

Summary of Public Input for Nebraska Medicaid HCBS Developmental Disabilities Waiver Amendments 4154 and 0394
December 10, 2018 – January 9, 2019

Commenter	Concern or Supporting statement	DHHS-DD Response	Changes to Waiver (yes/no)	Rationale
<p>Independent Providers, Agency Providers, Agency Employees or Contractors, and NASP (the Nebraska Association of Service Providers, representing 32 agency providers) 55 emails or letters submitted, many with the same language or very similar language</p>	<ul style="list-style-type: none"> • NASP members actively participated in the Provider Advisory Group established to update the Nebraska Developmental Disability Rate Methodology. We appreciate the opportunity to participate and applaud the Division of Developmental Disabilities for incorporating many important changes. • Overall Rate methodology: <ul style="list-style-type: none"> ○ General Ledger data: <ul style="list-style-type: none"> ▪ Not comprehensive; does not capture new, smaller agencies, and independent providers ▪ Does not reflect increased expenses for: <ul style="list-style-type: none"> • Annual background checks • Future EVV costs • Internet, electronic devices required for using mandated Therap modules (hab programs, MARs, time-attendance-billing) • Partnership with Nebraska Vocational Rehabilitation ○ Margins for capital updates and upgrades are not reflected ○ Administration of payee accounts not adequately represented ○ Purchasing power of individual budget amounts will change and may limit access to services; provider sustainability is concern ○ Higher wages to draw in quality DSPs and address competition for limited pool <ul style="list-style-type: none"> ▪ Needs to better reflect turnover, training, coverage needs, and higher health insurance costs ○ Rate methodology needs to be funded at 100% ○ Rates should be required to be updated on a regular basis so that providers offering services can keep up with the cost of doing business and maintain high quality services. ○ Rate structure inconsistent with expressed desire of CMS to have more individualized opportunities in the community <ul style="list-style-type: none"> ▪ More expensive to provide individualized supports in community than providing congregate funding ○ Lack of information on specifics used for rate build-up <ul style="list-style-type: none"> ▪ Want information on how each agency provider is impacted by the proposed rate changes 	<p>Thank you for your comments. Your feedback is valuable and will be considered.</p> <p>The Department of Health and Human Services Division of Developmental Disabilities (DHHS-DD) established a provider advisory group in late 2017 to provide input and feedback throughout the rate rebase study and development of final rate proposals.</p>	No	Comments did not require a change in proposed waiver
	<ul style="list-style-type: none"> • Rate methodology for specific waiver services: <ul style="list-style-type: none"> ○ Shared Living: <ul style="list-style-type: none"> ▪ Rates do not accurately reflect provider costs 	Thank you for your comments. Your feedback is valuable and will be considered.	Yes	Language in applicable services related to the inclusion of

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	<ul style="list-style-type: none"> ▪ Daily rate for advanced tier too low; will cut wages for contractors ▪ Don't restrict relief staff to 360 hours; may not be adequate and may create unnecessary risks for some individuals with significant disabilities ○ Independent Living and Supported Family Living: <ul style="list-style-type: none"> ▪ Agency rates for Supported Family Living are lower than rates for Independent Living ▪ Natural supports do not necessarily change level of professional support from providers. ▪ Rates should be the same for both services; don't factor in natural supports ○ Habilitative Workshop: <ul style="list-style-type: none"> ▪ Workshop costs increasing; adjust rates to protect participant choice ○ Habilitative Community Inclusion: <ul style="list-style-type: none"> ▪ Rates are such that it is not financially viable to provide for individuals on some tiers to receive this service in a one-on-one setting. ▪ Rate cuts contradictory to expectation to increase community integration ○ Transportation: <ul style="list-style-type: none"> ▪ Costs not