

TITLE 474
SOCIAL SERVICES FOR FAMILIES, CHILDREN, AND YOUTH

CHAPTER 1-000 ADMINISTRATION

1-001 Legal Basis

1-001.01 Federal Law: This title describes the policies and procedures the Nebraska Department of Social Services (NDSS) has established to provide and coordinate services for families, children, and youth.

Federal funds are available for programs which meet federal requirements contained in Titles IV-B, IV-E, and XX of the Social Security Act.

1-001.02 State Statute: Social services are defined in Chapter 68, Article 12, Reissue Revised Statutes of Nebraska, 1943. Section 68-1202 states, "Social Services may be provided on behalf of recipients with payments for such social services made directly to vendors" and lists mandatory and optional services to clients.

Section 68-703, R.R.S., 1943, lists the duties of the Director of NDSS, including the power to, "establish rules and regulations for efficiently administering the department and performing the duties assigned to it." According to Section 68-1204, the Director of the Department of Social Services may promulgate rules and regulations, enter into agreements, and adopt fee schedules with regard to social services described in Section 68-1202."

1-002 Agency Organization: The Social Services Program is a statewide operation.

1-002.01 Central Office: Central Office staff are responsible for service program management, development, and accountability and fiscal control.

1-002.02 Local Offices: Local staff ensure that federal and state regulations are upheld, that clients' rights are protected, and that clients' needs are served. A determination of eligibility for applicants who do not meet the requirements outlined in this title is misappropriation of public funds. Local responsibilities are divided into the following areas.

1-002.02A Case Management: Local staff responsible for case management act as the central control of each client's case. It is their responsibility to -

1. Assess client needs;
2. Determine client eligibility;
3. Arrange and authorize provision of appropriate services, using an approved provider;
4. Periodically review the service plan; and
5. Provide information and referral.

1-002.02B Resource Development: Local staff assigned resource development duties are responsible for the following:

1. Resource recruitment;
2. Provider approvals and contracts;
3. Staff development and training;
4. Provider training; and
5. Public relations and public information activities.

1-002.02C Service Administration: Administrative staff are responsible to -

1. Review and edit social services documents;
2. Review and analyze reports;
3. Complete necessary accounting and research reports;
4. Provide analysis of statistical data; and
5. Consider clients' needs, mandated policies, and administrative dictates in determining -
 - a. Staffing needs;
 - b. Training needs;
 - c. Facilities;
 - d. Intra-agency policies and procedures;
 - e. Budgeting;
 - f. Data support; and
 - g. Client processing.

1-003 Definitions

Adverse Action: A determination by the worker that the service(s) provided to a client will be reduced or terminated.

Emancipated Minor: A child age 18 or younger is considered emancipated if s/he has -

1. Married; or
2. Moved away from the parent's home and is self-supporting.

Follow Up: The maintenance of any necessary contact with a client to monitor the continued appropriateness of service.

Prudent Person: The practice of assessing all circumstances regarding case eligibility and using good judgment in requiring further verification or information before determining initial or continuing eligibility.

1-004 Service Client Appeal: Every service applicant or client has the right to appeal for a fair hearing in relation to the following:

1. Determination that the applicant is not eligible to receive social services;
2. Denial of service;
3. Termination or reduction of service; or
4. Inaction or improper actions of the local service unit. Exception: A client is not entitled to a fair hearing when either state or federal law requires automatic case adjustments for classes of clients unless the reason for an individual appeal is incorrect eligibility determination.

1-004.01 Local Office Responsibilities Regarding Appeals: The local office shall -

1. Inform each applicant of his/her right to file an appeal with the Director;
2. Inform the applicant/client of the method for filing an appeal;
3. Inform the applicant/client that s/he may designate an authorized representative or that s/he may represent himself/herself at the hearing;
4. Inform the client that service will continue unchanged until a hearing decision is made if a fair hearing is requested in writing within ten days of the date Form DSS-6, "Client's Notice of Action," was mailed (see 474 NAC 2-006.03D); and
5. Refer to IX-8200 ff. for instructions on appeals procedures.

1-005 Summary of Forms: The following forms are used by local offices to administer the Social Services Program for families, children, and youth. Instructions for these forms are contained in the appendix at the end of this title:

<u>Form Number</u>	<u>Form Title</u>	<u>Appendix Reference</u>
CWI-1	Parent/Parent Substitute Letters A&B	474-000-1
CWI-2	Parent/Parent Substitute Questionnaire	474-000-2
CWI-3	Provider Letter	474-000-3
CWI-4	Case Plan/Court Report/Review	474-000-4
CWI-5	Permanent Plan Review Summary and Assessment	474-000-5

<u>Form Number</u>	<u>Form Title</u>	<u>Appendix Reference</u>
CWI-6	Post-Conference Report	474-000-6
CWI-7	Review Team Feedback	474-000-7
CWI-10	Child Welfare Information System	474-000-8
DA-18D	Application for Foster Care Assistance	474-000-9
DPW-1	Request for Assistance and/or Services	474-000-10
DPW-19	Client Referral	474-000-11
DPW-46	Authorization for Investigation	474-000-12
DSS-2A	Social Service Exception	474-000-29
DSS-3A	Social Services Application	474-000-30
DSS-3E	Incapacity Statement	474-000-31
DSS-4	Case Information Summary	474-000-33
DSS-4A	Social Services Provider Authorization	474-000-34
DSS-4C	Service Provider Notification	474-000-35
DSS-5B	Social Services Billing Document	474-000-36
DSS-6	Client's Notice of Action	474-000-37
DSS-8	Agency Service Provider Agreement	474-000-38
DSS-8A	Agency Service Provider Agreement Amendment	474-000-39
DSS-9	Individual Service Provider Agreement	474-000-40
DSS-10	Social Service Provider Identification	474-000-41
DSS-0024	Child Protective Services Child Abuse/Neglect Report	474-000-43
DSS-120	Rollodex Card	474-000-44
DSS-0351	Single Family Day Care Self-Certification Checklist	474-000-50
DSS-0363	Child's Record for Child Care	474-000-51
DSS-0851	Day Care Home, Foster Care Home, Group Home Environmental Evaluation	474-000-60
DSS-0853	Medical Report	474-000-61
DSS-0855	Child's Record	474-000-62
DSS-0856	Child Placement and Financial Status	474-000-63
DSS-0857	Voluntary Placement Agreement	474-000-64
DSS-0910A	License Application for Centers, Agencies, Group Homes	474-000-70
DSS-0910B	License Application for Private Homes	474-000-71
DSS-0910C	Monitoring Record	474-000-72
DSS-0911A	Inspection Referral for Centers, Agencies, Group Homes	474-000-73
DSS-0911B	Inspection Referral for Private Homes	474-000-74
DSS-0912	Reference Letter	474-000-75
DSS-0913	Health Information Report	474-000-76
DSS-0913A	Health Information Report for Foster Homes	474-000-77
DSS-0914	Alternative Compliance Request	474-000-78
DSS-0916B	License for Boarding Home and Day Care	474-000-79
DSS-0917A	Report on Non-Compliance with Requirements	474-000-80
DSS-0917B	Child Care Facility Complaint Report	474-000-81
DSS-0917C	Complaint Letter	474-000-81

<u>Form Number</u>	<u>Form Title</u>	<u>Appendix Reference</u>
DSS-0917D	Complaint Referral	474-000-83
DSS-0931	Supplement to License Application for Day Care Centers	474-000-84
DSS-0934	Day Care Center Standards Compliance Review	474-000-85
DSS-0944	Evaluation of Applicants for Approved or Licensed Foster Care	474-000-86
DSS-1151	Homemaker Provider Check List	474-000-100
DSS-1153	Homemaker Weekly Time Sheet	474-000-101
DSS-1154	Homemaker Service Task List	474-000-102
DSS-1226	Emergency Shelter Care Contract	474-000-103
DSS-1227	Emergency Shelter Care Billing Document	474-000-104
DSS-1228	Emergency Shelter Care Request for Extension	474-000-105
DSS-1650	Abuse/Neglect Hotline Intake Form	474-000-106
DSS-1851	Transportation Review Check List	474-000-107
DSS-9911	Registered Family Day Care Homes Referral Form	474-000-109
DSS-9920A	Registration Application and Affidavit	474-000-110
DSS-9920B	Registration Closure Form	474-000-111
DSS-9922	Reference Release Statement	474-000-113
DSS-9924	Rules Compliance Checklist	474-000-114
DSS-AR50	Application for a Child	474-000-130
DSS-AR52	Foster and Adoptive Home Inquiry	474-000-131
DSS-AR54	Approved Adoptive Family Care	474-000-132
DSS-AR55	Referral for Adoption	474-000-133
DSS-AR61	Agreement for Adoptive Home Care	474-000-134
DSS-AR62	Newborn Record	474-000-135
DSS-AR64	Relinquishment for Adoption	474-000-136
DSS-AR65	Relinquishment of Child by Parents	474-000-137
DSS-AS50	Application and Agreement for Subsidy	474-000-138
DSS-AS51	Subsidized Adoption Program Child's Summary	474-000-139
DSS-AS52	Sample Letter for Annual Review of Subsidy	474-000-140
DSS-ICPC-100A	Interstate Compact Application to Place Child	474-000-141
DSS-ICPC-100B	Interstate Compact Report on Placement Status of Child	474-000-142
IRS-2678	Employer Appointment of Agent	474-000-160
PDS-100	Client Identification Data	474-000-170
SS-5	Application for a Social Security Card	474-000-180
SS-1610	Social Security -- Public Assistance Agency Information Request	474-000-181
SVP-792	Notice of Redetermination, Delinquent Reviews, and Cases Deleted	474-000-182

1-006 Title Organization: Title 474, "Social Services for Families, Children, and Youth," is divided as follows:

1. Chapter 1-000, "Administration";
2. Chapter 2-000, "Application and Eligibility";
3. Chapter 3-000, "Social Services Providers";
4. Chapter 4-000, (Reserved);
5. Chapter 5-000, "Defined Services" -
 - Section 5-011 Homemaker Services
 - Section 5-018 Transportation or Escort Services
 - Section 5-019 Domestic Abuse Program
6. Chapter 6-000, "Licensing Foster Homes, Group Homes, Child Caring Agencies, and Child Placing Agencies" -
 - Section 6-003 Foster Care Home Licensing
 - Section 6-004 Native American Foster Home Licensing
 - Section 6-005 Licensing Group Homes and Child Caring and Child Placing Agencies
 - Section 6-006 Licensing Standards for Group Homes
 - Section 6-008 Licensing Standards for Child Caring Agencies
 - Section 6-009 Licensing Standards for Child Placing Agencies

CHAPTER 2-000 APPLICATION AND ELIGIBILITY FOR SERVICES

2-001 Requests: Any person may contact the agency by telephone, in writing, or in person to obtain information, explore eligibility, or to make arrangements to apply for services for himself/herself or as a representative of another person.

2-001.01 Response to Requests: Staff must accept requests at the DHHS office or at other places in the community. Each office must establish a method of recording requests. A completed application is documentation of a request.

2-001.02 Request Time Limits: Staff must take action to secure an application as soon as possible. If the client does not keep appointments or cannot be contacted within 30 days of the request, the worker must document the circumstances and file the request.

2-001.03 Interview: An interview is required at initial eligibility determination. The agency will conduct a face-to-face interview if requested by the client, or determined necessary by the agency using the prudent person principle (see 474 NAC 1-003). If a client, for good reason, is unable to conduct a face-to-face interview in the DHHS office, then the worker and the client must identify a mutually acceptable time and place, such as a hospital, senior or community center, or the client's home.

The worker must hold the interview with:

1. A prospective adult client;
2. The client's legal guardian or conservator; or
3. An adult representing the client.

{Effective 6/28/11}

2-001.04 Application: If requested, the worker must assist the applicant or the representative in completing the application for services. Form MILTC-3A, "Social Services Application," or Form EA-117, "Application for Assistance," are acceptable forms of application. The worker must take action on the application within 30 days of the date the application is signed. The worker must send a notice of action to inform the applicant of action taken.

{Effective 6/28/11}

2-001.04A Right to Apply: Any person residing in Nebraska has the right to apply for social services.

2-001.04B Family Size: Family size is defined as a unit consisting of one or more adults (individuals age 19 or older) and one or more children related by blood, marriage, or adoption who reside in the same household. An unborn is included if proof of pregnancy is obtained. (Foster children may be included when determining the size of the foster family unit.) The following are considered separate families:

1. Related adults other than spouses and unrelated adults who reside together;
2. Children living with non-legally responsible relatives;
3. Emancipated minors;
4. A minor parent; and
5. Biological parents or usual caretakers with a child in substitute care and children, if any, residing in the home.

2-001.04C Social Security Number: If the applicant does not have a Social Security number, the worker shall call Central Office to request an interim number for use until a permanent number is obtained.

2-002 Income Eligibility

2-002.01 Categories of Eligibility

2-002.01A Current Family (CF): Those individuals and family members who are current recipients of Title IV-A, the Aid to Dependent Children Program, and those individuals whose needs were taken into account in determining the needs of ADC recipients are eligible as current family, "CF." Recipients of ADC-Medical Assistance only are not eligible under this category.

2-002.01B Low Income

2-002.01B1 Low Income Family (LF): A family unit (see 474 NAC 2-001.04B) whose income is within the maximum allowable income guidelines shown in 474-000-504 is eligible as LF.

If a family receives an ADC grant but not all members are included in the ADC grant unit (due to sanctions or ineligibility), the excluded person(s) must be determined eligible as LF (see 474 NAC 7-000) to receive social services. (The entire grant amount must be considered income for that person.)

Example: If a mother is an illegal alien and only her child is considered in the ADC grant, the mother must be eligible as LF or LC for the child to receive child care assistance. If the mother is not eligible as LF, the child could still receive other needed services on his/her own behalf (e.g., non-child care transportation).

2-002.01C Without Regard to Income (WI): A family who requires emergency child protective services or requires child protective family services may be eligible without regard to income (see 474 NAC 5-016 ff.).

The parent(s) (see 474 NAC 4-000) of a child who is a ward of the Nebraska Department of Health and Human Services may be eligible without regard to income if the plan is to reunify the family or maintain the child in the parent's home.

Note: The worker shall consider the family's income and ability/willingness to participate in the purchase of all or a portion of needed services. This must be considered on an individual family basis with the goal of assisting the family to become as independent as possible and to provide for their own family needs.

2-002.02 Action on Income Declaration: If Form DSS-3A shows receipt of public assistance income or income not exceeding the maximum, the worker shall conduct a needs assessment (see 474 NAC 2-004) and -

1. Complete Part VI of Form DSS-3A noting the client's eligibility classification;
2. Develop a service plan. Provision of service may begin immediately; and
3. Notify the client of his/her eligibility (see 474 NAC 2-006.03).

See 474 NAC 2-004 for the assessment process.

2-002.03 Maximum Allowable Income

2-002.03A Low Income Family (LF): See 474-000-504.

2-002.03B (Reserved)

2-002.03C Sources of Income: When determining eligibility, the worker shall consider the following sources of income:

1. Aid to Dependent Children (ADC);
2. Supplemental Security Income (SSI);
3. State Supplemental Payment;
4. Gross wages/salary - total money earnings received for work as an employee, including wages, salary, armed forces pay, vocational rehabilitation incentive pay, commissions, tips, piece rate payments, and cash bonuses earned before deductions are made for taxes, bonds, pensions, union dues, and similar purposes;
5. Work study for a graduate student or a student working for a second degree;
6. In-kind income received in lieu of wages;
7. Income received under a JTPA program;
8. Social Security - Social Security pensions, survivor's benefits, and permanent disability insurance payments made by the Social Security Administration and Railroad Retirement payments prior to deductions for medical insurance;
9. Dividends - includes dividends from stockholdings or membership in associations;
10. Interest - on savings or bonds, averaged over the period earned;
11. Estates;
12. Trust funds;
13. Rentals - net income from rental of a house, store, or other property;
14. Land lease income;
15. Boarders - gross payments from boarders or lodgers (if self-employed, see item 30);
16. Royalties - net royalties;
17. Retirement pensions - retirement or pension benefits paid to a retired person or his/her survivors by a former employer or by a union, either directly or through an insurance company;
18. Veteran's pensions - money paid by the Veteran's Administration to disabled members of the armed forces or to survivors of deceased veterans, subsistence allowances paid to veterans for education and on-the-job training, and "refunds" paid to ex-servicemen as G.I. insurance premiums;
19. Military allotments;
20. Picket or strike pay;
21. Contributions;
22. Lump sum payments - e.g., child support or Social Security (contact Central Office for assistance in considering unusual lump sum payments);

23. Annuities - annuities or insurance;
24. Unemployment compensation - compensation received from government insurance agencies or private companies during periods of unemployment and any strike benefits received from union funds;
25. Workers' compensation - compensation received from private or public insurance companies for injuries incurred at work;
26. Court-ordered alimony and child support;
27. Payment by an absent parent to the client for child care, rent, or house payment;
28. All money contributed for the maintenance of a ward, including foster care payments;
29. Net income from farm self-employment - (See 474-000-506 for determining net income); and
30. Net income from nonfarm self-employment - (See 474-000-506 for determining net income).

