

Chore

NFOCUS Service Code

Chore AD 1691

Service Definition

Chore is a service for adults aged 18 and older on the HCBS Waiver for Aged and Adults and Children with Disabilities (AD) or Traumatic Brain Injury (TBI) Waiver. It offers a range of assistance to enable participants to accomplish tasks they would normally do for themselves if they did not have a disability. This service is authorized according to assessed needs.

Conditions of Provision

- A. The need for Chore must be identified during participant assessment and included in the person-centered plan (PCP).
- B. This service may be provided on an episodic or continuing basis.
- C. Chore is provided to the participant in a way to maintain as much independence and privacy as possible.
- D. Chore activities occur less frequently than services identified under the Companion service but assist in ensuring the health and safety of the participant in their own home.
- E. Chore may be authorized for assistance with one or more of the following tasks:
 - 1. Housekeeping tasks such as in-home cleaning and care of household equipment, appliances, or furnishings;
 - 2. Minor household repairs of windows, screens, steps or ramps, furnishings, and household equipment;
 - 3. Landscaping including snow and ice removal, mowing, and raking;
 - 4. Removing trash to the garbage pickup point;
 - 5. Pest remediation; and
 - 6. Clearing water from drains.
- F. Participants are responsible for overseeing and supervising individual providers on an ongoing basis.
- G. At least monthly the Service Coordinator and participant will monitor the participant's PCP. This includes monitoring the use or non-use of waiver services.
- H. Mowing is limited to what is necessary to meet the health and safety of the participant and meet local codes.
- I. When the participant lives in a rental property, the lease agreement will be reviewed to determine the responsibilities of the landlord to provide repairs or maintenance.
- J. In-home cleaning does not duplicate light housekeeping covered under Companion service.
- K. Chore is only authorized when neither the participant nor anyone else in the household is capable of performing, or financially providing for them, and where no other relative, caregiver, landlord, community/volunteer agency, or third-party payer is capable of or responsible for their provision.
- L. The services under the AD and TBI Waivers are limited to additional services not otherwise covered under the Medicaid state plan, but consistent with waiver objectives of avoiding institutionalization.

- M. This service cannot duplicate provisions of Personal Care or Companion when authorized in conjunction.

Provider Requirements

- A. All providers of waiver services must:
 - 1. Be a Medicaid provider;
 - 2. Comply with all applicable Titles of the Nebraska Administrative Code and Nebraska State Statutes;
 - 3. Adhere to standards as described in the Division of Medicaid and Long-Term Care Service Provider Agreement;
 - 4. Complete DHHS trainings upon request; and
 - 5. Use universal precautions.
- B. TBI Waiver providers must complete DHHS-approved TBI training before providing Companion services.
- C. Companion requires an operational electronic visit verification (EVV) system which allows the check in and out of service appointments electronically.
- D. Computer skills and access to the technology for the EVV system are required for Companion providers.
- E. Providers of Companion must obtain adequate information on the medical and personal needs of each participant and observe and report all changes to the Service Coordinator.
- F. A provider may be an individual or agency.
- G. Each agency provider must:
 - 1. Employ staff based on their qualifications, experience, and demonstrated abilities;
 - 2. Provide training to ensure staff are qualified to provide the necessary level of care;
 - 3. Agree to make training plans available to DHHS, and
 - 4. Ensure adequate availability and quality of service.

Rates

- A. Rates are set on an individual provider basis through a negotiation process between the provider and the Resource Developer (RD).
- B. Rates are reviewed annually at the time the provider's annual agreement is scheduled to end.
- C. Providers may request renegotiation when a participant's care needs have increased.
- D. Rate negotiating considers the level of the participant's service needs, the skill level of the provider, and geographic location.
- E. Rates are established based on usual and customary rates that are not more than the provider would charge a private paying individual.
- F. Frequency of service is hourly, daily, or occurrence.
- G. Providers must bill for the quarter of the hour when the participant is not in attendance for a full hour.