

DHHS – PROVIDER MEETING

Developmental Disabilities Waivers

Fourth Quarter: October 24, 2023

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Agenda

- 👉 TBI Waiver Changes and Potential Provider Interest
- 👉 Eligibility and Enrollment Stakeholder Engagement
- 👉 Changes in Service Review Process
- 👉 Medical Resource Team and Provider Training Observations
- 👉 Emergency Safety Intervention
- 👉 Final Settings Rule Self-Assessment
- 👉 DD Provider Quality Improvement Highlight
- 👉 Shared Living Provider Changes and Training
- 👉 Questions

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TBI Waiver Changes and Potential Provider Interest

Karen Houseman

- 👉 TBI Waiver Eligibility
- 👉 Updated TBI Services and Provider Requirements
- 👉 Specialized TBI Training
- 👉 Resource Development Contacts

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TBI Waiver Eligibility Requirements

To be eligible to receive TBI Waiver services, a person must:

- ✍ Be age 18 years or older
- ✍ Disabled within Social Security criteria
- ✍ Have a diagnosis of traumatic brain injury*
 - ✍ Non-degenerative, non-congenital insult to the brain from an external mechanical force;
 - ✍ Possibly leading to permanent or temporary impairment of cognitive, physical, and psychosocial functions; and
 - ✍ An associated diminished or altered state of consciousness (at the time of diagnosis).
- ✍ Meet nursing facility level of care ([471 NAC 44](#))

**This program is not for acquired brain injury caused by strokes, tumors, and other non-traumatic causes. The term TBI does not apply to brain injuries induced or caused by birth trauma.*

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Nursing Facility Level of Care (471 NAC 44)

003.01(A) LEVEL OF CARE DETERMINATION FOR ADULTS AGE 18 OR OLDER. A person must satisfy one of the four following categories to meet nursing facility level of care (NF LOC) eligibility:

- (1) A limitation in at least three activities of daily living (ADL) and one or more risk factors;
- (2) A limitation in at least three ADL and one or more medical conditions and treatments;
- (3) A limitation in at least three ADL and one or more areas of cognitive limitation; or
- (4) A limitation in at least one ADL and at least one risk factor and at least one area of cognitive limitation.

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Expanded Traumatic Brain Injury Waiver

👉 DDD expanded the TBI Waiver starting October 1, 2023.

👉 Changes included:

- 👉 More services available for TBI Waiver participants in their own homes;
- 👉 New service options;
- 👉 Increasing availability for care throughout the state; and
- 👉 Potential to expand the provider network.

Existing and new providers are encouraged to enroll to serve participants on the TBI Waiver.

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New TBI Waiver Services

Providers must have specialized TBI training and use EVV for:

- ✎ **TBI Personal Care** – Includes assistance with ADL and health-related tasks and may include instrumental activities of daily living (IADLs). It is provided in a person's home and community.
- ✎ **TBI Companion** – Includes supervision and social supports provided in a person's home and possibly community settings. This service may include light housekeeping tasks, paying bills, errand services, essential shopping, food preparation, and laundry service.
- ✎ **TBI Respite** – A short-term service for when a participant cannot care for themselves. Provides temporary relief to the usual caregiver who lives with the participant. Includes helps with activities of daily living, health maintenance, and supervision. This service is limited to 360 hours annually.

New TBI Waiver Services

👉 **TBI Adult Day Health** – Includes social and health activities provided outside the participant’s home. Includes personal care, health assessment and nursing services, meal services, recreational therapy supportive services, and other activities.

👉 Specialized TBI training.

👉 Licensure standards 175 NAC 5.

👉 HCBS settings rule: ensure services are provided in an integrated community-based setting.

👉 Written plan for the participant while in services.

👉 **Community Connections** – Supports and assists the participant to participate in community or social activities. This service is limited to 360 hours annually and does not include ADL.

👉 Specialized TBI training.

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New TBI Waiver Services

- ✎ **Supported Employment – Individual** – Provides a job coach for one-to-one teaching to help a participant keep their competitive job. This service is provided at the participant's job. Provider helps with job skills and referrals for other resources.
- ✎ **Supported Employment – Follow-Along** – Helps the participant keep their competitive job. This service may be provided to the participant directly or by communicating with the participant's employer on their behalf.

Provider requirements for Supported Employment:

- ✎ Specialized TBI training.
- ✎ Bachelor's degree **or** equivalent coursework/training **or** four or more years experience/life experience **or** combination.
- ✎ Provided at the work site where persons without disabilities are employed.
- ✎ Monthly summary reports on the progress of job stabilization.

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New TBI Waiver Services

- ✎ **Personal Emergency Response System (PERS)** – An electronic device used to help a participant contact someone in an emergency.
 - ✎ Ensure response is provided 24 hours per day, seven days per week.
 - ✎ Furnish replacement PERS unit within 24 hours of malfunction.
 - ✎ Ensure monthly testing of the PERS unit.
 - ✎ Update responder contacts semi-annually.
- ✎ **Chore** – Assists with maintaining health and safety in the participant's home. Includes tasks such as in-home cleaning, care of household equipment, minor repairs, and lawn care.
 - ✎ Qualifications, experience, and ability in carrying out services comparable to those authorized.

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New TBI Waiver Services

✈️ **Non-Medical Transportation** – Provides transportation to and from community services and resources outlined in the person-centered plan. Helps the participant continue living at home.

- ✈️ A valid driver's license with no more than three points assessed against their Nebraska license within the past two years or a comparable standard in the state of their driver's license.
- ✈️ Have not had their driver/chauffeur's license revoked within the past three years.
- ✈️ Maintain the minimum vehicle insurance coverage required by state law.
- ✈️ Independent providers: use their own personally registered vehicle.

✈️ **Home Delivered Meals** – Meals prepared outside the participant's home and delivered to their home.

- ✈️ Deliver meals in a sanitary manner, using methods to maintain proper food temperatures.
- ✈️ Provide meals which contain at least 1/3 of the recommended daily nutritional allowance
- ✈️ Menus available to DHHS.
- ✈️ Follow applicable laws and regulations in the Nebraska Food.

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TBI Supported Residential Living (Assisted Living)

- ✎ Provided in a homelike, non-institutional setting.
- ✎ Includes personal care and supportive services, including 24-hour response capability to meet scheduled or unpredictable participant needs and provide supervision, safety, and security.
- ✎ Services available to the participant: health maintenance activities, medication administration, transportation, escort services, activities, essential shopping, housekeeping services, laundry services, and personal care services.
 - ✎ *Escort service* is accompanying or physically assisting a participant who lives in an assisted living facility and is unable to access medical care without supervision or assistance.
 - ✎ *Activities* are social and recreational programming.
- ✎ Nursing and skilled therapy are incidental, rather than integral.
- ✎ Payment is **not** made for 24-hour skilled care.

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Specialized TBI Training Requirement

Specialized TBI training is required for all providers and their employees in order to provide direct care to TBI Waiver participants for the following services:

- ✎ Supported Residential Living (*formerly Assisted Living*) (30,31,32, and 33)
- ✎ TBI Adult Day Health (3336)
- ✎ Supported Employment – Individual (2207)
- ✎ Supported Employment – Follow-Along (8190)
- ✎ Community Connection (2202)
- ✎ Personal Care (6222)
- ✎ Companion (7934)
- ✎ Respite (3471 and 6688)

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Provider Training from DHHS

- ✍ Training provides fundamental TBI information and strategies through videos, handouts, and learning assessments for each module.
- ✍ Each module will take approximately 1.5 hours:
 - ✍ Module 1: Brain Injury 101 & Participant Rights
 - ✍ Module 2: Strategies for Cognition in Someone with Brain Injury
 - ✍ Module 3: Strategies for Emotional and Behavioral Support
 - ✍ Module 4: Providing Physical Supports to Someone with Brain Injury
- ✍ Training will be delivered electronically by email.
- ✍ Training can be completed either in one day or over eight days.