{Effective }

2-002.03C1 Offset of Earnings: If a client has a combination of farm or self-employment income and regular earned income, the regular earnings may be offset with a loss from the self-employment or farm operation. See 474-000-179 for completion of the Self-Employment and Farm Income Worksheet.

{Effective 5/4/98}

2-002.03D Income Exclusions: When determining eligibility, the worker shall not consider the following sources of income:

1. Money received from participation in the Foster Grandparent Program authorized by the ACTION Program;
2. Money awarded by the Indian Claims Commission or the Court of Claims;
3. Alaska Native Claims Settlement Act payments (to the extent that these payments are exempt from taxation under section 21(a) of the Act);
4. Money received from sale of property such as stocks, bonds, a house, or a car (unless the person was engaged in the business of selling the property in which case the net proceeds would be counted as income from self-employment);
5. Withdrawals of bank deposits;
6. Tax refunds;
7. Earned Income Credits and Advanced Earned Income Credits;
8. Gifts;
9. Lump sum inheritances or insurance payments;
10. Capital gains;
11. The value of the coupon allotment under the Food Stamp Act of 1964, as amended;
12. The value of USDA donated foods;
13. The value of supplemental food assistance under the Child Nutrition Act of 1966 and the special food service program for children under the National School Lunch Act, as amended;
14. Any payment received under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970;
15. Earnings of a child age 18 or younger who is a full-time student or a part-time student who is not employed full time;
Note: Summer earnings of a child age 18 or younger are excluded if the worker verifies that the child plans to return to school in the fall.
16. Loans;
17. Any grant to a student for educational purposes;
18. Adoption subsidy payments;
19. Work study for an undergraduate student;
20. Home produce used for household consumption;
21. Earnings received by a youth age 18 or younger under a JPTA program;
{Effective 4/27/93}

22. JTPA allowance paid for supportive services such as transportation, meals, special tools and clothing;
23. VISTA living allowances and stipends;
24. Reimbursement from the Senior Companion Program;
25. Low Income Energy Assistance funds;
26. Housing assistance provided by Housing and Urban Development or by a local housing program;
27. Assistance received under the Disaster Relief Act of 1974 or under a federal law because of a presidentially declared major disaster;
28. Payments to a client participating in training or school attendance subsidized by the Division of Vocational Rehabilitation;
29. Payments made by Veterans Administration under the Veterans Education and Employment Assistance Act for education expenses of a veteran; and
30. Payment made by an absent parent to a child care provider, landlord, or mortgage holder on behalf of the client.

2-002.03E Deduction of Nursing Home Obligation: If the applicant/client has been directed by the Department to pay a portion of his/her income to a nursing home on behalf of an AABD client, the worker shall deduct the amount of the obligation from the applicant's/client's gross monthly income to determine eligibility.

2-002.03F Types of Income

2-002.03F1 Irregular Income: Irregular income is income, earned or unearned, which varies in amount from month to month or which is received at irregular intervals. This may be due to irregular employment, but even when an individual works regularly, the income may be irregular because of factors such as seasonal increases or decreases in employment and earnings (e.g., day labor or sales work on commission basis).

The worker shall use an average of three consecutive months, if available, to project future income unless there has been a significant change.

Small, irregular earnings which are not computable or predictable are not considered.

2-002.03F2 In-Kind Income: In-kind income is any non-monetary consideration received by a client in place of income for services provided or as payment of an obligation.

2-002.03F3 Lump Sum Income: Lump sum income is money received on a one-time basis. The worker shall divide the amount of the lump sum by six months and add that figure to the gross monthly income to determine eligibility. If that amount exceeds the income maximum, the client will be considered ineligible for that six month period.

2-002.03F4 Earned Income: Earned income is money received from wages, tips, salary, commissions, self-employment, or items of need received in lieu of wages.

2-002.03F5 Unearned Income: Unearned income includes but is not limited to -

1. Social Security benefits;
2. Railroad retirement benefits;
3. Child support;
4. Unemployment compensation; and
5. Returns from savings or investments.

2-002.03F5a Treatment of Payment by Non-Custodial Parent: When a non-custodial parent makes a payment for child care or shelter (rent or mortgage payment), whether court-ordered or through an informal arrangement, the payment is -

1. Treated as income if paid to the client; or
2. Excluded if paid to the provider.

See 474 NAC 7-002.02F5a ff. for treatment of payment for child care assistance.

2-002.04 Income Verification: The worker shall -

1. Verify all income at the time of the initial application;
2. Verify irregular income at least every three months;
3. Verify earned income, using one month's income as a minimum, at least every six months;
4. Verify regular unearned income at least annually;
5. Use the prudent person principle to verify income at otherwise unscheduled times; and
6. Document all necessary income information in the client's case record.

If the client's declaration indicates eligibility the worker may use the prudent person principle to authorize service before income verification has been received. If verification does not later substantiate eligibility, the worker shall notify the client as directed in 474 NAC 2-009.03A and terminate service provision.

If a client has weekly or bi-weekly income, the worker shall use the income conversion charts found at 474-000-505 to project monthly income.

2-002.04A Verification of Current Status: If the client declares ADC income on Form DSS-3A, no verification is necessary before establishing a service plan. If CF status is indicated on Form DSS-4, "Case Information Summary," the computer will automatically verify current ADC eligibility and indicate "yes" in field 9. No other verification is necessary.

2-002.04B Verification of Low Income Status: The worker shall verify the family income shown on Form DSS-3A within 30 days of the date on the application.

2-002.04B1 Use of Income Maintenance (IM) Verification: To verify any income which an applicant has already declared for public assistance and which has been verified with documented proof on file, the worker manager may use the existing proof of income in the applicant's IM file as sufficient documentation of income for social services verification. The worker shall indicate on Form DSS-3A that proof is contained in the IM file.

2-002.04B2 Verification of Social Security Benefits: To verify Social Security income declared on Form DSS-3A the worker shall -

1. Obtain a copy of the Social Security check from the applicant;
2. View the Social Security check without obtaining a copy and document the amount, date, and warrant number of the check;
3. Obtain verification from the Income Eligibility Verification System (IEVS) or use the Automated Third Party Query (TPQY);
4. Secure a bank statement (original or copy) listing the amount of the check, warrant number, date deposited, and identifying the source as the Social Security Administration in cases where the Social Security check is directly deposited. The worker may obtain the bank statement from the applicant or from the bank at the applicant's request; or
5. Use any information shown on computer printouts available to the local unit.

Note: If premiums for medical insurance have been deducted from the check the worker shall add that amount to determine the client's gross benefit.

2-002.04B3 Burden of Proof: The worker may require the client to provide any necessary verification. All applicants shall present proof of age, family size, or income if the worker has reason to suspect that incorrect information has been provided. If the applicant fails to provide required proof within 30 days of the worker's request, the worker shall reject the application or close the case, as appropriate.

2-002.04C Verification of WI Status: For Child Protective Service cases where no wardship is involved, the worker shall -

1. Determine, if possible, that the client is neither eligible as a current recipient nor eligible or willing to be determined eligible as a low income client;
2. Document the child's need for Child Protective Services by completing a Family Service Plan (see 474 NAC 5-016.15B);
3. Complete only Parts I, II, and VI of Form DSS-3A; and
4. Authorize the appropriate Title XX service shown in item 2.

2-002.04C1 Parents of Department Wards: If a child of the family is a ward of the Department, parents of the ward are eligible for services without regard to income if the following conditions are met:

1. One of the following applies:
 - a. The parent is not eligible as low income;
 - b. The parent is not willing to be determined eligible as low income; or
 - c. Due to the circumstances of the case, it is not possible for the worker to make an eligibility determination regarding income;
2. There is an agreement for the parent to pay part of the cost of services or the worker has determined that it is in the best interests of the family to authorize services at no cost to the family;
3. The worker verifies that the family meets the needs eligibility requirements (see 474 NAC 2-004.02, 5-003.06, 5-011.03B, 5-011.10C2, 5-018.03B, or 5-018.03);
4. The service is directly supportive of the family case plan (see 474-000-4) or any written service agreement; and
5. The supervisor approves the services and initials Form DSS-4.

2-003 (Reserved)

2-004 Needs Eligibility

2-004.01 Social Services Goals: Social services are authorized based on the client's income eligibility and needs and are not provided based on demand. Need for a particular service implies that the provision of that service will assist the client or his/her family members to advance toward the achievement of one of the five program goals:

1. Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency;
2. Achieving or maintaining self-sufficiency, including reduction or prevention of dependency;
3. Preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating, or reuniting families;
4. Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; or
5. Securing referral or admission for institutional care when other forms of care are not appropriate.

2-004.01A Economic Self-Support (Goal 1): Economic self-support means that a client no longer receives any public assistance (e.g., ADC, medical assistance, social services, food stamps).

2-004.01A1 Levels: Clients assigned this goal are in various levels of achievement or maintenance of economic self-support. These levels are -

1. Reduction of assistance benefits leading to termination of these benefits;
and
2. Prevention of need for benefits.

2-004.01A2 Appropriate Services: Homemaker and transportation.

2-004.01B Self-Sufficiency (Goal 2): All clients assigned this goal must have realistic expectations of residing in their own homes or current living arrangements while receiving only limited services. The worker shall define limited services for each case.

2-004.01B1 Levels: Clients assigned this goal are in various levels of goal achievement. These levels are -

1. Reduction of service dependency leading to self-sufficiency (no services);
and
2. Prevention of service dependency through maintaining current service level without an increase over time.

2-004.01B2 Appropriate Services: Homemaker and transportation.

2-004.01C Preventing or Remediating Neglect, Abuse, or Exploitation of Children and Reuniting Families (Goal 3): This goal is achieved when a family no longer requires intervention or support to ensure against neglect, abuse, or exploitation; or when a family in which these behaviors have occurred no longer requires intervention or support to prevent recurrence.

2-004.01C1 Levels: All clients assigned this time-limited goal are in various levels of agency involvement.

2-004.01C2 Appropriate Services: Adoption services (including Subsidized Adoption), Permanent Planning Services for Children, homemaker, Interstate Placement, Child Protective Services, and transportation.

2-004.02 Needs Criteria: The worker shall determine that the client has no defined service need when -

1. The client is able to perform or provide for identified service needs;
2. The client has household members or caretakers who have the responsibility and/or capability to meet identified service needs;
3. The client has other relatives, friends, or interested individuals who will provide identified service needs at no cost to the client or to the service unit (see 474 NAC 2-005.04B);
4. The client has access to financial resources which may be used to meet his/her needs;
5. The client is residing in an institution (except in relation to deinstitutionalization and short-term care); or
6. The client does not meet the requirements specified for each service.

2-005 Service Plan Formulation: Selection of a goal and the approaches to its attainment are essential to planning. The worker and the client shall evaluate the approach selected and the client's potential for goal achievement. Based on this appraisal, the worker has the final authority to authorize or deny social services.

The worker and client together shall develop a plan which is documented in the case record and reflected on Form DSS-4, "Case Information Summary," and Form DSS-4A, "Social Services Provider Authorization." This plan must be re-evaluated whenever necessary and at least every six months. The forms must be updated as information changes and at least annually.

Before submitting Forms DSS-4 and DSS-4A, the worker shall determine whether identifying data on the client has been entered in the computer system. If the client is new to the system, the worker shall complete and submit Form PSD-100, "Client Identification Data."

Exception: Forms DSS-4 and DSS-4A do not apply to permanency planning cases.

2-005.01 Plan Objectives: The objectives of formulating a service plan are to -

1. Identify the client's present situation;
2. Determine if the client is functioning at his/her highest possible level;
3. Identify conditions (barriers) which hinder maintenance or improvement in the client's present level of functioning;
4. Determine which available services, if any, will remove or over-come the barriers to maintaining or improving the present level of functioning; and
5. Develop a plan for delivery of specific services directed at removing specific barriers to enable the client to maintain or attain his/her goal.

2-005.02 Documentation

2-005.02A Narratives: Staff shall provide narrative documentation to supplement information given on Form DSS-4 and Form DSS-4A. Narratives must include -

1. Information supporting goal selection;
2. Description of barriers to goal achievement;
3. Information supporting the approach(es) selected;
4. Information supporting worker decisions and actions regarding the case;
5. Documentation of communication with the client to include notices of eligibility and denial, reduction, or termination of service;
6. Documentation of referrals to other sources; and
7. Other appropriate factual information relevant to the case.

2-005.02B Forms: Service planning and authorization is recorded on Forms DSS-4, DSS-4A, and DSS-6, "Client's Notice of Action."

2-005.03 Referral: When no service plan can be formed or agreed upon, the worker shall -

1. Assess the problem and need for referral;
2. Provide information to the individual about other resources; and
3. Follow up, as appropriate.

2-006 Authorization: Form DSS-4A designates the provider responsible for the service authorized in the plan and gives special instructions and service limitations. Each provider from whom service is purchased must receive Form DSS-4A for prior authorization of service. Data entry of Form DSS-4A is optional; if it is desired, the local unit shall notify Central Office.

If an individual in-home service provider is authorized, the client shall sign Form IRS-2678, "Employer Appointment of Agent" (see 474 NAC 3-003.01).

2-006.01 Authorization Standards: To authorize any service, whether staff-provided or purchased, the worker shall -

1. Determine that the client has been found eligible on Form DSS-3A (in no case will the beginning service authorization date be before the beginning eligibility date shown on the application);
2. Determine that the client's need relates to one of the defined program goals and can be met within the service definition;
3. Determine that the provider from whom service is purchased has a valid agreement;
4. Identify the service on Form DSS-4;
5. Describe and authorize purchased service on Form DSS-4A before service is provided;

6. Set an authorization period which is within the eligibility period;
7. Refer to the code, maximum rate, and unit authorization policies set for each service and on each provider agreement; and
8. Explain that any authorization is subject to review to ensure that the service is delivered as authorized.

2-007 Client Relatives as Providers: The Department discourages authorization of providers who are related to the clients they serve. Before considering a relative provider, the worker shall determine that the provider would not donate his/her service to the client at no cost.

Relative providers may receive social service reimbursement only if -

1. The client for whom service is provided is not the provider's minor child, spouse, or other legal dependent; and
2. No other provider is available; or
3. The relative provider's rate is significantly less than that of any other available provider.

2-008 Authorization Termination: When a Form DSS-4A service authorization must be terminated before the end of the authorization period, the worker shall notify the affected provider in a timely manner. (Form letter DSS-4C, Service Provider Termination, may be used.)

2-009 Service Client Contacts and Notices

2-009.01 Client Responsibility to Contact: The client or representative shall contact the worker when -

1. The client's situation has changed (e.g., address, income, family composition, or health);
2. The client is dissatisfied or experiencing problems with the service delivery plan; and
3. Instructed to do so by the worker.

2-009.02 Worker Responsibility to Contact: The worker shall contact the client when -

1. There is reason to suspect that the client's eligibility has changed;
2. It is necessary to discuss the process or problems of service delivery;
3. Follow up is necessary; or
4. The service or delivery plan must be changed or terminated.

2-009.03 Notice of Agency Action: The worker shall provide written notification to applicants or recipients (or their representatives) of any agency action affecting the client's service case. This includes when -

1. An applicant is determined eligible or ineligible for social services;
2. A client is found eligible or ineligible at the time of verification or redetermination; and
3. A requested service is denied or provided services are to be changed, reduced or terminated.

These notices must include a statement of what action(s) the worker intends to take, the reason(s) for the intended action, and the corresponding manual reference(s).

2-009.03A Advance Notice: When a provided service is to be reduced or terminated, the worker shall provide formal written notice. This notice must be dated and mailed or given to the client at least ten calendar days before the adverse action is effective.

2-009.03B Adequate Notice: If the worker has verified possible client fraud, the worker shall send a notice of termination or reduction to the client no later than the action's effective date.