adequate to meet needs of rural providers ▪ Eliminate separate non-emergency transportation waiver service <ul style="list-style-type: none"> • Not cost effective • Burdensome administrative oversight ▪ Language is confusing <ul style="list-style-type: none"> • Unclear which Waiver service is responsible for providing the transportation to the next Waiver service and which Waiver service is responsible for providing the transportation from the previous Waiver service. ▪ DD transportation should be available to participants to and from employment. ▪ Respite should have transportation build-up ▪ Adult Day should have transportation build-up ▪ In support of removing cap for transportation 	<p>DHHS-DD established a provider advisory group in late 2017 to provide input and feedback throughout the rate rebase study and development of final rate proposals.</p> <p>DHHS-DD held Shared Living remediation calls with every agency provider offering the extended family home model to discuss the Shared Living service definition and answer provider questions. A Shared Living FAQ document was sent to the agency provider listserv and is posted on the public website.</p>		<p>transportation in the rate was modified.</p>
	<ul style="list-style-type: none"> • Add separate Retirement service or clarify adult day as the retirement service • Adult Companion service should be added back in • Establish separate Community Integration service 	<p>Thank you for your comments. Your feedback is valuable and will be considered.</p>	<p>No</p>	<p>Comments did not require a change in proposed waiver.</p>

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	<ul style="list-style-type: none"> • Consultative Assessment: <ul style="list-style-type: none"> ○ Allow a Board Certified Behavioral Analyst (BCBA) to complete FBAs without “under direction/supervision” by licensed practitioner ○ Don’t cap Consultative Assessment 	<p>Per state statute and regulation, a BCBA is not a licensed entity, and must be supervised by a licensed practitioner.</p>	<p>No</p>	<p>Comments did not require a change in proposed waiver</p>
	<ul style="list-style-type: none"> • Residential Habilitation: <ul style="list-style-type: none"> ○ Increase to 10 hours in a day to claim a daily rate will provide an issue for individuals when the provider can only bill ½ day when the person is there anything less than 10 hours. <ul style="list-style-type: none"> ▪ May limit the individual’s choice to visit family and friends that would result in less than 10 hours of residential support in a 24 hour period ▪ Eliminate ½ day rates ▪ Return to 8 hours; utilize hourly rates for anything less than 8 ▪ Or leave it at 10 and utilize hourly for anything less than 10 	<p>Thank you for your comments. Your feedback is valuable and will be considered.</p> <p>DHHS-DD established a provider advisory group in late 2017 to provide input and feedback throughout the rate rebase study and development of final rate proposals.</p> <p>DHHS-DD central office Administration and staff hold quarterly meetings with developmental disabilities service coordination staff and providers to discuss and answer questions about the proposed waiver services. The meetings are posted on the calendar of events on the DHHS-DD public website.</p> <p>In addition, since July 2018, DHHS-DD has actively engaged with a provider workgroup and a family stakeholder group to develop a policy guide which will supplement state regulations and the approved Medicaid HCBS developmental disabilities waiver amendments. The policy guide will be available to participants, families, providers, and the general public and will address many of the waiver public comments.</p>	<p>No</p>	<p>Comments did not require a change in proposed waiver</p>
	<ul style="list-style-type: none"> • Medical In-home Habilitation: <ul style="list-style-type: none"> ○ New Medical and Behavioral day risk service rates allows continuity in services for all individuals ○ New service adds great value to the quality of experiences of individuals ○ Fair to providers and will provide more stability for individuals ○ Rate for new Behavioral In-Home Habilitation does not include required clinical oversight ○ Because there is a need that requires the individual to remain at home, rate comparable to the 1:1 Day service rates should be used. 			
