face visit ~~process that~~ the ~~potential~~ applicant does not appear to meet the FE ~~w~~Waiver criteria, ~~of~~ financial eligibility, ~~level of care~~LOC, or waiver service need, the applicant will be referred to other agencies for any needed services or assistance.

~~d.~~e. ~~Even i~~If the ~~potential~~ applicant does not ~~appear eligible or if no slot is available for the HCBW for the~~ meet the FE~~Frail Elderly~~ Waiver criteria, ~~he or she~~the applicant must be verbally informed of the right to continue the Medicaid application process through DWSS. If DWSS determines the applicant to be ineligible for Medicaid, the applicant may have the right to a fair hearing through the DWSS.

2. Placement on the Wait List~~/No Waiver Slots Are Available~~:

~~a.~~ Once ADSD has identified ~~that~~ the ~~potential~~ applicant ~~appears eligible and there are no waiver slots available:~~meets the LOC and has a waiver service need, the applicant is placed on the wait list by priority and referral date.

~~1. The applicant will be placed on the waiver wait list and be considered for a higher advancement based on whether they meet additional criteria. Refer to Section 2203.2A.3.~~

**Applicants may be considered for an adjusted placement on the wait list based on a significant change of condition/circumstances.

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If it has been determined no slot is expected to be available within the ninety (90) calendar days determination period, ADSD will notify the DHCFP Central Office Waiver Unit to deny the application due to no slot available and send out a NOD stating the reason for the denial. The applicant will remain on the wait list. Notification letter is sent to the applicant indicating "no slot is available."

2.

3.1. A Waiver Slot is Available Allocation:

Once a slot for the waiver is available, the applicant will be processed for the waiver.

a. The procedure used for processing an applicant is as follows:

1. The ADSD case manager will make certain that the Medicaid application, through DWSS, has been completed or updated and will assist in this process as needed.

1. The ADSD cCase Mmanager will scheduleconduct a second a face-to-face interview with the applicant to complete the initial assessment.

2. The initial assessment includes addressing ADLs, IADLs, service need, support system and personalized goals.

2.

3. An Authorization for the Use and Disclosure of Protected Health Release of Information Fform is needed for all waiver applicants and provides written consent for ADSD to release information about the applicant to others.

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

4. The applicant will be given the right to choose waiver services in lieu of placement in a nursing facilityNF. If the applicant and/or legal representative prefers placement in a nursing facilityNF, the case manager will assist the applicant in arranging for facility placement..

5. The applicant will be given the right to request a Fair Hearing if not given a choice between HCBS Waiver services and NF placement.

b. The ADSD will forward an initial assessment (IA) packet to the DHCFP Central Office WaiverLTSS Unit which will include:

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1. The HCBS Waiver Eligibility Status Form requesting the DHCFP's approval; this form must include the applicant's DOB verifying the applicant is 65 years of age.

2. A current CSHA with the following items embedded:

   a. The NF LOC screening to verify the applicant meets the NF LOC criteria;

   ~~b. Social Health Assessment~~At least 1 (one) waiver service identified;
   b.

   c. The narrative section of the assessment confirming a face-to-face visit was conducted for the initial assessment

   ~~c. a written POC is developed in conjunction with the applicant/authorized representative based on the assessment of the applicant's health and welfare needs;~~

3. ~~t~~The Statement of Understanding/Choice (SOU) must be complete with signature and dates; and

4. The HCBS Acknowledgement Form completed including initials, signature and date.

~~d.~~5. All forms must be completed with initials, signatures and dates by the recipient/designated representative/LRI. Electronic signatures are acceptable pursuant to NRS 179 "Electronic Records and Transactions" on forms that require a signature.

   ~~e. a HCBW Eligibility Status Form (Form NMO-2734) requesting the DHCFP's Central Office Waiver Unit approval with the date of approval indicated.~~

Applicants will be given free choice of all qualified Medicaid providers of each Medicaid covered service included in his/her written POC. Current POC information as it relates to the services provided must be given to all service providers.

The POC is subject to the approval by the DHCFP Central Office Waiver Unit staff.

~~6. All required forms must be complete with signature and dates where required.~~

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c. If the DHCFP Central Office Waiver Unit approves the application, the following will occur:

1. The HCBS Waiver Eligibility Form~~Form NMO 2734~~ is sent by the DHCFP Central Office ~~Waiver~~LTSS Unit to the ADSD~~ and DWSS stating the application has been approved~~;~~ and~~

2. Once the DHCFP Central Office ~~Waiver~~ LTSS Unit and DWSS have approved the application, waiver service can be initiated;

d. If the application is not approved by the DHCFP Central Office ~~Waiver~~ Unit, the following will occur:

1. A NOD stating the reason(s) for the denial will be sent to the applicant by the DHCFP Central Office Waiver Unit; ~~via the DHCFP Hearings and Policy Unit; and~~

~~3.~~

The HCBS Waiver Eligibility Status

2. Form ~~NMO 2734~~ will be sent to ADSD ~~and DWSS~~ by the DHCFP Central Office ~~Waiver~~ LTSS Unit stating that the application has been denied and the reason(s) for that denial.