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Registering for TBI Provider Training

Providers and their employees register through the appropriate form:

- ✎ Agency Provider Enrollment: <https://forms.gle/igaAwhJri9hueHgE9>
- ✎ Agency Employee Enrollment: <https://forms.gle/48snnfcvo6yydh8TA>
- ✎ Independent Provider Enrollment: <https://forms.gle/GhXC3X78vJDffbBW6>

Allow two business days for an email confirming enrollment and your training start date.

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Agency Providers

- ✎ DHHS will issue a certificate of completion, which must be loaded in Maximus.
- ✎ You may use an alternative TBI-specific training if approved by the Division of Developmental Disabilities. If you use an alternative TBI-specific training plan, it must be loaded in Maximus.
- ✎ You must have Policies and Procedures for direct care employees to complete training before serving TBI Waiver participants.
 - ✎ Employees must complete training and have their certificate of completion before providing services.
 - ✎ You must keep certificates of completion for each employee providing services to TBI Waiver participants.
 - ✎ Files will be reviewed by DHHS at annual renewal meetings and by request.
- ✎ In addition to TBI-specific training, you must comply with other provider enrollment requirements

Connect with a Resource Development Worker

- ✍ Existing Aged and Disabled (AD) Waiver providers already work with a Resource Development worker or Service Coordination office.
- ✍ Developmental Disability (DD) waiver providers, or providers who only serve children on the AD Waiver need to connect with their local League of Human Dignity office or Area Agency on Aging for a Resource Development worker.
- ✍ Review TBI service details and have service codes when you contact the office.
 - ✍ TBI Waiver Services webpage: <https://dhhs.ne.gov/Pages/TBI-Services.aspx>.
 - ✍ Review the TBI Waiver Appendix C, when available: Regulations and Waivers for DDD: <https://dhhs.ne.gov/Pages/DD-Regulations-and-Waivers.aspx>.
- ✍ Agencies who are new to serving waiver participants will discuss their business plan and existing work with Resource Development.
 - ✍ Policies and Procedures for hiring and reporting practices are required.
- ✍ Annual reviews are required with Resource Development.

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Area Agencies on Aging – Call for an Appointment

Aging Office of Western Nebraska (AOWN)

1617 Broadway, Suite 122
Scottsbluff, NE 69361
(308) 635-0851 or (800) 682-5140

Aging Partners

600 S. 70th Street, Building 2
Lincoln, NE 68510
(402) 441-7070 or (800) 247-0938

Blue Rivers Area Agency on Aging

103 Eastside Boulevard
Beatrice, NE 68310
(402) 223-1376 or (888) 989-9417

Eastern Nebraska Office on Aging

4780 South 1311 Street
Omaha, NE 68137
(402) 444-6536 or (888) 554-2711

Midland Area Agency on Aging

2727 West 2nd Street, Suite 440
Hastings, NE 68901
(402) 463-4565 or (880) 955-9714

Northeast Nebraska Area Agency on Aging

119 W Norfolk Avenue
Norfolk, NE 68701
(402) 370-3454 or (800) 672-8368

South Central Nebraska Area Agency on Aging

620 East 25th Street, Suite 12
Kearney, NE 68847
(380) 234-1851 or (800) 658-4320

West Central Nebraska Area Agency on Aging

115 North Vine
North Platte, NE 69101
(308) 535-8195 or (800) 662-2961

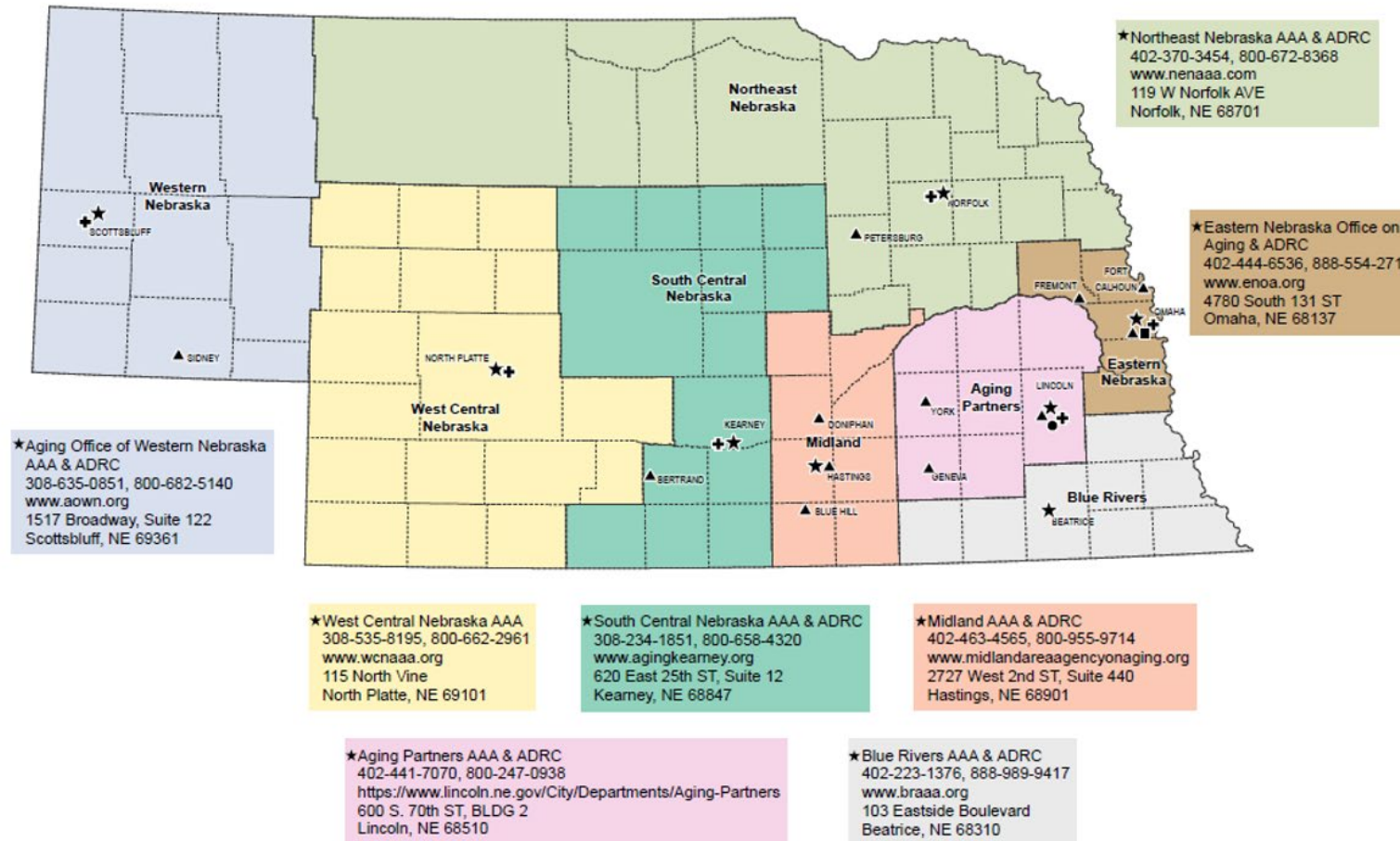
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Area Agency on Aging Map



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League of Human Dignity – Call for an Appointment