	<ul style="list-style-type: none"> • Day/Employment services: <ul style="list-style-type: none"> ○ Add a rate for, and require certified Employment Specialists ○ Add separate Benefits Planning service or Disability Benefits Analysis and Work Incentive Assistance service ○ Eliminate 35/hour per week limitation on day services ○ Allow agency providers to subcontract for provision of day services ○ Supported Employment Follow-Along and Individual: <ul style="list-style-type: none"> ▪ Eliminate 25 hour limit for Follow-Along 	<p>Thank you for your comments. Your feedback is valuable and will be considered.</p> <p>DHHS-DD central office Administration and staff hold quarterly meetings with developmental disabilities service coordination staff and providers to</p>	<p>No</p>	<p>Comments did not require a change in proposed waiver.</p>

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	<ul style="list-style-type: none"> ▪ Follow-Along not necessary; roll into Supported Employment Individual ▪ Allow Supported Employment-Individual to be provided on behalf of participant; eliminate one-to-one requirement ○ Prevocational: <ul style="list-style-type: none"> ▪ Allow reimbursement for benefits planning in Prevocational ▪ Bring back job searching activities under Prevocational ▪ Don't limit Prevocational to 12 months ▪ "Employment-related goals" in Prevocational is too limiting ▪ Allow paid employment activities in Prevocational ▪ Add career planning into Prevocational ○ Allow paid employment in Habilitative Community Inclusion ○ Adult Day: <ul style="list-style-type: none"> ▪ More clarity needed about what it means to provide this service in the community ▪ Allow volunteer activities ○ Individuals who collect cans, have a newspaper route, bake cookies, walk dogs, etc. view this as supplemental income <ul style="list-style-type: none"> ▪ An individual views this as work and not as a hobby ▪ Should be afforded the right to call it work 	<p>discuss and answer questions about the proposed waiver services. The meetings are posted on the calendar of events on the DHHS-DD public website.</p> <p>In addition, since July 2018, DHHS-DD has actively engaged with a provider workgroup and a family stakeholder group to develop a policy guide which will supplement state regulations and the approved Medicaid HCBS developmental disabilities waiver amendments. The policy guide will be available to participants, families, providers, and the general public and will address many of the waiver public comments.</p>		
	<ul style="list-style-type: none"> ● Nebraska Vocational Rehabilitation services <ul style="list-style-type: none"> ○ Supported Employment not really available if on VR wait list ○ Eliminate requirement that participants must apply to VR and be found ineligible before Prevocational and Enclave can be authorized ○ Referral to VR limits work opportunities ○ VR waiting list limits work opportunities ○ VR involvement limiting Enclave experiences for participants ○ Allow waiver supported employment services without or before referral to VR 	<p>Thank you for your comments. Your feedback is valuable and will be considered.</p> <p>DHHS-DD central office Administration and staff hold monthly meetings with the Nebraska VR Director and VR staff to discuss ongoing and future collaborative efforts between DD and Nebraska VR.</p>	No	Comments did not require a change in proposed waiver.
	<ul style="list-style-type: none"> ● Supported Family Living or Independent Living: <ul style="list-style-type: none"> ○ Allow independent provider to live with participant ○ Don't limit the accessibility for individuals particularly in rural areas of the state ○ Supported Family Living provider who is a relative that lives in the same home should be allowed as is the case with Shared Living providers 	<p>Thank you for your comments. Your feedback is valuable and will be considered.</p> <p>We have received several questions and public comments about the limitations placed on Supported Family Living and Independent Living, including the limitation that it cannot be provided by someone living in the same home as the participant. We will be changing this limitation upon completion of the public comment period, prior to submitting</p>	Yes	Language changed in 0394 and 4154 proposed waiver amendments from "Supported Family Living cannot be provided by any individual provider or agency staff member that lives in the same private residence as the participant." to "Supported Family

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		<p>to CMS for approval, so that family or other household members living with the participant can provide this service. The family or other household member providing the service cannot be legally responsible for the participant (legal guardian, parent of a minor participant, participant’s spouse, etc.).</p>		<p>Living is provided in the participant’s family home, not a provider operated or controlled residence.” The same change was made for Independent Living, from “Independent Living cannot be provided by any individual provider or agency staff member that lives in the same private residence as the participant.” to “Independent Living is provided in the participant’s family home, not a provider operated or controlled residence.”</p>
	<ul style="list-style-type: none"> • Independent providers: <ul style="list-style-type: none"> ○ Standards not high enough ○ Require liability insurance, and training specific to services provided ○ Add provisions for financial accountability • Need to clarify SC monitoring of self-direction and standards for disallowing self-direction • Define “immediate proximity”; adjust rates to reflect staffing expectations • General event reporting timelines need clarification • DHHS-DD quality management reports and data should be made public • Clarify use of psychotropic drugs as a restriction 	<p>Thank you for your comments. Your feedback is valuable and will be considered. Since July 2018, DHHS-DD has actively engaged with a provider workgroup and a family stakeholder group to develop a policy guide which will supplement state regulations and the Medicaid HCBS developmental disabilities waiver amendments. The policy guide will be available to participants, families, providers, and the general public and will address many of the waiver public comments.</p>	No	Comments did not require a change in waiver
	<ul style="list-style-type: none"> • Are the Appendix J table rates for both Agencies and Individuals? 	<p>Yes, Appendix J will outline rates for both Agency and Independent providers. The draft maximum rate for agency providers is approximately \$46/hour and for independent providers is approximately \$26/hour.</p>	No	Comments did not require a change in waiver
	<ul style="list-style-type: none"> • The Supported Employment Individual hourly maximum rate is \$42.29/hr.? 			

