2405.0 Supported Living Arrangement (SLA) Billing Policy

2405.1 Policy Approval Clearance Record

☐ Mental Health Policy ☒ Developmental Services Policy ☐ Rural Services Policy	This policy supersedes: 3021	Number of pages in Policy: 6
Review by Representative from the Office of the Attorney General:	Date: 1/10/11	Date Policy Effective: 09/14/2011
Rural Services Director Approval Signature: *Barbara Legier*	Date: 9/14/11 REVISED 10/3/11BL	Policy Lead: Kendall Howard

2405.2 Statement of Purpose

2405.2.1 **Policy Statement:** The policy provides guidelines to agency staff for the submission, review and approval of all Supported Living Arrangement provider billing and documentation.

2405.2.2 **Purpose:** The policy is to provide specific guidelines to agency staff to ensure the required documentation of services rendered while providing a fair and timely reimbursement practice by the agency to all Supported Living Arrangement providers.

2405.3 Authority

Federal/State Nevada Medicaid Home and Community-based Waiver for Persons with Intellectual Disabilities and Relations Conditions – Chapter 2100

NRS 433.494, NRS 435
NAC 435
MHDS 4.050, DS 1.1

2405.4 Definitions

2405.4.1 **SLA Contract:** outlines the specific roles and responsibilities for Rural Services staff, the Provider, and the individual receiving Supported Living Arrangement services.

2505.4.5 **Supplemental Security Income (SSI):** Income given by the Social Security Administration for individuals with low income who are age 65 or older or are blind

2405.5 Procedures

2405.5.1 **SLA Billing Submission / Process for Billing:**

A. All Supported Living Arrangement (SLA) providers are required to submit complete billing documentation in the order listed below, free from paperclips or staples, by the 5th working day of every month to their designated Developmental Specialist III (DS III). Providers may request a receipt for such documentation. The following is a list of documentation that will be included in the billing packet.

1. Main invoice
2. Individual invoice
3. Direct Support Management logs
4. Direct Service Habilitation Data Sheet
5. 24-hour direct support logs (if applicable)
6. Non-Family Host Home Daily Support Log (if applicable)
7. Supplemental Hours Log (if applicable)
8. Receipts for all individual requirements and/or one time costs per contract (if applicable)

9. On a quarterly basis - SLA Quarterly Progress Report

10. Counseling Services Assessment/Report (if applicable)

11. Behavioral Consultation, Training and Intervention Assessment/Summary (if applicable)

12. Nursing Services Assessment/Report (if applicable)

B. Process for billing

1. All billing documentation received by the DS III will be date stamped. Satellite office invoices must be mailed to the RS Accounting Department after review by the DS III and postmarked within 5 working days of receipt.

C. Developmental Specialist III Review of billing:

1. All DS III's will be responsible to review billing documentation to ensure services billed are confirmed by the back-up documentation, services rendered are consistent with the Individual Support Plan (ISP) and service authorization, habilitation plans and SLA contracts, and that the scope, frequency, duration, and the trainer and individuals initials are present in the direct service logs and data sheets.

- For all individuals unable to initial due to their disability a statement regarding such should be documented on each log.
- In the case of documentation discrepancy, the DS III will make written contact via email with the provider of the identified discrepancy with a read receipt. The DS III will also carbon copy their immediate supervisor.
- All DS III's will provide the contracted provider 72 hours to respond and submit clarification regarding billing documentation prior to the denial of any payment. This timeline will be outlined in the DS III's email to the provider.
- If the contracted provider fails to respond to the items in question or requires additional time to clarify backup documentation, the bill will be adjusted accordingly and the DS III will return the adjusted bill to the Rural Services Accounting Department for processing and the DS III will submit a copy of the adjusted invoice electronically to the Provider.
- Adjustments for services rendered will be reconciled during the next month's billing cycle.
- The DS III review will be limited to five (5) working days.

2. All communication to the Provider will be submitted on the Billing Discrepancies Form. A copy will be filed in the DS III Provider Billing File and an additional copy forwarded to Rural Services Accounting Department.

3. DS III/Supervisors will **NOT** authorize payment for bills that are lacking required backup documentation, duplicative entries, blatant cut and paste, activities not related to the life area authorized, activities that lack description of the trainers actions and activities that do not relate to the implementation of the habilitation plan. This does not limit a DS III/Supervisor from denying other discrepancies.

4. In instances wherein a DS III is unavailable to complete the billing review process, their designated back-up will be required to comply with the above defined process.

