POLICY: Developmental Services (DS) is required to submit appropriate notification to Division the Division of Health Care Financing and Policy for the denial, termination, suspension or reduction of a Medicaid covered service.

PURPOSE: The purpose of the policy is to provide Developmental Services the guidance necessary to ensure required notification is completed and approved prior to the denial, termination, suspension or reduction of a Medicaid covered service.

SCOPE: All Developmental Services Medicaid Waiver Services

REFERENCE: Nevada Medicaid Home and Community Based Waiver

DEFINITIONS:

- Home and Community Based Waiver Eligibility Status Form (NMO 2734) – A notice of action that reports to Nevada Medicaid a denial, termination, suspension or reduction of Home and Community Based Waiver Services.

- Notice of Decision (NOD) – A Division of Health Care Financing and Policy (DHCFP) document that provides federal due process notice to a recipient of a denial, termination, suspension or reduction of Medicaid covered services or Waiver program eligibility.

PROCEDURE:

I. Denial of Home and Community Based Waiver Services (Waiver)

A. When an application for Waiver services is denied, within five (5) days from the date of denial, the Service Coordinator will send written notification (NMO 2734) to the DHCFP Continuum of Care Waiver Unit identifying the specific Medicaid Services Manual (MSM) policy citation for denial.

B. The following are examples of reasons for denial of Waiver services:
- The applicant does not meet the criteria of being diagnosed with mental retardation or having a condition related to mental retardation.
- The applicant does not meet the level of care criteria for placement in an Intermediate Care Facility for the Mentally Retarded.
- The applicant has withdrawn his/her request for Waiver services.
- The applicant fails to cooperate with the Service Coordinator or the Home and Community Based Services providers in establishing and/or implementing the individual support plan, implementing Waiver services, or verifying eligibility for Waiver services.
- The applicant's support system is not adequate to provide a safe environment during the time when Home and Community Based waiver services are not being provided. Home and Community Based waiver

services are not a substitute for natural and informal supports provided by family, friends or other available community resources.

- The agency has lost contact with the applicant.
- The applicant fails to show a need for Home and Community Based waiver services.
- The applicant would not require imminent placement in an Intermediate Care Facility for the Mentally Retarded if Home and Community Based waiver services were not available.
- The applicant has moved out of state.
- Another agency or program will provide the services.
- MHDS has filled the number of slots funded for the Home and Community Based Waiver for Persons with Mental Retardation and Related Conditions. The applicant has been approved for the Waiver waiting list and will be contacted when a slot is available.

C. Developmental Services will not take further action until such time as a copy is received of the Notice of Decision from DHCFP confirming the approved denial.

II. Termination of Waiver Services

A. When Waiver services for a recipient must be terminated, at least fifteen (15) days prior to the date of action the Service Coordinator shall send a NMO 2734 form to the DHCFP Continuum of Care Waiver Unit identifying the specific Medicaid Services Manual (MSM) policy citation for termination. One of the following specific reasons is required for the termination of Waiver services:

- The recipient no longer meets the criteria of mental retardation or having a condition related to mental retardation.
- The recipient no longer meets the level of care criteria for placement in an ICF/MR.
- The recipient has requested termination of Waiver services.
- The applicant fails to cooperate with the Service Coordinator or the Home and Community Based waiver service providers in establishing and/or implementing the individual support plan, implementing Waiver services, or verifying eligibility for Waiver services.
- The applicant's support system is not adequate to provide a safe environment during the time when Home and Community Based waiver services are not being provided. Home and Community Based waiver services are not a substitute for natural and informal supports provided by family, friends or other available community resources.
- The agency has lost contact with the applicant.
- The applicant fails to show a need for Home and Community Based waiver services.
- The applicant would not require imminent placement in an Intermediate Care Facility for the Mentally Retarded if Home and Community Based Waiver Services were not available.

- The applicant has moved out of state.
- Another agency or program will provide the services.
- MHDS has filled the number of slots funded for the Home and Community Based Waiver for Persons with Mental Retardation and Related Conditions. The applicant has been approved for the Waiver waiting list and will be contacted when a slot is available.

B. Developmental services will not take further action until such time as a copy is received of the Notice of Decision from DHCFP confirming the approved termination.