League of Human Dignity Kearney

3811 29th Avenue, Suite 2

Kearney, NE 68845

(308) 224-3665 or (877) 544-3296

League of Human Dignity Lincoln

1701 P Street

Lincoln, NE 68508

(402) 441–7871 or (888) 508-4758

League of Human Dignity Norfolk

400 Elm Street

Norfolk, NE 68701

(402) 371 - 4475 or (800) 843-5785

League of Human Dignity North Platte

2509 Halligan, Suite B

North Platte, NE 69101

(308) 532-4911 or (877) 870-4911

League of Human Dignity Omaha

5513 Center Street

Omaha, NE 68106

(402) 595-1256 or (800) 843 -5784

League of Human Dignity Scottsbluff

17 East 21 Street

Scottsbluff, NE 69361

(308) 632-0470 or (877) 298-1380

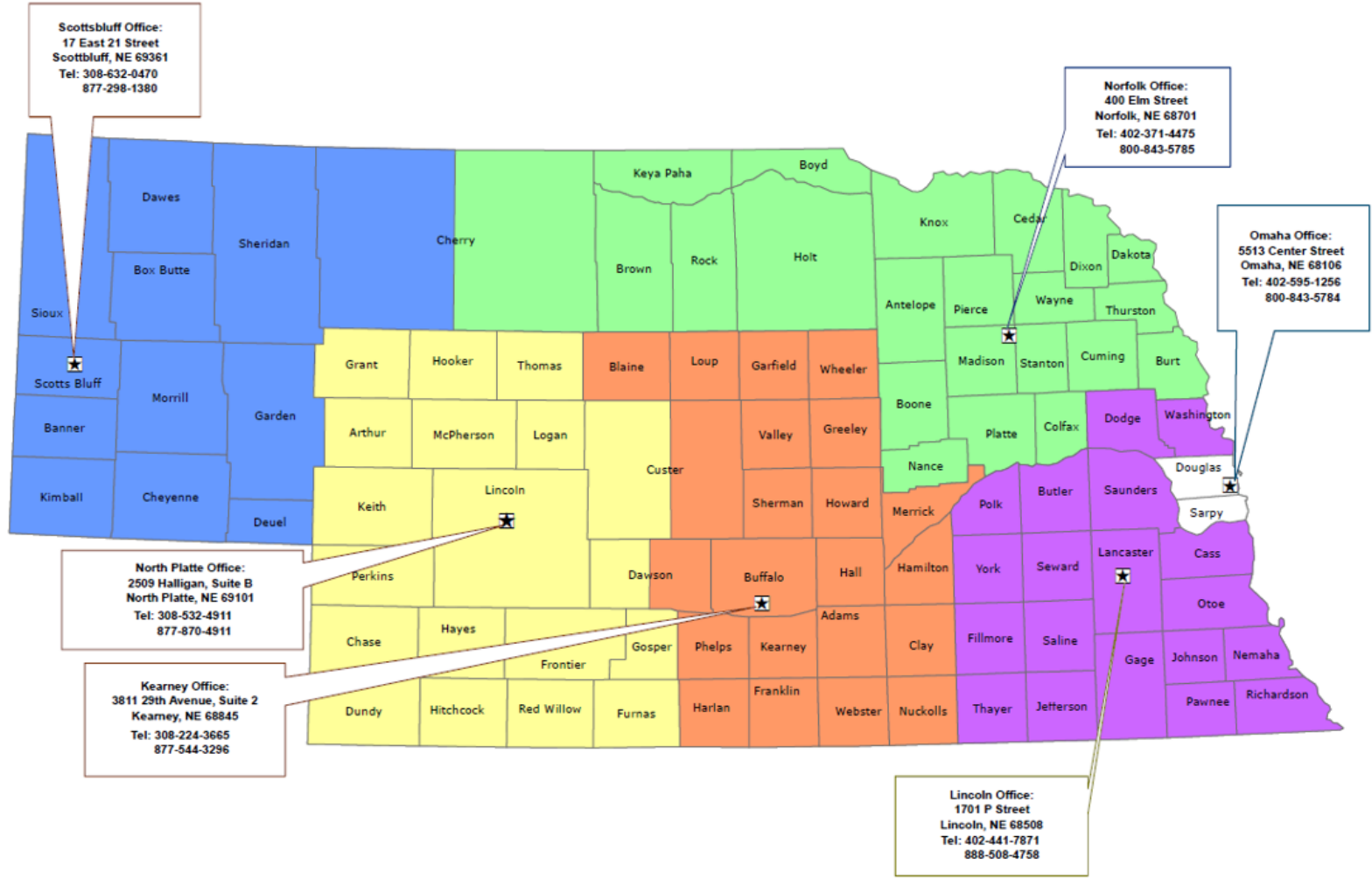
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League of Human Dignity Map of Waiver Offices



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Eligibility and Enrollment Stakeholder Engagement

Brianne Berres

- 👉 Eligibility Overview
- 👉 The E&E Unit
- 👉 Waiver Eligibility Process and ICAPs
- 👉 HCBS Waiver Application Process
- 👉 Contacts

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Medicaid in the DHHS Organizational Chart

Department of Health and Human Services

Behavioral Health

- System of Care, Prevention, and Network Services
- Finance and Network Services
- Clinical Excellence and Services
- System Integration (Office of Consumer Affairs, Quality and Data, DHHS Housing)

Children and Family Services

- Protection and Safety
- Programs and Services
- Eligibility Operations
- Finance
- Policy and Legislative Affairs
- Research and Evaluation

Developmental Disabilities

- Finance and Operations
- Community Service
- Eligibility and Enrollment
- Facility

Medicaid and Long-Term Care

- Finance and Program Integrity
- Program and Performance Management
- Population Health
- Policy and Plan Management
- Eligibility Operations**
- Compliance
- Medical Services
- State Unit on Aging

Chief Medical Officer

Public Health

- State Epidemiologist
- Licensure and Environmental Health
- Promotion and Prevention
- Epidemiology, Informatics, and Vitals
- Program Integrity
- Preparedness and Response

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Service Access Process – Medicaid Eligibility



Medicaid Eligibility

Medicaid and Long-Term Care (MLTC) determine Medicaid eligibility prior to a referral to the Division of Developmental Disabilities (DDD) Eligibility and Enrollment Unit (E&E Unit).

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Service Access Process – E&E Unit Assessment

Medicaid Eligibility

Medicaid and Long-Term Care (MLTC) determine Medicaid eligibility prior to a referral to the Division of Developmental Disabilities (DDD) Eligibility and Enrollment Unit (E&E Unit).

E&E Unit Assessment

The E&E Unit completes a needs assessment to provide data for the waiver eligibility determination process.

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E&E Unit in the DHHS Organizational Chart

Department of Health and Human Services

Behavioral Health

- System of Care, Prevention, and Network Services
- Finance and Network Services
- Clinical Excellence and Services
- System Integration (Office of Consumer Affairs, Quality and Data, DHHS Housing)

Children and Family Services

- Protection and Safety
- Programs and Services
- Eligibility Operations
- Finance
- Policy and Legislative Affairs
- Research and Evaluation

Developmental Disabilities

- Finance and Operations
- Community Service
- Eligibility and Enrollment**
- Facility

Medicaid and Long-Term Care

- Finance and Program Integrity
- Program and Performance Management
- Population Health
- Policy and Plan Management
- Eligibility Operations
- Compliance
- Medical Services
- State Unit on Aging

Chief Medical Officer

Public Health

- State Epidemiologist
- Licensure and Environmental Health
- Promotion and Prevention
- Epidemiology, Informatics, and Vitals
- Program Integrity
- Preparedness and Response

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The E&E Unit

- ✎ The E&E Unit is responsible for determining level of care (LOC) on applicants and participants for all Medicaid HCBS waivers.
 - ✎ 1915(c) waivers provide home and community-based services for people with disabilities.
- ✎ To meet eligibility criteria for an HCBS waiver program, a person must meet waiver-specific LOC requirements.

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Determining Waiver Eligibility

- ✎ Waiver eligibility is determined by:
 - ✎ Reviewing various factors (including age, disability, income, and functional limitations).
 - ✎ Identifying a need for assistance with activities of daily living (ADLs), such as bathing, dressing, meal preparation, medication management, or transportation.
- ✎ The E&E Unit works closely with applicants, their families, and health care professionals to collect information needed to determine eligibility.
- ✎ E&E Unit staff conduct interviews, review medical records, and may conduct home visits to accurately assess an individual's living situation and support needs.

