

### Purpose

Nevada Medicaid's Home and Community-Based Waiver for Persons with Physical Disabilities program (also referred to as the "WIN" waiver) offers home and community-based services to recipients with physical disabilities. Recipients enrolled in this program would require institutional care without these waiver services.

Eligibility for the physically disabled waiver is determined by the Division of Health Care Financing and Policy (DHCFP).

### Links

For additional information, refer to:

- Medicaid Services Manual (MSM), Chapter 2300 and Provider Type 58 Reimbursement Rates at <http://dhcfnv.gov>
- The Magellan Medicaid Administration website at <http://nevada.fhsc.com>

### Covered Services

In addition to waiver services, recipients eligible under this waiver are also eligible for full Medicaid benefits.

Services listed below are benefits of this waiver program only if the service is documented on the recipient Plan of Care and is prior authorized by DHCFP.

- Case Management Services
- Homemaker Services
- Chore Services
- Respite Care
- Attendant Care
- Specialized Medical Equipment and Supplies
- Environmental Accessibility Adaptations
- Personal Emergency Response System (PERS)

- Adult Residential Care and Assisted Living Services
- Home Delivered Meals

For a complete list of billable codes/modifiers and current rates, refer to the DHCFP website (select "Rates" from the main menu, then click Provider Type 58 Home and Community-Based Waiver for Persons with Physical Disabilities").

### Prior Authorization

Each recipient is assigned a case manager from the nearest DHCFP District Office. The case manager prior authorizes services based on medical necessity as documented in the recipient's Plan of Care.



**All services except case management must be prior authorized in order to receive payment.**

You may contact the recipient's case manager to verify that a service(s) has been prior authorized. Case managers may be reached at:

Las Vegas DHCFP District Office  
1210 S. Valley View, Suite 104  
Las Vegas, NV 89102  
Phone: (702) 668-4200

Elko DHCFP District Office  
1010 Ruby Vista Drive, Suite 103  
Elko, NV 89801  
Phone: (775) 753-1191

Reno District Office  
1030 Bible Way  
Reno, NV 89502  
Phone: (775) 687-1900

Carson City DHCFP District Office  
1000 East William St. Suite 111  
Carson City, Nevada 89701  
Phone: (775) 684-3651

## Billing Frequency

Before submitting a claim, verify the dates for which DHCFP authorized service. The dates of service on your claim must be within the dates of service shown on your authorization.

For a claim to pay correctly, you must bill at the proper intervals.

- If service is prior authorized **weekly**, bill **weekly**.
- If service is prior authorized **monthly**, bill **monthly**.
- If service is prior authorized **annually**, bill **monthly**.
- If service is prior authorized on a one-time basis, bill after the service has been provided.

## Billing Scenarios

Remember:

- You may bill only for the dates included on your approved authorization.
- You may enter only one Authorization Number per claim form.

### **Scenario #1: Weekly PA Frequency**

You are billing Medicaid for waiver services provided from October 15, 2009 through November 8, 2009. The Plan of Care authorizes 4 units per day (4 units per day multiplied by 7 days per week = 28 units per week).

- You may bill only one calendar month of service per claim form.
- You may bill up to one week of service per claim **line**. A week is defined as Sunday through Saturday.

## Resolution

Complete two claim forms. Claim Form 1 will list services provided from November 16-30. Claim Form 2 will list services provided from December 1-8.

November						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

2009

December						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

2009

You will use two claim forms as detailed below.

- a) Form #1, Line #3 will list services from November 29 through November 30.
- b) Form #2, Line #1 will list services from December 1 through December 5.
- c) Form #2, Line #2 will list services from December 6 through December 8.

## Scenario #2: Monthly PA Frequency

You are billing Medicaid for waiver services provided from November 1, 2003 through December 31, 2003. The Plan of Care authorizes 16 hours of respite care per month.

You may bill only one calendar month of service per claim form.

### Resolution

You will complete two claim forms as described below.

- a) Form #1, Line #1 will list services from November 1-30.
- b) Form #2, Line #1 will list services from December 1-31.

### Billing Instructions

Submit claims to Magellan Medicaid Administration. Claims must meet the requirements stated in the [CMS -1500 Claim Form Instructions](#) on the Magellan Medicaid Administration website (select “Billing Information” from the “Providers” menu on <http://nevada.fhsc.com>).

### Verify Eligibility

Please verify recipient eligibility each time before providing services.

When an individual is enrolled in the “WIN” program, the Electronic Verification System (EVS) will display two benefit plans on the recipient eligibility response screen: “Medicaid FFS” and “Disabled WVS.”

For more information about verifying recipient eligibility through EVS, refer to the [EVS User Manual](#) online at <http://nevada.fhsc.com> (select “EVS Manual” from the “EVS” menu).

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
MEDICAID FFS	01/01/2004-01/31/2004	1	0.00	000000000	000-000-0000
DISABLED WVS	01/01/2004-01/31/2004	1	0.00	000000000	000-000-0000

## Records and Reporting

Providers must follow the Plan of Care authorized by the DHCFP and complete a daily record of service. This record must be signed by the recipient if the recipient is physically able to sign and understands what he or she is signing. All service records must be available for review by DHCFP.

Providers are also required to report any incidents or serious occurrences to the recipient’s DHCFP District Office Care Coordination Unit.

## Hospice Program and Waiver Services

Recipients enrolled in a hospice program may be eligible for waiver services if the service:

- Allows the recipient to remain in the community and;
- Is palliative or basic self-care and;
- Is not duplicated under the hospice program.

Refer to [MSM Chapter 3200](#), for complete information on the Hospice program.