First Health Services Corporation
A Coventry Health Care Company

Billing Guidelines for Provider Type 38

Home and Community Based Waiver - Mental Retardation Services

Policy

Nevada's Waiver for Persons with Mental Retardation and Related Conditions offers home and community-based services to assist eligible recipients who, without services, would require institutional care provided in an Intermediate Care Facility for Persons with Mental Retardation (ICF/MR).

Nevada's Division of Mental Health and Developmental Services (MHDS) administers this waiver program in conjunction with the Division of Health Care Financing and Policy (DHCFP). Therefore, providers and recipients must agree to comply with all MHDS and DHCFP policies.

Questions?

For additional information, refer to:

- Medicaid Services Manual (MSM), Chapter 2100 and Provider Type 38 Reimbursement Rates at http://dhcfp.nv.gov
- First Health Services' website at http://nevada.fhsc.com
- MHDS website at http://mhds.nv.gov

Contact MHDS

Contact information for the MHDS regional offices is provided in MSM Chapter 2100, Section 2105.1.b.

Covered Services

Each recipient is assigned an MHDS Service Coordinator who is responsible for developing his or her Individual Support Plan (ISP).

The following services are covered when they are 1) identified in the recipient's ISP as necessary to avoid institutionalization and 2) prior authorized by MHDS.

- Behavioral Consultation, Training and Intervention
- Community Integration Services
- Counseling (Individual and Group)
- Day Habilitation
- Non-Medical Transportation
- Nursing Services
- Nutrition Counseling Services
- Prevocational Services
- Residential Habilitation – Direct Services and Support
- Residential Habilitation – Direct Support Management
- Supported Employment

For a complete list of codes/modifiers billable under this provider type as well as current rates, refer to the DHCFP website (select "Rates Unit" from the main menu, then click "Provider Type 38 Home and Community Based Waiver Mental Retardation Services").

Self-Directed Services

Effective October 1, 2008, self-directed services may be used to support recipients in the following counties who prefer to direct their own services: Carson City, Douglas, Lyon, Storey, Mineral, Esmeralda, White Pine, Lander, Eureka, Humboldt, Pershing and Churchill.

Recipients who choose self-directed services will be assisted by a Financial Management Service staff and a Support Broker to access

self-directed services as an administrative activity.

The traditional service delivery method is still available statewide.

Service Limits

The following limits apply to covered services.

- S9123: 8 hours per month
- S9124: 8 hours per month
- H0004: $1500 per fiscal year
- T2003: $100 per month
- S9470: $500 per fiscal year
- T2038: 10 hours per month
- T2014: 6 hours per day
- T2017 with modifier UJ: 992 units per month
- T2018: 6 hours per day
- T2020: 6 hours per day

Fiscal Year

The fiscal year for this waiver program begins October 1st and ends September 30th.

Prior Authorization Requirements

After the recipient's Service Coordinator develops an ISP, MHDS evaluates it and, if appropriate, issues prior authorization for a set period of time. **All services must be prior authorized by MHDS in order to receive payment.**

A copy of the approved prior authorization must be kept in the recipient's file.

It is important to verify that an approved prior authorization is in place before providing services. This can be verified online through the Electronic Verification System (EVS), by calling the Automated Response System (ARS) at (800) 942-6511 or by utilizing a swipe card system. Each method is described in Chapter 3 of the Billing Manual on First Health Services' website (select "Billing Information" from the "Providers" menu).

Billing Instructions

Providers must submit their invoices to MHDS–use of the CMS-1500 claim form is not required. Do not submit invoices to First Health Services.

MHDS claims submitted to First Health Services must meet the requirements stated in the CMS-1500 Claim Form Instructions on First Health Services' website (select "Billing Information" from the "Providers" menu on http://nevada.fhsc.com).

Records and Reporting

Providers are required to complete and sign a daily service record for each service provided. The daily service record must also be signed by the recipient when the recipient is capable of understanding what he or she is signing. All service records must be available for review by Medicaid or MHDS upon request.

Providers are also required to report any incidents or serious occurrences to MHDS on a timely basis.

Hospice Program and Waiver Services

Recipients enrolled in a hospice program may be eligible for waiver services if the service:

- Allows the recipient to remain in the community and;
- Is palliative or basic self care and;
- Is not covered under the hospice program.

Refer to MSM Chapter 3200 for complete information on Nevada Medicaid's hospice program.