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Service Access Process – Waiver Eligibility

Medicaid Eligibility

Medicaid and Long-Term Care (MLTC) determine Medicaid eligibility prior to a referral to the Division of Developmental Disabilities (DDD) Eligibility and Enrollment Unit (E&E Unit).

E&E Unit Assessment

The E&E Unit completes a needs assessment to provide data for the waiver eligibility determination process.

Waiver Eligibility

Individuals are required to meet eligibility criteria for Medicaid and waiver-specific criteria annually to qualify for waiver services.

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Overview of Nebraska Waiver Programs



Mobility

Serious difficulty walking or climbing stairs.



Cognition

Serious difficulty concentrating, remembering, or making decisions.



Independent Living

Difficulty doing errands alone.



Hearing

Deafness or serious difficulty hearing.



Vision

Blindness or serious difficulty seeing.



Self-Care

Difficulty dressing or bathing.

✍️ DDD currently operates and oversees four waivers:

- ✍️ Aged, Adults, and Children with Disabilities (AD);
- ✍️ Comprehensive Developmental Disabilities (CDD);
- ✍️ Developmental Disabilities Day Services for Adults (DDAD); and
- ✍️ Traumatic Brain Injury (TBI).

✍️ Each waiver has specific LOC criteria people must meet to receive services.

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CDD & DDAD Waivers

To be eligible for the CDD and DDAD waivers, a person must:

- ✎ Be eligible for Nebraska Medicaid.
- ✎ Meet Nebraska's definition of having a developmental disability.
- ✎ Meet ICF/IID LOC and have needs that require services like those provided in an ICF/IID.

CDD = People of all ages with a developmental disability.

DDAD = People aged 21 and over with a developmental disability.

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DD Waiver Eligibility Requirements

Developmental disability is defined in [Neb. Rev. Stat. §83-1205](#):

- ✎ A **diagnosis** prior to the age of 22 years that is expected to continue indefinitely,
 - ✎ A severe, chronic disability, including intellectual disability, other than mental illness, which is attributable to a mental or physical impairment.
- ✎ The disability must result in **substantial functional limitations** in each of the following areas of adaptive function:
 - ✎ **Conceptual** – language, literacy, money, time, number concepts, and adaptive functioning.
 - ✎ **Social** – interpersonal, social responsibility, self-esteem, gullibility, wariness, social problem solving, ability to follow laws and rules and avoid being victimized.
 - ✎ **Practical** – daily living, personal care, occupational skills, healthcare, and mobility.

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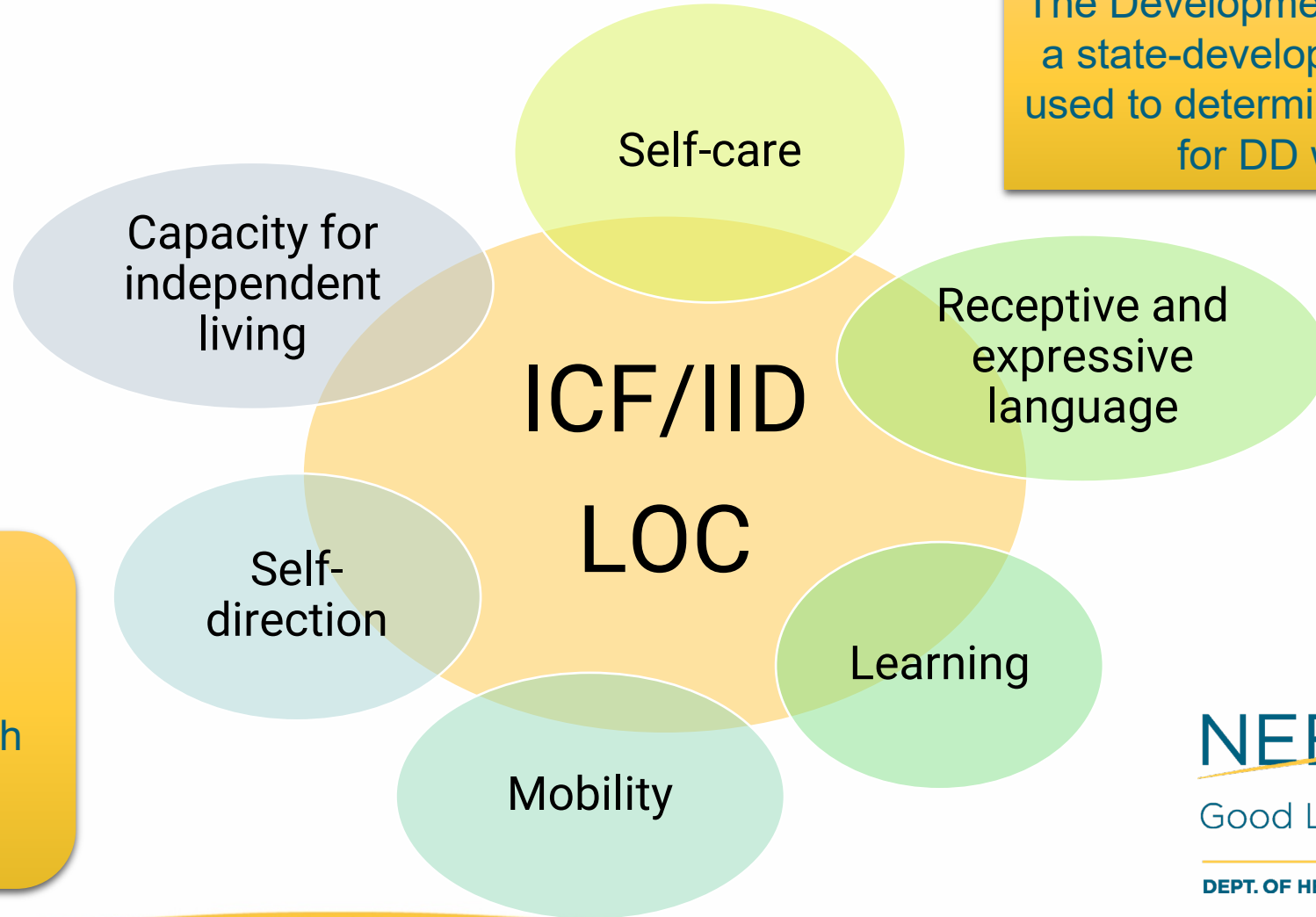
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ICF/IID Level of Care

The Developmental Index (DI) is a state-developed assessment used to determine LOC eligibility for DD waivers.



ICF/IID LOC refers to needed to live in an Intermediate Care Facility for Individuals with Intellectual Disabilities.

