

Adult Day Health Care Center	Nevada Medicaid Provider Enrollment Unit  Division of Public and Behavioral Health, Bureau of Health Care Quality and Compliance	Every five years.  Every six years, unless compliant circumstances warrant provider review.
<b>Service Delivery Method.</b> (Check each that applies):		
<input type="checkbox"/> Participant-directed	<input checked="" type="checkbox"/> Provider managed	

<b>Service Specifications</b> (Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):			
Service Title:	Day Habilitation		
Service Definition (Scope):			
<p>This service is targeted to individuals with a Traumatic Brain Injury (TBI) or Acquired Brain Injury (ABI). Day Habilitation services are regularly scheduled activities in a non-residential setting, separate from the recipient's private residence or other residential living arrangement. Services include assistance with the acquisition, retention, or improvement in self-help, socialization, and adaptive skills that enhance social development and develop skills in performing activities of daily living and community living.</p> <p>Activities and environments are designed to foster the acquisition of skills, building positive social behavior and interpersonal competence, greater independent and personal choice. Services are identified in the recipient's POC according to recipient's need and individual choices. Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day).</p> <p>Day Habilitation services focus on enabling the participant to attain or maintain his or her maximum potential and shall be coordinated with any needed therapies in the recipient's POC such as physical, occupational, or speech therapy.</p>			
Additional needs-based criteria for receiving the service, if applicable (specify):			
Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.			
(Choose each that applies):			
<input checked="" type="checkbox"/>	Categorically needy (specify limits):		
	Limited to 6 hours per day.		
<input type="checkbox"/>	Medically needy (specify limits):		
<b>Provider Qualifications</b> (For each type of provider. Copy rows as needed):			
Provider Type (Specify):	License (Specify):	Certification (Specify):	Another Standard (Specify):

<b>Habilitation Services</b> Agency Facility for Care of Adults During the Day	Licensed by the Division of Public and Behavioral Health, Bureau of Health Care Quality and Compliance	<del>CARE, Commission on Accreditation of Rehabilitation Facilities</del> At least one full-time employee with Certified Brian Injury Specialist (CBIS) Certification through Brian Injury Association of America (BIAA)	Must maintain a Medicaid Services Provider Agreement and comply with the criteria set forth in the Medicaid Services Manual.
<b>Verification of Provider Qualifications</b> (For each provider type listed above. Copy rows as needed):			
Provider Type (Specify):	Entity Responsible for Verification (Specify):		Frequency of Verification (Specify):
Facility for Care of Adults During the Day <del>Habilitation Services Agency</del>	Nevada Medicaid Provider Enrollment Unit  Division of Public and Behavioral Health, Bureau of Health Care Quality and Compliance		Every five years
<b>Service Delivery Method.</b> (Check each that applies):			
<input type="checkbox"/> Participant-directed		<input checked="" type="checkbox"/> Provider managed	

<b>Service Specifications</b> (Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):	
Service Title:	<b>Residential Habilitation</b>
Service Definition (Scope):	
<p>This service is targeted to individuals with a Traumatic Brain Injury (TBI) or Acquired Brain Injury (ABI). Residential Habilitation means individually tailored supports that assist with the acquisition, retention, or improvement in skills related to living in the community. These services include adaptive skill development, assistance with activities of daily living, community inclusion, adult educational supports, social and leisure skill development, that assist the recipient to reside in the most integrated setting appropriate to his/her needs. Residential Habilitation also includes personal care and protective oversight and supervision.</p> <p>Payment for Room and Board is prohibited.</p>	
Additional needs-based criteria for receiving the service, if applicable (specify):	
<p>Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.</p> <p>(Choose each that applies):</p>	

<input type="checkbox"/>	Categorically needy ( <i>specify limits</i> ):		
<input type="checkbox"/>	Medically needy ( <i>specify limits</i> ):		
<b>Provider Qualifications</b> ( <i>For each type of provider. Copy rows as needed</i> ):			
Provider Type ( <i>Specify</i> ):	License ( <i>Specify</i> ):	Certification ( <i>Specify</i> ):	Another Standard ( <i>Specify</i> ):
Residential Facility for Groups <del>Habilitation Services Agency</del>	Licensed by the Division of Public and Behavioral Health, Bureau of Health Care Quality and Compliance	At least one full-time employee with (CBIS) Certification through (BIAA) <del>CARF,</del> <del>Commission on</del> <del>Accreditation of</del> <del>Rehabilitation Facilities</del>	Must maintain a Medicaid Services Provider Agreement and comply with the criteria set forth in the Medicaid Services Manual.
<b>Verification of Provider Qualifications</b> ( <i>For each provider type listed above. Copy rows as needed</i> ):			
Provider Type ( <i>Specify</i> ):	Entity Responsible for Verification ( <i>Specify</i> ):		Frequency of Verification ( <i>Specify</i> ):
<del>Habilitation Services Agency</del> Residential Facility for Groups	Nevada Medicaid Provider Enrollment Unit  Division of Public and Behavioral Health, Bureau of Health Care Quality and Compliance		Every five years
<b>Service Delivery Method.</b> ( <i>Check each that applies</i> ):			
<input type="checkbox"/>	Participant-directed		<input checked="" type="checkbox"/> Provider managed

- ☐ **Policies Concerning Payment for State plan HCBS Furnished by Relatives, Legally Responsible Individuals, and Legal Guardians.** (*By checking this box, the state assures that*): There are policies pertaining to payment the state makes to qualified persons furnishing State plan HCBS, who are relatives of the individual. There are additional policies and controls if the state makes payment to qualified legally responsible individuals or legal guardians who provide State Plan HCBS. (*Specify (a) who may be paid to provide State plan HCBS; (b) the specific State plan HCBS that can be provided; (c) how the state ensures that the provision of services by such persons is in the best interest of the individual; (d) the state's strategies for ongoing monitoring of services provided by such persons; (e) the controls to ensure that payments are made only for services rendered; and (f) if legally responsible individuals may provide personal care or similar services, the policies to determine and ensure that the services are extraordinary (over and above that which would ordinarily be provided by a legally responsible individual)*):

--