

38 Home and Community Based Waiver – Mental Retardation Services

Nevada Medicaid's waiver for persons with mental retardation and related conditions offers home and community-based services to assist eligible recipients to remain in the community. Services are offered to eligible recipients who, without the waiver services, would require institutional care provided in an Intermediate Care Facility for persons with Mental Retardation (ICF/MR).

Covered Services

Home and Community Based Waiver providers (provider type 38) may only render services that are identified in the recipient's Individual Support Plan.

Recipients in this waiver program are eligible for full Medicaid benefits in addition to counseling and habilitation waiver services.

Habilitation services include:

- Day Habilitation
- Pre-vocational Services
- Educational Services
- Supported Employment Services
- Supported Living Services
- Family Support Arrangements

Non-Covered Services

If the recipient is in a Medicaid or Medicare funded hospice program, the recipient is not eligible to receive Day Habilitation services.

Prior Authorization Requirements

Each recipient is assigned a service coordinator who is responsible for developing his or her Individual Support Plan. The Division of Mental Health and Developmental Services (MHDS) evaluates the recipient's Individual Support Plan and issues prior authorization for a set period of time. All services must be prior authorized in order to receive payment from Medicaid.

To verify that there is a current prior authorization for services, log on to EVS or call the Medicaid recipient's MHDS service coordinator. For more information on EVS, see the Recipient Eligibility chapter of this manual.

Special Billing Instructions

All providers must submit all claims to MHDS. Do not submit claims directly to First Health Services.



The following claim form instructions are only valid for MHDS when submitting claims to First Health Services. MHDS does not require servicing providers to use the CMS-1500 claim form.

- Use the “Instructions for Completing the CMS-1500 Claim Form” earlier in this chapter to complete fields on your claim form that are not listed below.
- In **Field 17**, enter the name of the provider who rendered the service (the servicing provider).
- **Field 21** and Field 24E are not required.
- In **Field 24C**, enter “9” for the Type of Service code.

Use the HCPCS codes in the following table to bill for services provided under this program.

Code	Modifier	Description	Payment Method
H0004	--	Behavioral Health Counseling and Therapy	15 minutes = 1 unit
H0004	HQ	Behavioral Health Counseling and Therapy in a Group Setting	15 minutes = 1 unit
T2012	--	Habilitation, Educational, Waiver	Per Diem
T2014	--	Habilitation, Pre-vocational, Waiver	Per Diem
T2016	--	Habilitation, Residential, Waiver	Per Diem
T2017	--	Habilitation, Residential, Waiver	15 minutes = 1 unit
T2018	--	Habilitation, Supported Employment, Waiver	Per Diem
T2020	--	Day Habilitation, Waiver	Per Diem

Recipient Eligibility

Medicaid recommends that you verify recipient eligibility each time before providing services. You may verify recipient eligibility in several ways as described in the Recipient Eligibility chapter of this manual.



When an individual is enrolled in the Waiver for Persons with Mental Retardation and Related Conditions, EVS (First Health Services' online verification system) will display the following in the "Benefit Plan" field on the recipient eligibility response screen:

Benefit Plan (Plan Coverage Desc)	Begin-End (Date Time Period)	Eligibility or Benefit Info	Patient Pay (Benefit Amt)	Provider ID (Benefit Related Entity ID)	Phone Number Communication Number
MR WAIVER	01/01/2004-01/31/2004	1	0.00	000000000	000-000-0000
MED CO & DED	01/01/2004-01/31/2004	1	0.00	000000000	000-000-0000

For more information about verifying recipient eligibility through EVS, refer to First Health Services' EVS User Manual, which is available on First Health Services' web site (select "Manuals" from the "Providers" drop-down menu).

Recipient eligibility may also be verified by calling the Nevada Medicaid Audio Response System at (800) 942-6511, by calling First Health Services' at (877) 638-3472, or by utilizing a swipe card system.

Additional Notes

Providers must complete and sign the daily record for each recipient service and report any incidents or problems to MHDS on a timely basis. The daily record must also be signed by the recipient and available for review by Medicaid or MHDS upon request.

The waiver year for this program begins on October 1 and ends on September 30.

Recipients of the Waiver for Persons with Mental Retardation or Related Conditions who are enrolled or elect to enroll in a hospice program may be eligible to remain on the waiver if they require waiver services to remain in the community that are not covered under the hospice program. Regardless of the recipient's payment source for the hospice services, certain waiver services will no longer be payable by Medicaid as they are covered in the hospice program or are not palliative or basic self care. Refer to Medicaid Services Manual Chapter 3200 for additional information on hospice services.



Use the following information to contact MHDS. Billing forms may be submitted to the addresses shown below.

Desert Regional Center

1391 South Jones Boulevard
Las Vegas, NV 89146-1200
Telephone: (702) 486-6200
Fax: (702) 486-6334
Hours: 8:00 AM to 5:00 PM Monday-Friday, except State Holidays

Sierra Regional Center (SRC)

605 South 21st Street
Sparks, NV 89431-5599
(775) 688-1930
Hours: 8:00 AM to 5:00 PM Monday-Friday, except State Holidays

Rural Regional Center

625 Fairview Street, Suite 120
Carson City, NV 89701-5430
Telephone: (775) 687-5162
Fax: (775) 687-1001
Hours: 8:00 AM to 5:00 PM Monday-Friday, except State Holidays

For additional information, refer to the Nevada Medicaid Services Manual (MSM), Chapter 2100 at <http://dhcfp.state.nv.us>, the MHDS web site at <http://mhds.state.nv.us> or First Health Services' web site at <http://nevada.fhsc.com>.