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State of Nevada  
**Department of Health and  
Human Services**

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1915(i) State Plan Home and Community-Based Services

Division of Health Care Financing and Policy

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*Helping people. It's who we are and what we do.*

# Agenda

## Overview of the 1915(i) State Plan Home and Community-Based Services (HCBS)

- Administration and Operation
- Number Served
- Financial Eligibility
- Evaluation/Reevaluation of Eligibility
- Home and Community-Based Services Settings
- Person Centered Planning and Service Delivery
- Services
- Participant-Direction of Services
- Methods and Standards for Establishing Payment Rates
- Groups Covered



# Administration and Operation

## 1. Services

- Adult Day Health Care
- Day Habilitation
- Residential Habilitation

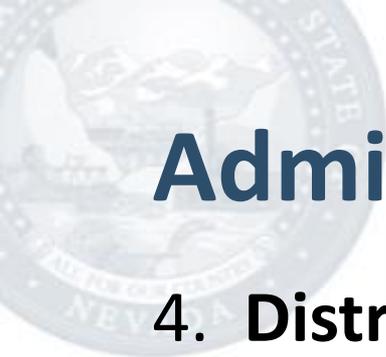
## 2. Concurrent Operation with Other Programs

- Not applicable

## 3. State Medicaid Agency (SMA) Line of Authority for Operating the State Plan HCBS Benefit

- Division of Health Care Financing and Policy





# Administration and Operation Cont.

## 4. Distribution of State Plan HCBS Operational and Administrative Functions

- Medicaid Agency or Contracted Entity (Fiscal Agent)

## 5. Conflict of Interests Standard

- Assurances of independence of person performing evaluations, assessments, and plans of care





# Administration and Operation Cont.

## 6. Fair Hearings and Appeals

- Assurance individuals have opportunity for fair hearing and appeals

## 7. No Federal Financial Participation (FFP)

- No payment for Room and Board

## 8. No duplication of services

- State Plan HCBS services will not be provided to an individual at the same time as another service that is the same in nature and scope



# Number Served

## 1. Projected Number of Unduplicated Individuals to Be Served Annually

Annual Period	From	To	Projected Number of Participants
Year 1	1/1/2020	12/31/2020	1,898

## 2. Annual Reporting

- State must annually report the actual number of unduplicated individuals served and the estimated number of individuals for the following year



# Financial Eligibility

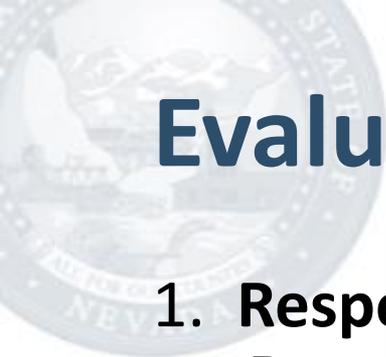
## 1. Medicaid Eligible

- Individuals receiving State plan HCBS are included in an eligibility group that is covered under the State's Medicaid Plan and have income that does not exceed 150% of the Federal Poverty Line (FPL)

## 2. Medically Needy

- The State does not provide State plan HCBS to the medically needy





# Evaluation/Reevaluation of Eligibility

## 1. Responsibility for Performing Evaluations/Reevaluations

- Directly by the State Medicaid Agency

## 2. Qualifications of Individuals Performing Evaluation/Reevaluation

- Health Care Coordinator (HCC) who must be licensed as a Social Worker, Registered Nurse or have professional license or certificate in medical specialty applicable to assignment

## 3. Process for Performing Evaluation/Reevaluation

- HCC conducts face-to-face visit to determine if potential recipient meets needs-based criteria





# Evaluation/Reevaluation of Eligibility Cont.

## 4. Reevaluation Schedule

- Reevaluations conducted every 12 months

## 5. Needs-based HCBS Eligibility Criteria

- A recipient must need assistance or prompting in at least two Activities of Daily Living (bathing, dressing, grooming, toileting, transfer, mobility, eating) and must also have one of the following risk factors:
  1. At risk of social isolation due to lack of family or social supports
  2. At risk of a chronic medical condition being exacerbated if not supervised by a registered nurse; or
  3. A history of aggressive behavior if not supervised or if medication is not administered by a registered nurse

# Evaluation/Reevaluation of Eligibility Cont.

## 6. Needs-based Institutional and Waiver Criteria

### Nursing Facility

The individual's condition requires services for three of the following:

1. Medication,
2. Treatment/  
Special Needs,
3. ADLs,
4. Supervision, or
5. IADLs

### Intermediate Care Facility – ID/IID

The individual has a diagnosis of intellectual disability or related condition and requires active treatment due to substantial deficits in three of the following:

1. Mobility,
2. Self-Care,
3. Understanding and  
Use of Language,
4. Learning,
5. Self-Direction, or
6. Capacity for  
Independent Living

### Applicable Hospitals

The individual has chronic mental illness and has at least three functional deficits:

1. Imminent risk of self-harm,
2. Imminent risk of harm to others,
3. Risk of serious medical complications, or
4. Need for 24-hour supervision

# Evaluation/Reevaluation of Eligibility Cont.

## 7. Target Group(s)

- Recipients 18 years and over
- For Day and Residential Habilitation Services, individuals must have a Traumatic Brain Injury (TBI) or an Acquired Brain Injury (ABI)

## 8. Adjustment Authority

- CMS and public notification 60 days before modifying needs-based eligibility criteria

## 9. Reasonable Indication of Need for Services

- Require need of at least one 1915(i) service at least monthly



# HCBS Settings

- The State plan HCBS benefit will be furnished to individuals who reside and receive HCBS in their home or in the community, not in an institution
- Settings include:
  - Adult Day Health Care center
  - Day Treatment Facility
  - Residential Group Homes for TBI or ABI