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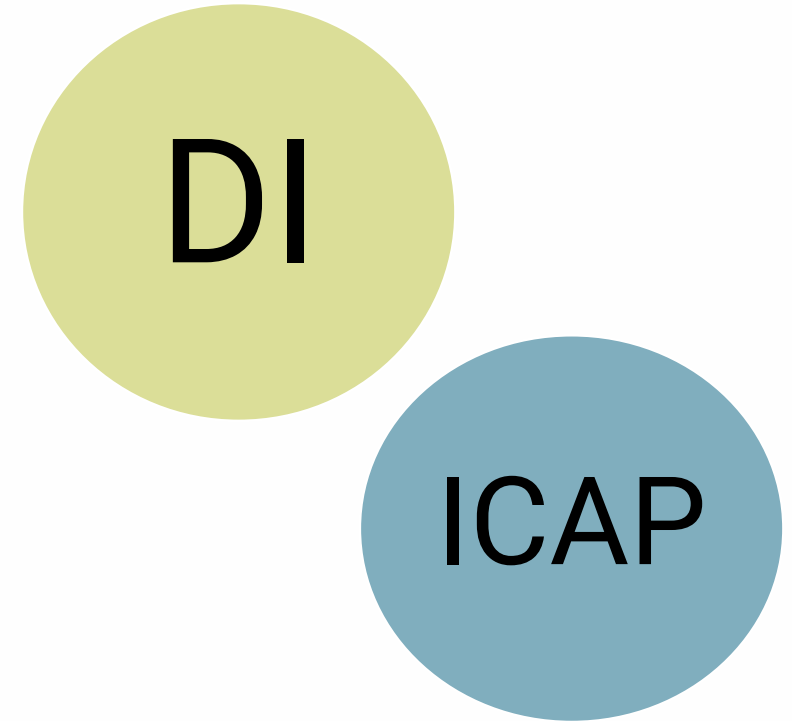
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ICF/IID LOC Assessment

- ✎ The Developmental Index (DI) is a state-developed assessment utilized to determine LOC eligibility for DD waivers.
- ✎ Nebraska uses the Inventory for Client and Agency Planning (ICAP) for DD waivers to assess individuals' needs and determine funding.



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ICAP Collaboration

👉 Eligibility & Enrollment and Provider Collaboration

- 👉 Keep liaisons updated
- 👉 Timely contact and responses
- 👉 Supporting documentation

👉 E&E ICAP Mailbox

- 👉 DHHS.DDICAPRequests@nebraska.gov



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AD & TBI Waivers

- ✍ The AD and TBI waivers provide options to help a person live at home or in assisted living.
- ✍ To be eligible for the AD Waiver, a person must:
 - ✍ Be eligible for Nebraska Medicaid.
 - ✍ Have needs that require nursing facility level of care (NF LOC).
- ✍ To be eligible for the TBI Waiver, a person must:
 - ✍ Be eligible for Nebraska Medicaid.
 - ✍ Meet NF LOC.
 - ✍ *The TBI Waiver is not for acquired brain injury caused by strokes, tumors, and other non-traumatic causes.*

AD = Aged 65 and older and people of all ages with disabilities.

TBI = Aged 18 to 64 with a traumatic brain injury diagnosis.

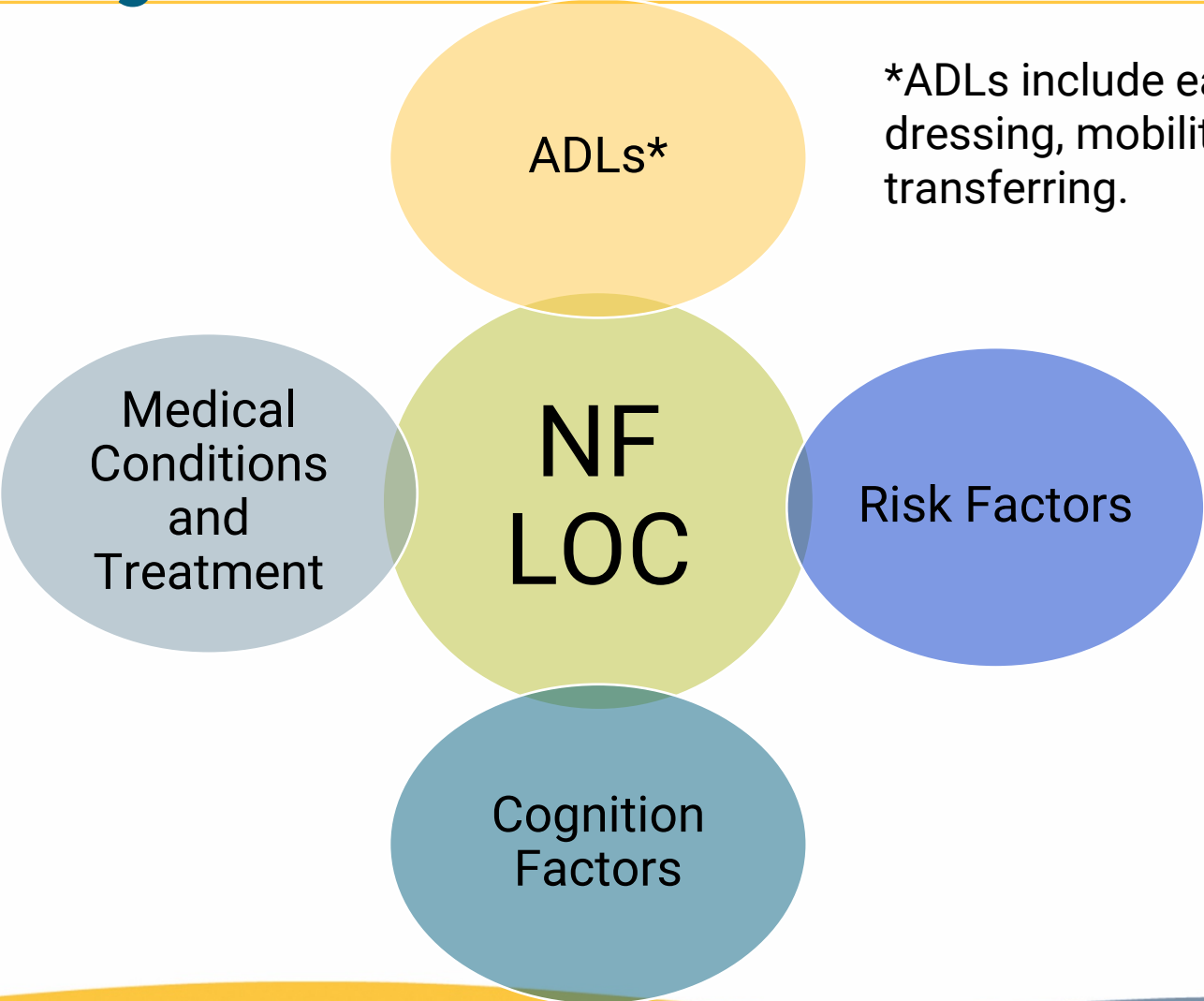
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Nursing Facility LOC - Adults 18 and Older



*ADLs include eating, bathing, dressing, mobility, toileting, and transferring.

NF LOC refers to the level of care needed by an individual living in a nursing facility.

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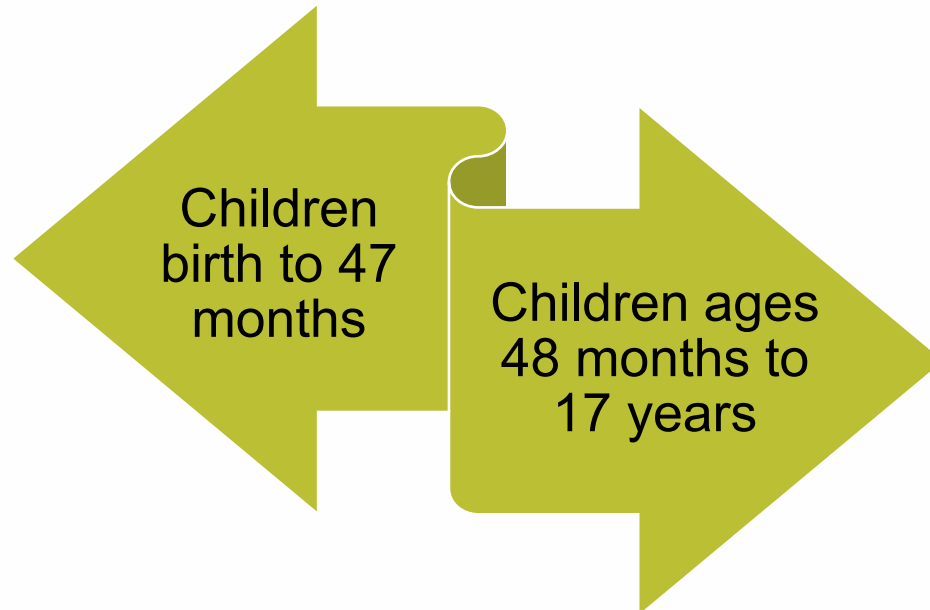
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Nursing Facility LOC – Under Age 18

NF LOC for people under the age of 18 years has specific regulatory criteria which varies based on the child's age:

Have needs related to a minimum of one defined medical condition or treatment per Nebraska regulations.