5. The Rural Services Accounting Department will complete data entry within fifteen (15) working days from the date received by Rural Services Accounting Department.

6. Final processing and check distribution may take up to an additional three (3) day period.

7. Rural Services billings submitted after the due date from the provider will be required to follow the same review and approval process, however, will have a total of thirty (30) working days to process bills for payment. The delinquent processing will allow the Rural Services Accounting Department a total of twenty (20) working days and the Developmental Specialist III a total of ten (10) working days to review.

8. It is the responsibility of the provider and the DS III to follow-up on and resolve any late and/or missing invoices. When submitting late invoices, providers should only submit information which has not previously been submitted.

9. The Rural Services' Accounting Department Program Officer must assure that the invoice is date stamped when received by the Accounting Department.

10. If individuals and/or provider invoices are missing after the due date to the Accounting Department, the Program Officer will notify the DS III's supervisor detailing the names, providers and months not submitted.

11. It is the responsibility of the Fiscal Office Program Officer or designee to notify the DS III's supervisor of any additional changes not identified by the DS III to the original bill submitted. The Developmental Specialist III's supervisor or designee will notify the Provider of additional changes. The DS III supervisor will assure that the provider receives email notification that the invoice has been modified and a copy of the modified invoice has been sent to them and will discuss changes with the DS III for corrective action.

12. All billings submitted by providers for dates of service prior to July 1 not received by Rural Services by the first Friday in August of the same year, which forces the State to process the billing as a stale claim pursuant to NRS 353.097, will be subject to an administrative fee not to exceed one hundred dollars ($100.00).

13. One (1) administrative fee per invoice will be assessed.

D. Appeals Process:

1. If a provider wishes to appeal the denial of reimbursement for services rendered the provider must file a written appeal to the Agency Director or their designee within 15 calendar days after the provider receives the written notice. The Agency Director or their designee may request additional documentation of evidence to support the appeal. The Agency Director or their designee shall complete a review of the appeal within 30 calendar days after receiving the written appeal. A provider may appeal the decision of the Agency Director or their designee by filing a written appeal with the Division Administrator or a person designated by the same. The appeal must be filed within 15 calendar days after the provider receives written notice of the decision from the Agency Director.

The decision of the Division Administrator or their designee will be considered the final decision for the purposes of judicial review.

2. Delinquent bills submitted by the Provider after the 5th working day of the month will not be subject to the 15 working day turnaround by Rural Services. Rural Services will be required to follow the same review and approval process, however, will have a total of thirty (30) working days to process bills for payment. The delinquent processing will allow the Rural Services Accounting Department a total 15 working days and the DS III a total of 10 working days to review.

2405.5.2 Timelines:

Table 2405.5.2.1: Timelines for SLA Billing Policy

Requirement	Deadline	Starting Date	Responsible Party	Supervisor Responsibility	Actions to be Taken
2405.5.1.A	5th working day of the month	1st of month	All Supported Living Arrangement providers	Designated Developmental Service Specialist	Submit complete billing documentation.
2405.5.1.C.1 Section 3	72 hours	Notice of error or deficiency	Contracted Provider	Developmental Specialist III	Submit clarification in the documentation prior to the denial of any payment
2405.5.1.C.1 Section 6	5 working days	Date of Billing Submission	Developmental Specialist III	Developmental Specialist IV	Review of billing, receive clarification regarding documentation, and forward corrected invoice to Accounting
2405.1.C.6	15 working days	Date of billing submission	Rural Services Accounting Department	ASO	Completion of data entry from date of billing submission.
2405.1.C.8	30 working days	Date of submission	Rural Services Accounting Department & Developmental Specialist III		30 working days to process late billing. 20 working days for RS Accounting Depart. 10 working days for DSIII
2405.1.D.1	15 Calendar days	Provider receipt of decision to deny payment as invoiced	Contracted Provider	Agency Director or their designee	Appeal the denial of reimbursement

2405.5.3 Forms:

A. FPO 2405 A: Billing Discrepancy Form

1. Form used to communicate discrepancies found by the Developmental Specialist III to the Provider.

2405.5.4 Supervisory Responsibility: Supervisors will provide in-service training to ensure all staff understands the requirements of this policy and procedures and understand the definitions and will revisit this policy periodically, but no less than annually for recommendations for improvement or additions.

2405.7 Rural Services Responsibilities

2405.7.1 Participants in Policy Development

A. Jurisdictional Representatives: Sierra Regional Center, Rural Regional Center

2405.8 Policy Cross Reference

2405.8.1 RS 1400 Residential Services and Supports