~~4.~~

~~7.~~e. If the applicant is denied by the ADSD for waiver services, the following will occur:

~~a.~~1. The ADSD ~~c~~Case M~~m~~anager will send ~~an NOA~~ the HCBS Waiver Eligibility Status Form to the DHCFP Central Office ~~Waiver~~LTSS Unit requesting a NOD be sent to the applicant;

~~b.~~2. The DHCFP Central Office ~~Waiver~~ LTSS Unit will send a NOD to the applicant ~~via the DHCFP Hearings and Policy Unit~~ stating the reason(s) why the application was denied by ADSD; and

~~c.~~3. The DHCFP Central Office ~~Waiver~~ LTSS Unit will send ~~Form NMO 2734 to ADSD and DWSS~~ the HCBS Waiver Eligibility Status Form stating that the application was denied and the reason(s) for the denial.

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4. Effective Date for Waiver Services

The effective date for waiver services is determined by eligibility criteria verified by ADSD, intake packet approval by the DHCFP, and financial eligibility approval date by DWSS, and the residential facility for groups placement move in date, whichever is later.

If the applicant is in an institution, the effective date cannot be prior to the date of discharge from the institution.

5. Waiver Cost

The DHCFP must assure CMS that the average per capita expenditures under the waiver will not exceed 100% 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.

2203.14 BILLING PROCEDURES

The ~~State~~ DHCFP assures that claims for payment of waiver services are made only when a~~n individual~~ recipient is Medicaid eligible, when the service is included in the approved POC, and ~~prior authorization~~ PA is in place when required.

2203.14A COVERAGE AND LIMITATIONS

All providers (PT ~~#rovider Types~~ 48~~ and~~, 57, and 59) for the ~~HCBW for the~~ F~~rail~~ E~~lderly~~ waiver must submit claim forms to the DHCFP's ~~QIO-like vendor~~Fiscal Agent. Claims must meet the requirements in the CMS 1500 Claim Form. The Claim Form is available at: ~~www.medicaid.nv.gov~~ .www.medicaid.nv.gov. Claims must be complete and accurate. Incomplete or inaccurate claims will be returned to the provider by the ~~DHCFP's QIO-like vendor.~~Fiscal Agent. If the wrong Claim ~~f~~Form is submitted, it will ~~also~~ be returned to the provider by the DHCFP's ~~QIO-like vendor~~Fiscal Agent.

2203.14B PROVIDER RESPONSIBILITIES

In addition to the provider responsibilities listed in MSM ~~Section~~ 2203.~~43~~B, all Providers must:

1. ~~r~~Refer to the ~~QIO-like vendor~~fiscal agent's website at: www.medicaid.nv.gov for the Providers Billing ~~Procedure~~ Manual and for detailed instructions for completing and submitting the CMS 1500 ~~f~~Form; ~~and~~

2. M~~m~~aintain documentation to support claims billed for a minimum of six years from the date the claim is paid. Requested documentation must be provided within timeframes specified by the DHCFP or other state and/or federal officials or their authorized agent, for determining the validity of claims and the reasonableness and necessity of all services billed to and paid by the DHCFP.

2203.15 ADVANCE DIRECTIVES

Section 1902(w) of the Social Security Act requires licensed provider agencies give their clients information about their decision-making rights about health care, declarations (living wills) and durable powers of attorney for health care decisions. Refer to MSM 100 for further information.

ADSD will provide information on Advance Directives to each applicant and/or the authorized/legal representative. The signed form is kept in each applicant's file at the local ADSD office. Whether an applicant chooses to write his or her own Advance Directives or complete the Advance Directives form in full is the individual choice of each applicant and/or each applicant authorized/legal representative.

2203.16 DHCFP ANNUAL WAIVER REVIEW

The DHCFP and ADSD have formal systems in place to conduct annual reviews. The purpose of thise review is to assure the health and welfare of the recipients, the recipients' satisfaction with the waiver services and providers, the qualifications of waiver providers to deliver services/supports, ~~and~~ assurance of the cost effectiveness of these services, and to assess policy adherence.

