



1915(i) Home and Community-Based Services (HCBS) State Plan Option – Habilitation
Specialty 316: Residential Habilitation

Residential Habilitation services are designed to assist individuals in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community based settings.

References:

- For additional information, refer to: [Medicaid Services Manual \(MSM\) Chapter 100 - Medicaid Program](#) (contains important information applicable to all provider types)
- [MSM Chapter 1800 - 1915\(i\) - Home and Community Based State Plan Option Adult Day Health Care and Habilitation Service](#)
- Division of Health Care Financing and Policy (DHCFP) website at <http://dhcftp.nv.gov>.
- Nevada Medicaid Provider Web Portal at <https://www.medicaid.nv.gov>

The following service is covered under Specialty 316: Residential Habilitation.

RESIDENTIAL HABILITATION

This service is targeted to individuals with a Traumatic Brain Injury (TBI) or Acquired Brain Injury (ABI). 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 activities of daily living, community inclusion, adult educational supports, and social and leisure skill development that assist the recipient to reside in the most integrated setting appropriate to his/her needs. Residential Habilitation also includes personal care and protective oversight and supervision 24/7. Payment for Room and Board is prohibited.

Covered Services and Procedure Codes:

The following service is a benefit of this program only if the services are:

- 1) identified in the recipient's Plan of Care (POC) using person-centered approach, and
- 2) prior authorized by DHCFP: Residential Habilitation: T2017 for one recipient who is awake/T2017 UJ for one recipient who is asleep. Modifier UJ should be utilized to indicate the recipient is asleep.

Service Limits

The following limits apply to covered services:

- T2017 (Awake time): 24 hours (96 units) daily.
- Modifier UJ (Sleep time) cannot exceed 48 units daily.
- The total combined units of T2017 and T2017/UJ cannot exceed 96 units daily.

Non-Covered Services

Non-covered services include but are not limited to:

- Maintenance therapy
- Duplicative services
- Pre-admission screenings
- Pain management

Authorization Requirements

All services must be prior authorized by DHCFP. Before submitting your claim, you must receive approval to perform the services from DHCFP. Once a recipient is approved for Residential Habilitation Services, DHCFP will issue an authorization



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number to the provider chosen by the recipient. No action is required by providers to obtain the authorization number as DHCFP will contact the provider. For questions regarding these prior authorizations, providers may contact the DHCFP by sending an email to 1915i@dhcfp.nv.gov.

It is important to verify that an approved prior authorization is in place before providing services. Authorization can be verified online through the [Provider Web Portal](https://www.providerwebportal.nv.gov) at www.medicaid.nv.gov.

Authorization does not guarantee payment of a claim. Payment is contingent upon eligibility, available benefits, contractual terms, limitations, exclusions, coordination of benefits and other terms and conditions set forth by the benefit program.

Billing information

Provider type 55 is not required to submit an Explanation of Benefits (EOB) or denial letter from the other health care (OHC) coverage provider.

Note: PT 55 procedure codes are carved out of Managed Care (MCO) and services are paid out of Fee-For-Service (FFS).

All claims must be submitted electronically to Nevada Medicaid. See the [Electronic Verification System \(EVS\) User Manual Chapter 3 Claims](#) and the [Health Care Claim/Encounter: Professional Encounter \(837P\) Companion Guide](#) for instructions on submitting a professional claim.

Providers must indicate a prior authorization number on the claim. When providers bill for Residential Habilitation services, they will be required to include the authorization number provided by DHCFP. If the authorization number is not included, the claim will deny.