# Person Centered Planning & Service Delivery

## State Assurances:

1. There is an independent assessment of individuals determined to be eligible for the State plan HCBS benefit
  2. Based on the independent assessment, there is a person-centered service plan for each individual determined to be eligible for the State plan HCBS benefit
  3. The person-centered service plan is reviewed and revised upon reassessment of functional need at least every 12 months
- 4. Responsibility for Face-to-Face Assessment of an Individual's Support Needs and Capabilities**
- SMA Health Care Coordinator



# Person Centered Planning & Service Delivery Cont.

## 5. Responsibility for Development of Person-Centered Service Plan

- SMA Health Care Coordinator

## 6. Supporting the Participant in Development of Person-Centered Service Plan

- SMA Health Care Coordinator is responsible for the development of Plan of Care (POC) using a person-centered plan
- The potential recipient, family, support systems, and/or designated representatives are encouraged to participate in the development of the POC and to direct the process to the maximum extent possible



# Person Centered Planning & Service Delivery Cont.

## 7. Informed Choice of Providers

- During the assessment process, and at any time during the authorization period, the SMA HCC informs and provides a printed list of qualified providers to the potential recipient so they may choose among enrolled providers

## 8. Process for Making Person-Centered Service Plan Subject to the Approval of the Medicaid Agency

- The POC is developed and implemented by the SMA HCC using a person-centered process

## 9. Maintenance of Person-Centered Service Plan Forms

- State Medicaid Agency



# Services- Adult Day Health Care

## Service Definition

- Adult Day Health Care (ADHC) services provide assistance with the activities of daily living, medical equipment and medication administration. Services are generally furnished in four or more hours per day on a regularly scheduled basis, for one or more days per week. The schedule may be modified as specified in the plan of care. Services include care coordination, nursing services, restorative therapy and care, nutritional assessment, training or assistance in activities of daily living or instrumental activities of daily living, social activities and meals (*shall not constitute a “full nutritional regimen” (3 meals per day)*)

## Limitations

- No more than 6 hours per day per recipient



# Services- Adult Day Health Care Cont.

## Provider Qualification

Provider Type (Specify):	License (Specify):	Certification (Specify):	Another Standard (Specify):
Adult Day Health Care Center	Licensed by the Division of Public and Behavioral Health, Bureau of Health Care Quality and Compliance		Must maintain a Medicaid Services Provider Agreement and comply with the criteria set forth in the Medicaid Services Manual.

# Services- Day Habilitation

## Service Definition

- Day Habilitation services are regularly scheduled activities in a non-residential setting, separate from the recipient's private residence or other residential living arrangement. Services include assistance with the acquisition, retention, or improvement in self-help, socialization, and adaptive skills that enhance social development and develop skills in performing activities of daily living and community living
- Activities and environments are designed to foster the acquisition of skills, building positive social behavior and interpersonal competence, greater independent and personal choice. Services are identified in the recipient's POC according to recipient's need and individual choices. Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day)
- Day Habilitation services focus on enabling the participant to attain or maintain his or her maximum potential and shall be coordinated with any needed therapies in the recipient's POC such as physical, occupational, or speech therapy

## Limitations

- No more than 6 hours per day per recipient



# Services- Day Habilitation Cont.

## Provider Qualification

Provider Type (Specify):	License (Specify):	Certification (Specify):	Another Standard (Specify):
Habilitation Services Agency		CARF, Commission on Accreditation of Rehabilitation Facilities	Must maintain a Medicaid Services Provider Agreement and comply with the criteria set forth in the Medicaid Services Manual

# Services- Residential Habilitation

## Service Definition

- 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, 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
- Payment for Room and Board is prohibited

## Limitations

- None



# Services- Residential Habilitation

## Cont.

### Provider Qualification

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Provider Type (Specify):	License (Specify):	Certification (Specify):	Another Standard (Specify):
Habilitation Services Agency		CARF, Commission on Accreditation of Rehabilitation Facilities	Must maintain a Medicaid Services Provider Agreement and comply with the criteria set forth in the Medicaid Services Manual

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# Participant-Direction of Services

- The State does not offer opportunity for participant-direction of State Plan HCBS

# Methods and Standards for Establishing Payment Rates

## **Adult Day Health Care -no change to methodology**

1. The State will use Nevada-specific hourly wages from the Bureau of Labor Statistics as of May 2004 inflated to June 2006
2. This hourly compensation is increased by the 27% Employee Related Expenses (ERE)
3. A productivity factor is applied to the hourly compensation calculated in Item 2 to equal to the adjusted hourly rate
4. Administrative overhead (10%) is applied to the adjusted hourly rate (Item 3)
5. Determine allowance for capital costs per hour
6. Fixed hourly rate is the sum of adjusted hourly rate (Item 3), administrative overhead (Item 4) and capital costs (Item 5)
7. Fixed hourly rate is scaled to the proper unit based on the procedure code

# Methods and Standards for Establishing Payment Rates

## **Day Habilitation and Residential Habilitation**

1. The rates are comprised of level of staffing (FTEs) per billing unit
2. The wage level for supervisor and direct care staff using wage information from the Bureau of Labor Statistics
3. Employee related expenses at 27% which includes benefits such as paid vacation, paid sick leave, holiday pay, health insurance, etc.; amount of non-billable time spent by staff (productivity adjustment at 30 minutes per day) as well as staff training time
4. 15% was added to the hourly direct care and ERE cost for non-direct care activities

This is the base rate for these services. Public testimony is allowed during the Legislative process when rate increases are proposed through the budget process. The base rate is the same for all private providers.

# Covered Groups

- The State does not cover optional categorically needy groups



# Questions?





# Contact Information

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