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	<ul style="list-style-type: none"> Is increase in capacity dependent on additional money from the legislature, or is the 3.4% increase in capacity not requiring new state appropriations? 	No new state appropriations are required to increase the number of total available slots or slots available at any point in time.	No	Comment did not require a change in waiver
	<ul style="list-style-type: none"> I don't see the formulas for rate calculations on the website. There were formulas that you could recreate with different variables in the previous waiver. Those don't appear in I or J this time. 	The formulas were sent to the agency provider association.	No	Comments did not require a change in waiver
	<ul style="list-style-type: none"> Clarification needed of "IDEA" statement found in many definitions, "This service shall exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA). This includes services not otherwise available through public education programs in the participant's local school district, including after school supervision and daytime services when school is not in session (i.e., summer breaks and/or scheduled school holidays, in-service days, etc.). Services cannot be provided during the school hours set by the local school district for the participant. Regular school hours and days apply for a child who receives home schooling." <ul style="list-style-type: none"> Does "this includes" refer to exception or to the service offered? 	<p>Thank you for your comments. Your feedback is valuable and will be considered.</p> <p>This statement was not changed in the amendments and means DHHS-DD cannot pay for developmental disabilities services provided during the regular school hours of the participant's local school district, nor during the times classes or supervision is available from the local school district, such as after school, scheduled school holidays, in-service days, and summer breaks.</p>	No	Comment did not require a change in waiver
Parents, family members 29 emails or letters submitted, many with the same language or very similar language	<ul style="list-style-type: none"> Independent Providers: <ul style="list-style-type: none"> Limited access to required training for independent providers in rural areas Required training for independent providers too costly Need more qualified independent providers 	<p>Thank you for your comments. Your feedback is valuable and will be considered.</p> <p>To assist in hiring and managing independent providers, a Participant Guide for Self-Direction is provided to participants and families by DD service coordination and available on the DHHS-DD public website. There are hundreds of independent providers of DD waiver services and over 70 certified agency providers of DD waiver services in the state of Nebraska.</p>	No	Comments did not require a change in waiver
	<ul style="list-style-type: none"> Rate Methodology: <ul style="list-style-type: none"> Rates should make sure that providers can hire high quality employees and pay fair wages to the professionals that teach important vocational and residential skills. 	<p>Thank you for your comments. Your feedback is valuable and will be considered.</p> <p>Since July 2018, DHHS-DD has actively engaged with a provider workgroup and a family stakeholder</p>	No	Comments did not require a change in waiver

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	<ul style="list-style-type: none"> ○ Rates should be required to be updated on a regular basis so that providers offering services can keep up with the cost of doing business and maintain high quality services. ● Specific waiver services: <ul style="list-style-type: none"> ○ Shared Living: <ul style="list-style-type: none"> ▪ Rates not enough ▪ Daily rate for advanced tier too low; will cut wages for contractors ▪ Don't restrict relief staff to 360 hours – should be a team decision ○ Habilitative Community Inclusion: <ul style="list-style-type: none"> ▪ Requirement for 60% of services to be in community unreasonable ▪ Allow client choice to stay at workshop ○ DD transportation should be available to individuals to and from employment 	<p>group to develop a policy guide which will supplement state regulations and the Medicaid HCBS developmental disabilities waiver amendments. The policy guide will be available to participants, families, providers, and the general public and will address many of the waiver public comments.</p>		
	<ul style="list-style-type: none"> ● Pay parents of minor children ● Continue to allow participant to live with independent provider 	<p>Thank you for your comments. Your feedback is valuable and will be considered.</p> <p>We have received several questions and public comments about the limitations placed on Supported Family Living and Independent Living, including the limitation that it cannot be provided by someone living in the same home as the participant. We will be changing this limitation upon completion of the public comment period, prior to submitting to CMS for approval, so that family or other household members living with the participant can provide this service.</p> <p>The family or other household member providing the service cannot be legally responsible for the participant (legal guardian, parent of a minor participant, participant's spouse, etc.).</p>	<p>Yes</p>	<p>Language changed in 0394 and 4154 proposed waiver amendments from "Supported Family Living cannot be provided by any individual provider or agency staff member that lives in the same private residence as the participant." to "Supported Family Living is provided in the participant's family home, not a provider operated or controlled residence." The same change was made for Independent Living, from "Independent Living cannot be provided by any individual provider or agency staff member that lives in the same</p>

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				private residence as the participant.” to “Independent Living is provided in the participant’s family home, not a provider operated or controlled residence.”
