



Day and Residential Habilitation Services

Day and Residential Habilitation services are designed to assist individuals in acquiring, retaining and improving the self help, socialization and adaptive skills necessary to reside successfully in home and community based settings.

References

- For additional information, refer to: [Medicaid Services Manual \(MSM\) Chapter 100](#) (contains important information applicable to all provider types)
- [MSM Chapter 1800](#)
- Division of Health Care Financing and Policy (DHCFP) website at <http://dhcftp.nv.gov>.
- Nevada Medicaid Provider Web Portal at <https://www.medicaid.nv.gov>

The following services are covered under Habilitation.

DAY HABILITATION

Day Habilitation services are regularly scheduled activities that assist with the acquisition, retention or improvement that enhance social development and develop skills in performing activities of daily living and community living. Day Habilitation services focus on enabling the participant to attain or maintain his/her maximum potential and shall be coordinated with any needed therapies such as physical, occupational or speech therapy. Meals provided as part of these services shall not constitute a "full nutritional regimen" (three meals per day).

RESIDENTIAL HABILITATION

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, and 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.

Covered services and procedure codes:

- The following services are benefits of this program only if the services are 1) identified in the recipient's Plan of Care (POC) using person-centered approach, and 2) prior authorized by DHCFP: Day Habilitation: T2020 per diem
- Residential Habilitation waiver: T2017/T2017 UJ 15 mins

Service limits

The following limits apply to covered services:

- T2020: 1 unit per day not to exceed the maximum allowed of 6 hours
- T2017/T2017 UJ for Sleep: Limit use of both codes together for a maximum of 18 hours or 24 hours if T2020 is not utilized

Non-covered services

Non-covered services include but are not limited to:

- Maintenance therapy
- Duplicative services
- Pre-admission screenings
- Pain management



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Authorization requirements

All services must be prior authorized by DHCFP. Before submitting your claim, you must receive approval to perform the services from DHCFP. Once a recipient is approved for Day and Residential Habilitation Services, DHCFP will issue an authorization number to the provider chosen by the recipient. No action is required by providers to obtain the authorization number as DHCFP will contact the provider.

It is important to verify that an approved prior authorization is in place before providing services. This can be verified online through the [Provider Web Portal](#) at 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 information

Provider type 55 is not required to submit an EOB or denial letter from the other health care (OHC) coverage provider.

Note: PT 55 procedure codes are carved out of Managed Care (MCO) and services are paid out of FFS. (T2020 and T2017, T2017 UJ - PT55 only.)

All claims must be submitted electronically through the Nevada Medicaid Provider Web Portal.

Providers must indicate a prior authorization number on the claim. When providers bill for Day and Residential Habilitation Services, they will be required to include the authorization number provided by DHCFP. If the authorization number is not included, the claim will deny.