SENIOR & LONG TERM CARE DIVISION
COMMUNITY SERVICES BUREAU

HOME AND COMMUNITY BASED WAIVER Policy Manual	Section: ADMINISTRATIVE REQUIREMENTS
	Subject: Payment Requirements

- **Reference: ARM: 37.40.1415**

PAYMENT FORSERVICES

Payment for Home and Community Based Services (HCBS) is contingent on the following factors:

1. The member is financially eligible for Medicaid during the month in which the service is rendered;
2. The member meets level of care requirements;
3. The provider is eligible for Medicaid participation on the day the service is rendered and has agreed to accept the member and bill Medicaid;
4. The service is covered by Medicaid;
5. The member has not exceeded the limitations for a specific service without prior authorization from the Regional Program Officer;
6. A third party source has not already paid in full for the service;
7. Services are prescribed in the member's plan of care;
8. The HCBS Case Management Team (CMT) has prior authorized the service;
9. A clean claim is received by XEROX within 365 days of the date of service;
10. Payment is not available for any days a member is hospitalized or in a nursing facility unless retainer days are authorized by the CMT. Refer to HCBS 410 for policy on retainer days. Payment is available on the date of admission and the date of discharge for hospital and

nursing facility placement; and,

11. Payment may be authorized for members in hospitals, nursing facilities or community settings who have not been admitted to the HCBS waiver, but these services are necessary in order to transition them into the HCBS waiver. The date of service for billing purposes cannot be prior to the date of admission to the waiver.