2-009.03C Notice Not Required: No notice need be sent to the client in the following situations:

1. The client reports that service is no longer required and requests that his/her case be closed;
2. The worker learns of a client's death;
3. The client is committed to an institution or admitted to a nursing home on a long-term basis;
4. The client's whereabouts are unknown;
5. The worker has verified that service is being received through another local office; and
6. An authorization period is ending and the client has not acted upon a request for redetermination information.

2-009.03D Service Continuation During Appeal: In cases where advance notice has been given, the client may appeal. If an appeal is requested in writing within ten days following the date the written notice was mailed, the worker shall not carry out the adverse action until a fair hearing decision is made.

In situations where only an adequate notice was required, service is not continued pending a hearing decision.

2-009.03E Client Notice of Provider Termination: When a client's provider is disapproved or is not being reapproved, the local service unit shall notify the client. A new method of service provision must be established to prevent a gap in service provision.

2-010 Social Services Exception: In specific instances, local staff may request approval from Central Office to depart from established policies to -

1. Meet extraordinary needs of individuals eligible for services; or
2. Obtain providers for eligible clients. Local staff shall request an exception by thoroughly describing specific circumstances on Form DSS-2A, "Social Service Exception." Upon receiving Form DSS-2A, Central Office staff shall make a decision on the request for exception. Central Office approval remains effective unless the situation changes or the exception is time limited.

2-010.01 Prior Approval: No local staff, client, or provider shall take action for which an exception is required/requested before the local unit receives -

1. A signed and dated Form DSS-2A from Central Office which approves, or approves with modification, the requested action; or
2. Verbal approval from Central Office in emergency situations.

2-010.02 Time Guides: To ensure a timely response, local staff should send written requests for exceptions to Central Office at least ten working days before the date on which the action described in the request is to take effect.

Central Office staff shall respond as soon as possible to requests and process all requests before the requested effective date.

In emergency situations when mailing time is not sufficient, requests may be made verbally and Central Office decisions given verbally. Local staff shall describe the nature of the emergency and shall follow up on all verbal requests by submitting Form DSS-2A for case record documentation. Staff shall submit these written requests within three working days and shall include the date of the verbal request, the name of the Central Office staff member who provided the decision, and a summary of the verbal decision.

2-010.03 Maximum Allowable Units and Rates

2-010.03A Case Management Functions: When the worker and a client determine that units of service above the maximum are needed for the client to meet his/her social services goal, the worker shall -

1. Determine how many additional units of service are needed for a specified period of time; and
2. Initiate Form DSS-2A, requesting a specific number of additional units for a specific time period (e.g., per week or per month) and documenting the client's need.

2-010.04 Record Maintenance: Local staff shall maintain the completed Form DSS-2A in the appropriate client or provider case file.

2-011 Assignment of Payee, Guardianship, or Conservator Status

2-011.01 Employee's Role: No employee of NDSS shall serve as a protective payee, guardian, or conservator for any services client for whom s/he -

1. Determines eligibility;
2. Authorizes service provision;
3. Provides direct service; or
4. Has any other professional relationship which may be considered a conflict of interest.

If the conditions have been met, the client's worker shall submit a request for approval to Central Office.

2-011.02 Services Worker as Protective Payee: A services worker may act as protective payee for a client only if s/he does not determine eligibility for a categorical program for that client. All other community resources must be explored before a services worker may accept the payee assignment.

2-011.03 Provider's Role: The local services worker shall obtain Central Office approval before a service provider who contracts with the Department may act as protective payee for a client s/he serves.

2-012 Eligibility Redetermination

2-012.01 Change in Status: The worker shall complete a redetermination of eligibility when information is obtained about changes in a client's circumstances that may change his/her eligibility. The worker shall complete this review as soon as possible within a 30-day time limit.

2-012.02 Annual Redetermination: The worker must review each client's plan and needs whenever necessary (and at least every 12 months). At least every 12 months, the worker must:

1. Conduct a redetermination of each client's eligibility;
2. Determine whether an interview is necessary;
3. Instruct each client to complete and sign a new Form MILTC-3A reflecting his/her current situation;
4. Verify information contained on Form MILTC-3A (see 474 NAC 2-002.04); and
5. Complete necessary redetermination forms.

No Form MILTC-3A is required for child protective services investigation when a child abuse/neglect report has been filed or when there is a court order and the only service provided is foster care or child protective service.

{Effective 6/28/11}

2-013 Case Record Maintenance

2-013.01 File Contents: Service case records must include appropriate forms for and documentation of:

1. The request for services, MILTC-3A, EA-117, or substitute application;
2. Income verification;
3. Service eligibility; and
4. Service plan formulation (see 474 NAC 2-005.02).

2-013.02 Record Retention: Each office must retain the required documentation for six years from the eligibility period ending date.

{Effective 6/28/11}

2-014 (Reserved)

CHAPTER 3-000 SOCIAL SERVICES PROVIDERS

3-001 Provider Agreement Process

3-001.01 Introduction: This section contains the definitions, policies, and standards involved in evaluating and approving providers who will claim reimbursement through the social services payment system.

3-001.02 Definitions

Provider Identification Number: A nine-digit Federal Identification (FID) number or a nine-digit Social Security number (SSN) followed by a two-digit suffix code. (The two-digit suffix code is "00" unless it identifies a multiple facility or a provider of multiple services.)

Secondary Agreement: Occurs when a service provider pays someone other than an employee to provide the agreed upon service.

Service Provider Agreement: A legally binding document describing the service(s) to be provided, the agreed-upon unit(s), and the unit rate(s) for each provider. The responsibilities of the provider and of NDSS are stated in the agreement. The two types of agreements are -

1. Form DSS-9, "Service Provider Agreement," the document used for providers of all services except child care; and
2. Form DSS-9B, "Child Care Provider Agreement," the document used for child care providers for child care services, including child care related transportation provided by the provider.

Two-Digit Suffix Codes: Two identifying numbers attached to the FID number of providers who -

1. Share the same FID number due to affiliation with a larger agency; or
2. Provide multiple services.

A child care provider who both provides in-home child care and has a child care home must have separate suffixes.

Providers assigned suffix codes are approved individually. The assigned suffix code must be used in all transactions (e.g., authorizations, billings) with and by the provider.

3-001.03 Application: A worker assigned resource development responsibilities shall conduct a face-to-face interview with each potential provider. In the application process the worker shall -

1. Discuss and clarify each requirement the provider must meet for approval;
2. Examine the service facility, when applicable, to confirm that it meets established standards;
3. Complete any necessary checklists and approval forms; and
4. Inform the provider whether standards have been met or, if the decision has not been made, when s/he will be notified.

If the provider does not meet standards at the time of the initial visit or interview, but is willing to correct the deficiency within a reasonable period of time, the worker shall continue the application process when proof of compliance is received.

3-001.04 Conflict of Interest: No employee of NDSS or its subdivisions may be approved as a service provider if s/he is in a position to influence his/her own approval or utilization.

3-001.05 Worker Relatives as Providers: Service staff members shall not approve, reapprove, evaluate, negotiate provider agreements with, or authorize service provision from, providers to whom they are related. In situations where a relative-provider is the only resource, staff shall request prior Central Office approval.

See 474 NAC 2-007 for authorization of clients' relatives. For relative child care providers, see 474 NAC 7-004.03.

3-001.06 Service Provider Agreements: The following policies govern service provider agreements:

1. The provider must obtain any necessary registration or child care license before signing an agreement.
2. Each provider must have a service provider agreement in effect before service can be authorized for purchase.
3. Staff shall evaluate and approve or disapprove all service providers located within the unit's jurisdiction.
4. Service provider agreements are effective up to 12 months, are not back-dated, and must be completed and signed by all parties on or before the effective date.
Exception: For child care only, the agreement may be made effective with the client's request for a specific provider but no earlier than the date of receipt of the application (see 474 NAC 7-004.02).
5. Changes in service provider agreements require renegotiation of the agreement. Address changes which do not affect the service location do not require a new agreement. The change may be entered on the existing Form DSS-9 or DSS-9B and initialed by the worker and provider.
6. Notice of any change in services, units, or unit rates proposed by either the provider or the service agency must be given as soon as possible.

3-001.07 Agreement Completion: When a potential provider has met all necessary requirements, the worker shall -

1. Establish rates and terms of service with the provider and complete the agreement, stating any provider limitations (Form DSS-9 or DSS-9B);
2. Complete and route Form DSS-10, "Social Service Provider Identification"; and
3. Notify case management staff of the agreement.

3-001.08 Multiple Facilities: There are two methods by which a provider with more than one service facility can be evaluated and approved or disapproved. The unit(s) involved and the provider shall decide which option to use.

The worker assigns any two-digit numerical suffix code to each facility of a provider with multiple facilities.

3-001.08A Option 1: A separate agreement (Form DSS-9 or DSS-9B) may be negotiated with each facility. This option must be used if the facilities -

1. Will bill separately; or
2. Charge different rates for the same service.

3-001.08B Option 2: One agreement (Form DSS-9 or DSS-9B) may be negotiated, listing all the facilities. If the facilities are in more than one local unit area, the local office where the agency's main office is located shall negotiate and sign the agreement. If the agency operates a facility in another local unit area, local staff shall evaluate the facility and forward the evaluation to the local unit which signed the agreement.

3-001.09 Provider Evaluation

3-001.09A Resource Development Responsibilities: The worker shall -

1. Hold a face-to-face evaluation interview with each potential provider at least annually;
2. Annually visit each facility in which services are provided outside of the client's home;
3. Assess the quality of service provision at least once during the agreement period by observing service delivery, visiting the service facility, interviewing the provider, or interviewing a client served by the provider.

3-001.09A1 Licensed Child Care Providers: After the initial agreement process, subsequent renewals may be conducted by phone, mail, or office visit.

3-001.09B Secondary Agreements: Site visits are not required for facilities with secondary agreements. The service provider shall ensure that providers with secondary agreements meet all standards and requirements.

3-001.10 Rate Negotiation/Establishment: For all services but child care, the worker shall negotiate with the provider on all terms in Section I of Form DSS-9. The rates negotiated must

-

1. Be usual and customary or less for similar services in the community;
2. Not exceed amounts reasonable and necessary to ensure the quality of service;
3. Not exceed rates charged to non-social services clients for comparable services; and
4. Not exceed the service's maximums without prior Central Office approval.
Exception: Once Central Office has approved a rate exception, the local office may authorize that increased rate whenever the provider's contact is renewed, without submitting another Form DSS-2A.

The worker and the provider indicate agreement with all the negotiated terms by signing Form DSS-9. For establishment of rates for child care providers, see 474 NAC 7-006.03.

3-001.10A Request for Rate Exception: When the worker assigned resource development responsibilities and a provider negotiate a rate that exceeds the maximum unit rate the worker shall -

1. Assess and document the need for the service provider;
2. Initiate Form DSS-2A requesting a specific unit rate exceeding the maximum.
Include -
 - a. Documented rate negotiation efforts and applicable special circumstances (e.g., provider's experience or other recruitment efforts) to justify a higher rate of reimbursement;
 - b. A factual comparison of the rate requested to other rates for the same service in the community. No exceptions will be granted based solely upon a statement that the rate is "usual and customary"; and
 - c. A summary of the provider rate history, when applicable.

Note: Once a higher rate has been approved, the worker may authorize that increase whenever the provider's contract is renewed, without submitting another Form DSS-2A.

3-001.10A1 Agency Providers: In addition, when requesting rate exceptions for agency providers, the worker shall -

1. State the agency rate in comparison to individual provider rates for the same service in the community;
2. Present the agency's plan for the initial, continued, or expanded use of the agency provider; and
3. Summarize the continued or expanded recruitment and use of individual providers of the same service.

3-001.11 Provider Agreement Renewal

3-001.11A Agreement Evaluation: The worker shall use established standards to re-evaluate each service provider -

1. Before the expiration of a provider agreement; and
2. Any time there is reason to believe that the provider is not fulfilling his/her responsibilities.

Provider approval checklists and forms are required only for initial approval.

3-001.11B Worker Action: Depending on the outcome of the evaluation, the worker shall -

1. Renegotiate or terminate the provider agreement; and
2. Complete and route Form DSS-10.

3-001.12 Provider Terminations: Either the Department or the provider may terminate an agreement by giving at least 30 days advance written notice. The 30-day requirement may be waived in case of emergencies such as illness, death, injury, or fire.

3-001.12A Written Notices: The worker shall send written notice to the provider when an agreement is to be terminated by the Department. Written notice to the provider is not required if the potential provider voluntarily withdraws an application.

3-001.12B Form DSS-10: If termination or withdrawal occurs during an effective period or at the time of renegotiation, the worker shall submit Form DSS-10 marked "inactive" and show the new Thru date in Field 18.

3-001.13 Forms and Instructions: The following forms are used in the provider agreement process:

1. Form DSS-2A, "Social Service Exception" (474-000-29);
2. Form DSS-9, "Service Provider Agreement" (474-000-40);
3. Form DSS-9B, "Child Care Service Provider Agreement" (474-000-39); and
4. Form DSS-10, "Social Service Provider Identification" (474-000-41).

3-002 Standards

3-002.01 General Standards: The following standards apply to all service agreements:

1. The proposed service(s) must meet the Manual's service definitions and must be purchasable;
2. Staff need not process a request for an agreement for a potential provider if the Department has sufficient providers available;
Exception: For child care, staff shall process a request for an agreement for a provider of the client's choice.
3. All service providers shall have a Social Security number or FID number, whichever is appropriate, before completing an agreement;
4. The potential provider must not be the parent of the minor child receiving services nor the legal guardian, spouse, or minor child of the service client (see 474 NAC 2-007 and 7-004.02 for further information regarding client relatives as providers);
5. The potential provider must not engage in or have an ongoing history of criminal activity that may be harmful or may endanger individuals for whom they provide services; and
6. The potential provider must not have a history of chronic incorrect and/or inaccurate billings whether intentional or unintentional for services that have been provided or have a criminal history of financial mismanagement.

If the provider is an agency, NDHHS staff shall review agency policies regarding hiring and reporting to ensure that appropriate procedures regarding abuse or neglect are in place.

If the provider is an individual, NDHHS staff shall check the Abuse and Neglect Central Registries to determine if any substantiated reports of abuse or neglect by the provider exist. If the provider provides services in his/her own home, NDHHS staff shall also check the Abuse and Neglect Central Registries to determine if any substantiated reports of abuse or neglect by household members exist. If a report of abuse or neglect has been substantiated, NDHHS staff shall not contract with the individual provider. If a report of abuse or neglect concerning a current SSBG provider (or household member) as perpetrator is substantiated, staff shall immediately terminate the provider agreement and notify case management.

3-002.02 Provider Standards: Before furnishing any service, each provider shall sign Form DSS-9 or Form DSS-9B, agreeing -

1. That service will not be paid through the Social Services Program before it is authorized by the worker;
2. To provide service only as authorized, in accordance with NDHHS's standards;
3. To submit Form DSS-5B, "Social Services Billing Document," after service is provided and within 90 days;
4. To accept social services reimbursement as payment in full for the contracted service(s) unless service is authorized on a sliding fee basis;
5. To accept a rate which is reasonable, necessary, and does not exceed the amount charged to private-paying persons;
6. To apply to social services clients the same standards applied to private-paying persons;

7. To retain financial and statistical records for four years to support and document all claims;
8. To allow federal, state, or local officials responsible for program administration or audit to review service records;
9. To permit federal, state, and local officials to monitor and evaluate the program by means such as inspecting the facility, observing service delivery, and interviewing staff members;
10. To keep current any state or local license required for service provision;
11. To respect every client's right to confidentiality and safeguard confidential information;
12. To not discriminate against any employee, applicant for employment, or social services program participant or applicant because of race, color, religion, sex, handicap, or national origin;
13. To not assign or transfer the agreement to anyone else;
14. To understand and accept responsibility for the client's safety and property;
15. To continue to meet all standards pertaining to the service provided;
16. To operate a drug-free workplace;
17. To allow Central Registry checks on himself/herself, or a family member, if appropriate, or if an agency, agree to allow Department staff to review agency policies regarding hiring and reporting to ensure that appropriate procedures regarding abuse, neglect, and law violations are in place.

3-002.03 Provider Age Qualifications: A service provider must be at least 19 years old except as described in the following parts.

3-002.03A Parental Permission: A provider age 18 or younger (unless s/he is an emancipated minor) shall obtain the signature of his/her parent or legal guardian on Form MILTC-9.