	<ul style="list-style-type: none"> • Nebraska Vocational Rehabilitation services <ul style="list-style-type: none"> ○ Employment should be a priority. People should not have to wait in line for employment services. ○ Work activities shouldn’t be limited by hour caps or by definitions that limit work activities such as volunteer work or work that provides supplemental income, even if they are not activities that fully met the criteria for competitive, integrated employment. 	Thank you for your comments. Your feedback is valuable and will be considered. DHHS-DD central office Administration and staff hold monthly meetings with the Nebraska VR Director and VR staff to discuss ongoing and future collaborative efforts between DD and Nebraska VR.	No	Comments did not require a change in proposed waiver
Advocacy organizations and general members of the public (no association identified) 14 emails or letters submitted, many with the	<ul style="list-style-type: none"> • Bring subject matter experts to Nebraska to conceptualize employment services transformation and address barriers to employment • Develop presumptive eligibility criteria for those not determined eligible for DD services • DHHS-DD quality management reports and data should be made public • Reiterating preference for Nebraska to move away from the sheltered workshop model and increase efforts to provide individuals with disabilities competitive, integrated employment <ul style="list-style-type: none"> ○ Discussion must continue and should be a goal for the state to achieve • Clarify and strengthen conflict free case management • Nebraska Heritage Health managed care should be expanded 	Thank you for your comments. Your feedback is valuable and will be considered.	No	Comments did not require a change in proposed waiver.

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<p>same language or very similar language</p>	<ul style="list-style-type: none"> • Am I correct in my understanding that Medicaid Waiver qualification will now be subject to annual review, based at least in part on the ISP developed by the Service Coordinator? Is this new? • How many non-duplicated individuals are currently receiving Waiver Services? • How many individuals are currently wait-listed for services? What is the longest time a person currently on the wait list, has been on the wait list? • How will the proposed changes up for public comment affect the wait-list and the number of individuals served by HCB Waiver services? 	<p>You are correct – waiver eligibility is subject to annual review. This is not a new requirement. This is required under the current waivers and the requirement will continue under the proposed waiver amendments. The participant’s Individual Support Plan is one of the items reviewed as part of this eligibility redetermination. The proposed waiver amendments will make minor changes to the management of the wait list. The proposed amendment to the Comprehensive Services Waiver (4154) adds the funding priority for dependents of members of the military assigned to Nebraska and reserved capacity in the waiver for eligible persons who may meet the priority criteria, as outlined in Neb. Rev. Stat. §83-1216. There is also an increase in total waiver slots in the 4154 waiver, but this may not impact the wait list. There are no changes to the wait list management or slots on the 0394 waiver.</p> <p>Questions related to the number of participants currently served and number of eligible persons on the wait list were forwarded to appropriate DHHS staff for a response.</p>	<p>No</p>	<p>Comments did not require a change in proposed waiver</p>
	<ul style="list-style-type: none"> • 4154 Waiver slots: <ul style="list-style-type: none"> ○ Addition of Reserved Capacity for military members assigned to Nebraska is welcomed change to the waiver ○ Pleased to see increase in number of unduplicated participants and the number of maximum participants served ○ Amendment does not provide an increase in the Reserved Capacity for Emergency <ul style="list-style-type: none"> ▪ Insufficient emergency slots to meet DHHS wards’ needs ▪ Reduce use of state general funds ▪ Include “injury of self and others” in definition of emergency 	<p>Thank you for your comments. Your feedback is valuable and will be considered.</p>	<p>Yes</p>	<p>4154 waiver Reserved Capacity for Emergency slots increased to 75 slots per waiver year</p>

