

Steve Sisolak
Governor



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State of Nevada

Department of Health and Human Services

Home and Community Based Services (HCBS) Waiver for
Individuals with Intellectual and Developmental Disabilities
(ID)

Division of Health Care Financing and Policy

Presenter: Richard McFeely, SSPS II, LTSS



10/19/2022

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Agenda

1. Addition of dental services to ID Waiver
 - Coverage and Limitations
 - Provider Responsibilities
 - Recipient Rights and Responsibilities
2. Proposed additions of settings requirements to be fully compliant with the HCBS Final Regulation by March 17, 2023
3. Additional information for public comments
4. Contacts
5. Questions/ Public Comment



2103.14 Dental Services

- Oral health has a direct impact on the ID Waiver recipient's overall health and quality of life. Adults with Intellectual or Developmental Disability (IDD) often have specific challenges during treatment such as the need for behavioral modifications.
- This dental service is funded through American Rescue Plan Act (ARPA) which is temporary. The implementation of this service will be effective January 1, 2023, and will run through December 31, 2023, or until funds are exhausted.

Section 2103.14A Coverage and Limitations

- The dental services under this waiver are only provided for individuals age 21 and over. All Medicaid medically necessary dental services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit.
- Recipients must maintain Medicaid waiver program and financial eligibility.
- Dental Services include but are not limited to:
 - Restoration: (e.g. amalgam filling, resin-based composite filling, prefabricated stainless steel crown and resin-crown, core buildup, etc.)
 - Preventative care such as regular check-ups, cleaning, fluoride treatments, x-rays, fillings, periodontal maintenance, periodontal scaling and root planning and root canal therapy.



Section 2103.14A Coverage and Limitations Continued 3

- For a complete list of covered dental services for ID Waiver recipients age 21 and over refer to <https://www.medicaid.nv.gov> in the PT 22 (Dentist) Billing Guide.

NOTE: The scope and nature of this service differs from the State Plan Dental Service for Adults, which only offers emergency extractions, palliative care, and removable prosthesis with prior authorization.

- Dental services do not include extractions for cosmetic purposes.



Section 2103.14A Coverage and Limitations Continued

- Dental services exceeding program limitations are not considered Medicaid benefits and are the financial responsibility of the recipient.
- Dental services must be prior authorized before rendering services.

Section 2103.14B - Provider Responsibilities

- Must be licensed by the Nevada State Board of Dental Examiners.
- Must maintain a Medicaid Services Provider Agreement and comply with criteria set forth in Nevada Medicaid Services Manual (MSM) 100 and 2100.
- Must verify Medicaid eligibility prior to rendering services.
- Providers must inform the recipient of their financial responsibility before rendering any uncovered services.
- Refer to MSM Chapter 100 for information on HIPAA, privacy and confidentiality of recipient records and other protected health information (PHI)



Section 2103.14B - Provider Responsibilities Cont.

- Request for Prior Authorization must be submitted electronically to the DHCFP fiscal agent website at <https://www.medicaid.nv.gov> before rendering dental services.
- For details on reporting Incidents and Serious Occurrences refer to Section 2103.2A.7 of this chapter.
- Each provider must cooperate with DHCFP and/or State or Federal reviews or inspections.
- For information on notification of suspected abuse, neglect, exploitation, isolation, or abandonment refer to section 2103.2A.8 of this chapter.



Section 2103.14C – Recipient Rights and Responsibilities

The recipient or the recipient's designated representative/LRI will:

1. Notify the provider(s) and Care Coordinator of a change in Medicaid eligibility.
2. Notify the provider(s) and Care Coordinator of current insurance information, including the name of other insurance coverage, such as Medicare.
3. Notify the provider(s) and Care Coordinator of changes in medical status, service needs, address, and location, or changes of designated representative/LRI.
4. Notify the provider when scheduled visits cannot be kept.
5. Not request a provider to perform services not included in the PCP.
6. Contact the Care Coordinator to request a change of provider.
7. Sign all required forms unless otherwise unable to perform this task due to intellectual and/or physical limitations.



HCBS Final Regulation

- Added language to incorporate the Settings Requirements throughout the Chapter:
 - Allowing waiver recipients individual freedom and choice to the same extent as non-Medicaid waiver recipients, including option for a private room and/or choice of roommate, and options documented in the PCP.
 - Recipient's lease/other agreement must not differ from non-Medicaid recipients:
 - Recipients must be provided a 30-day written notice before discharging/transferring to another facility and the Service Coordinator must also be notified.
 - The recipient must be allowed 10 days to meet in person with the administrator after receiving notification of discharge/transfer from a facility.



HCBS Final Regulation Continued

- The recipient has privacy in their sleeping/living unit, freedom/control of schedules and activities, access to food at any time and able to have visitors of their choosing at any time.
- Recipients must be informed of their rights prior to initiation of waiver services and annually thereafter.



Contacts

- For all inquiries, please contact our general inbox below
 - hcbs@dhcfp.nv.gov
- LTSS Waiver Unit
- Social Services Chief III – Kirsten Coulombe
- SSPS III – Ellen Frias-Wilcox
- SSPS II – Richard McFeely (ID Waiver)
- SSPS II – Megan Quintana (FE/PD Waiver)





Public Comments

- The FE and PD documents can be viewed in their entirety at the following links:

<http://dhcfp.nv.gov/uploadedFiles/dhcfpnavgov/content/Pgms/LTC/FEWaiverAmendment-Final.ADA8.26.22pdf.pdf>

<http://dhcfp.nv.gov/uploadedFiles/dhcfpnavgov/content/Pgms/LTC/FinalPDWaiverRenewal8.2022-ADA.pdf>

- To post additional public comments please see the following:
- HCBS inbox: hcbs@dhcfp.nv.gov
- Mail 1050 E William Street, Suite 435 Carson City, NV 89701
- Fax 775-687-8724
- Public comment will be accepted until September 29, 2022
- For additional information please see the below link:
 - <https://dhcfp.nv.gov/Pgms/LTSS/LTSSHome/>





Questions?