3-002.04 Special Conditions Affecting Approval: Workers shall consult with Central Office staff before signing an agreement when the following situations arise. The potential provider's:

1. Proposed service is not clearly a defined service;
2. Proposed unit of service does not clearly coincide with one of the service unit definitions;
3. Proposed service is to be provided in excess of policy maximums;
4. Proposed unit rate exceeds the maximum rate for the service;
5. Operation contains components which are not covered by appropriate standards.

3-003 Social Security Tax Withholding

3-003.01 Introduction: In some situations, the Department withholds Social Security taxes (Federal Insurance Contribution Act, FICA) from provider payments. Individual in-home service providers (e.g., in-home day care and homemaker) who are not self-employed are considered employees of the client for whom they provide service. The Department, upon receiving a signed Form IRS-2678 "Employer Appointment of Agent," acts on behalf of these clients to withhold mandatory FICA taxes and pay the client's matching tax share to the IRS.

Note: The Department does not withhold federal or state income tax or federal unemployment insurance tax from any provider payment.

3-003.02 Definitions

Affected Clients/In-Home Services: The employee's share of Social Security tax is withheld from provider payments only when in-home service is provided. In-home services include only -

1. In-home child care codes 0351, 0352, and 0353; and
2. Homemaker service code 1103.

Affected Providers: In-home providers authorized to provide in-home service who are not affiliated with an agency and are not self-employed are subject to FICA withholding.

Earnings Taxed for Social Security: Affected providers are subject to Social Security tax payment for each calendar year in which they are paid a specified amount for services provided to one client. The earnings limit is adjusted annually. The Department withholds this tax from all payments to affected providers.

Self-Employed Providers: Individuals who file Social Security taxes on their own behalf are considered self-employed. They are identified by a FID number rather than a Social Security number.

Social Security Tax Rates: The Department remits to the IRS an amount equal to the current Social Security tax rate for specified "in-home" services. Half of this amount is withheld from the provider as the employee's share; the other half is provided by the Department on behalf of the client employer.

3-003.03 Staff Responsibilities: Designated staff shall -

1. Ensure that each client for whom the Department will serve as agent properly completes and signs Form IRS-2678;
2. Inform the affected service providers of the Department's FICA withholding process; and
3. Indicate "subject to FICA" on Form DSS-10, if the provider is an individual (not an agency).

3-003.04 Tax Statements: By January 31 of each year, NDSS shall issue Forms 1099 and W-2, "Wage and Tax Statement," to social services providers, with copies to the IRS. Form 1099 shows the total of all non-FICA qualifying wages. Form W-2 lists FICA qualifying wages. The total annual amount paid to each provider is determined by adding the amounts shown on Forms 1099 and W-2. A provider may receive more than one Form W-2, but more than one Form-1099 per provider indicates an incorrect FID (federal identification) number.

3-003.04A W-2 Forms: Form W-2 is sent to each provider who has earned qualifying FICA wages by providing in-home services. A separate Form W-2 is provided for each client served as the client is considered the employer.

3-003.04B Form IRS-1099: One Form IRS-1099 is issued to each provider for all non-FICA qualifying wages s/he has earned as the provider is considered self-employed.

3-003.05 Form IRS-2678: Form IRS-2678, "Employer Appointment of Agent," relates to withholding Social Security tax from service payments.

3-004 Volunteers

3-004.01 Orientation and Training: The local office shall ensure that volunteers used for service delivery or for administrative assistance receive general orientation and training in -

1. Basic program policies and standards;
2. Confidentiality;
3. Civil rights requirements;
4. Client right to reject service;
5. General client rights and responsibilities; and
6. Agency responsibilities.

3-004.02 Characteristics: To be effective, volunteers need to possess -

1. Maturity in dealing with and working with others;
2. A sincere desire to provide assistance to people or to agencies serving people;
3. Ample available time to give full attention and energy to volunteer duties during duty periods;
4. Sufficient skill in one or more interest areas to perform effectively;
5. Willingness to abide by and comply with agency requirements, principles, regulations, and procedures;
6. Warmth, courtesy, tolerance, and belief in the dignity of all people;
7. Willingness to accept training, supervision, and necessary reporting responsibilities;
8. Capability to function in the assigned work environment;
9. Dependability in being available at agreed-upon times;
10. Willingness to provide immediate notice of unavailability due to illness, accident, or other condition; and
11. Sufficient physical and intellectual capability to carry out assignments. (Age or educational attainment need not be considered in many assignments.)

3-004.03 Volunteer Tasks: If careful assignment is made, the local office can find appropriate assignments for volunteers with a wide range of skills. Every effort must be made to use available volunteer manpower.

Consideration should be given to using volunteers to provide -

1. Friendly visiting;
2. Tutoring;
3. Interpreting (language skills);
4. Recreational programming;
5. Telephone assurance;
6. Escort and errand service;
7. Transportation;
8. Shopping;
9. In-home service;
10. Training (functional education);
11. Distribution of materials;
12. Messenger service;
13. Consultation to Social Services staff;
14. Public speaking and delivery of public awareness programs;
15. Child care services;
16. Forms completion and filing; and
17. Office duties.

CHAPTER 4-000 (Reserved)

CHAPTER 5-000 DEFINED SERVICES

5-001 through 5-010 (Reserved)

5-011 Homemaker Service for Families

5-011.01 Introduction: This section contains directions for -

1. The authorization and provision of Homemaker Service for Families; and
2. The evaluation and approval of homemaker providers.

5-011.01A Homemaker Need: Homemaker service is not provided based on the demand of the client. The instruction provided by the homemaker must maintain or strengthen the family's capacity to function as independently as possible.

5-011.01B Homemaker Goals: The goals relating to Homemaker Service for Families are -

1. Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency (Goal 1);
2. Achieving or maintaining self-sufficiency, including reduction or prevention of dependency (Goal 2); and
3. Preventing or remedying neglect, abuse, or exploitation of children unable to protect their own interests (Goal 3).

5-011.02 Homemaker Definitions

Homemaker Service for Families: In-home assistance and instruction provided by a homemaker to maintain and strengthen families and alleviate stresses in the home.

In-home or out-of-home supervision and care of children may be provided for up to 24 hours per day due to temporary absence of the parent or usual caretaker due to hospitalization; or the parent or usual caretaker's need for assistance during recovery from illness.

Out-of-home instruction may also be provided by homemaker providers or services workers in foster care or child protective services cases to -

1. Maintain and strengthen families and alleviate stresses in the home; or
2. Prepare the natural family for the return of the child to the home.

Homemaker Tasks: The worker and the homemaker shall work together to identify areas of inadequate family functioning and need for training or assistance in -

1. Management, supervision, training, and proper care of children or incapacitated family members;
2. Organization of household activities and time management;
3. Management, maintenance, arrangement, cleaning, and care of home appliances, equipment, eating utensils, furniture, and supplies;
4. Obtaining, storing, planning, preparing, and serving nutritious food for self or family (including any necessary special diets);
5. Obtaining and properly caring for clothing, household supplies, and sundry needs of self or family (including laundry tasks of sorting, carrying, washing, drying, and ironing);
6. Maintenance of sanitation within the home;
7. Maintenance of personal hygiene and health practices for self or family members;
8. Obtaining any necessary medical care and treatment;
9. Management and proper use of income and resources; and
10. Maintaining proper relationships and communication with family members.

5-011.03 Clients Served

5-011.03A Homemaker Eligibility Status: The worker shall authorize homemaker service only for parents or usual caretakers who are eligible -

1. As current ADC recipients;
2. As Low Income Family; or
3. Without regard to income.

5-011.03B Homemaker Need: Eligible clients must -

1. Have an identified service need (see 474 NAC 2-004.02);
2. Be unable to adequately manage the family or household due to lack of knowledge, skills, or ability; and
3. Agree with the service plan.

5-011.04 Maximum Rate and Unit Authorization

<u>Service Description</u>	<u>Unit</u>	<u>Max. Unit Rate</u>	<u>Authorization Max. Units/Mon.</u>	<u>Service Code</u>
Homemaker (Hospitalization/ Recovery)	Day	\$12.00	5	1101
Homemaker	Hour	Federal Min. Wage	65	1103

5-011.05 Authorization Procedures: When authorizing homemaker service, the worker shall -

1. List specific instruction and assistance to be performed by the homemaker; or
2. Set time frames within which the client is to learn to perform each authorized homemaking task.

5-011.06 Homemaker Provider Requirements: (See also 474 NAC 3-002.02) Both contracted providers and staff-provided homemakers must -

1. Have experience in performing homemaker tasks;
2. Be free of communicable disease, have the physical capability to provide service, and be willing to provide a physician's verification statement if, based upon the prudent person principle, the worker requests one;
3. Exhibit good grooming and personal hygiene practices;
4. Demonstrate acceptance of, respect for, and a positive attitude toward other people;
5. Exhibit emotional maturity in assuming responsibility, maintaining schedules, and adapting to new situations;
6. Possess the necessary skills to demonstrate, complete (if necessary), and instruct individuals in performing identified homemaker tasks;
7. Observe and report all changes to the worker;
8. Participate in (or show proof of past participation in) training related to the abuse and neglect of children and demonstrate an understanding of this problem before providing service in child protective service cases; and
9. Participate in (or show proof of past participation in) training related to permanent planning for children before providing service to natural parents in foster care cases.

5-011.07 Forms and Instructions: Forms necessary for providing homemaker service are -

1. Form DSS-1151, "Homemaker Provider Check List" (474-000-100).
2. Form DSS-1153, "Homemaker Weekly Time Sheet" (474-000-101); and
3. Form DSS-1154, "Homemaker Service Task List" (474-000-102).

5-011.10 Family Support Service for Families:

5-011.10A Introduction: This section contains directions for -

1. The authorization and provision of Family Support Service for Families; and
2. The evaluation and approval of family support providers.

5-011.10A1 Family Support Purpose: Family Support Service is not provided based solely upon the request of the client. The instruction and support provided by the Family Support provider must maintain or strengthen the family's capacity to function as independently as possible, and enable them to provide minimum parenting (see 474 NAC 5-011.10B).

Services provided must be for the purpose of -

1. Maintaining and strengthening the family, preventing out-of-home placement of children, and alleviating stresses in the home; or
2. Preparing the natural family, including the child(ren) in placement, for the return of the child(ren) to the home.

5-011.10A2 Family Support Service Goals: The goals relating to Family Support Service for Families are -

1. Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency (Goal 1);
2. Achieving or maintaining self-sufficiency, including reduction or prevention of dependency (Goal 2); and
3. Preventing or remedying neglect, abuse, or exploitation of children unable to protect their own interests (Goal 3).

5-011.10A3 Authorized Family Support Tasks: The case manager, family support provider, and family shall work together to identify the areas of family functioning that require training, support, and assistance in -

1. Management, supervision, training, and proper care of children;
2. Basic daily living and survival skills;
3. Role modeling;
4. Facilitating relationship building and bonding between family members;
5. Providing needed emotional support and developing alternative support systems;
6. Seeking needed information or resources;

7. Management of the home;
8. Arranging for and obtaining necessary medical care and treatment;
9. Management and proper use of income;
10. Maintaining communication between family members; and

5-011.10A4 Duties: To accomplish assigned tasks a family support provider shall -

1. Provide parents with information and techniques for working with children to enable them to meet minimum parenting standards;
2. Visit assigned families as agreed upon by the family support team (on call and/or on a regular basis);
3. Work with families to assess their own strengths and resources and guide them in problem-solving techniques;
4. Work cooperatively with casemanager, parent, and involved professionals in meeting goals designed to strengthen the family and allow the child/children to remain in or return to the home;
5. Have knowledge of community and program resources and make appropriate referrals to assist families;
6. Maintain confidential records of home visits and community contact;
7. Develop and participate in group activities of interest to parents, including support groups;
8. Attend meetings, training sessions, workshops, and classes to further knowledge, leading to more effective job performance; and
9. Observe and report progress and strengths to the casemanager.

5-011.10B Definitions

Family Reports: Information provided by families receiving Family Support Service on Form DSS-1158 indicating -

1. Family-identified goals addressed during visits by the family support provider;
2. Tasks completed together; and
3. Other comments or items of concern to the family.

Family Support Service for Families: Components of this service are -

1. In-home assistance and instruction provided by a family support provider to maintain and strengthen families and alleviate stresses in the home;
2. In-home supervision, observation and modeling of the care of children; and
3. Out-of-home support in conjunction with transportation to aid families in getting to and using needed services (see 474 NAC 5-011.10D1).

Minimum Parenting: Considering ethnic and cultural differences, an action whereby a parent/parent substitute or caregiver ensures that the child is adequately fed, clothed appropriately for the weather conditions, provided with adequate shelter, protected from severe physical, mental, and emotional harm, and provided with necessary medical care as required by law. A parent/parent substitute or caregiver may have personal and situational problems but meet minimum parenting standards.

5-011.10C Clients Served

5-011.10C1 Family Support Eligibility Status: The worker shall authorize family support service only for parents who are eligible -

1. As current ADC recipients;
2. As Low Income Family; or
3. Without regard to income.

5-011.10C2 Family Support Need: Eligible clients must -

1. Have an identified service need (see 474 NAC 2-004.02);
2. Agree with the service plan; and
3. Be a family with a Department ward who is in risk of out of home placement or whose case plan is reunification;
4. Be a family with a former Department ward who is a minor who is at risk of out-of-home placement;
5. Be a family with an open CPS investigation or family service case (474 NAC 5-016.14 AND 5-016.15ff); or
6. Be a pregnant or parenting minor.

Exception: A Department ward who is in out-of-home placement may be eligible for family support services to maintain/stabilize his/her current placement. In this situation, the worker shall submit Form DSS-2A, "Social Service Exception" (see 474 NAC 2-007).

5-011.10D Maximum Rate and Unit Authorization: The worker shall determine whether family support service will be provided by the hour (five hours or fewer per day) or by the day, and authorize either service code 1120 or 1121, accordingly.

<u>Service Description</u>	<u>Unit</u>	<u>Maximum Unit Rate</u>	<u>Authorization Max. Units/Mon.</u>	<u>Service Code</u>
Family Support	Day	\$24.00 (over 5 hours per day)	16 per family	1120
Family Support	Hour	6.00 (up to 5 hours per day)	65 per family	121
Family Support *(Indirect/ Adm.)	Hour	3.35	10% of units billed**	1122

*Indirect/Administration is limited to the writing of reports, appearance in court, and liaison work with non-Department of Social Services agencies on behalf of the client.

**Hourly Example: The provider bills for 37 hours of family support under service code 1120: $37 \times 10\% = 3.7$. Rounding to the nearest whole number, this provider may bill a maximum of 4 units under service code 1122.

Daily Example: The provider bills for 9 days of family support under service code 1121 (a daily rate is equal to 5 units): $9 \times 5 = 45 \times 10\% = 4.5$. Rounding to the nearest whole number, this provider may bill a maximum of 5 units under service code 1122.

5-011.10D1 Transportation: The Department shall contract with family support providers as transportation providers when the main purpose of their service is to transport clients to needed services (see 474 NAC 5-018). If support is provided during transportation and that is the purpose authorized by the casemanager, family support may be authorized in lieu of transportation. The worker shall not authorize family support and transportation for the same event.

The worker shall encourage client independence by ensuring that transportation service is not authorized when the client is able to make his/her own transportation arrangements (e.g., friends, relatives, or volunteers). The worker shall not authorize transportation by a family support provider if public transportation is available and appropriate.

The Department does not pay a provider for transportation to the client's home. The Department may consider exceptional transportation costs when negotiating a provider's rate.

5-011.10D2 Time Limits: The worker may authorize Family Support Service for a maximum of six months to be effective during the time the family service case is open. (Initial authorization of three months or less is encouraged.) Form DSS-2A must be submitted to Central Office to request an extension. (See 474 NAC 2-007.04.)

5-011.10D2a Time-Limited Service Exceptions: Central Office staff shall not grant approval for extension beyond six months for the exclusive purpose of ongoing advocacy or follow up.

