

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 2300 – Home and Community Based Services (HCBS) for
Persons with Physical Disabilities

Background And Explanation

Revisions to Medicaid Services Manual (MSM) Chapter 2300 – Home and Community Based Services (HCBS) for Persons with Physical Disabilities is to move the section and its content related to Electronic Visit Verification (EVV) to new Addendum B.

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: None.

Financial Impact on Local Government: Unknown at this time.

These changes are effective: TBD.

Material Transmitted	Material Superseded
MTL OL MSM Ch 2300 – Home and Community Based Services (HCBS) Waiver for Persons with Physical Disabilities	MTL 10/23 MSM Ch 2300 – Home and Community Based Services (HCBS) Waiver for Persons with Physical Disabilities

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
2303.14	Electronic Visit Verification (EVV)	Language removed and replaced with “Refer to Addendum B for more information regarding EVV system requirements.”

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- a. Devices, controls, or applications which enable the recipient to perceive, control, or communicate with the environment in which they live;
 - b. Items necessary for life support, ancillary supplies, and equipment necessary to the proper functioning of such items; and
 - c. Vehicle adaptations, assistive technology, and supplies.
4. Durable and non-durable medical equipment that has been exhausted, not available, or covered under the Medicaid State Plan, refer to MSM Chapter 1300 – DME Disposable Supplies and Supplements.

2303.13B PROVIDER RESPONSIBILITIES

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

1. Meet the standards to provide equipment under the Medicaid State Plan Program; and
2. The service must be prior authorized by the case manager.

2303.13C RECIPIENT RESPONSIBILITIES

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

1. Notify the provider and/or case manager of any issues or problems regarding the installation or delivery of any authorized equipment or supplies.
2. Not request any additional specialized medical equipment or supplies that have not been authorized.
3. Notify their case manager once the specialized medical equipment or supplies have been received.

2303.14 ELECTRONIC VISIT VERIFICATION (EVV)

Refer to Addendum B for more information regarding EVV system requirements.

~~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 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. Any errors within EVV submissions must be supported by offline documentation.~~

~~Agencies must ensure each personal care attendant 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/personal care attendant's smartphone;~~
- ~~2. The agency/personal care attendant's tablet;~~
- ~~3. The recipient's landline telephone;~~
- ~~4. The recipient's cellular phone (for IVR purposes only);~~
- ~~5. Other GPS-based devices as approved by DHCFP.~~

~~2. DATA AGGREGATOR OPTION:~~

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

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~~1. Appropriate forms must be approved by the DHCFP before use of the 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 the data aggregator.~~

2303.15 DHCFP LTSS INITIAL REVIEW

Once the applicant has been approved for the waiver, the DHCFP LTSS Unit will review all initial eligibility packets for completeness to ensure waiver requirements are being met. The eligibility packet for review must include:

1. The NF LOC screening to verify the applicant meets the NF LOC criteria;
2. At least one waiver service need identified;
3. The SOC complete with signature and dates; and
4. The HCBS Acknowledgement Form is complete including initials, signature, and date.

NOTE: Electronic signatures are acceptable pursuant to NRS 719.350 “Acceptance and distribution of electronic records by governmental agencies” on forms that require a signature.

2303.16 WAIVER COSTS

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 LOC under the state plan that would have been made in that fiscal year, had the waiver not been granted.

2303.17 QUALITY ASSURANCE WAIVER REVIEW

The state conducts an annual review of active waiver participants. CMS has designated waiver assurances and sub-assurances that states must include as part of an overall quality improvement strategy. The annual review is conducted using the state specified performance measures identified in the approved PD Waiver to evaluate operation.

Case management and direct waiver service providers must cooperate with ADSD Operations and DHCFP’s review process.

2303.18 MEDICAID EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT (EPSDT)

The children made eligible for Medicaid through their enrollment in the HCBS PD Waiver receive all medically necessary Medicaid covered services available under EPSDT. A child’s enrollment