2203.16A COVERAGE AND LIMITATIONS

The ~~State~~ DHCFP conducts an annual review~~;~~, ~~which is~~ collaboratively ~~conducted by~~ with the ADSD ~~and the DHCFP~~, with the DHCFP being the lead agency. The CMS has designated waiver assurances and sub-assurances which States must include as part of an overall quality improvement strategy:
The annual review is conducted using the assurances/sub-assurances as well as State specified performance measures identified in the approved FE waiver to evaluate operation of the FE Waiver. The DHCFP:

1. P~~p~~rovides the CMS annually with information regarding the impact of the waiver on the type, amount, and cost of services provided under the waiver and under the State plan, and through an ongoing process of discovery, remediation and improvement, the State assures the health and welfare of the recipients served on the waiver;

2. A~~a~~ssures financial accountability for funds expended for HCB~~W~~S Waiver services;

3. Eevaluates that all provider standards are continuously met, and that the POCs are periodically reviewed to assure that the services furnished are consistent with the identified needs of the recipients;

4. Eevaluates the recipients' satisfaction with the waiver ~~program~~ Personal Experience Survey PES will be conducted with a random sampling of the recipients to ensure waiver satisfaction. Interviews will be completed throughout the year; and

5. F~~f~~urther assures that 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.

2203.16B PROVIDER RESPONSIBILITIES

The ADSD and HCBS W~~w~~aiver providers must cooperate with the DHCFP's annual review process.

2204 HEARINGS REQUESTS DUE TO ADVERSE ACTIONS

An adverse action refers to denials, terminations, reductions or suspensions of applicant's request for services or a recipient's eligibility determination. The DHCFP must grant an opportunity for a hearing to an applicant/recipient/designated representative in the event an adverse action is taken by the DHCFP.

2204.1 SUSPENDED WAIVER SERVICES

A. A recipient's case mus~~tay~~ be suspended, instead of closed; if it is likely the recipient will be eligible again for waiver services within the next 60 days ~~(F~~for example, ~~if a~~

1. ~~r~~Recipients ~~is~~ admitted to a hospital, ~~nursing facility~~NF or Intermediate Care Facility for the Intellectually Disabled ICF/IDD, correctional~~MR~~). ~~After receiving written documentation from the case manager (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 Central Office Waiver Unit.~~
~~A.~~

B. After receiving written documentation from the C~~c~~ase M~~m~~anager ("HCBS Waiver Eligibility Status 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 Central Office ~~Waiver~~ LTSS Unit.

C. Waiver services will not be paid for the days that a recipient's ~~case~~ eligibility is in suspension.

D. If at the end of the 45 calendar days since admission the recipient has not been removed from suspended status, the case must be closed. The ADSD sends ~~a NOA~~ the "HCBS Waiver Eligibility Statue Form" to the DHCFP Central Office ~~Waiver~~ LTSS Unit on or before the 45th day of suspension, identifying the 60th day of suspension as the effective date of termination and the reason for the waiver termination.

E. The DHCFP Central Office ~~Waiver~~ LTSS Unit sends a NOD, ~~via the DHCFP Hearings Unit,~~ to the recipient and/or ~~the recipient's~~designated ~~authorized~~ representative/LRI advising him or her of the date and reason for the waiver closure/termination.

2204.2 RELEASE FROM SUSPENDED WAIVER SERVICES

When~~If~~ a recipient has been released from the hospital or ~~nursing facility~~ NF before 60 calendar days of the admit date ~~have elapsed~~, the Case Manager must do the following within five (5) business~~working~~ days of the recipient's discharge, the C~~c~~ase M~~m~~anager must:

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~~A. assess the LOC for continued eligibility and complete a new form if it appears the recipient no longer meets a LOC;~~

~~B.~~A. C~~c~~omplete a reassessment if there has been a significant change in the recipient's condition or status;

~~C.~~B. C~~c~~omplete a new POC if there has been a change in services (medical, social, or waiver). If a change in services is expected to resolve in less than 30 calendar days, a new POC is not necessary. Documentation of the temporary change must be made in the C~~c~~ase M~~m~~anager's narratives~~otes~~. The date of resolution must also be documented in the ~~c~~Case ~~m~~Manager's narratives; and~~otes; and~~

~~D.~~C. C~~c~~ontact the service provider(s) to reestablish services.

2204.3 DENIAL OF WAIVER APPLICATION

Basis of denial for waiver services:

A. The applicant is under the age of 65 years.

B. The applicant does not meet the LOC criteria for ~~nursing facility~~NF placement.

C. The applicant has withdrawn his or her request for waiver services.

D. The applicant fails to cooperate with the ADSD or HCBS~~W~~ Waiver service providers in establishing and/or implementing the POC, implementing waiver services or verifying eligibility for waiver services. (The applicant's and/or ~~their authorized~~designated representative/LRI's signature is necessary for all required paperwork.)