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	<ul style="list-style-type: none"> • Rates: <ul style="list-style-type: none"> ○ Rates should make sure that providers can hire high quality employees and pay fair wages to the professionals that teach important vocational and residential skills. ○ Rates should be required to be updated on a regular basis so that providers offering services can keep up with the cost of doing business and maintain high quality services. ○ Proposed rate structure will not provide the direct support workforce in Nebraska the ability to earn a livable wage ○ Shared Living rate for advanced tier too low; will cut wages for contractors <ul style="list-style-type: none"> ▪ Don't restrict relief staff to 360 hours – should be a team decision 	<p>Thank you for your comments. Your feedback is valuable and will be considered.</p> <p>DHHS-DD established a provider advisory group in late 2017 to provide input and feedback throughout the rate rebase study and development of final rate proposals.</p>	No	Comments did not require a change in proposed waiver
	<ul style="list-style-type: none"> • Employment: <ul style="list-style-type: none"> ○ Employment should be a priority. People should not have to wait in line for employment services. ○ Rates should incentivize service providers to have the majority of their workforce focusing on employment <ul style="list-style-type: none"> ▪ Increases self-sufficiency ▪ Grows much needed workforce ▪ Builds bigger tax base ○ Work activities shouldn't be limited by hour caps or by definitions that limit work activities such as volunteer work or work that provides supplemental income, even if they are not activities that fully met the criteria for competitive, integrated employment. ○ Fund employment first; should be the first priority in Nebraska ○ Present-day funding streams and processes, which include the current service definitions in the DD waivers, are resulting in many people with developmental disabilities struggling to access and maintain employment. ○ Add separate Benefits Planning service or Disability Benefits Analysis and Work Incentive Assistance service ○ Supported Employment not really available if on VR wait list; need more funding and DD-VV collaboration <ul style="list-style-type: none"> ▪ Waiver does not explicitly state that participants must apply to VR and be found ineligible before Prevocational and Enclave can be authorized ▪ VR wait list is limiting or restricting access to employment services ▪ Unclear who should be serving the youth exiting high school and under what conditions 	<p>Thank you for your comments. Your feedback is valuable and will be considered.</p> <p>DHHS-DD central office Administration and staff hold quarterly meetings with developmental disabilities service coordination staff and providers to discuss and answer questions about the proposed waiver services. The meetings are posted on the calendar of events on the DHHS-DD public website.</p> <p>DHHS-DD central office Administration and staff hold monthly meetings with the Nebraska VR Director and VR staff to discuss ongoing and future collaborative efforts between DD and Nebraska VR. Each applicable service definition includes the following statement: "Documentation must be maintained in the service coordination file for each participant receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 (Vocational Rehabilitation Services)."</p>	No	Comments did not require a change in proposed waiver

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<ul style="list-style-type: none"> • Specific waiver services: <ul style="list-style-type: none"> ○ Habilitative Community Inclusion: <ul style="list-style-type: none"> ▪ Allow paid employment ▪ Requirement for 60% of services to be in community takes away rights and choices ▪ Requirement for 60% of services to be in community unreasonable ▪ Allow client choice to stay at workshop ○ Habilitative Workshop: <ul style="list-style-type: none"> ▪ Worried about agency programs mismanaging and neglecting individuals' needs in workshops ○ Prevocational: <ul style="list-style-type: none"> ▪ Allow Prevocational to persons on VR wait list ▪ Service should include job development ▪ Bring back job searching activities under Prevocational ▪ Don't limit Prevocational to 12 months ▪ "Employment-related goals" in Prevocational is too limiting ▪ Allow paid employment activities in Prevocational ▪ Add career planning into Prevocational ○ Transportation: <ul style="list-style-type: none"> ▪ Having individuals use public transportation may inhibit individuals from making scheduled therapy appointments or continue with outpatient mental health service they need. ▪ DD transportation should be available to participants to and from employment ▪ In support of removing cap for transportation ○ Supported Family Living or Independent Living: <ul style="list-style-type: none"> ▪ Allow independent provider to live with participant 	<p>Thank you for your comments. Your feedback is valuable and will be considered.