Application for a §1915(c) Home and Community-Based Services Waiver

PURPOSE OF THE HCBS WAIVER PROGRAM

The Medicaid Home and Community-Based Services (HCBS) waiver program is authorized in §1915(c) of the Social Security Act. The program permits a state to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. The State has broad discretion to design its waiver program to address the needs of the waivers target population. Waiver services complement and/or supplement the services that are available to participants through the Medicaid State plan and other federal, state and local public programs as well as the supports that families and communities provide.

The Centers for Medicare & Medicaid Services (CMS) recognizes that the design and operational features of a waiver program will vary depending on the specific needs of the target population, the resources available to the state, service delivery system structure, state goals and objectives, and other factors. A State has the latitude to design a waiver program that is cost-effective and employs a variety of service delivery approaches, including participant direction of services.

Request for a Renewal to a §1915(c) Home and Community-Based Services Waiver

1. Major Changes

Describe any significant changes to the approved waiver that are being made in this renewal application:

Throughout the application, the State will revise language regarding monthly contacts to be more person centered and be directed by the recipient, to align with the Home and Community Based Settings New Rule. At a minimum, the State will require one face-to-face contact annually, with ongoing contact determined by the recipient, which may include other forms of contact such as email or text. It must be noted that most recipients on this waiver will still require monthly contact due to their level of need and cognitive impairments, but the waiver will include the option to be less frequent, and to include additional methods of contact. This does not remove the responsibility of the providers to report serious occurrences or the recipients from contacting their case manager when there are issues. This allows the recipient to direct ongoing contact; not the State.

The State will update the intake process to improve applicants' wait time to get on the waiver program. This new eligibility process for the Home and Community-Based Services Waiver for the Frail Elderly will be determined by the combined efforts of the ADSD and the DWSS. DHCFP will continue to review 95/5 of representative sample of intake packets on a monthly basis to ensure assessment of applicants is completed appropriately and meet the waiver requirements. This new process will also be adopted by other Nevada's Home and Community Based Services Waivers.

The State will revise the services definition to follow Technical Guide definitions, provider qualifications to aligned with current enrollment requirements for all services, and updated time frames for provider to revalidate from 3 years to 5 years. 'Relatives' (Non-Legally Responsible Person) will be added to provide waiver services to FE recipients to the following services: Homemaker, Respite, Chore to align with other Provider Types under the waivers.

Under the Opportunity to Request a Fair Hearing - the State will include Suspension Notice of Decision (NOD)as part of the recipient right when a recipient is institutionalized less than 60 days. This is to align with 42 CRF 431 Subpart E, which states "NV Medicaid will provide an opportunity for a fair hearing to any person whose claim for assistance is denied or not acted upon promptly."

In Appendix G-1 Participants Safeguard - the State will update language to state - Case managers to provide a copy of the HCBW Recipient Rights (form) to all individuals at the initial and annual home visits. Additionally, for Serious Occurrence report follow-up response time by case manager will be changed from 3 to 5 business days.

The State will update the rate methodology as directed by the Centers for Medicare and Medicaid (CMS). Upon approval from CMS, this new rate methodology will be used to review proposed rate increases, but will still be subject to NV State Legislature's approval.

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1. Request Information (1 of 3)

A. The **State** of **Nevada** requests approval for a Medicaid home and community-based services (HCBS) waiver under the authority of §1915(c) of the Social Security Act (the Act).

B. Program Title (*optional - this title will be used to locate this waiver in the finder*):

Waiver for the Frail Elderly

C. Type of Request: renewal

Requested Approval Period:*(For new waivers requesting five year approval periods, the waiver must serve individuals who are dually eligible for Medicaid and Medicare.)*

○ **3 years** ◉ **5 years**

Original Base Waiver Number: NV.0152
Draft ID: NV.016.07.00

D. Type of Waiver *(select only one):*

Regular Waiver

E. Proposed Effective Date: (mm/dd/yy)

07/01/20

1. Request Information (2 of 3)