E. The applicant's support system is not adequate to provide a safe environment during the time when HCBS~~W~~ Waiver services are not being provided.

F. The ADSD has lost contact with the applicant.

G. The applicant fails to show a need for HCB~~W~~S Waiver services.

H. The applicant would not require ~~nursing facility~~NF placement within 30 days or less if ~~HCBW~~FE Waiver services were not available.

I. The applicant has moved out of state.

J. Another agency or program will provide the services.

K. The ADSD has filled the number of ~~positions (~~slots~~)~~ allocated to the ~~ HCBW~~FE waiver ~~for the Frail Elderly~~. The applicant has been approved for the waiver wait list and will be contacted when a slot is available~~.~~ Move to wait list section.

L. The applicant is in an institution (e.g. hospital, ~~nursing facility~~NF, correctional, ICF/~~MR~~IID) and discharge within 60 calendar days is not anticipated.

M. The applicant has chosen a provider or facility that is not an enrolled or qualified Medicaid provider. Note: The Case Manager should provide a list of Medicaid providers to the applicant. The CM will inform the provider that all entities providing services must be enrolled as a Medicaid provider and facilitate contact information to the DHCFP's Fiscal Agent.

N. There are no enrolled Medicaid providers or facilities in the applicant's area.

When the application for waiver services is denied, the ADSD C~~c~~ase ~~m~~Manager sends ~~the~~them ~~an NOA~~ to "HCBS Waiver Eligibility Status Form" to the DHCFP Central Office ~~Waiver~~LTSS Unit. The DHCFP Central Office ~~Waiver~~ LTSS Unit sends a NOD to the applicant, ~~via the DHCFP Hearings Unit~~ letting them know that waiver services have been denied and the reason for the denial.

2204.4 TERMINATION OF WAIVER SERVICES

Reasons to terminate a recipient from the waiver or to terminate the recipient from the waiver wait list:

~~A. The recipient has failed to pay his/her patient liability.~~

~~B.~~A. The recipient no longer meets the ~~level of care~~LOC criteria for ~~nursing facility~~NF placement.

~~C.~~B. The recipient no longer meets other eligibility criteria as determined the DWSS.

~~D.~~C. The recipient~~/authorized~~ and/or designated representative/LRI ha~~s~~ves requested termination of waiver services.

~~E.~~D. The recipient has failed to cooperate with the ADSD or HCB~~S~~W~~ Waiver~~ service providers in establishing and/or implementing the POC, implementing waiver services, or verifying eligibility for waiver services. (The recipient's and/or the ~~recipient's authorized~~ designated representative/LRI's signature is necessary on all required paperwork).

~~F.~~E. The recipient's support system is not adequate to provide a safe environment during the time when HCB~~S~~W~~ Waiver~~ services are not being provided.

~~G.~~F. The recipient fails to show a continued need for HCB~~W~~S Waiver services.

~~H.~~G. The recipient is no longer at risk of imminent placement in ~~A~~an institution ~~nursing facility~~ within 30 days or less if waiver services were not available.

~~I.~~H. The recipient has moved out of state.

~~J.~~I. The recipient has signed fraudulent documentation on one or more of the provider time sheets and/or forms.

~~K.~~J. Another agency or program will provide the services.

~~L.~~K. The recipient has been, or is expected to be, institutionalized over 60 calendar days (in a hospital, ~~nursing facility~~NF, correctional facility or intermediate facility or ICF/IID ~~for persons with mental retardation~~).

~~M.~~L. The ADSD has lost contact with the recipient.

M. The physical environment in a residential facility for groups is not safe for the recipient's individual health condition.

~~N.~~

~~O.~~N. The recipient's swallowing ability is not intact and requires skilled service for safe feeding/nutrition. Residential facilities for groups are not licensed to provide skilled services. Recipients with a gastrostomy-tube must be competent and manage their tube feeding or they are prohibited by HCQC licensure to be admitted into a residential facility for groups.

~~P.~~O. The recipient has been placed in a residential facility for groups that does not have a provider agreement with the DHCFP. Note: The ADSD's Case Manager should work with the provider before terminating the recipient waiver services, explain that all entities providing services must be enrolled as a Medicaid provider and facilitate contact information to the DHCFP's Fiscal Agent.

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~~Q.~~P. The recipient of a residential facility for groups chooses to return to independent community living which may not be a safe environment.

