

# Key Message and Tips for Providers: Home and Community-Based Services



## Message

Do you want to help your patients live in the least restrictive environment possible? Home and community-based services (HCBS) is a broad set of services for eligible individuals created through State Medicaid agency waivers and approved by the Centers for Medicare & Medicaid Services (CMS).

Federal regulations require an assessment of the beneficiary's physical condition and finances to determine eligibility for HCBS. Additionally, some States require that the beneficiary meet an institutional level of care or be at risk for institutionalization if HCBS were not available.[1]

## TIPS

Knowing and following these tips help Medicaid providers and referring physicians meet Medicaid requirements for HCBS services and referrals, improve billing and help strengthen the integrity of the Medicaid program.

- Make only appropriate referrals for HCBS;
- Check beneficiary eligibility regularly;
- Ensure the beneficiary has the required person-centered service plan (service plan) and that it is current and complete;
- Confirm service is provided by an authorized, qualified provider;[2]
- Make sure that documentation is complete and supports services provided;
- Use the appropriate procedure or service code and number of units when billing; and
- Check with your State Medicaid agency for information about services in your area since these programs vary from State to State.

For more information about Medicaid Program Integrity, visit <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html> on the CMS Medicaid Program Integrity Education website.

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1 U.S. Department of Health and Human Services. Centers for Medicare & Medicaid Services. (1999). State Medicaid Manual: Chapter 4, Services, § 4442.2. Retrieved March 31, 2015, from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021927.html>

2 U.S. Department of Health and Human Services. Centers for Medicare & Medicaid Services. (1999). State Medicaid Manual: Chapter 4, Services, § 4442.11. Retrieved March 31, 2015, from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021927.html>