When service provision requires a time-limited service to continue beyond an initial six-month authorization period in order for the client to meet his/her service goal, the worker shall

1. Develop a plan which will -
 - a. Avoid increased or continued dependency on services;
 - b. Assist the client to advance toward achievement of his/her program goal; and
 - c. Clearly outline client and worker responsibilities in implementing the plan;
2. Document -
 - a. What services have been provided during the previous six-month authorization period;
 - b. What positive steps have been taken toward client goal achievement;
 - c. What components of service remain to be provided through future service authorization, in order for the client to meet his/her service goal; and
 - d. Other significant changes in the client's situation.
3. Determine how much service authorization extension is needed;
4. Explore other resources for service provision; and
5. Document other agencies/resources working with the client; and
6. Initiate Form DSS-2A documenting need and requesting a specific number of additional units for a specific time period.

Note: An exception is not required to continue service beyond six months for a child protective service case when supervision has been ordered by a court of competent jurisdiction.

5-011.10D2a(1) Record Maintenance: Local staff shall maintain the completed Form DSS-2A in the appropriate client or provider case file.

5-011.10E Authorization Procedures: When authorizing Family Support Service, the case manager shall -

1. List specific instruction and assistance to be performed by the family support provider;
2. Set time frames within which the client is to be independent of the need for family support service;
3. Establish a written agreement with the family which includes -
 - a. Identifying family information;

- b. Family-identified strengths;
 - c. Family-planned goals;
 - d. Services identified to assist the family in meeting its own goals;
 - e. Tasks to be assumed by the family; and
 - f. Time limits; and
4. Provide Form DSS-1158, "Family Report," to the family.

Note: See also 474 NAC 2-005ff (Documentation) and 474 NAC 5-016.14ff and 5-016.15ff (Family Service Plan), as appropriate.

5-011.10F Reporting Requirements

5-011.10F1 Provider Reports: Family support providers shall -

1. Provide a monthly billing document (Form DSS-5B) listing each family and including the number of units of service provided by service code.
2. Provide Form DSS-1157, "Family Support Provider Monthly Report," to the family support district coordinator including -
 - a. Number of families served;
 - b. Number of cases in which the goal was placement prevention;
 - c. Number of cases in which the goal was Reunification; and
 - d. Number of days of direct contact with families.
3. Keep individual case narratives for each family served and provide a copy to the family's casemanager monthly. The narrative must include -
 - a. Date/time spent with the family;
 - b. Goals and strengths addressed during each session;
 - c. Tasks accomplished together;
 - d. Where contact occurred; and
 - e. Who was present.

5-011.10F2 Worker Reports: The worker shall -

1. Maintain a case record as stated in 474 NAC 2-010ff;
2. Maintain a copy of the written agreement with the family (see 474 NAC 5-011.10E, item 3);
3. Maintain a copy of any family reports (Form DSS-1158) received; and
4. Maintain a copy of the family support provider's individual family case narratives.

5-011.10G Family Support Provider Requirements

5-011.10G1 Initial Requirements: To become contracted, providers must -

1. Meet the general provider requirements in 474 NAC 3-002.02:
2. Have experience in performing tasks similar to those of a family support provider;
3. Be free of communicable disease, have the physical capability to provide service, and be willing to provide a physician's verification statement if, based upon the prudent person principle, the worker requests one;
4. Demonstrate acceptance of, respect for, and a positive attitude toward other people;
5. Exhibit emotional maturity in assuming responsibility, maintaining schedules, and adapting to new situations;
6. Possess the necessary skills to demonstrate, complete, instruct, and support individuals in performing identified family support tasks;
7. Participate in (or show proof of past participation in) basic family support service training provided by the Department;
8. Agree to meet transportation provider requirements when providing transportation as a part of the delivery of family support;
9. Be cleared with the Child Abuse/Neglect Central Registry and not be abusive or neglectful toward children;
10. Possess reading and writing skills necessary for contracting, reporting, and delivery of service; and
11. Sign a statement to ensure the confidentiality of client information.

5-011.10G2 Additional Requirements: In addition to the initial requirements, providers must meet the following requirements while providing family support service:

1. Observe and report progress and strengths to the casemanager;
2. Participate in (or show proof of past participation in) training related to the abuse and neglect of children and demonstrate an understanding of this problem before providing service in child protective service cases;
3. Participate in (or show proof of past participation in) training related to permanent planning for children before providing service to natural parents in Department ward cases; and
4. Participate in on-going family support service training provided by the Department.

5-011.10G3 Compliance Documentation: The worker responsible for resource development shall use Form DSS-1156, "Family Support Provider Checklist," to document compliance with provider requirements. The worker shall complete and sign the form and instruct the provider to review and sign it before contracting.

5-011.10H Forms and Instructions: Forms necessary for providing family support service are -

1. Form DSS-1156, "Family Support Provider Checklist" (474-000-97);
2. Form DSS-1157, "Family Support Provider Monthly Report" (474-000-98);
3. Form DSS-1158, "Family Report" (474-000-99); and
4. Form DSS-1154, "Homemaker Service Task List" (474-000-102).

5-012 through 5-016 (Reserved)

5-018 Transportation or Escort Service for Families

5-018.01 Introduction: The guidelines contained in this section provide directions for:

1. The authorization and provision of Transportation or Escort Service for Families; and
2. The evaluation and approval of transportation providers, including individual providers as authorized by Neb. Rev. Stat. § 75-303.03.

5-018.01A Outcomes: The Title XX Social Services Block Grant goals which relate to transportation service are:

1. Achieving or maintaining economic self-support (Goal 1);
2. Achieving or maintaining self-sufficiency (Goal 2); and
3. Preventing or remedying neglect, abuse, or exploitation of children (Goal 3).

5-018.02 Transportation Definitions:

Common Carrier means any person who transports passengers by motor vehicle for hire- and is licensed as such with the Public Service Commission (PSC).

Department means the Department of Health and Human Services (DHHS) as established by the Health and Human Services Act (Laws 2007, LB296).

Department staff means employees of the Department of Health and Human Services or contractors of the Department of Health and Human Services assigned those responsibilities.

Escort Services means an attendant or caregiver accompanying a minor or persons who are physically, mentally, or developmentally disabled and unable to travel or wait without assistance or supervision.

Exempt Provider means carriers exempted from Public Service Commission licensure by law including those that:

1. Transport for hire persons who are aged and their spouses and dependents under a contract with a municipality or county;
2. Are owned and operated by a nonprofit organization which has been exempted from the payment of federal income taxes as provided by Section 501(c)(4), Internal Revenue Code, and transporting solely those persons over age 60, their spouses and dependents, and/or persons experiencing disabilities;
3. Are operated by a municipality or county as authorized by law in the transportation of the persons who are aged;

4. Are operated by a governmental subdivision or a qualified public purpose organization having motor vehicles with a seating capacity of 20 or less and are engaged in the transportation of passengers in the state;
5. Are engaged in the transportation of passengers and are operated by a transit authority created under and acting pursuant to the laws of the State of Nebraska; and
6. Provide escort service under contract with the Department of Health and Human Services or with any agency organized under the Nebraska Community Aging Services Act.

Individual Provider means a person who is not in the business of providing transportation for hire; for example, a friend, neighbor, or non-legally responsible relative.

Medical Escort means an attendant or caregiver accompanying a minor or persons who are physically, mentally, or developmentally disabled and unable to travel or wait without assistance or supervision to receive a Nebraska Medicaid coverable service.

Nebraska Medicaid Coverable Services means a medical service that could be covered by the Nebraska Medical Assistance Program (NMAP) as specified in the Nebraska Administrative Code (NAC) Title 471 (see 474-000-503).

Public, Contracted Transportation means public transportation such as a taxi, bus, train, or plane.

Tariff means the geographic and rate parameters of operation assigned to a particular carrier by the Public Service Commission.

Transportation/Escort Service for Families means service which enables:

1. Children to travel to:
 - a. Child care;
 - b. Health-related treatment or care; or
 - c. Department or other community resource to receive services as a part of a child protective services safety plan and/or case plan;
2. Parents or usual caregivers to travel to:
 - a. Health services;
 - b. Department or a community resource to receive services as a part of a child protective services safety plan and/or case plan; or
 - c. Visit a hospitalized child included in the family unit or in foster care; and
3. Biological parents or usual caregivers with children in foster care to receive services directed toward returning the child home.

5-018.03 Clients Served

5-018.03A Eligibility Status: Local staff may authorize transportation or escort service for clients who are:

1. Current ADC recipients;
2. Current SSI and State Supplemental recipients age 18 or younger;
3. State wards;
4. Low-income families; or
5. Families eligible without regard to income.

5-018.04 Transportation or Escort Need: Department staff must determine a client has the need for transportation services. Transportation services are not provided based on the demand of the client. Need for a service implies that the provision of that service will assist the client in achieving program goals. Eligible clients must:

1. Have no access to a working licensed vehicle, or a valid driver's license;
2. Be unable to drive due to physical or cognitive limitation;
3. Be unable to secure transportation from relatives, friends, or other organizations at no cost;
4. Require transportation in relation to a defined area of need (see 474 NAC 5-018.05);
5. Have a current safety plan or case plan; or
6. Accept the authorized case plan.

5-018.04A Medicaid Managed Care Enrollees: If the client is enrolled in one of the Medicaid Managed Care HMO plans, the HMO is responsible for authorizing transportation for the client's medical services and Department staff must not authorize medical transportation. Exception: Department staff may authorize transportation for adult day care or mental health day rehab services and for dental-related appointments and pharmacy services under Medical Transportation codes. Staff may authorize non-medical transportation for Medicaid Managed Care enrollees if the client meets the Social Services Block Grant program guidelines. If the client is enrolled in one of the Medicaid Managed Care "Primary Care" plans then the responsibility for transportation authorizations remain with Department worker.

5-018.04B Medicaid Mental Health Managed Care Enrollees: If the client is enrolled in the Medicaid Mental Health/Substance Abuse Managed Care Plan, the Mental Health/Substance Abuse Plan is responsible for authorizing transportation for mental health/substance abuse services and Department staff must not authorize mental health or substance abuse related transportation. Exception: Department staff may authorize transportation for adult day care or mental health day rehab services, and for other medical appointments under Medical Transportation codes, unless the client is enrolled in the Medicaid Managed Care HMO Program. Staff may authorize non-medical transportation for Medicaid Mental Health Managed Care enrollees if the client meets the Social Services Block Grant program guidelines.

5-018.04C Residents of Nursing Facilities or ICF/MR's: Residents of nursing facilities or ICF/MR's are not eligible to receive transportation through Social Services Block Grant Programs, except discharge transportation. All other transportation is the responsibility of the nursing facility or ICF/MR. Transportation, including moving the client's household goods or personal property, may not be authorized for these clients.

5-018.05 Defined Areas of Transportation Need: Staff may authorize transportation or escort service for families only to meet client needs as described in the definition of Transportation/Escort Services for Families, see 474 NAC 5-018.02.

5-018.05A Child Protective Services Transportation/Escort: Transportation or Escort may be authorized as part of a child protective safety plan and/or case plan.

5-018.05B Child Care Transportation or Escort: The worker may authorize transportation or escort:

1. When the child care is necessary for any of the reasons listed in 392 NAC 3-007.01 and 474 NAC 5-011.02;
2. When transportation costs are not included in the total child care rates (for guidelines see 392 NAC 4-003.05); and
3. When the child care is licensed or license-exempt.

5-018.05C State Ward and Foster Care Transportation or Escort: The worker may authorize transportation to allow biological parent(s) or usual caregivers with a child who is a Department ward to receive services directed toward the return of the child to the home or the maintenance of the child in the home. For authorized public or contracted transportation for foster care see 479 NAC 2.

5-018.05D Medical Transportation or Escort: The worker may authorize transportation or escort to enable the eligible child to receive a Nebraska Medicaid-coverable service. This includes transportation for a child to receive services identified through HEALTH CHECK. For Medicaid-coverable services see 474-000-503.

5-018.05E Transportation for Visit: The worker may authorize transportation or escort to enable a family member or caregiver to visit a hospitalized child who is included in the family unit or in foster care as specified in 479 NAC 2-002.03E3e.

5-018.06 Transportation Services Provider Standards: Department contracts annually with common carriers, exempt providers, escort providers, and individual providers. Providers must meet all general provider standards in addition to the service specific standards.

5-018.06A Common Carrier Standards: The Public Service Commission certifies common carriers. Taxis, van companies are certified by the Public Service Commission (PSC) as common carriers. Staff must:

1. Verify that the carrier is certified by the Public Service Commission;
2. Request and receive a copy of the carrier's tariff; and
3. Verify that the carrier has a special Department designation.

Transportation provided by child care providers, family support providers, and foster parents is exempt from PSC certification requirements since it is incidental to the service provided.

5-018.06B Exempt Provider Standards: Exempt providers must ensure that their employees meet the individual provider standards in 474 NAC 5-018.06D.

5-018.06C Escort Provider Standards: The provider must:

1. Be an individual age 19 or older;
2. Have training or experience in working with children;
3. Have training or experience in providing personal assistance;
4. Agree to have his/her driving records reviewed, if the escort will drive;
5. Maintain information on specific needs of each client served; and
6. Report all changes observed to the client's services coordinator.

Escort providers who personally drive the client must also meet all individual provider standards in 474 NAC 5-018.06D. The escort provider must complete the individual transportation provider self-certification.

If the client requires an escort and the escort will not drive (for example, handi-bus, taxi, or travel agency for airfare), Department staff must authorize sufficient transportation units for both the client and the escort.

5-018.06D Individual Provider Standards: Department staff is authorized to contract with individual providers by Neb. Rev. Stat. § 75-303.03, only if the following driver and vehicle standards are met at all times when the individual is providing transportation for a client .

5-018.06D1 Driver Standards: The individual provider must:

1. Have been chosen by the client or by the usual caregiver to provide transportation;
2. Be age 19 or older;
3. Possess a current and valid driver's license;
4. Have no more than three points assessed against his/her Nebraska driver's license, or meet a comparable standard in the state where s/he is licensed to drive;

5. Currently have no limitations that would interfere with safe driving;
6. Personally drive his/her own vehicle to transport the client;
7. Use seat belts and child passenger restraint devices as required by law;
8. Not smoke while transporting the client;
9. Not transport the client while under the influence of alcohol or any drug that impairs the ability to drive safely;
10. Not provide transportation if s/he has a communicable disease which may pose a threat to the health and well-being of the client;
11. Have and maintain the minimum automobile liability and medical insurance coverage as required by law; and
12. Report disqualification from any Department program for intentional program violation.

5-018.06D2 Vehicle Standards: The individual provider's vehicle must be:

1. Currently licensed and registered as required by law;
2. Kept at all times in proper physical and mechanical conditions;
3. Equipped with operable seat belts, turn signals, lights, and horn;
4. Equipped with proper child passenger restraint devices as required by law when transporting children; and
5. Equipped to provide comfortable temperature and ventilation conditions.

5-018.06D3 Registry Checks and Criminal Background Checks:

Department staff must complete and document registry checks and criminal background checks on each potential individual provider.

5-018.06D3a Registry Checks: Department staff must check:

1. Adult Protective Services Central Registry;
2. Central Register of Child Protection Cases; and
3. Nebraska State Patrol Sex Offender Registry.

If the potential provider does not reside in Nebraska or has resided in Nebraska for less than one year, Department staff must check registries in the state of residence or previous residence, if possible.

5-018.06D3a(1) Department staff must not contract with a potential individual provider if a report of abuse or neglect concerning the individual provider has been determined to be "Court Substantiated" or "Department Substantiated" on the APS Central Registry or "Court Substantiated", "Court Pending" or "Inconclusive" on the Central Register of Child Protection Cases.

5-018.06D3a(2) Department staff must not contract with a potential individual provider if the individual's name appears on the Nebraska State Patrol Sex Offender Registry.

5-018.06D3b Criminal Background Checks: Department staff must:

1. Obtain a criminal history statement from the potential individual provider; and
2. Perform a criminal history check of the potential individual provider.

5-018.06D3b(1) General Criminal History: Department staff must not contract with a potential individual provider if a history of convictions for misdemeanor or felony actions that endanger the health and safety of any client is indicated. This includes crimes against a child or vulnerable adult, crimes involving intentional bodily harm, crimes involving the illegal use of a controlled substance, crimes involving moral turpitude on the part of the potential provider, or any major traffic violations.

