Specialized Foster Care

Program Eligibility for 1915(i) Home and Community Based State (HCBS) Plan Option for Intensive In-Home Supports and Services and Crisis Stabilization Services is determined by:

- A youth must meet and maintain Medicaid eligibility.
- A youth must be under 19 years of age at the time of enrollment; they may continue in HCBS benefit through age 19.
- A youth must have a Diagnostic and Statistical Manual of Mental Disorders (DSM-5) or Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-3) diagnosis.
- A youth must meet the needs-based eligibility requirements.
- The youth must reside in the Nevada licensed specialized foster home-based setting not considered an institutional level setting and the home must comply with federal home and community-based settings requirements at 42 CFR 441.710(a).

References

- Medicaid Services Manual (MSM) Chapter 100 (contains important information applicable to all provider types)
- MSM Chapter 4000 - 1915(i) Home and Community Based Services State Plan Option Intensive In-Home Services and Crisis Stabilization
- Nevada Medicaid website at nevadamedicaid.nv.gov
- Nevada Medicaid Provider Web Portal at medicaid.nv.gov

The following services are covered under Specialized Foster Care.

- **Intensive In-Home Supports and Services include:**
    - Evidence-based interventions that target emotional, cognitive and behavioral functioning within a variety of actual and/or simulated social settings. Activities and environments are designed to foster the acquisition of skills, building positive social behavior and interpersonal competence. Services focus on enabling the participant to attain or maintain his or her maximum potential and shall be coordinated with needed behavioral and physical health services and supports in the participant's person-centered services and support plans.
    - Regular support and technical assistance to the treatment parents in their implementation of the Plan of Care (POC) and with regard to other responsibilities they undertake. The fundamental components of technical assistance are the design or revision of in-home treatment strategies including proactive goal setting and planning, the provision of ongoing child-specific skills training and problem-solving during home visits.
    - Assessing behavioral problems and the functions of these problems and related skill deficits and assets, including identifying primary and other important caregiver skill deficits and assets related to the youth's behaviors and the interactions that motivate, maintain or improve behavior.
    - Intensive In-Home Supports and Services may serve to reinforce skills, behaviors or lessons taught through other services.
- **Crisis Stabilization Services Include:**
    - Short-term, outcome-oriented, and of higher intensity than other behavioral interventions that are designed to provide interventions focused on developing effective behavioral management strategies to secure participant and family/caregiver's health and safety pertaining to following a crisis. (Note: crisis may be defined by a past or future event.) These services may only be delivered in an individual, one-to-one session and are available in the child's home and community. The service is designed to be short-term and to achieve community stabilization through psychoeducation, crisis stabilization, and crisis resolution support.

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The service is of high intensity with the intent to develop effective behavioral strategies that will be maintained and help the child to sustain the behavioral strategies long-term.

Covered Services and Procedure Codes:

- **Intensive In-Home Supports and Services:**
  H2019 - Therapeutic behavioral services, per 15 minutes
  H2019 + Modifier HT – Multidisciplinary Team, to allow for Intensive In-home Supports and Services when coaching for this service is provided by the Specialized Foster Care agency.
- **Crisis Stabilization Services:**
  S9482 - Family stabilization services, per 15 minutes

Service Limits

The following limits apply to covered services:

- H2019: Intensive In-Home Services and Supports Without Coaching – Provided in-home by the treatment foster parent(s). Maximum of two hours per day, seven days a week.
- H2019 with Modifier HT: Intensive In-Home Services and Supports with Coaching – Provided in-home by a trained coach supporting the treatment foster parent(s) to deliver evidence-based interventions to fidelity. Maximum of one hour per calendar week (Sunday-Saturday).
- S9482: Crisis Stabilization Services - The maximum number of service hours per day is four hours for up to 40 hours per calendar month.

Providers delivering Psychosocial Rehabilitation (PSR) and Basic Skills Training (BST) to youth in Specialized Foster Care (SFC) are asked to be aware of the following policy in Medicaid Services Manual Chapter 4000 - 1915(i) HCBS State Plan Option Intensive In-Home Services and Crisis Stabilization, Section 4003.4A (2): **Intensive In-Home services cannot be reimbursed if billed on the same date of service as PSR and BST**.

- If PSR and/or BST services are deemed medically necessary and prescribed as part of the person-centered plan of care developed by the Child and Family Team (CFT) for the youth in SFC, intensive in-home supports and services may be performed and billed on different dates of service within that calendar week. It is essential that coordination of care occurs for youth in SFC to support the success of treatment goals.

Non-covered Services

Non-covered services include but are not limited to:

- Services rendered to a youth who is not eligible for Nevada Medicaid.
- Services rendered to a youth who no longer meets the needs-based eligibility criteria.
- Services rendered to a youth who is no longer in the Nevada licensed specialized foster home-based setting but is institutionalized (hospital, psychiatric residential treatment facility, or detained/incarcerated).
- Services rendered to an individual over the age of 19.
- Services rendered to an individual over the age of 18 and not enrolled in high school.
- Services rendered to a youth for which the State of Nevada, Department of Juvenile Justice Services, or county child welfare jurisdiction, Clark County Department of Family Services (CCDFS), or Washoe County Human Services Agency (WCHSA) is no longer the legal custodian and who is no longer admitted in the specialized foster care program.
- Services rendered to a youth that does not have a Diagnostic and Statistical Manual of Mental Disorders (DMS-5) or Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-3) diagnosis.

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Authorization Requirements

There are no prior authorization requirements for Intensive In-Home Supports and Services and Crisis Stabilization Services. Once a recipient is approved for Specialized Foster Care services and the Specialized Foster Care 1915(I) Home and Community Based Services Needs Based Eligibility Checklist (Eligibility Checklist) (see the Billing Information section below) is completed, the recipient is able to receive these services when determined appropriate.

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.

Providers are responsible for verifying a recipient's eligibility each month before providing services. If Other Insurance is listed in the recipient's record, the provider is required to submit claims to the primary insurance before billing Nevada Medicaid as secondary.

Billing Information

Provider type 86 must submit the Eligibility Checklist with the initial claim for the rolling 365-day time period. **Note**: Subsequent dates of service do not require the Eligibility Checklist for the remainder of the 365-day time period. Effective on claims with dates of service on or after September 18, 2023, initial claims submitted by provider type 86 do not require modifier U8.

The Eligibility Checklist is located next to this Billing Guide on the Providers/Claims Billing Information webpage.

See the PWP User Manual Chapter 3 Claims and the Electronic Data Interchange (EDI) Companion Guides for instructions on submitting claims and PWP User Manual Chapter 8 File Exchange for instructions on attaching documentation to claims.