



## Home and Community Based Waiver for the Frail Elderly

### Definition

The Home and Community Based Waiver (HCBW) for the Frail Elderly is offered to eligible Medicaid recipients who, without the waiver services, would require institutional care provided in a hospital or nursing facility.

Nevada's Aging and Disability Services Division (ADSD) operates this waiver program in conjunction with the Division of Health Care Financing and Policy (DHCFP). Therefore, providers and recipients must agree to comply with all ADSD and DHCFP policies.

### Prior authorization

**All services, except Case Management, must be prior authorized in order to receive payment.**

It is important to verify that an approved prior authorization is in place before providing services. This can be verified online through the Electronic Verification System (EVS), by calling the Automated Response System (ARS) at (800) 942-6511 or by utilizing a swipe card system. Each method is described in Chapter 3 of the Billing Manual on the Nevada Medicaid provider website at [www.medicaid.nv.gov](http://www.medicaid.nv.gov).

Authorization does not guarantee payment of a claim. 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.

### Billing instructions

Providers must submit claims to Nevada Medicaid. Claims must comply with the claim form instructions in the EVS Chapter 3 Claims and the Transaction 837P Professional claim companion guide, which are posted on the Nevada Medicaid provider website at [www.medicaid.nv.gov](http://www.medicaid.nv.gov).

In addition:

- You may only bill for the dates included on your approved authorization.
- You may only enter one authorization number per claim.
- You may only bill one calendar month of service per claim, e.g., August 1, 2018, through August 31, 2018.
- You may bill up to one week of service per claim line. A week is designated as Sunday through Saturday.

Example: You are billing from August 21, 2018, through September 30, 2018. You will use two claims as detailed below.

1. Claim #1, Line #1 will list services from August 21 through August 25.
2. Claim #1, Line #2 will list services from August 26 through August 31.
3. Claim #2, Line #1 will list services on September 1.
4. Claim #2, Line #2 will list services from September 2 through September 8.
5. Claim #2, Line #3 will list services from September 9 through September 15.
6. Claim #2, Line #4 will list services from September 16 through September 22.
7. Claim #2, Line #5 will list services from September 23 through September 29.
8. Claim #2, Line #6 will list services on September 30.

Effective with claims processed on or after December 21, 2015, provider type 48 is no longer required to submit an EOB or denial letter from the other health care (OHC) coverage provider.



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### Covered Services and Procedure Codes

The following services are benefits of this waiver program only if the services are prior authorized by ADSD.

- Homemaker Services: S5130 (per 15 minutes)
- Respite: S5150 (per 15 minutes) and S5151 (per diem)
- Chore: S5120 (per 15 minutes)
- Personal Emergency Response System: S5160 (installment) and S5161 (per month)
- Adult Companion Services: S5135 (per 15 minutes)
- Social Adult Day Care: S5100 (per 15 minutes) and S5102 (per day)\*
- Case Management: T1016 (per 15 minutes)

\*When six or more hours of service are prior authorized and performed in a single day, bill the established per diem rate.

### ADSD contact information

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