5-018.06D3b(2) Specific Criminal History: Department staff must deny or terminate service provider approval when conviction has occurred in the following areas:

1. Child pornography;
2. Child or adult abuse;
3. Driving under the influence: a DUI conviction within the past eight years; -
4. Domestic assault;
5. Shoplifting after age 19 and within the last three years;
6. Felony fraud within the last 10 years;
7. Misdemeanor fraud within the last five years;
8. Termination of provider status for cause from any Department program within the last 10 years;
9. Possession of any controlled substance within the last five years;
10. Possession of a controlled substance with intent to deliver within the last 10 years;
11. Felony or misdemeanor assault without a weapon in the last 10 years;
12. Felony or misdemeanor assault with a weapon in the last 15 years;

13. Prostitution or solicitation or prostitution within the last five years;
14. Felony or misdemeanor robbery or burglary within the last 10 years;
15. Rape or sexual assault; or
16. Homicide.

Pending charges must be reviewed by Department, Resource Development to determine whether the client's safety is in jeopardy. Other convictions must be considered using the guidance in 474 NAC 5-018.06D3b(1) and weighted to similar offenses included in this list.

5-018.06D4 Individual Provider Approval Process: Department staff must obtain a copy of the individual's current driver's license, insurance card, and vehicle registration. The provider must complete and sign the provider self-certification and the provider agreement. In addition to having no more than three points assessed against his/her driver's license, each provider's past eight-year driving history must be considered. If a license has been suspended or revoked, the provider must not be approved for eight years from the date of suspension or revocation.

5-018.06D4a Renewal: The provider self-certification and the provider agreement must be renewed annually. The registry checks and criminal history checks required under 474 NAC 5-018.06D3 must be completed for each renewal. Department staff must obtain a copy of the individual's current driver's license, insurance card, and vehicle registration. Department staff must not renew any contract with a provider whose name appears on the registries or whose criminal history check indicates a history of any convictions as specified in 474 NAC 5-018.06D3.

5-018.06D4b Termination: Department staff must terminate the provider agreement if the individual provider is found to be in violation of any of the standards in 474 NAC 5-018.06D1 and D2. Department staff must terminate any contract with a provider whose name appears on the registries or whose criminal history check indicates any convictions as specified in 474 NAC 5-018.06D3.

5-018.07 Authorization Procedures: Before authorizing transportation/escort services, Department staff must explore with the client the use of family, neighbors, friends, or community agencies that will provide this service without charge whenever possible. Department staff must discuss types and options of providers with the client before authorizing transportation services. Department staff must assure the client is aware of the associated costs.

5-018.07A Medical Transportation: Department staff must offer the client choice of providers for medical Transportation/escort services.

5-018.07B Transportation for Out-of-State Medical Treatment: Medicaid may cover transportation for out-of-state medical treatment for Medicaid-eligible clients.

If out-of-state treatment is approved by Medicaid, Department staff may authorize transportation. The client is not eligible for transportation assistance if the client is driving him/herself.

If out-of-state treatment is not approved because of a non-medical reason such as the out-of-state provider refusing to participate in Medicaid, transportation for out-of-state treatment may be approved. If out-of-state treatment is not approved for lack of medical necessity, transportation for out-of-state treatment must not be approved.

If prior authorization for out-of-state treatment is not required,(for example, receiving services in a border state), Department staff may authorize transportation under the usual procedures.

5-018.07B1 Medicare (Primary) and Medicaid (Secondary): If the client has Medicare as his/her primary insurance and Medicaid is secondary, the client does not require out-of-state treatment approval from Medicaid. The Department central office transportation coordinator will determine if out-of-state transportation assistance is approved. The coordinator must use components of the definition of medical necessity found in 471NAC 1-002.02A to determine whether out-of-state transportation may be authorized. If out-of-state transportation assistance is disapproved because the client is requesting routine medical services (for example, using a distant out-of-state clinic as the primary care provider), Department staff must deny the transportation service.

5-018.07B2 Private Health Insurance (Primary) and Medicaid (Secondary):
If the client is using private insurance as his/her primary insurance and Medicaid is secondary, Medicaid prior authorization of the out-of-state medical treatment is required.

If out-of-state treatment is approved by Medicaid, Department staff may authorize transportation. The client is not eligible for assistance if the client is driving him/herself.

If Medicaid denies prior authorization of payment for out-of-state treatment because of a non-medical reason such as the out-of-state provider refusing to participate in Medicaid, Department staff must request prior authorization from the Department Central Office Coordinator. If the Coordinator denies out-of-state transportation, Department staff must deny the transportation service. If the Coordinator approves the out-of-state transportation, Department staff must approve the transportation service.

If Medicaid denies prior authorization for out-of-state treatment due to lack of medical necessity, transportation for out-of-state treatment must also be denied.

5-018.07C Non-Medical Transportation: For areas where exempt providers are available or the client has chosen to use an individual provider, the client may only use a common carrier when the exempt provider or individual provider cannot provide the service.

5-018.07D Authorization of Exempt Providers: Department staff may contract with and authorize services for a provider who is exempt from PSC licensure as appropriate to meet a client's needs. The availability of a common carrier does not limit the use of an exempt provider.

5-018.07E Medical Escort: Department staff must use the following criteria to determine when to authorize an hourly rate for medical escort services:

1. The escort is not a legally responsible member of the client's family;
2. The client is not able to secure an escort at no cost; and
3. The escort is not receiving payment from another source.

5-018.07E1 Utilization of Exempt Providers as the Driver: When transportation is provided by an exempt provider, Department staff may authorize the cost of the escort's transportation only if there is an extra charge for the escort's transportation, such as air fares, rural transit system, city bus systems, etc.

5-018.07E2 Utilization of Common Carrier: When transportation is provided by common carrier provider, the provider may not charge an extra cost for transporting the escort.

5-018.07E3 Utilization of Individual Providers as the Driver: When transportation is provided by an individual provider, the provider may not charge an extra cost for transporting the escort.

5-018.07F Individual Providers: Department staff must authorize an individual provider if the following criteria are met:

1. The client has chosen the individual provider;
2. The individual will personally drive the vehicle; and
3. The individual meets provider standards in 474 NAC 5-018.06D.

5-018.08 Transportation Services Rates, Frequency, and Maximum Allowable Units:

5-018.08A Conditions for Payment: The Department will pay for transportation services only:

1. When the client is actually in the vehicle; and
2. Using the most direct and logical route from the client's residence to the service location.

5-018.08B Upper Limits: DHHS Central Office establishes transportation rates according to the following limits. Department staff assigned resource development responsibilities may negotiate rates lower than the established rates.

5-018.08B1 Common Carriers: Neb. Rev. Stat. § 75-303.02 limits the distance rates for common carriers at a rate no greater than three times the state employee mileage rate. The maximum reimbursement rate does not apply when the carrier:

1. Transports the client wholly within the corporate limits of the city or village where the transportation of the client originated; or
2. Transports a disable person as defined by the federal Americans with Disabilities Act of 1990 in a vehicle that is compliant with the regulations for the transportation of the disabled person.

5-018.08B2 Taxis: Taxi rates may be no greater than 95% of published rates.

5-018.08B3 Exempt Providers: DHHS Central Office will establish rates for exempt providers.

5-018.08B4 Escort Providers: The mileage rate for escort providers must not exceed the state employee mileage rate unless the escort is a certified carrier. The hourly rate is set by Department Central Office.

5-018.08B5 Individual Providers: As provided in Neb. Rev. Stat. § 75-303.03, the Department of Health and Human Services will reimburse the individual provider for costs incurred in transportation at a rate no greater than that paid for reimbursement of state employees under Neb. Rev. Stat. § 81-1176 only for mileage.

5-018.08C Frequency: The frequency for medical and non-medical transportation is by miles or trip. The frequency for medical escort services is by the:

1. Hour(s) and miles; or
2. Hours and trip.

Department staff must authorize time and miles traveled separately.

5-018.08D Maximum Allowable Units: Department staff must authorize transportation units based on client need not to exceed the following limits:

1. Non-medical Transportation:
 - a. To and from child care; and;
 - b. To and from community services based on child protective services safety plan and/or case plan; and
2. Medical Transportation: Based on needed treatment and care.

5-018.09 Transportation Exceptions: The worker must document in the client's case file and on N-FOCUS when a need exists for more units.

5-018.10 Transportation Forms and Instructions: In addition to forms for general provider approval (Forms MC9-LTC and MILTC-1700, Provider Self Certification Checklist, the worker must use forms required by the Public Service Commission for exempt providers.-

5-019 Domestic Abuse Program

5-019.01 Introduction: The Nebraska Department of Social Services (NDSS) is responsible for the administration and supervision of a Domestic Abuse Program.

5-019.01A Legal Basis: Sections 42-901 through 42-927, Reissue Revised Statutes of Nebraska, 1943, requires the Department to -

1. Establish and maintain comprehensive support services to aid victims of domestic abuse; and
2. Provide prevention and treatment programs to aid victims of domestic abuse, their families, and abusers.

5-019.02 Definitions

Domestic Abuse: Abuse is the occurrence of one or more of the following acts between spouses, persons living as spouses, or adult members of the same household:

1. Attempt to cause or intentionally, knowingly, or recklessly causing bodily injury or serious bodily injury with or without a deadly weapon; or
2. Placing another person, by physical menace, in fear of imminent serious bodily injury.

Domestic Abuse Project Personnel: The staff, either paid or volunteer, involved in the activities of a domestic abuse project.

Local Office: A unit of the Nebraska Department of Social Services (i.e., welfare staff).

Project: A local domestic abuse program which contracts with NDSS.

5-019.03 Clients Served: Domestic abuse services may be provided for victims of domestic violence and their family members. Services are available without regard to income.

5-019.04 Local Office Responsibilities: Local office staff shall -

1. Provide public assistance and social services as appropriate; and
2. Provide information and referral to a local domestic abuse project.

5-019.05 Emergency Services: Domestic abuse project personnel shall provide the following emergency services:

1. A 24-hour telephone service to assist victims of domestic abuse;
2. Immediate transportation to enable victims of domestic abuse and their dependents to -

- a. Leave a violent or potentially violent home situation;
 - b. Travel to health-related treatment or care;
 - c. Receive legal, housing, employment, welfare, food stamps, or counseling assistance; or
 - d. Receive temporary or permanent shelter;
3. Immediate access to medical personnel and/or facilities;
 4. Access to legal system personnel;
 5. An emergency financial fund for purchasing tangible items;
 6. Short-term crisis intervention counseling and referral to other support systems; and
 7. Safe living environments that will provide a supportive, non-threatening shelter to victims, their families, and household members.

5-019.05A Constant Access and Intake to Services: Project personnel shall -

1. Answer domestic abuse phone lines on a 24-hour basis;
2. Complete a crisis intervention training program conducted by a qualified professional; and
3. Have knowledge of community resources and access to appropriate names and phone numbers for referral.

Central Office staff shall approve crisis intervention training.

5-019.05B Immediate Transportation: Domestic abuse project personnel shall -

1. Ensure that necessary transportation is available for victims and their dependents to and from community facilities and resources (Victims should be encouraged to use their own vehicles or public transportation when available and appropriate.);
2. Never go to the home of a victim;
3. Request assistance from law enforcement personnel when elements of danger exist or may exist; and
4. Have adequate liability insurance, and a valid driver's license when transporting victims for non-emergency purposes. The vehicle must be equipped with seat belts and have passed any required inspection guidelines.

Interstate and intrastate transportation is an allowable expense. Financial guidelines are determined by each domestic abuse project.

Children age 17 and younger must be accompanied by a parent or legal guardian. Staff shall obtain written consent from the parent or guardian if the parent or guardian will not be present.

Vehicles owned by domestic abuse project personnel must not be driven by victims.

5-019.05C Immediate Medical Services or First Aid: Domestic abuse project personnel must have knowledge of community medical facilities, medical personnel and emergency medical services, and shall establish written procedures for immediate access to medical resources.

5-019.05D Emergency Legal Counseling and Referral: Staff shall -

1. Be familiar with representatives of the legal system in their community (e.g., law enforcement personnel, county attorney, and private attorneys);
2. Establish written procedures to provide access to legal resources; and
3. Not interpret, assume, or suggest legal remedies. Domestic abuse project personnel may inform victims of possible legal options and make appropriate referrals.

5-019.05E Emergency Financial Aid: Project staff shall -

1. Establish policies and procedures for use of funds in emergency situations; and
2. Use existing community resources (e.g., food, clothing, personal hygiene supplies, and baby articles) before using emergency financial funds.

5-019.05F Crisis Counseling: Domestic abuse project personnel who provide crisis counseling shall complete a crisis intervention training program approved by Central Office before counseling independently. Referral to appropriate community support systems is recommended.

5-019.05G Safe Living Environments: Safe living environments which provide a supportive, non-threatening shelter to victims, their families, and household members include -

1. Residential facilities (staffed 24 hours per day) that provide an in-house program of individual and group counseling;
2. Motels and hotels (with support services provided by domestic abuse project personnel, as needed);
3. Private homes (with support services provided by domestic abuse project personnel and/or hosts);
4. Family, friends, relatives; and
5. Independent agencies or facilities providing shelter.

Each domestic abuse project must develop written shelter policies and procedures for the following: telephone use; visitors; informing spouses; law enforcement knowledge of shelter; care and supervision of victims' children; public knowledge of shelter location; length of stay; protection of victim and/or host's personal possessions; and location of identifiable (client or volunteer) vehicles.

The shelter must meet applicable local or state building, health and fire safety requirements.

5-019.06 Contractual Agreements: Each project shall submit a proposal to Central Office, indicating a willingness and ability to provide the services described in 474 NAC 5-019.05. The project's program will be developed specifically in accordance with this proposal. The proposal must -

1. Include a budget; and
2. Be approved by Central Office staff.

Following approval, Central Office staff and project staff shall sign a contract for the provision of domestic abuse emergency services.

5-019.07 Monthly Reports: Projects shall maintain expenditure statements and client activity reports. Reports must be submitted to the Central Office by the 15th day of the following month.

5-019.08 Access to Records: Each project shall -

1. Maintain complete records regarding client contact and the expenditure of funds provided by the Department; and
2. Allow free access at reasonable times by authorized representatives of the Department.

5-019.09 Confidentiality: Any information gathered either independently or through the Department must be held in the strictest confidence and must be released to no one other than Department staff without the prior written authorization of the Department.

5-024 Interstate Correspondence and Placement

5-024.01 Introduction: The Nebraska Department of Social Services (NDSS) receives requests from other states to approve homes and place children. This section defines the service elements and policies for acceptance of a child from another state into Nebraska and initiation of requests for placement of a Nebraska child in another state. Guidelines are provided for staff responsible for the study and approval of foster homes, supervision of placement, importation of children, and administration of the Interstate Compact on Placement of Children.

5-024.02 Legal Basis: Nebraska has adopted the Interstate Compact on Placement of Children as Section 43-1101, Reissue Revised Statutes of Nebraska, 1943. NDSS cooperates with Immigration and Naturalization Services in respect to inter-country adoption by certifying that Nebraska's pre-adoption requirements have been met and laws concerning importation of children have been observed. NDSS is required by Section 43-503, R.R.S., 1943, to cooperate with other departments and bureaus, both state and national, to promote child welfare and health.

5-024.02A Member States: The following states have adopted the Interstate Compact on Placement of Children:

Alabama	Indiana	Montana	Rhode Island
Alaska	Iowa	Nebraska	South Carolina
Arizona	Kansas	New Hampshire	South Dakota
Arkansas	Kentucky	New Mexico	Tennessee
California	Louisiana	New York	Texas
Colorado	Maine	North Carolina	Utah
Connecticut	Maryland	North Dakota	Vermont
Delaware	Massachusetts	Ohio	Virginia
Florida	Minnesota	Oklahoma	Washington
Georgia	Mississippi	Oregon	West Virginia
Idaho	Missouri	Pennsylvania	Wisconsin
Illinois			Wyoming

5-024.03 Definitions

Child: A person who, by reason of minority, is legally subject to parental, guardianship, or similar control.

Interstate Compact on Placement of Children: A multi-lateral law permitting child placement activities to be uniformly conducted throughout the country.

Interstate Correspondence: Letters of inquiry and replies to or from another state in regard to placement and supervision of children.

Placement: Placement means the arrangement for the care of a child in a free home or boarding home, or in a child caring agency or institution. It does not include any institution caring for the mentally ill, mentally defective, or epileptic; any institution primarily educational in character; or any hospital or other medical facility.

Receiving State: The state to which a child is sent, or brought by public authorities or private persons or agencies for placement with state or local public authorities or with private agencies or persons.

Sending Agency: A state, officer, or employee thereof; a subdivision of a state, or officer, or employee thereof; a court of a state; a person, corporation, association, charitable agency or other entity which sends, brings, or causes to be sent or brought, any child to another state.