</p> <p>Participants are not required to use Habilitative Community Inclusion, nor required to spend 60% of their budget on Habilitative Community Inclusion.</p> <p>Since July 2018, DHHS-DD has actively engaged with a provider workgroup and a family stakeholder group to develop a policy guide which will supplement state regulations and the Medicaid HCBS developmental disabilities waiver amendments. The policy guide will be available to participants, families, providers, and the general public and will address many of the waiver public comments.</p> <p>We have received several questions and public comments about the limitations placed on Supported Family Living and Independent Living, including the limitation that it cannot be provided by someone living in the same home as the participant. We will be changing this limitation upon completion of the public comment period, prior to submitting to CMS for approval, so that family or other household members living with the participant can provide this service.</p> <p>The family or other household member providing the service cannot be legally responsible for the participant (legal guardian, parent of a minor participant, participant's spouse, etc.).</p>	<p>Yes</p>	<p>Language changed in 0394 and 4154 proposed waiver amendments from "Supported Family Living cannot be provided by any individual provider or agency staff member that lives in the same private residence as the participant." to "Supported Family Living is provided in the participant's family home, not a provider operated or controlled residence." The same change was made for Independent Living, from "Independent Living cannot be provided by any individual provider or agency staff member that lives in the same private residence as the participant." to "Independent Living is provided in the participant's family home, not a provider operated or controlled residence."</p>
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<ul style="list-style-type: none"> • Appendix F improved with new language regarding the reason for, and contents of, the request for a fair hearing. <ul style="list-style-type: none"> ○ Still concern about the timing for individuals/families to submit their request for a hearing ○ Additional language specifying that services will continue or be reinstated “until the final outcome of the fair hearing” is positive • Appendix D: <ul style="list-style-type: none"> ○ Removing “professional” from the experience requirement for a Service Coordinator strikes balance between attracting quality candidates yet not unduly restricting the pool of potential service providers. • Appendix G: <ul style="list-style-type: none"> ○ Proposed definitions of abuse, neglect, and exploitation are superior to the <i>status quo</i> waiver definitions. ○ Language defining what incidents require an incident report in the proposed waivers is dramatically improved. ○ Definition of abuse should include “intimidation” and “emotional abuse” ○ Add back into definition of neglect: “failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness.” Staff failure to intervene appropriately to prevent self-injurious behavior may constitute neglect. Staff failure to implement facility safeguards, once client to client aggression is identified, may also constitute neglect. ○ Appreciate clarified and expanded language of inappropriate use of restraints and other aversive techniques <ul style="list-style-type: none"> ▪ Clear and bold statement that restraints (except as specified), other aversive techniques as defined (e.g. corporal punishment), and “other means of intervention likely to cause physical injury” are prohibited under the waiver ▪ Suggest emotional injuries be included ○ Expanded listing of incidents that require reporting to DHHS (see Appendix G, page 2) is superior to the existing waiver. <ul style="list-style-type: none"> ▪ Support additional language in incident report list ▪ Prefer that all injuries of unknown origin be reported to DHHS, not just those that raise suspicion of abuse or neglect. ▪ Any injury of unknown origin is important and should be reported/investigated, not just those that subjectively raise abuse/neglect suspicion (as the provider perceives it). 	<p>Thank you for your comments. Your feedback is valuable and will be considered.</p>	<p>No</p>	<p>Comments did not require a change in proposed waiver</p>
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