Provider Enrollment Checklist for Provider Type 38

Home & Community Based Services (HCBS) Waiver for Individuals with Intellectual and Developmental Disabilities

Specialty 216: Supported Living Services

RESIDENTIAL SUPPORT SERVICES: Residential Support Services are designed to ensure the health and welfare of the recipient, 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 recipients 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 recipient's Person Centered Plan (PCP). 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 PCP 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 Shared Living and provider owned homes that have been approved by the Regional Center. The provider is required to have a lease with each service recipient living in a provider owned home. 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 recipients receiving residential support services from agencies. This service is intended to ensure supports are planned, scheduled, monitored, and implemented according to the recipient's preferences and needs depending on the frequency and duration of approved services. Residential support managers assist the participant with managing their residential supports.

NON-MEDICAL TRANSPORTATION: Non-Medical Transportation services are offered to enable waiver recipients to gain access to community services. Non-medical transportation service allows recipients to engage in normal day-to-day, non-medical activities such as going to the grocery store or bank, participating in social events and other recreational events, or attending a worship service. Whenever possible, family, neighbors, friends or community agencies should provide this service without charge. This service will not duplicate or impact the amount, duration and scope of the medical transportation benefit provided under the Medicaid State Plan.

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 or revalidation.

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.

Resources: The Provider Enrollment webpage provides instruction materials that will assist providers with enrolling in Nevada Medicaid.

Facility/Group

- ☐ Aging and Disability Services Division (ADSD) Supported Living Arrangement Services Certification. (Please contact the Regional Center(s) 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)
- ☐ Nevada Secretary of State Business License
- ☐ Signed Business Associate Addendum (NMH-3820) if your business is NOT a HIPAA "covered entity." The Addendum is available at www.medicaid.nv.gov on the "Provider Enrollment" webpage under "Required Enrollment Documents."

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Individual

- ☐ Aging and Disability Services Division (ADSD) Supported Living Arrangement Services Certification. (Please contact the Regional Center(s) 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 (W-9)
- ☐ Signed Business Associate Addendum (NMH-3820) if your business is NOT a HIPAA "covered entity." 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 or revalidation.

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 "Manuals" from the "Resources" menu. 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 Nevada Medicaid within five working days. Changes in business ownership must be reported by resubmitting a new enrollment application and indicating ownership change. All ownership changes must include documentation of the purchase agreement. All other changes must be reported by using the Provider Web Portal at https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx. After logging in, click on the "Revalidate – Update Provider" link under Provider Services. The Online Provider Enrollment User Manual Chapter 3 Revalidation and Updates on the Provider Enrollment webpage at https://www.medicaid.nv.gov provides instructions on navigating the Update Provider tool.

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,

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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:_____