Can be met in one of three ways:

- At least one medical condition or treatment need;
- Limitations in at least six ADLs; or
- Limitations in at least four ADLs and the presence of at least two other considerations.

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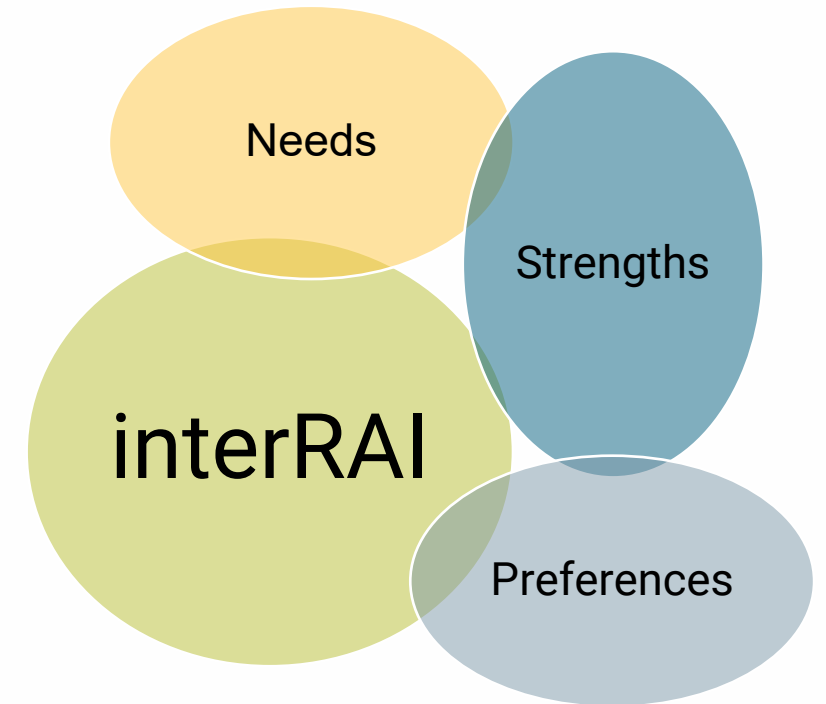
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NF LOC Assessment

- ✍ Nebraska uses the interRAI, which provides standardized and validated assessments recognized worldwide.
 - ✍ The interRAI Home Care (HC) is used for adults.
 - ✍ The interRAI Pediatric Home Care (PEDS-HC) is used for children.
- ✍ The interRAI assessments evaluate the needs, strengths, and preferences of people living in a community environment.



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HCBS Waiver Application Process

- ✍️ Apply for benefits on iServe Nebraska [Portal](#).
- ✍️ iServe will navigate to [ACCESSNebraska](#) where a person can:
 - ✍️ Apply for Medicaid;
 - ✍️ Complete an application for Developmental Disability waivers;
 - ✍️ Apply for other DHHS benefits and programs (economic assistance programs);
 - ✍️ Upload documents and check current benefits; and
 - ✍️ Complete Medicaid renewals.
- ✍️ Apply for an HCBS waiver by completing a paper application, available in multiple languages on the DHHS [website](#).
 - ✍️ Anyone can help a person fill out an application.
 - ✍️ The legally responsible person needs to participate in the application process.
 - ✍️ The complete, signed application can be submitted to any DHHS office, email, mail, or fax.
- ✍️ Call the toll-free number (877) 667-6266 to request an application be mailed.

Appeal Process for Notice of Decision

When an individual was not found eligible for 1915(c) waiver enrollment, they can:

- ✍️ Appeal the eligibility decision by requesting a fair hearing within 90 days of receiving a notice of decision.
 - ✍️ Completing and submitting a “[Notice and Petition for Fair Hearing](#)” form is required.
- ✍️ Request to have an explanation of why the individual was found ineligible.
 - ✍️ Call: (877) 667-6266.
- ✍️ Reapply with additional information.
 - ✍️ A new application can be processed if an appeal is not in process.

Email:

DHHS.DDAppeals@nebraska.gov

Mail:

Department of Health & Human
Services Division of Developmental
Disabilities Appeal
301 Centennial Mall South
P.O. Box 95026
Lincoln, Nebraska 68509-5026

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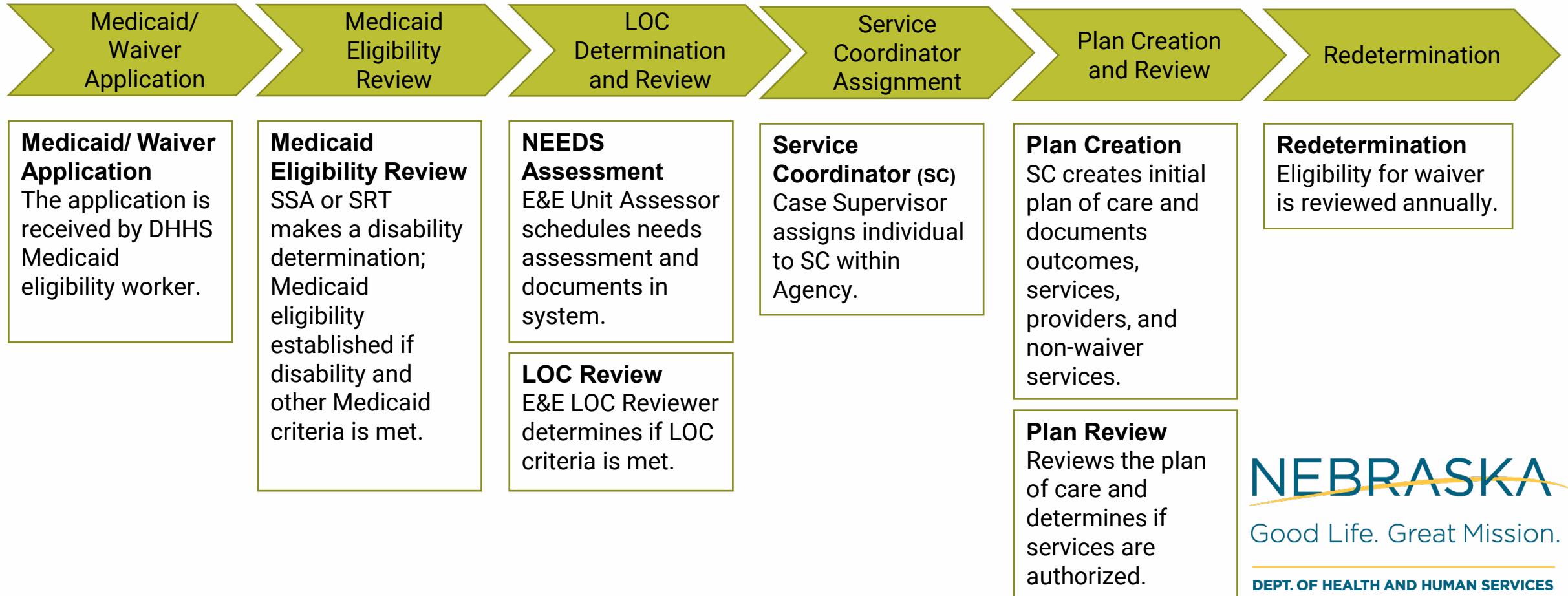
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Review of Nebraska Waiver Programs

HCBS Waivers General Process for New and Current Members



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Contacts for DDD and MLTC

Contact	DDD HCBS	MLTC Medicaid Eligibility
Customer Service Phone Number	(402) 471-8501 (402) 471-7256 TDD	(402) 473-7000 – Lincoln (402) 595-1178 – Omaha (402) 471-7256 TTY
Toll Free Number	(877) 677-6266	(855) 632-7633
Email Address	DHHS.DDDCommunityBasedServices@nebraska.gov	DHHS.ANDICenter@nebraska.gov
AD/TBI Application Questions	dhhs.adwaiverapp@nebraska.gov	
DD Application and Eligibility Questions	DHHS.DDeligibility@nebraska.gov	
DD Registry Waitlist Questions	DHHS.DDRegistry@nebraska.gov	
E-Fax:	DHHS.DDGoldsefax@Nebraska.gov	
General Questions	DHHS.DDDCommunityBasedServices@nebraska.gov	

Changes in Service Review Process

Jillion Lieske

- ✍️ Eliminating the Service Review Form.
- ✍️ SCs will use a Custom Case Note in Therap.
- ✍️ Reviews will be sent to the provider via SComm in Therap.
- ✍️ New process will begin on January 1, 2024.

