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.~~

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~~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.~~

2603.1G 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

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2. Additional services are limited to one 60-day interval in a three-year period (calendar years).

The provider must contact the DHCFP QIO-like vendor with information in writing regarding the crisis situation and need for additional hours.

2603.7D AUTHORIZATION PROCESS

Prior authorization must be obtained before services can be provided. SD Skilled Services are authorized by the DHCFP's QIO-like vendor. Services must be requested using Code T1019 plus a TF modifier to represent SD Skilled Services If the TF modifier is not requested, reimbursement for SD Skilled Services will not be approved and subsequent claims will be denied.

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

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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

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2604 PCS INDEPENDENT CONTRACTOR (IC) MODEL

An individual may independently contract with the DHCFP to provide SD Skilled Services and PCS in a recipient's residence or in a location outside the home, except as excluded per 1905(a)(24) of the Social Security Act. An individual may only apply to the DHCFP to become a PCS IC when the need and preference for SD Skilled Services exists, where no PCS Agency or ISO is available and when the absence of an IC would constitute a hardship for an eligible recipient. A hardship situation is one in which the recipient is considered to be "at risk."

An application to become an IC with Nevada Medicaid is made through the local DHCFP District Office. Each IC providing PCS must comply with all PCS program criteria. The local DHCFP District Office will inform the potential IC of program criteria, training requirements, etc. The local DHCFP District Office will assist in processing the IC's application which must be submitted to the QIO-like vendor. Once the IC is approved, the local DHCFP District Office will notify the appropriate ADSD case manager who will provide the IC with the recipient's service plan and authorized service hours.

2604.1 COVERAGE AND LIMITATIONS

All of the policies discussed in the Section 2603.1C and 2603.7C of this chapter apply to the IC option.

2604.1A AUTHORIZATION PROCESS

Prior authorization must be obtained before services can be provided. PCS is authorized by the ADSD case manager. The IC shall contact the recipient's ADSD case manager to obtain prior authorization for services.

2604.1B PROVIDER RESPONSIBILITIES

The IC must assist eligible Medicaid recipients with ADLs and IADLs, as identified on the individual recipient's service plan and in accordance with the conditions specified in this Chapter and the Medicaid Provider Contract, as well as SD Skilled Services pursuant to NRS 629.091.

In order to ensure the safety and well-being of the recipient, documentation specific to the SD Skilled Services option of the program is required and must be signed by all applicable individuals as identified on each form, and updated annually and/or with any significant change in condition. Current forms are available upon request from the DHCFP or the QIO-like vendor.

1. Provider Enrollment.

   To become a Nevada Medicaid provider, the IC must enroll with the QIO-like vendor as a PT 58, Specialty 189.

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2. 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.

3. The following policies apply to the IC option:

   a. The IC must verify Medicaid Eligibility monthly.

   b. The Provider shall provide PCS in ADLs and IADLs which are medically necessary and approved on the service plan. The services provided must not exceed the PCA scope of services or limitations defined elsewhere in the MSM.

   c. The IC must review the recipient's service plan with the recipient or their PCR prior to the initiation of services. The IC shall review all allowable tasks, excluded activities and recipient back up plan. Documentation must be maintained in the recipient's file that this requirement has been met.

   d. 24-Hour Accessibility.

      The IC should have reasonable phone access either through a cell phone or home telephone for contact by the recipient or PCR. The IC is not required to maintain 24-hour phone accessibility.

   e. Backup Mechanism.

      The IC has no responsibility to establish a back-up mechanism in the event of an unanticipated, unscheduled absence because this is a recipient or PCR responsibility. The IC must notify the recipient at least two weeks in advance of anticipated time off (vacation, elective surgery etc.).

   f. Referral Source Agreement.

      The IC has no responsibility to establish a referral source agreement as there are no provider agencies within the immediate geographical area.

   g. Administrative Functions

      The IC is responsible for complying with all state regulations regarding independent contractors.

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