

**Special points
of interest:**

- Records
- HCBW
- Changes in MMIS

**Inside this
issue:**

Daily Records - FAQs	2
MMIS Changes	3
HCBW Program	3
ADSD	4
Locations	

Caring for Recipients

The goal of the Home and Community Based Waiver (HCBW) program is caring for people who are elders and keeping them out of nursing homes and hospitals which helps to enrich our community.

Caring for our recipients includes taking a careful look at the potential for abuse in some situations. Nevada Law defines abuse as the willful and unjustified infliction of pain, injury or

mental anguish or deprivation of



*Proper Care for
Recipients - Our
Shared Goal.*

food, shelter, clothing or services necessary to maintain the physical or mental health of an older person.

As a HCBW provider, you are a mandated reporter.

A Mandatory Reporter is defined by law to be someone who is required to notify a particular state or local agency when the person knows or has reason to believe that a person 60 years or older is being abused, neglected, or isolated.

Reports should be made immediately or within 24 hours.

More information:

[http://
health.nv.gov/
HCQC_HealthFac
ilities.htm](http://health.nv.gov/HCQC_HealthFacilities.htm)

Daily Records - FAQs

The office of Aging and Disability Services division gets many questions regarding daily records.

In our last newsletter, we addressed how filling out the daily records was imperative to a successful annual review, among other things.

The newsletter also discussed that training caregivers on the proper procedure for filling out the daily records is a requirement of the facility administrator.

Daily records being completed properly is so important, a facility could face suspension from Medicaid if they are repeatedly cited.

So exactly how is this

done? When a service is given to a recipient, as indicated on the Plan of Care provided to the facility by the social worker, the caregiver administering the service should initial in the correct box on the correct day indicating the service was given. If no service was given, the box can be left blank unless the service is required as per the Plan of Care. Should this happen, the caregiver must indicate why the service was not provided. If the service is not required by the Plan of Care, that box does not have to be filled in.

Additionally, the recipient must initial daily that the services have been delivered as indi-

cated. The recipient must also sign each daily record sheet indicating all services have been given as indicated on the sheet. If the recipient is unable to sign or initial; this must be clearly documented on the sheet and on the Plan of Care as to why they can't sign.

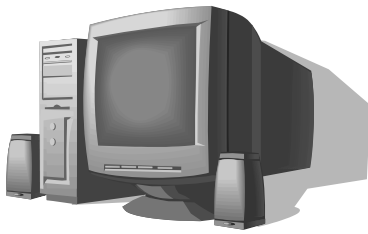
Again, Medicaid does not have a required form for the daily records however, an example form can be provided to your facility. Contact your social worker with additional questions!

These are requirements from the Medicaid Services Manual Chapter 2200.



How do you fill out those records, again?

MMIS Changes - what it means to you



Do Not Drop Services to a Recipient without contacting the social worker.

changed. The changes were designed to be seamless, however some providers may have had trouble getting information about their Medicaid recipient. If this has happened to you, do not stop services until

Recently, the Medicaid Management Information System (MMIS) went through a major change. For recipients on Medicaid, this means the way they receive their prior authorizations has

you have spoken to the recipient's social worker. The social worker may be able to help in these circumstances and better for the recipient to receive services in a transition time than to have them stopped.

If you have any questions about authorizations, contact your social worker!

“If you have questions about authorizations, contact your social worker.”

What is the Home and Community Based Waiver Program all about?

When an individual is at risk of being placed in a hospital or nursing facility, the opportunity for them to remain in a community setting in lieu of institutionalization is when the Home and Community Based Waiver (HCBW) Program comes into service and effect. The waiver is for peo-

ple who are elderly to be able to lead satisfying and productive lives in their homes with the services and support they need to do so.

HCBW is an optional service program approved by the Centers for Medicare and Medicaid Services

with the goal to allow recipients to live in their own homes, or community settings. Learn more by viewing Chapter 2200 of the Medicaid Services Manual at:

<https://dhcfp.nv.gov/MSM%20Table%20of%20Contents.htm>



Nevada Aging and Disability Services Division

The mission of the Aging and Disability Services Division (ADSD) is to develop, coordinate, and deliver a comprehensive support service system of essential services, which will allow Nevada's elders and those with disabilities to lead independent, meaningful, and dignified lives.

Aging and Disability Division Locations

Aging and Disability Services Division - Carson

3416 Goni Rd. Bldg D, Ste 132
Carson City, NV 89706

Phone: 775-687-4210

Fax: 775-687-4264

Aging and Disability Services Division - Elko

1010 Ruby Vista Drive, Ste 104
Elko, NV 89801

Phone: 775-738-1966

Fax: 775-753-8543

Aging and Disability Services Division - Las Vegas

1860 E Sahara Ave
Las Vegas, NV 89104

Phone: 702-486-3545

Fax: 702-486-3569

Aging and Disability Services Division - Reno

445 Apple Street, Ste 104
Reno, NV 89502

Phone: 775-688-2964

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