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Medical Resource Team

Jesse Bjerrum

- 👉 Home and Community-Based Services has combined the nursing support across waivers.
 - 👉 Janelle Smith, RN, BSN
 - 👉 Brandy Boer, RN, BSN
 - 👉 Tiffany Branch, RN, BSN
- 👉 Contact on Therap via SComms
 - 👉 DD Med Resources

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Emergency and Safety Observations

👉 DDD observed 10 providers located across the state:

- 👉 Auburn;
- 👉 Lincoln;
- 👉 Nebraska City;
- 👉 Norfolk;
- 👉 Omaha; and
- 👉 Wayne.

👉 The 21 staff interviewed had a range of experiences:

- 👉 Had been employed from 30 days to 14 years.
- 👉 The average length was six years.

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First Aid and CPR Provider Training Observations

- ✎ 70% of staff interviewed were not able to give the compression to breath ratio for CPR.
- ✎ There were inconsistent responses from staff on when to implement CPR.
- ✎ Unaware of the agency provider's policy/procedure for CPR:
 - ✎ Unclear when to call 911 or supervisor;
 - ✎ 40% of staff said they would call their supervisor before calling 911.

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Do Not Resuscitate (DNR)

- ✍ Inconsistent knowledge of what a DNR is and what it stands for.
- ✍ Inconsistent knowledge of participant's code status:
 - ✍ Staff reported a participant had a DNR (no code);
 - ✍ It was further confirmed by other employees; but
 - ✍ Determined through family that this person does **not** have a DNR.
- ✍ Unable to identify the location of DNR medical information.
- ✍ Unable to identify what life saving intervention would be implemented if supporting someone with a DNR.
 - ✍ Heimlich/Abdominal thrusts

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Medication Aide Training

- ✍️ Absence of understanding how to properly administer medications (five rights)
- ✍️ Lack of nursing oversight and direction:
 - ✍️ Staff unable to identify who (nurse) supports the agency
 - ✍️ No ongoing monitoring or nursing oversight
- ✍️ Training for alternative routes (G-tube)
 - ✍️ Self-study without any nursing oversight
- ✍️ Vital Signs
 - ✍️ Lack of knowledge about when and how to take

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Provider Policies and Procedures

- ✎ Staff were not able to provide their agency's policy for emergencies or identify the location to find this information.
- ✎ Staff responded inconsistently when asked about specific emergencies, what to do, or who to contact when/if they experienced:
 - ✎ Chest pain
 - ✎ Difficulty breathing
 - ✎ Unresponsive
 - ✎ CPR
 - ✎ Aspiration
- ✎ Staff were not able to identify who the agency's nurse is or how to contact them.
- ✎ There was a general lack of continuing education for staff regarding how to respond to emergencies.

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Emergency Safety Intervention

- ✍️ DDD has defined what an ESI curriculum must include:
 - ✍️ Every curriculum must be submitted and evaluated individually.
 - ✍️ Verbal/physical skills/interaction skills vary from one provider to another.
- ✍️ Information from other states:
 - ✍️ 50% of States require specific trainings.
 - ✍️ 70% do not allow personalized systems.
 - ✍️ Increased continuity of care and overall reduction in ESIs.
- ✍️ Align our process for best practices & determine permissible system(s)
- ✍️ Goals:
 - ✍️ Issue a bulletin by the end of 2023 providing direction.
 - ✍️ Compliance by the beginning of 2025.

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Final Settings Rule Self-Assessment – Res Sites

Britt Sommer

For opening a new **residential site**:

✍ The provider must complete a residential self-assessment *at least* 15 business days before opening.

✍ <https://www.surveymonkey.com/r/ResidentialSelfAssessments>

✍ Residential settings include group homes, centers for the developmentally disabled (CDDs), host homes, and shared living homes.

✍ ***Service authorizations will not be approved until the agency provider receives a fully compliant determination.***



Maximus Reminder:
Please enroll all SLPs

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Final Settings Rule Self-Assessment – Day Sites

For opening a new **non-residential site**:

✍️ Notify DDD Provider Relations at DHHS.DDProviderRelations@nebraska.gov.

✍️ Complete a non-residential self-assessment *at least* 15 business days before opening.

✍️ <https://www.surveymonkey.com/r/Non-ResidentialSelf-Assessments>

✍️ Non-residential settings include workshops, hubs, enclaves, and other locations where day services occur.

- When the setting is found to be “fully compliant,” the agency provider can begin providing services in that setting.
- When the setting is found to be “partially compliant,” the agency provider will be required to correct the identified issues and submit evidence of remediation to DDD staff. The agency will **not** be permitted to begin services in the setting until the setting is deemed “fully compliant.”

✍️ ***Service authorizations will not be approved until the agency provider receives a fully compliant determination.***

Self-Assessment – Expedited Requests

- ✎ The process can be expedited for **residential settings only**.
 - ✎ Self-assessment must be done at least five days before opening.
- ✎ All expedited requests must be for person-centered reasons, such as emergency placement or safety concerns.
 - ✎ When the setting is found to be “fully compliant,” the agency provider can begin providing services in that setting.
 - ✎ When the setting is found to be “partially compliant,” the agency provider will be required to correct the identified issues and submit evidence of remediation to DDD staff. The agency will **not** be permitted to begin services in the setting until the setting is deemed “fully compliant.”
- ✎ ***Service authorizations will not be approved until the agency provider receives a fully compliant determination.***

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DD Providers Quality Improvement Highlight

Britt Sommer

- ✍ The next Quality provider call is scheduled:
 - ✍ Monday, December 11, 2023, at 10:00 AM, CT.
- ✍ Hands of Heartland will share their experience and takeaways from the Targeted Analysis (TA) process.
- ✍ Send your Quality topics to: <https://libertyhealth.research.net/r/DHHS-DDDQuarterlyQualityTopics>.

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Shared Living Provider Changes and Training

Jenn Clark

- 👉 Stakeholder Involvement
 - 👉 Provider Bulletin 23-01
 - 👉 Overview of Draft Shared Living Policy and Home Study Survey
 - 👉 Grandfathered SLPs
- 👉 It is draft ONLY because it does not start until January 1, 2024.

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Stakeholder Work Group – Shared Living

DDD started a stakeholder workgroup on May 6, 2022:

- ✍ Representation included both large and small agency providers; as well as agency providers across the state.
- ✍ Important to understand that agencies came to the division asking for help.
- ✍ Agenda included:
 - ✍ Identify strengths of the current SLP model;
 - ✍ Identify challenges of the current SLP model;
 - ✍ Brainstorm solutions to challenges of the current SLP model;
 - ✍ Address the need for home studies and licensing SLP homes;
 - ✍ Oversight requirements of DD Agency Providers; and
 - ✍ Sub-contract requirements between SLP and DD Agency Provider.

