

<u>DRAFT</u>	<u>MTL-02/23</u>
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1803
MEDICAID SERVICES MANUAL	Subject: POLICY

provided as part of these services shall not constitute a “full nutritional regimen” (three meals per day).

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.

1803.4A COVERAGE AND LIMITATIONS

Day habilitation services are targeted to individuals who have a TBI or ABI.

1803.4B PROVIDER RESPONSIBILITIES

In addition to the Provider Responsibilities listed in Section 1803.1B, providers must adhere to the following requirements specific to rendering Day Habilitation services.

1. PROVIDER QUALIFICATIONS

- a. Each provider of Day Habilitation services must obtain and maintain certification as required in the 1915(i) State Plan. **Providers must adhere to all requirements of NAC 449 as applicable to licensure.**
- b. The provider must notify the DHCFP via email to 1915i@dncfp.nv.gov within 24 hours of the event of closure, suspension or adverse action taken by Health Care Quality and Compliance (HCQC).

2. STAFFING AND TRAINING REQUIREMENTS

- a. Within six months of date of hire, any direct care staff must have completed the **Brian Injury Association of America (BIAA) Brain Injury Fundamentals Certification and must maintain a current certification. Direct care staff include, but are not limited to, licensed professional staff and non-licensed staff who provide care for recipients diagnosed with TBI or ABI.**
- b. A facility must also have a designated person with **Certified Brian Injury Specialist (CBIS) Certification through BIAA to support the direct care staff with necessary education, skills and training.**

2.3. DOCUMENTATION

a. ATTENDANCE LOG

The facility must have documentation of daily attendance logs which includes: recipient’s full name, date, time-in, time-out, and recipient’s initials or signature.

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b. SERVICE LOG

The delivery of specific services required by the POC and outlined in the SP must be documented in the daily service log and maintained in the recipient's file.

1. The service log shall include the following information, but not limited to: recipient's full name, health component of the services, date of service provided, and initials of the direct care staff.
2. An appropriate provider staff member must sign and date the service log at minimum on a monthly basis indicating services were provided.

This documentation is verification of service provision and may be used to review claims paid.

c. SIGNATURES

1. The recipient and the appropriate staff member must sign or initial each record. The appropriate staff member would include, but not limited to: Director of the facility or designated acting Director.
2. In addition to a provider's SP, the recipient must also sign or initial the attendance log.
3. If the recipient is unable to provide a signature due to cognitive and/or physical limitation, this must be clearly documented in the recipient's file. A designated representative may sign on behalf of the recipient as referenced in 1803.6C(7)(c).
4. The facility may create a signature page which a designated representative should sign on behalf of the recipient signature for the SP and any other signature requirements.

1803.5 RESIDENTIAL HABILITATION

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 ADL, community inclusion, adult educational supports, social and leisure skill development that assist the recipient to reside in the most integrated setting appropriate to their needs. Residential Habilitation also includes personal care, protective oversight and supervision 24 hours a day.

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1803.5A COVERAGE AND LIMITATIONS

Residential Habilitation services are targeted to individuals who have a TBI or ABI.
Additionally, payment for room and board is prohibited.

1803.5B PROVIDER RESPONSIBILITIES

In addition to the Provider Responsibilities listed in Section 1803.1B, providers must adhere to the following requirements specific to rendering Residential Habilitation services.

1. PROVIDER QUALIFICATIONS

- a. Each provider of Residential Habilitation services must obtain and maintain certification as required in the 1915(i) State Plan. Providers must adhere to all requirements of NAC 449 as applicable to licensure.
- b. The provider must notify the DHCFP via email to 1915i@dncfp.nv.gov within 24 hours of the event of closure, suspension or adverse action taken by Health Care Quality and Compliance (HCQC).

2. STAFFING AND TRAINING REQUIREMENTS

- a. Within six months of date of hire, any direct care staff must have completed the Brian Injury Association of America (BIAA) Brain Injury Fundamentals Certification and must maintain a current certification. Direct care staff include, but are not limited to, licensed professional staff and non-licensed staff who provide care for recipients diagnosed with TBI or ABI.
- b. A facility must also have a designated person with Certified Brian Injury Specialist (CBIS) Certification through BIAA to support the direct care staff with necessary education, skills and training.

2.3. DOCUMENTATION

a. SERVICE LOG

The delivery of specific services required by the POC and outlined in the SP must be documented in the daily service log and maintained in the recipient's file.

- 1. The facility must have documentation of daily service recorded on a log which includes: recipient's full name and date, health component of this service, date of service provided and initials of the direct care staff.