

DRAFT	MTL OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 2203
MEDICAID SERVICES MANUAL	Subject: POLICY

2203.5B PROVIDER RESPONSIBILITIES

In addition to the provider responsibilities listed in Section 2203.2B, Homemaker Providers must:

1. Provide adequate training related to homemaking assistance appropriate for recipients on the FE Waiver completed initially and annually;
2. Ensure that EVV requirements and expectations are met, including the documentation of all services in approved EVV system; and
3. The service must be prior authorized and documented in an approved EVV System.
4. As mandated by Nevada statute, federal law or any other applicable Medicaid authority, providers must adhere to all wage requirements established by federal or state law or applicable Medicaid requirements for direct care workers. Specific wage requirements are referenced in Waiver for the Frail Elderly in Appendix C – Participant Services and are outlined in the provider enrollment contract. The DHCFP Audit unit will conduct audits to ensure compliance with any wage requirement. As part of these audits, documents requested may include but not limited to:
 - a. Payroll records such as timesheets or timecards;
 - b. Detailed paystubs including hours and rates per direct care worker;
 - c. Employment documentation used to verify identification and authorization to work;
 - d. Financial records needed to verify a provider’s wage expense.

If a provider is determined to not be in compliance with paying their direct care workers a required wage, a provider will be subject to corrective action. Initial violations for non-compliance may result in provider education as well as recoupment of overpayment due to a provider not paying a direct care worker the mandated wage. Continued violations may trigger corrective action including additional penalties up to termination.

2203.7 RESPITE CARE

Respite Care Services are provided to recipients unable to care for themselves. This service is provided on a short-term basis because of the absence or need for relief of those persons normally providing the care. Respite providers perform general assistance with ADLs and IADLs as well as provide supervision to functionally impaired recipients in their private home or place of residence (community setting).

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2203.7A COVERAGE AND LIMITATIONS

1. Respite services may be for 24-hour periods.
2. Respite care is limited to 336 hours for the duration of the POC.
3. Services must be prior authorized by the case manager.

2203.7B PROVIDER RESPONSIBILITIES

In addition to the provider responsibilities listed in Section 2203.2B, Respite Providers must:

1. Provide adequate training related to personal care assistance appropriate for recipients on the FE Waiver completed initially and annually to include training on personal hygiene needs, and techniques for assisting with ADLs such as bathing, grooming, skin care, transfer, ambulation, exercise, feeding, dressing, and use of adaptive aids and equipment homemaking, and household care;
2. Providers are responsible to ensure that EVV requirements and expectations are met, including the documentation of all services in approved EVV System.
3. Service must be prior authorized and documented in an approved EVV System.
4. As mandated by Nevada statute, federal law or any other applicable Medicaid authority, providers must adhere to all wage requirements established by federal or state law or applicable Medicaid requirements for direct care workers. Specific wage requirements are referenced in Waiver for the Frail Elderly in Appendix C – Participant Services and are outlined in the provider enrollment contract. The DHC FP Audit unit will conduct audits to ensure compliance with any wage requirement. As part of these audits, documents requested may include but not limited to:
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If a provider is determined to not be in compliance with paying their direct care workers a required wage, a provider will be subject to corrective action. Initial violations for non-compliance may result in provider education as well as recoupment of overpayment due to a provider not paying a direct care worker the mandated wage. Continued violations may trigger corrective action including additional penalties up to termination.

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2203.11 ADULT COMPANION SERVICES

Adult Companion Services provides non-medical care, supervision and socialization to a functionally impaired recipient in his or her home or place of residence, which are furnished on a short-term basis or to meet the need for relief for the primary caregiver.

2203.11A COVERAGE AND LIMITATIONS

1. Adult companions may assist or supervise the recipient with tasks as meal preparation and clean up, light housekeeping, shopping and facilitate transportation/escort as needed. These services are provided as an adjunct to the Adult Day Care Services and must be incidental to the care and supervision of the recipient.
2. The provision of Adult Companion Services does not entail hands-on medical care.
3. This service is provided in accordance with the personalized goal in the POC and is not purely diversional in nature.
4. Transportation is not a covered service. Reference MSM Chapter 1900 Transportation Services for transportation policies.
5. LRIs are allowed to provide this service only when no other similar services are in place such as Adult Day Care or living in a residential group home. Limit to two hours/day and is based on the case manager's assessment and only if the primary and live-in caregiver needs a break or to run errands, etc.

2203.11B PROVIDER RESPONSIBILITIES

In addition to the provider responsibilities listed in Section 2203.2B, Adult Companion Providers must:

1. Be able to read, write and follow written or oral instructions; and
2. Have experience or training in how to interact with recipients with disabling and various health conditions.

Providers are responsible to ensure that EVV requirements and expectations are met, including the documentation of all services in approved EVV system.

Service must be prior authorized and documented in an approved EVV System.

3. As mandated by Nevada statute, federal law or any other applicable Medicaid authority, providers must adhere to all wage requirements established by federal or state law or

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applicable Medicaid requirements for direct care workers. Specific wage requirements are referenced in Waiver for the Frail Elderly in Appendix C – Participant Services and are outlined in the provider enrollment contract. The DHCFP Audit unit will conduct audits to ensure compliance with any wage requirement. As part of these audits, documents requested may include but not limited to:

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