Medicaid Services Manual
Transmittal Letter

December 26, 2023

To: Custodians of Medicaid Services Manual

From: Casey Angres
Chief of Division Compliance

Subject: Medicaid Services Manual Changes
Chapter 2600 – Intermediary Service Organization

Background And Explanation

Revisions to Medicaid Services Manual (MSM) Chapter 2600 – Intermediary Service Organization are being proposed to remove Section 2603.1F Electronic Visit Verification (EVV) system, which will be added to Addendum B, specifically created to outline EVV system, provider, and recipient requirements.

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

Entities Financially Affected: This proposed change affects all Medicaid-enrolled providers delivering personal care services requiring the use of an EVV system. These provider types (PT) include Personal Care Services - Intermediary Service Organization (PT 83). There is no financial impact to these providers.

Financial Impact on Local Government: None.

These changes are effective January 1, 2024.

Material Transmitted	Material Superseded
MTL OL MSM Ch 2600 – Intermediary Service Organization	MTL 20/19 MSM Ch 2600 – Intermediary Service Organization

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
2603.1F	**Electronic Visit Verification (EVV)**	EVV policy section has been removed from MSM Chapter 2600 to be added to the newly created Addendum B.
2603.8(4)	**Provider Responsibilities**	New language added referencing Addendum B for EVV system requirements.

Office will notify the QIO-like vendor to issue an authorization number for the approved mileage to the provider.

2603.1E FLEXIBILITY OF SERVICE DELIVERY

The total weekly authorized hours for PCS may be combined and tailored to meet the needs of the recipient, as long as the plan does not alter medical necessity. The recipient will determine how to use the weekly authorized hours on an ongoing basis. Any changes that do not increase the total authorized hours can be made, for the recipient's convenience, within a single week without an additional authorization. Flexibility of services may not take place solely for the convenience of the provider or PCA.

The following requirements must be met:

1. Upon receipt of an initial service plan from the QIO-like vendor, the provider must meet with the recipient in person to determine how the total weekly authorized hours will be provided to meet the individual's needs.

2. Written documentation of the contact with the recipient regarding provision of services must be maintained in the recipient's file.

3. Any change to the approved service plan must be discussed between the provider and the recipient. This may be done either in person or via the telephone in order to determine how hours and tasks will be provided.

4. Changes may be requested on a daily and/or weekly basis when necessary to meet a change in circumstance or condition.

5. The ISO provider must follow their established policies and procedures in order to meet recipient requests for changes in service delivery in a timely manner.

6. Written documentation of the contact with the recipient regarding any change to the approved service plan must be maintained in the recipient's file.

~~2603.1F ELECTRONIC VISIT VERIFICATION (EVV)~~

~~The 21st Century Cures Act requires the use 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 EVV system 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.~~

~~Provider Agencies must ensure each Personal Care Attendant (PCA) has a unique identifier (National Provider Identification – NPI) associated with their worker profile in the EVV system.~~

~~1. STATE OPTION~~

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

~~1. The type of service performed, based on procedure code;~~

~~2. The individual receiving the service;~~

~~3. The date of the service;~~

~~4. The location where service is provided;~~

~~5. The individual providing the service;~~

~~6. The time the service begins and ends.~~

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

~~1. The agency/PCA's smartphone;~~
~~2. The agency/PCA's tablet;~~

~~3. The recipient's landline telephone;~~

~~4. The recipient's cellular phone (for Interactive Voice Response (IVR) purposes only);~~

~~5. Another GPS-based device as approved by DHCFP.~~

~~2. DATA AGGREGATOR OPTION~~

~~A. All Provider 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.~~
~~1. 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.~~

~~2. At a minimum, data uploads must be completed monthly into data aggregator.~~

2603.1~~FG~~ CONFLICT OF INTEREST STANDARDS

The DHCFP assures the independence of contracted providers completing the FASPs. Physical and occupational therapists who complete the FASPs must be an independent third party and may not be:

1. related by blood or marriage to the individual, or to any paid caregiver of the individual;
2. financially responsible for the individual;
3. empowered to make financial or health-related decisions on behalf of the individual;
4. related by blood or marriage to the Provider who provides PCS to the individual.

The therapist completing the FASP must not have an interest in or employment by a Provider.

Note: To ensure the independence of individuals performing the FASPs, providers are prohibited from contacting the physical or occupational therapists directly.

2603.2 LEGALLY RESPONSIBLE INDIVIDUAL (LRI)

LRI's are individuals who are legally responsible to provide medical support. These individuals include spouses of recipients, legal guardians, and parents of minor recipients, including stepparents, foster parents and adoptive parents. LRI's may not be reimbursed for providing PCS.

If the LRI is not capable of providing the necessary services/supports, he or she must provide verification to the DHCFP's QIO-like vendor, from a physician, that they are not capable of providing the supports due to illness or injury. If not available, verification that they are unavailable due to hours of employment and/or school attendance must be provided. Without this verification, PCS will not be authorized.

Additional verification may be required on a case by case basis.

2603.3 PERSONAL CARE REPRESENTATIVE (PCR)

A recipient who is unable to direct their own care may opt to utilize a PCR. This individual is directly involved in the day-to-day care of the recipient, is available to direct care in the home, acts on behalf of the recipient when the recipient is unable to direct his or her own personal care services and assumes all medical liability associated with directing the recipient's care. A PCR must be a responsible adult.

1. The ISO must fax the completed Authorization Request for Self-Directed Skilled Services Authorization Form (FA-24C) and all necessary supporting medical documentation specific to the request to the QIO-like vendor for processing.

2. The QIO-like vendor reviews the request and supporting documentation utilizing criteria identified in the Clinical Decision Support Guide. The QIO-like vendor will use these criteria to review for medical necessity and utilization control procedures.

3. Prior authorizations are specific to the recipient, a provider, specific services, established quantity of units and for specific dates of service.

4. Prior authorization is not a guarantee of payment for the service; payment is contingent upon passing all edits contained with the claims payment process; the recipient's continued Medicaid eligibility; and the ongoing medical necessity for the service being provided.

2603.8 PROVIDER RESPONSIBILITIES

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

Additionally, all ISO providers have the following responsibilities:

1. Certification and/or Licensure

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

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

2. Provider Enrollment

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

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

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

3. Employer of Record

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

4. Electronic Visit Verification (EVV)

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

5. Recipient Education

The ISO may initiate education of the recipient or PCR in the skills required to act as the managing employer and self-direct care. This may include training on how to recruit, interview, select, manage, evaluate, dismiss and direct the PCA in the delivery of authorized services. Education must begin with an accepted recipient referral and continue throughout the duration of the service provision. Verification of recipient education must be maintained in the recipient's file.

6. Personal Care Assistant (PCA) List

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

7. Backup List

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

8. Backup Plan

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

9. Medicaid and Nevada Check Up (NCU) Eligibility

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