C. Upon notification that the recipient has requested continued services pending a due process appeal filed within ten (10) days, by or on behalf of the recipient, Developmental Services will reinstate all services until such time as the due process is complete and written notification of the findings is received.

III. Suspension of Waiver Services

A. When the suspension of Waiver services occurs where the recipient is unable to participate in Waiver services due to a temporary challenge, but does anticipate that the recipient will be able to continue within a 60 day period, within five (5) days from the date of action, the Service Coordinator will send a NMO 2734 form to the DHCFP Continuum of Care Waiver Unit identifying the specific Medicaid Services Manual (MSM) policy citation for the suspension within five (5) days from the date of action. The following are examples of reasons for the suspension of Waiver services:

A recipient is admitted to a hospital, nursing facility, or intermediate care facility for the mentally retarded.

B. Upon reinstatement of Waiver services, the Service Coordinator will send a written notification NMO 2734 form to the DHCFP within five (5) days identifying the end date of the suspension and the reinstatement date of Waiver services.

C. If at the end of 45 days, the recipient has not been removed from suspended status the case will be closed. This closure will be confirmed through the Notice of Decision to the recipient and Developmental Services. The Service Coordinator will be responsible to insure the closure was correct.

IV. Reduction of Waiver Services

A. When a recipient's Waiver services are reduced, the Service Coordinator will send form NMO 2734 to the DHCFP Continuum of Care Waiver Unit identifying the specific Medicaid Services Manual (MSM) policy citation for the reduction within fifteen (15) days prior to the date of action. The following are specific reasons for the reduction of Waiver services:

- The recipient no longer needs the amount of service/support hours/days that were previously provided.
- The recipient no longer needs the service/supports previously provided.
- The recipient's parent and/or legal guardian is responsible for the maintenance, health care, education and support of their child.
- The recipient's support system is providing the service.
- The recipient has failed to cooperate with the Service Coordinator or Home and Community-based service providers in establishing and/or implementing the support plan, implementing Waiver services, or verifying eligibility for Waiver services.
- The recipient has requested the reduction of supports/services.
- The recipient's ability to perform tasks has improved.
- Another agency or program will provide the services.
- Another service will be substituted for the existing service.
- The policy regarding payments for services provided by relatives is implemented. This policy is that services provided by relatives, who are not the legally responsible adult, are limited to payment for 40 hours per week, per individual served, per household

B. Developmental Services will not take further action until a copy of the Notice of Decision from DHCFP is received confirming the reduction in services.

C. Upon notification the recipient has requested continued services pending a due process appeal filed, by or on behalf of the recipient, within ten (10) days Developmental Services will reinstate all services until such time as the due process is complete and written notification of the findings is received.

V. Waiver Waitlist and Referral/NOD Process

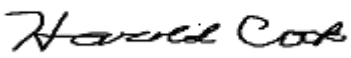
A. Upon being found eligible for Developmental Services, a recipient and/or their legal representative may request a Home and Community Based Waiver service. Current approved waiver services include Day habilitation, Prevocational Services, Supported Employment, Behavioral Consultation, Training and Intervention, Direct Services and Support, Direct Support Management, Community Integration Services, Counseling (Individual and Group), Non-Medical Transportation, Nursing Services and Nutrition Counseling Services.

B. Upon a request being made for waiver services the Service Coordinator will complete the Medicaid Home & Community Based Waiver Request form and submit to their immediate supervisor or designee.

1. The request will be reviewed at the weekly Supervisors meeting to determine appropriateness and then the individual is presumed eligible for placement on the Waiver Waitlist.
2. Approved requests will be placed on the Waiver Waitlist by the Community Services Director or designee pending both Waiver slot availability and the availability of matching state funds.

3. Upon placement on the Waiver Waitlist, Waiver Coordinator or designee will send a NOD 2734 form to the DHCFP Continuum of Care Waiver Unit with instructions to deny the request due to no slot available. The recipient will remain on the waitlist.

4. Once a slot and matching state funds are determined available, the DHCFP Medicaid Services Manual Chapter 2100 – Home and Community Based Waiver (MR) policy will be followed regarding waiver slot provision.



ADMINISTRATOR

EFFECTIVE DATE: 5/20/10
REVIEWED / REVISED DATE:
SUPERSEDES: New
APPROVED BY MHDS ADMINISTRATOR: 4/29/10
APPROVED BY MHDS COMMISSION: 5/20/10