5-024.04 Central Office Responsibilities: The deputy compact administrator, Central Office, shall -

1. Administer the Interstate Compact on the Placement of Children as defined by state statute;
2. Request home studies and supervision of placement from local units, or area offices, to expedite the interstate and intercountry placement of children; and
3. Provide technical assistance to local units.

5-024.05 Local and Field Office Responsibilities: Local and field office staff shall respond to requests for home studies and supervision of interstate placements from the deputy compact administrator to expedite the interstate placement of children.

5-024.06 Requests: Any agency, institution, court, or person wishing to bring a child into Nebraska for adoption, foster home care, or into the home of a relative shall first obtain the approval of the Nebraska Department of Social Services. The Department reserves the right to refuse permission in order to safeguard the best interests of the child, the foster parents, or the State of Nebraska and its local subdivisions.

5-024.07 Bringing a Child into the State: The agency wishing to place a child in Nebraska shall -

1. Notify NDSS in writing;
2. Furnish a social history of the child, including complete identifying information, family background, developmental history, physical examination, social adjustment, education, psychological test results if any, legal custody, and reason for placement; and

3. Furnish identifying information about the proposed foster family, the address, and a clear statement of the request for home study, personal interview, or supervision of proposed placement. A copy of the home study prepared in the other state, if any, must be included.

Central Office staff shall file one copy of the out-of-state correspondence.

5-024.08 Preparation of Replies

5-024.08A Replies to an Out-of-State Agency: The local unit receiving an out-of-state request from the deputy compact administrator shall compile the information requested; address the reply to the agency requesting the information; and forward all copies of replies and materials to the administrator in triplicate.

Local or area office staff shall send copies of requests received directly from out-of-state agencies which involve a home study or supervision of a placement of a child from another state to the deputy compact administrator. The requested action must be initiated promptly as though the request had been received from the administrator.

The deputy compact administrator shall -

1. File a copy of the material;
2. Forward the appropriate number of copies, as required by the particular requesting state according to the American Public Welfare Association Directory, to the state office of the requesting state; and
3. Sign and attach Form DSS-ICPC-100A, "Interstate Compact Application to Place Child."

5-024.08B Replies to Other States: The worker shall -

1. Use the identifying information given in the original inquiry, noting any correction;
2. Indicate what persons, agencies, or other sources of information were used and give information obtained from each source;
3. Answer specifically each of the questions in the letter of inquiry or give reasons for lack of answers;
4. Supply copies of home studies or other materials compiled;
5. Answer letters promptly. If answers will be delayed more than two weeks, the inquiring agency should be notified of the delay; and
6. Complete home studies within 30 days (two weeks is recommended) following the home studies guideline.

5-024.09 Sending a Child to Another State: A Nebraska agency wishing to place a child in another state shall -

1. Write a letter of request containing complete identifying information about the child to be placed, the family who will receive the child, social history of the child, available medical, psycho- logical, and school records, birth certificate, copy of the custody document (court order or relinquishment), and copy of the home study for the family, in cases of a former Nebraska family;
2. Forward these materials to the deputy compact administrator in triplicate for transmittal to the out-of-state state office;
3. Submit these materials for importation approval for the child by the out-of-state agency before placement of the child in the other state; and
4. Complete and route Form CWI-10.

5-024.10 Inquiries to Other States: The worker shall -

1. Prepare letters of request or inquiry in triplicate;
2. Provide important identifying information (i.e., surname, first names of all persons in family under care, ages, sex, and race). When inquiry is made with reference to children, the names of both parents, whether or not they are with the children, should be given for purposes of identification;
3. Give information about the immediate situation, the reason for the inquiry, length of time known to the agency, and special problems such as physical or mental illness which may require special handling;
4. State the exact addresses of persons or agencies to be interviewed, giving specific direction or clues for seeking information when exact direction cannot be given; and
5. Ask specific questions as to the kind of information desired, and explain agency standards or policies that are involved.

5-024.11 Report on Placement Status: The local unit shall initiate Form DSS-ICPC-100B, "Interstate Compact Report on Placement Status of Child," at the time a child is placed in another compacting state. The form is used to indicate the actual date the placement occurred, changes in address, closing of the case due to cancellation of placement, finalization of adoption, or changes in custody.

5-024.12 Inter-Country Adoptions: The deputy compact administrator shall forward requests for home studies (see 474 NAC 5-022.05C) and supervision of adoptive placements received from out-of-state agencies authorized to place foreign children to the local unit according to the residence of the family. Requests for home studies of families currently served by area social service units must be forwarded to the area office for reply. The completed home study must be forwarded to the deputy administrator in quadruplicate for transmittal to the out-of-state agency.

REV. SEPTEMBER 20, 1995
MANUAL LETTER # 69-95

NEBRASKA DEPARTMENT OF
SOCIAL SERVICES MANUAL

S.S./FAMILY-CHILD-YOUTH
474 NAC 5-025

5-025 through 5-029 (Reserved)

REV. DECEMBER 17, 2014
MANUAL LETTER #84-2014

NEBRASKA DEPARTMENT OF S.S./FAMILY-CHILD-YOUTH
HEALTH AND HUMAN SERVICES 474 NAC 6-000

CHAPTER 6-000 LICENSING GROUP HOMES, CHILD CARING AGENCIES, AND CHILD
PLACING AGENCIES

6-001 – 6-004 (Reserved)

6-005 Licensing Group Homes and Child Caring and Child Placing Agencies

6-005.01 Scope and Authority: The Nebraska Department of Health and Human Services is responsible for licensing foster homes, group homes, child caring agencies, and child placing agencies, as authorized in Neb. Rev. Stat. Sections 43-296, 43-701 to 43-707, and 71-1901 to 71-1907. This section contains material governing the licensing of group homes, child caring agencies, and child placing agencies. Additional licensing requirements for group homes are in 474 NAC 6-006, for child caring agencies in 474 NAC 6-008, and for child placing agencies in 474 NAC 6-009. See 474 NAC 6-003 for foster home licensing.

6-005.02 Definitions

Child means an unemancipated minor. Nebraska's age of majority is 19.

Child Caring Agency means an agency incorporated to provide care for children in buildings maintained by the organization for that purpose.

Child Placing Agency means an organization authorized by its articles of incorporation to place children in foster family or adoptive homes.

Child Welfare Programming Experience means employment, internships, or volunteer work providing social services in a professional setting to emotionally, socially, or behaviorally impaired children and/or their families.

Cradle Care Giver means a person who provides a temporary living and care arrangement for a child placed in the home while a parent decides on relinquishment or while the child waits to be united with an adoptive family.

Department means the Department of Health and Human Services.

Group Home means a home operated under the auspices of an organization which is responsible for providing social services, administration, direction, and control for the home and which is designed to provide 24-hour care for 12 or fewer foster children in a residential setting.

Licensing Agent means a Department staff person who directly handles a licensing case.

Operating License means a legal document effective for two years which allows care to be provided for children to be placed in foster care or for adoption.

Provisional License means a time-limited, non-renewable license issued to an applicant who is unable to comply with all licensure requirements and standards, and is capable of compliance within the time period stated on the license.

Probationary License means a time-limited, nonrenewable license that is issued to a licensee who agrees to establish compliance with rules and regulations that, when violated, do not present an unreasonable risk to the health, safety, or well-being of the foster children in care.

Wilderness Challenge Program means a time-limited, highly structured outdoors program and intensive residential program designed to challenge adjudicated youth through experiential learning. This program will have a primary site of constructed buildings. This primary site will be designated on the license. Expedition sites are those sites where children are taken from the primary site and an overnight sleeping event occurs.

6-005.03 License Required: Persons, other than a parent, who place, assist in placing, advertise a child for placement, or give the care and custody of any child to any person or association for adoption or otherwise, except for temporary or casual care, must obtain a license to place children. See also 474 NAC 6-003.01A.

6-005.04 Inquiries: (See 474 NAC 6-003.04).

6-005.05 Application: The applicant shall sign a licensing application form (attached and incorporated by reference into these regulations) for initial application, renewal, and when required for changes. Applications not properly signed will be returned. All new applications must be accompanied by three positive written references from three separate Nebraska social service agencies providing services to abused, neglected, or dependent children, status offenders, or delinquents.

The licensing agent shall initiate action on an application within ten days of receipt. The licensing agent may recommend denial of any application pending beyond three months due to inaction on the part of the applicant.

Authority to visit: See 474 NAC 6-003.06.

6-005.06 Fee

6-005.06A License Fee: Applicants shall submit the following licensing fees to the Licensing Agent:

1. Group Home - \$50.00
2. Child Caring Agency - \$50.00
3. Child Placing Agency - \$50.00

The following licensing fees will be charged for all Provisional and Probationary Licenses:

1. Group Home - \$25.00
2. Child Caring Agency - \$25.00
3. Child Placing Agency - \$25.00

If an applicant withdraws an application, or an application is denied, the fee will not be returned.

6-005.06B Fee Collection: When a fee is received, the licensing agent shall issue a receipt. The fee is sent to HHS Finance and Support Central Office, attached to a memorandum indicating the name and address of the applicant and the type of license.

6-005.07 Health Information Report: See 474 NAC 6-003.07 only for licensing of group homes and child caring agencies. A report may be filed at the facility or business office rather than being submitted to the licensing agent.

6-005.08 Fire Safety Inspection: If four or more individuals other than usual family members or agency staff reside in the group home or child caring agency, a fire safety inspection is required. See 474 NAC 6-003.08.

6-005.09 Sanitation Inspection: See 474 NAC 6-003.09 only for licensing of group homes and child caring agencies. The agent shall request an inspection when seven or more foster care children reside in a group home or child caring agency.

6-005.10 Recreation Camp Inspections: The agent shall request annual written documentation from the Nebraska Department of Health and Human Services Regulation and Licensure of certification as a Recreational Camp from all Child Caring Agency Wilderness Challenge Programs.

6-005.11 Challenge Course Inspections: The agent shall submit an "Inspection Referral for Centers, Agencies, Group Homes" to the Department of Labor, Safety Division to request an inspection for all Child Caring Agency Wilderness Challenge Programs experiential challenge activity courses.

6-005.12 Compliance Evaluation: The licensing agent shall evaluate each applicant to determine compliance with minimum requirements for licensing. See 474 NAC 6-005.10.

6-005.12A Initial License: The licensing agent shall evaluate all initial applications through an onsite visit and document information on the appropriate checklist.

6-005.12B Renewal: The licensing agent shall evaluate requests for license renewal through an onsite visit. This should be done at least 30 calendar days before the license expires. Licenses shall be subject to renewal under the same terms and conditions as the original license, except that if a licensee submits a completed renewal application thirty days or more before the license's expiration

date, the license shall remain in effect until the Department either renews the license or denies the renewal application.

6-005.12C Evaluation Review: When completed, the applicant/licensee shall review the evaluation before the license is issue or renewed.

6-005.13 Recommendation for Licensure: See 474 NAC 6-003.11.

6-005.14 Alternative Compliance: See 474 NAC 6-003.12.

6-005.15 Non-Compliance with Requirements: See 474 NAC 6-003.13.

6-005.16 Background Checks: Child caring agencies must conduct background checks on staff and volunteers, as specified in 474 NAC 6-008.02(5). Child placing agencies must conduct background checks on each applicant/licensee foster family household member, as specified in 474 NAC 6-003.25B. Child placing agencies must conduct background checks on each adoptive family household member, as specified in 474 NAC 6-009.06B1(c).

6-005.17 Amending a License: See 474 NAC 6-003.15.

6-005.18 Public Access to Licensing Files: Department staff shall release information regarding a licensee's name, address, telephone number, type of license, number of children, hours and days of care, name of licensing agent, license number, and license effective dates upon verbal or written request. Names of enrolled children and their parents and names of complainants must remain confidential.

The Central Office shall not release information shown in A and B below until an investigation/evaluation is complete, and until 10 working days after the licensee has received the final report(s). The request must specify the type of reports and the time period for which the reports are being requested. The person making the request shall reimburse the department for photocopying costs if copies are requested. The reimbursement must be received by the Central Office before the requested information is mailed. If the individual making the request wishes only to review the reports, she/he shall do so in the presence of Department staff.

The Central Office shall make available to the licensee the name and address of the person requesting the information, upon request. Local units or field offices shall not permit public access to licensing reports unless granted approval from Central office.

6-005.18A Access to Group Home and Child Caring Agency Files: The licensing agent shall release the following information about these facilities upon written request:

1. License application;
2. Fire safety inspection reports;
3. Evaluation and recommendation (narrative and checklist);
4. Review Findings; and
5. Alternative Compliance.

6-005.18B Access to Child Placing Agency Files: The licensing agent shall release the following information about child placing agencies upon written request:

1. License Application;

2. Evaluation and recommendation (narrative and checklist);
3. Review Findings; and
4. Alternative Compliance.

6-005.19 Declaratory Ruling Request: See 474 NAC 6-003.18.

6-005.20 Denial, Revocation, or Suspension of a License: See 474 NAC 6-003.19.

6-005.21 Licensing Decision Appeals: See 474 NAC 6-003.20.

6-005.22 Complaints

6-005.22A Complaints on Suspected Child Abuse or Neglect: Upon receipt of a complaint alleging child abuse/neglect, the licensing agent shall –

1. Inform the complainant of his/her responsibility to report the situation to the proper law enforcement agency or Child Protective Services; and
2. Immediately report the alleged abuse/neglect to the proper law enforcement agency or Child Protective Services.

Following the Child Protective Services investigation, the agent shall obtain a report and review it for potential action regarding the person's license.

6-005.22B Processing Complaints: For complaints regarding violations of licensing standards that are not related to abuse/neglect, the licensing agent shall –

1. Document the complaint;
2. Keep names of complainants confidential;
3. In cases involving a child caring agency, determine in consultation with his/her supervisor when a safety plan is developed, and request related incident reports from the agency;
4. Coordinate contact and consultation, as appropriate, with contracting and resource development regarding placement and safety plans;
5. Initiate an investigation, which may include –
 - a. Interviewing the person about whom the complaint was given;
 - b. Interviewing all persons aware of the circumstances included in the complaint;
 - c. Review physical setting indicated in the complaint;
 - d. Determine who witnessed the occurrence stated in the complaint; and
 - e. Review all reports from other agencies (i.e., law enforcement reports, Child Protective Services);
6. For investigations involving the use of physical restraints or related prohibited practices in a child caring agency, initiate consultation among resource development, CPS, and contracting staff to review investigation findings;
7. If noncompliance with licensing requirements is found, follow noncompliance procedures;

8. Report results of the investigation in narrative form, including –
 - a. Statements made by person interviewed;
 - b. Facts obtained during interviews;
 - c. The investigator's observations; and
 - d. A list of witnesses' names, addresses, and telephone numbers; and
9. Report results, resolutions, and recommendations of the investigation to placing agency. All findings should be documented in narrative form.

6-005.23 Licensee Renewal Responsibilities: Each applicant for license renewal shall-

1. Complete an application form.
2. Submit a \$50.00 license fee.
3. Have on file a current "Health Information Report" for each group home parent or care staff member.
4. Meet group home or child caring agency requirements for fire safety and sanitation.

6-005.24 Licensing Process Summary: For both initial and renewed licenses, the agent shall complete and compile the following:

1. Application;
2. A copy of the licensing fee receipt;
3. "Health Information Report" for each direct care employee in a group home or child caring agency;
4. Fire safety inspection as required;
5. A sanitation inspection report, as required; and
6. Evaluation and recommendation. This is the documentation of the facility's and the applicant's compliance with regulations for the specific license type. When the applicant complies with all requirements, the agent shall complete the recommendation and indicate the number of children for which the group home or child caring agency is licensed.

6-006 Licensing Standards for Group Homes: Each applicant for a group home license shall meet these licensing standards and the requirements in NAC 474 NAC 6-005 to obtain a license. A license issued before these regulations become effective is valid until the time of license renewal.

Staff responsible for administration, licensing, or resource development shall annually re-evaluate all licensing requirements.

6-006.01 Administration

6-006.01A Purpose Statement: Each group home shall have a written purpose statement which includes -

1. The objectives of the group home;
2. The ages of the individuals to be served;
3. The maximum number of individuals to be served;
4. Personnel policies for group home staff;
5. Intake and discharge policies and procedures; and
6. The group home's discipline policy.

6-006.01B Program: The legal entity that supervises the group home shall provide or ensure the availability of appropriate supportive services such as -

1. Ongoing casework;
2. Medical, dental, and psychological services;
3. Educational services; and
4. Nutritional services.