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Continued Stakeholder Involvement

- ✍️ The workgroup met multiple times to propose changes to DDD.
- ✍️ Internal reviews occurred.
- ✍️ Changes were presented to all providers who belong to NASP.
- ✍️ NASP met multiple times to finalize their recommendations.
- ✍️ The DD Advisory Committee reviewed all proposed changes.
- ✍️ The Draft Shared Living Provider Policy was developed with input received from all parties.

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Provider Bulletin No. 23-01

- ✍ DDD issued Provider Bulletin 23-01 to inform all DD providers about changes being developed for the Shared Living service.
- ✍ Provider bulletin: <https://dhhs.ne.gov/DD%20Documents/PB%2023-01%20Shared%20Living%20Changes.pdf>
- ✍ Proposed changes to be implemented January 1, 2024.
- ✍ Training for DD agency providers on the implementation of these changes will be held virtually via ZOOM on the following dates:
 - ✍ November 1, 2023, from 9:00 AM to 11:00 AM, CT
 - ✍ November 2, 2023, from 2:00 PM to 4:00 PM, CT
 - ✍ November 9, 2023, from 10:00 AM to 12:00 PM, CT
- ✍ Links will be posted on the Developmental Disabilities DD Provider page (<https://dhhs.ne.gov/Pages/DD-Providers.aspx>) when available.

Draft SLP Policy – the Home

- ✍️ The waiver definition of Shared Living is **not changing**.
 - ✍️ The participant lives in a private home owned or leased by an individual, couple, or family known to the participant. That person is an independent contractor of a certified agency provider.
- ✍️ The home is the sole residence of both the Shared Living contractor and the participant. It is where they spend most of their time.
- ✍️ The home of the Shared Living Provider (SLP) must have its own United States Postal Service-recognized address.
 - ✍️ No separate basement apartments, apartments over garages, or apartments not fully integrated into the home will be permitted.

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Draft SLP Policy – the Process

- ✎ When a participant is interested in Shared Living, they work with their agency provider to find a potential SLP contractor.
- ✎ The agency completes a Home Study Survey for the potential contractor(s) and all adult members of the household. A copy of the Home Study Survey is given to the guardian and Service Coordinator (SC) at least seven calendar days before the team meets.
- ✎ Upon receipt of the Home Study Survey, the SC reviews it and schedules a walk-through service review in the potential SLP home.
 - ✎ This is completed before the participant's team meeting to plan the Shared Living service.

Draft SLP Home Study Survey - Results & Team Meeting

- ✍️ The agency provider is responsible for resolving any concerns directly with the potential SLP contractor.
 - ✍️ Concerns may come from the Home Study Survey, Final Settings Rule Site Assessment, or the SC onsite walk-through of the home.
- ✍️ After a successful Home Study Survey and onsite walk-through, a team meeting is held to make plans for the move and document the plan.

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Draft SLP Home Study Survey – Service Auths

- ✍ Service authorizations will not be approved until the following steps have been completed:
 - ✍ Home Study Survey;
 - ✍ Fully compliant Final Settings Rule Site Assessment;
 - ✍ Service Coordination onsite walk-through;
 - ✍ SLP affiliation in Maximus; and
 - ✍ Team meeting.
- ✍ Service authorizations will **not** be backdated if any of these steps are missed.

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Draft SLP Policy – Home Visits

Agency providers will be required to conduct monthly home visits of the Shared Living home.

- ✍ Participants on the Basic to High tier will receive one monthly visit.
 - ✍ Every 90 days, a minimum of two home visits must be unscheduled.
- ✍ Participants on the Advanced or Risk tier will receive two monthly visits.
 - ✍ Every 90 days, a minimum of four home visits must be unscheduled.

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Draft SLP Policy – Home Capacity

Shared Living Home Capacity:

- ✎ An SLP supporting a participant on the **Basic to High tiers** may have up to two state-funded people living in the home.
- ✎ An SLP supporting a participant on the **Advanced or Risk tiers** may *not* have any other state-funded person living in the home.

State funded people include other DD waiver participants, people on the Aged and Disabled (AD) Waiver, or youth working with CFS or Probation.

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Draft SLP Policy – Participant Needs

Participants not eligible to receive the Shared Living waiver service include those:

- ✎ Funded above the Advanced to Risk tiers;
- ✎ Requiring more than 1:1 supervision; and
- ✎ On the Advanced tier and requiring awake overnight supervision.

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Draft SLP Policy – SLP Contract

- ✎ A Shared Living home with a participant on the Advanced or Risk tiers **must** have two people living full-time in the home and available during residential service hours on the SLP contract.
 - ✎ If the team feels only one SLP on the contract is appropriate, an exception can be requested.
- ✎ If a Shared Living home has a child under the age of 13 years living in the home full or part-time, another adult **must** live in the home full-time and be noted in the Home Study Survey to provide emergency care and supervision to the child.

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Draft SLP Policy – Backup Staff

There are no changes to the expectations for the use of backup staff in place of a Host Home employee or SLP contractor.

- ✎ Back-up staff are used when the Host Home employee or SLP is not in the home or awake to provide the Shared Living waiver service.
- ✎ Back-up staff must be chosen by the participant, documented in the participant's person-centered plan, deliver the same habilitative services to the participant in their home, follow the participant's usual schedule, and meet all provider qualifications.
- ✎ The agency provider is required to maintain a record of the use of backup staff and communicate to the SC when backup staff is used.
- ✎ A maximum of 360 backup hours can be used per IBA year.

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Draft SLP Policy – Support Staff

There are no changes to the expectations for the use of support staff to assist the Host Home employee or SLP contractor.

- ✎ Support staff work together (at the same time) with the Host Home employee or SLP contractor.
 - ✎ Support staff cannot provide services without the Host Home employee or SLP present.
- ✎ Support staff must be chosen by the participant, documented in the participant's person-centered plan, deliver the same habilitative services to the participant, follow the participant's usual schedule, and meet all provider qualifications.
- ✎ The agency provider is required to maintain a record of the use of support staff and communicate to the SC when support staff is used.
- ✎ Support staff cannot be used for a continuous, 24-hour period.

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Draft SLP Policy – SLP and Day Staff

- ✎ Effective January 1, 2024, a participant cannot receive day services from their SLP or any other adult living in their home.
- ✎ An SLP (or anyone living in the home) can work for a vocational day site but cannot work directly with a participant who lives in their home.
- ✎ The reasons:
 - ✎ Home and Community-Based Services are required to ensure waiver participants are fully integrated within the community in which they live, work, and play.
 - ✎ Waiver settings and services aim to prevent isolation, promote socialization, and reduce the risk of abuse, neglect, and exploitation.

DDD is not looking to make any exceptions to this.

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Draft SLP Policy – Grandfathered SLPs

The following situation will be grandfathered:

- ✎ The number of state-funded people living in a Shared Living home is higher than the new allowances;
- ✎ You have a child or children under the age of 13 years old in your home; and
- ✎ You support a participant who has Advanced or Risk tier funding but does not have the two required adults in the home or on the contract.

Grandfathered approval may be rescinded at any time to preserve the health, safety, and well-being of the participants served.

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Draft SLP Policy - Grandfathered SLPs and Changes

- ✍️ Any significant changes to the Shared Living setting will mean the SLP is no longer grandfathered.
- ✍️ Significant changes include:
 - ✍️ Changes in those living in the home;
 - ✍️ Changing DD agency providers; and
 - ✍️ Changes in the physical make-up of the home.
- ✍️ When a minimal change occurs, and the team feels the SLP should continue to be grandfathered:
 - ✍️ These will be approved on a case-by-case basis.
 - ✍️ The process for review is currently being worked out.

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QUESTIONS?

The next DD Provider Quarterly Meeting will be scheduled in the First Quarter 2024.

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THANK YOU

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