Home & Community Based Waiver – Individuals with Intellectual Disabilities and Related Conditions

Specialty 216: Supported Living Services

Specialty code 216: Supported Living Services includes any of the following services:

RESIDENTIAL SUPPORT SERVICES: Residential Support Services are designed to ensure the health and welfare of the individual, as well as the welfare of the community at large, through protective oversight and supervision activities and supports to assist in the acquisition, improvement, retention, and maintenance of the skills necessary for an individual to successfully, safely and responsibly reside in their community.

Residential Support Services are provided throughout the course of normal activities of daily living, as well as in specialized training opportunities outlined in the participant's Individual Support Plan. These services are individually planned and coordinated, assuring the non-duplication of services with other State Plan Services.

Residential Support Services may be provided on a continuum of service delivery model ranging from intermittent to twenty-four (24) hour supported living arrangements, as determined by the Individual Support Plan team. Residential support services are provided in either the service recipient's natural family home or in a non-provider owned home or apartment; owned or leased in the service recipient's name or on the behalf of the service recipient, with the exception of approved Host Home services. Residential support services are provided in integrated settings within community residential neighborhoods.

RESIDENTIAL SUPPORT MANAGEMENT: Residential Support Management is designed to ensure the health and welfare of individuals receiving residential support services from agencies in order to assure those services and supports are planned, scheduled, implemented and monitored as the individual prefers, and as needed, depending on the frequency and duration of approved services. Residential support managers assist the participant with managing their residential supports.

The following is a list of required enrollment documents for this provider type. A copy of each document listed below must be included with your Provider Enrollment/Re-Enrollment Packet.

If you have any questions, please contact the Provider Enrollment Unit at (877) 638-3472 from 8:00 a.m. to 5:00 p.m. Monday through Friday.

- ☐ Aging and Disability Services Division (ADSD) Provisional Certification. (Please contact the Regional Center you wish to affiliate with for information on their certification process. Contact information can be located at: http://adsd.nv.gov/Contact/Contact_DevServices/)
- ☐ Documentation showing Taxpayer Identification Number (SS-4 or CP575 or W-9)
- ☐ National Provider Identifier (NPI) validation: Printed page from the NPPES NPI Registry displaying the provider's NPI or a printed copy of the email confirmation showing the provider's NPI
- ☐ Signed Business Associate Addendum (NMH-3820). The Addendum is available at www.medicaid.nv.gov on the "Provider Enrollment" webpage under "Required Enrollment Documents."

Complete the following declaration and attestations, and provide this signed checklist with your Provider Enrollment/Re-Enrollment Packet.

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Policy Declaration

I hereby declare that as of this date, I have read the current Medicaid Services Manual (MSM) Chapters 100 and 2100, which can be found by going to http://dhcfp.nv.gov and selecting "Medicaid Manuals" from the Index box. I attest that I understand these Policies and how they relate to my scope of practice. I acknowledge that, as a Nevada Medicaid contracted provider, I am responsible for complying with the MSM, with any updates to this Policy as it may occur from time to time and with all applicable state and federal laws.

Owner/Applicant Signature:_____Date:_____

Information Changes

If your information changes from what is presented above and on your enrollment application, you are required to notify HP Enterprise Services (HPES) within five working days. Changes in business ownership must be reported by resubmitting a completed enrollment application. All other changes may be reported by completing the relevant sections of form FA-33. All forms are online at www.medicaid.nv.gov and must be submitted to HPES.

Per MSM Chapter 100, Section 103.3: Medicaid providers, and any pending contract approval, are required to report, in writing within five working days, any change in ownership, address, or addition or removal of practitioners, or any other information pertinent to the receipt of Medicaid funds. Failure to do so may result in termination of the contract at the time of discovery.

I hereby accept Nevada Medicaid's change notification requirements:

Owner/Applicant Signature:_____Date:_____

Reporting Fraud

Providers have an obligation to report to the Division of Health Care Financing and Policy (DHCFP) any suspicion of fraud or abuse in DHCFP programs, including fraud or abuse associated with recipients or other providers (MSM Chapter 3300, Section 3303.1B.1). Examples of fraudulent acts, false claims and abusive billing practices are listed in MSM Chapter 3300, Section 3303.1A.2. Alleged fraud, abuse or improper payment may be reported by calling (775) 687-8405 or completing the form on the DHCFP website at http://dhcfp.nv.gov/Resources/PI/ContactSURSUnit/.

I understand that Nevada Medicaid payments are made from federal and state funds and that any falsification, or concealment of a material fact, may be prosecuted under federal and state laws.

I hereby agree to abide by Nevada Medicaid's fraud reporting requirements.

Owner/Applicant Signature:_____Date:_____

Owner/Applicant Attestation

I certify under penalty of perjury under the laws of the State of Nevada, that the information I have provided is true and correct and that I have read, understood, and agree to comply with all parts of this Provider Enrollment Checklist.

Owner/Applicant Signature:_____Date:_____