When a recipient is terminated from the waiver ~~program~~, the ~~ADSD C~~case ~~m~~Manager sends the DHCFP Central Office ~~Waiver~~ LTSS Unit ~~an NOA~~ the "HCBS Waiver Eligibility Form" stating the date of termination and the reason(s) for the termination. The DHCFP Central Office ~~Waiver~~ LTSS Unit sends a NOD ~~via the Hearings Unit~~ to the recipient and/or ~~to the recipient's authorized~~designated representative/LRI. The NOD must be mailed by the DHCFP, Hearings Unit, at least 13 calendar days before the listed date of action on the form. Refer to MSM, Chapter 3100 - Hearings, for specific instructions regarding notice and recipient hearings.

When a termination from waiver services is due to the death of a recipient, the ~~informed agency (ADSD, DHCFP or DWSS) will notify the other two agencies of the date of death~~DWSS will terminate the case, and it will notify the ADSD, and the DHCFP of the date of death.

2204.5 REDUCTION OF WAIVER SERVICES

Reasons to reduce services are:

A. The recipient no longer requires the number of service hours/level of service which was previously provided.

B. The recipient no longer requires the service previously provided.

C. The recipient's support system is capable of providing the service.

D. The recipient has failed to cooperate with the ADSD C~~c~~ase M~~m~~anager or HCBS ~~W~~Waiver service provider(s) in establishing and/or implementing the POC, implementing waiver services or verifying eligibility for waiver services (the recipient~~'s~~ and/or ~~the recipient's authorized~~ designated representative/LRI's signature is necessary on all required paperwork.)

E. The recipient has requested the reduction of services.

F. The recipient's ability to perform ~~activities of daily living~~ADLs has improved.

G. Another agency or program will provide the service.

H. Another service will be substituted for the existing service.

When there is a reduction of waiver services, the updated prior authorization will be ~~submitted~~submitted, and a NOD will be generated. A hearing can be requested through the

Hearings Unit by the recipient and/or ~~the recipient's authorized~~ designated representative/LRI. The form must be mailed by the Hearings Unit to the recipient at least 13 calendar days before the Date of Action on the form.

Refer to MSM Chapter 3100-Hearings, for specific instructions regarding notice and recipient hearings.

2204.6 REAUTHORIZATION WITHIN 90 DAYS OF WAIVER TERMINATION

2204.6A COVERAGE AND LIMITATIONS

1. If a recipient is placed in a NF or hospital and waiver services have been terminated~~, and~~ the recipient may ~~is~~ request~~ing re-approval~~reinstatement within 90 days of ~~closure~~the NOD date~~,~~. The waiver slot must be held for 90 days from the NOD date. the recipient ~~still meets a LOC and there is an available~~must be placed back in that waiver slot, if they are released within 90 days of the NOD and request reinstatement.

   If the termination took place in a prior waiver year and the recipient still meets a LOC, slot availability and emergent need will be taken into consideration for readmission into the waiver.

   The ADSD case manager completes and sends to the ~~Medicaid C~~DHCFP Central Office ~~Waiver~~ LTSS Unit the following:

   ~~a. A LOC form;~~

   ~~b.~~a. The CS~~ocial~~ H~~ealth~~ A~~ssessment~~ form with the following items embedded: the NF LOC screening to verify the applicant meets the LOC;

   ~~c.~~b. A new SOU if there has been a change in the ~~authorized~~designated/legal representative;

   ~~d.~~c. A new POC if services have changed; and

   ~~e.~~d. ~~A Form NMO-2734~~ The HCBS Eligibility Status Form requesting the DHCFP Central Office Waiver Unit approval with the date of approval indicated.

   ~~f.~~e. All required forms must be complete with initials, signatures and dates by the recipient and the Case Manager as applicable.

2. If 90 calendar days has elapsed from the NOD date~~a recipient is terminated from the waiver for more than 90 days~~, the slot~~s~~ is allocated to the next person on the wait list~~ are available and the recipient is eligible for readmission to the waiver as defined in Section 2203.13A.3~~.

~~,~~ ~~a~~A completed waiver packet must be forwarded to the DHCFP Central Office LTSS~~Waiver~~ Unit ~~for authorization~~to be processed as a new referral.

2204.6B PROVIDER RESPONSIBILITIES

ADSD will forward all necessary forms to the DHCFP Central Office Waiver Unit for approval.

2204.6C RECIPIENT RESPONSIBILITIES

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

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2205 APPEALS AND HEARINGS

Refer to MSM Chapter 3100- Hearings for specific instructions regarding notice and hearing procedures. Recipients are informed of their rights to a fair hearing at the initial face-to-face visit and annually thereafter when they are given the Recipients Rights Form.