A written program description must be available to the public.

6-006.01C Records: See 474 NAC 6-003.33E.

6-006.01D Confidentiality: Group home staff shall consider all records confidential and shall safeguard the information from any use which may harm the child.

6-006.02 Admissions: The following guidelines apply to group home admissions:

1. The person or agency placing the child shall sign a written agreement for admission and care.
2. The legal custody of the child being admitted must be documented.
3. If the Interstate Compact on the Placement of Children applies, compact approval must be obtained from the deputy compact administrator before admission.
4. Care may be provided for minors only.

Group home staff shall assess their personal capacities, the facility, and the community to determine what services the home is able to offer to children. Children must be accepted based on this assessment and not on the race, color, national origin, or handicap of the child.

6-006.03 Staff: The group home shall obtain a medical report on each employee, signed by a licensed physician, certifying that s/he is in good mental and physical health. This medical report must be updated every two years.

The agency shall evaluate each employee's job performance at least annually.

The group home shall employ no individual who has been convicted of, admitted to, or if there is substantial evidence of crimes involving intentional bodily harm, crimes against children, or crimes involving moral turpitude if these circumstances have current bearing on the applicant's provision of foster care. Staff shall not engage in or have a history of behavior injurious to or which may endanger the health or morals of the children in care.

6-006.03A Age and Maturity: Group home staff shall have emotional maturity and the capacity to develop constructive relationships with the children under care.

All staff must have attained the age of majority.

6-006.03B Staff Ratio: The agency shall -

1. Employ at least one full-time staff person for an average of six children;
2. Hire at least one part-time relief staff person;
3. Ensure that at least one adult is on duty whenever children are present in a group home; and
4. Ensure that properly qualified staff, as defined by the home's job qualifications, are available at all times.

6-006.03C Training: Each staff member, including volunteers, who provide direct care of children shall obtain -

1. Twenty-one clock hours of Department-approved pre-service training before assuming his or her duties. Staff who are employed before the effective date of this regulation are exempt from this requirement; and
2. At least 12 clock hours of Department-approved in-service training annually within the effective dates of the license.

Each training hour must be approved by the licensing specialist and must be directly related to the skills necessary to care for children in out-of-home care.

6-006.03C1 Activities Counted as Training: Each hour spent participating in any of the following types of child care-related activities counts toward pre-service and yearly in-service requirements:

1. Department-sponsored training;
2. Workshops;
3. In-service training sponsored by professional organizations or educational institutions;
4. Department-approved reading material;
5. College courses;
6. Non-credit course work;
7. Adult education courses; and
8. Videotaped material.

Written documentation must be available for each of the listed types of training.

6-006.04 Facility: The licensee shall ensure that -

1. Two types of care are not offered at the same time in the same facility if there is a conflict with the best interests of the children, the use of staff, or the use of the facility;
2. At least 35 square feet of living space (which includes only living rooms, dining rooms, and recreation rooms) is available per individual;
3. Each child is provided a separate bed and suitable closet and dresser space;
4. A single bedroom contains at least 80 square feet;
5. Shared bedrooms contain at least 60 square feet of floor space per individual;
6. Shared bedrooms in an emergency shelter care group home contain at least 40 square feet per individual;
7. Sleeping rooms are arranged so that no children need to go through another bedroom to reach the bathroom; and
8. Sufficient outdoor recreational space is available to meet the needs of the children.

6-006.05 Services: Program service staff shall develop a comprehensive care plan from intake to discharge based on the needs of the individual under care.

6-006.05A Community Activities: Children must be permitted and encouraged to participate in appropriate neighborhood, school, church, cultural, and community activities. Each child must be permitted to practice and further his/her own religious beliefs.

6-006.05B Discipline: Each group home shall develop written policies regarding discipline.

Staff shall -

1. Use discipline only as a learning process in which certain specified consequences are the result of unacceptable behavior; and
2. Never use the following as discipline:
 - a. Physical punishment or abuse;
 - b. Denial of necessities;
 - c. Chemical or mechanical restraints; or
 - d. Derogatory remarks, abusive or profane language, yelling or screaming, or threats of physical punishment.

6-006.05B1 Seclusion Room: The group home shall not use a seclusion room.

6-006.05C Transportation Safety: Group homes shall ensure that safety restraints are available and used for each child transported, in compliance with Neb. Rev. Stat. Sections 60-6,267, 60-6,268, and 71-1907. Restraints are not required for children transported by public transportation or school bus.

6-006.06 Emergency Shelter Care Intake: Shelter staff shall follow these general admission policies:

1. On admission, shelter staff shall start a case record that identifies the child and his/her immediate needs.
2. The following information must be obtained at admission or as soon as possible after admission:
 - a. The child's identity;
 - b. The name(s) and address(es) of the child's parent(s), guardian, or conservator;
 - c. Any medication the child is taking; and
 - d. The child's allergy to any medication or food.
3. During admission the following information must be obtained when possible:
 - a. The child's immediate needs;
 - b. The name of the referral source (e.g., placing agency or individual);
 - c. The date and time of placement;
 - d. The reason for emergency placement;
 - e. The intake worker's observation of the child's condition;
 - f. The child's understanding of emergency shelter care; and
 - g. The child's feelings about the crisis situation and shelter care.
4. The shelter's policies and procedures must document which staff reviews admission information and makes admissions.

5. When a child is admitted, shelter staff shall try to contact the child's parent(s) or guardian, within 24 hours if they are unaware of the placement. If the parent(s) or guardian cannot be contacted, shelter staff shall inform a public agency (child welfare, juvenile probation, or police department) of the child's presence. Efforts to contact the parent(s) or guardian and contacts with public agencies must be documented in the child's case record.

6-006.07 Sanitation Requirements: All applicants for a group home license shall comply with the sanitation requirements in 474 NAC 6-003.

6-007 (Reserved)

6-008 Licensing Standards for Child Caring Agencies: Each applicant for a child caring agency license shall meet these licensing standards and the requirements in 474 NAC 6-005 to obtain a license. A license issued before these regulations became effective is valid until the time of license renewal.

6-008.01 Administration

6-008.01A Incorporation: Any agency engaging in child-caring activities in Nebraska shall:

1. Incorporate as required by Nebraska state statutes. The purpose for which the agency is incorporated must be stated in its articles of incorporation; and
2. Develop a written statement of its functions, policies, and programs and provide it to the Department's licensing unit for approval.

6-008.01B Governing Board: The Child Caring Agency shall have a governing board (Board of Directors) which conforms to Nebraska laws concerning boards of incorporated bodies. The board shall:

1. Be representative of the agency's constituency;
2. Meet at least once a year and as often as necessary for the agency to function properly. Official minutes of board meetings must be kept permanently;
3. Employ an executive who:
 - a. Assumes responsibility for carrying out policies set by the board on a day to day basis;
 - b. Does not serve as a voting member of the board; and
 - c. Has the authority to hire and discharge employees directly responsible to the executive; and
4. Ensure that all local, state, and federal laws and administrative rules and regulations are followed by the agency.

6-008.01C Finances: The agency shall:

1. Have a sound financial program enabling it to carry out the functions shown in its articles of incorporation;
2. Operate on a budget approved by the governing board before the beginning of each fiscal year; and
3. Have all of its financial accounts reviewed by a certified accountant at least once a year.

6-008.01D Administrative Records and Reports: The agency shall maintain current, accurate records and include the location of each child in care.

The executive shall:

1. Compile and file with the governing board, a monthly report of the agency's activities and current financial situation;
2. Supply information and special reports requested by the Department; and
3. Inform the Department of any plans for major changes in services or facilities.

6-008.02 Personnel: The agency shall:

1. Have a written statement of policies which is approved and reviewed annually by the governing board and made available to all employees;
2. Maintain a file of job descriptions and qualifications for each full-time and each part-time position on the staff, including each volunteer position;
3. Maintain a personnel file for each full-time or part-time employee including an evaluation of staff performance and any information regarding disciplinary action. The file must be kept at the facility the employee is assigned, except when the facility and the administration office are located in the same city;
4. Maintain a file on each volunteer; and
5. Check the background of all employees and volunteers who have access to youth before participation with the agency. The background check shall include contacting the HHS Central Register of Abuse and Neglect, the HHS Adult Protective Services Central Registry, and the State Patrol Central Registry of Sex Offenders.

6-008.02A Staff Qualifications: All staff members shall have good character, emotional stability, and sufficient ability and education to perform their assigned duties. The agency shall employ no individual who has been convicted of, admitted to, or if there is substantial evidence of crimes involving intentional bodily harm, crimes against children, or crimes involving moral turpitude if these circumstances have current bearing on the applicant's provision of care. Center Staff shall not engage in or have a history of behavior injurious to or which may endanger the health or morals of the children in care.

Staff who provide medical, dental, or nursing care shall meet the qualifications of the State Board of Examiners. Teachers shall hold Nebraska certificates. Child Caring Agency workers must have a high school diploma or its equivalent.

All staff working directly with children must pass a medical examination before employment and every two years thereafter.

6-008.02B Staff Ratio: The licensee shall ensure that at least one employed staff member is on duty for every six children in care. The licensee shall ensure that at least one employed staff member is on duty for every twelve children during the overnight hours. Overnight hours are from the time children are in bed until the time children awaken.

The agency shall:

1. Consider only the staff directly responsible for children when determining the ratio of staff members to children under care; and
2. Maintain sufficient staff to ensure that those caring for children do not become over fatigued; and
3. Assure that all children are supervised. The children in care will be assessed and the licensee will ensure an appropriate staff/child ratio.

6-008.02C Training: Each staff member, including volunteers, who provide direct care of children shall obtain -

1. Twenty-four clock hours of Department-approved pre-service training before assuming his or her duties. Staff who are employed before the effective date of this regulation are exempt from this requirement; and
2. At least 15 clock hours of Department-approved in-service training annually within the effective dates of the agency's license.

Volunteers who provide occasional services and/or are supervised at all times are exempt from this requirement.

Each training hour must be approved by the licensing specialist and must be directly related to the skills necessary to care for children in out-of-home placement.

6-008.02D Activities Counted as Training: Each hour spent participating in any of the following types of child care-related activities counts toward pre-service and yearly in-service requirements:

1. Department-sponsored training;
2. Workshops;
3. In-service training sponsored by professional organizations or educational institutions;
4. Department-approved reading materials;
5. College courses;
6. Non-credit course work;
7. Adult education courses;
8. Videotaped material;
9. Audio taped material;
10. Continuing education units (CEU's); and
11. Other Department-approved material.

Written documentation must be available for each of the listed types of training.

6-008.03 Facility: The agency shall ensure that the following requirements are met:

1. Two types of care must not be offered at the same time in the same facility if there is conflict with the best interest of the children, the use of staff, or the use of the facility.
2. Grounds must be clean, neat, hazard free, and planned to meet the recreational needs of the children.
3. In structure and maintenance, all buildings must meet state and local standards for fire protection, health, and sanitation.
4. Rooms must be provided to allow privacy for interviewing a child or parents and for a child to visit relatives or guests.
5. When a school is maintained on the grounds, the school buildings and equipment must meet the requirements of the Nebraska Department of Education.
6. Each cottage or building in which children live must have room for recreation, leisure time use, and study.
7. The kitchen(s) must have sufficient storage space and equipment for the efficient preparation of food; for storage of food and utensils; and for dish washing.

8. Sleeping rooms must:
 - a. Provide a pleasant restful atmosphere conducive to uninterrupted sleep and privacy;
 - b. Contain a separate bed and bedding for each child;
 - c. Contain at least 80 square feet of usable floor space for a private room and 60 square feet per individual if the room is shared by two or more children (shared bedrooms for emergency shelter care must contain at least 40 square feet per individual); and
 - d. Have ceilings at least seven feet six inches high.
9. Adequate living quarters must be provided for live-in staff, including bathing and toilet facilities separate from those used by the children.
10. In new construction, one lavatory, one toilet, and one tub or shower must be provided for every six children. Privacy must be provided.
11. The facility must meet all zoning requirements as verified by the body enforcing zoning codes.

6-008.04 Admissions: The agency shall follow these admissions practices:

1. Develop and have written admissions policies and procedures;
2. Determine and document who holds legal custody of the child at or before admission;
3. Obtain a written agreement for admission and care, signed by both the person placing the child and the staff person admitting the child. The agreement must include the parent's/guardian's permission for the child to be given medical or dental care and emergency-medical procedures;
4. Provide care only for children under the age of majority;
5. Assess staff capacities, the facility, and the community to determine what services it can offer to children. Acceptance of the placement of a child must be based on this assessment and not on the race, color, national origin, or handicap of the child; and
6. If the Interstate Compact applies, require approval for admission before admission.

6-008.05 Case Reviews: The agency shall review each child's care plan:

1. Within 30 days after the placement; and
2. At least quarterly, thereafter.

The review must be documented in the child's record.

6-008.06 Health and Safety Requirements: The agency shall ensure that:

1. Each child receives a complete medical and dental exam within 14 days of initial foster care placement and annually thereafter. If there is no record of a previous exam, one must be completed within 60 days of placement for a secondary foster care placement.
2. Each child has regular physical and dental exams (The recommended schedule is annual physical exams through age six and exams at one to two year intervals thereafter, depending on the child's health status. Annual dental exams are recommended for children three and older, earlier if a dental problem arises.);
3. Complete medical and dental records are maintained for each child and that the location of the child's medical history is noted in the child's program file;
4. It has access to routine medical care and emergency medical care on a 24 hour a day, 7 days a week basis; and
5. All reasonable precautions are taken to avoid accidents to residents and staff. This includes observing all safety rules in regard to swimming, transportation, and equipment.

6-008.06A Transportation Safety: The agency shall ensure that safety restraints are available and used for each child transported, in compliance with Neb. Rev. Stat. Sections 60-6,267, 60-6,268, and 71-1907.

Restraints are not required for children transported by public transportation or school bus.

6-008.06B Fire Safety: Each Child Caring Agency shall meet all fire regulations set by the State Fire Marshal's Office for operating and design of "child caring agency-institution."

6-008.07 Personal Hygiene: Agency staff shall provide instruction to children in care regarding routine health and hygiene practices such as bathing, and proper sleep and eating habits.

6-008.08 Food and Nutrition: The agency shall ensure that:

1. Each child is provided with a daily balanced diet containing all basic foods in amounts necessary for good health; and
2. Diets for children with special health problems are prescribed by a physician and carefully observed.

6-008.09 Clothing: The agency shall ensure that:

1. A record is kept of the clothing and personal articles a child brings to the institution at admission; and updated every time the child acquires new items or an item is lost or damaged. The inventory shall be signed each time a new inventory is developed by the foster parent, child, and guardian, if possible. All items will be returned at the time the placement terminates.
2. Each child has sufficient clothing.

6-008.10 Discipline, Seclusion Rooms, and Physical Restraint: Any private child caring agency to which these regulations apply that fails to comply with any of the below stated regulations, including a failure to provide appropriate training and certification, shall not be eligible for participation in any program supported in whole or in part by funds administered by the Department of Health and Human Services.

6-008.10A Definitions

Assessment means a face-to-face evaluation of the child's current and past (if available) physical, mental, emotional, and behavioral health.

Chemical restraint means a drug or medication used to control acute episodic behavior by significantly lowering the child's level of consciousness or awareness, or restricting the movement of the child. A drug or medication ordered by a physician as part of the individual treatment plan for treating the symptoms of mental, emotional, behavioral or psychiatric disorders is not a chemical restraint.

Crisis intervention model means a model that identifies specialized interventions to guide, redirect, modify, or manage behavior of children and youth. The intervention model includes an entire spectrum of activities from preventive and planned use of routines and environment, to less restrictive interventions such as positive reinforcement, verbal interventions and de-escalation techniques, to more restrictive interventions such as seclusion, physical escorts, and physical restraint.

Deceleration techniques means physical strategies or actions taken to decrease a volatile situation to prevent harming of self or others, as well as to prevent displays of inappropriate or maladaptive behavior.

De-escalation means verbal skills used to defuse a volatile situation by "talking down" the child and therefore assisting the child to regain behavioral control, and avoid physical intervention.

Discipline means to establish self-control through training or instruction.

Emergency means a situation that poses an imminent threat of serious physical injury to self or others as a result of the immediate behaviors of the child.

Incident debriefing means a structured interview with the child and staff to assess the circumstances that led to the incident for purposes of gaining understanding closure. The incident debriefing with the child and staff shall occur within 24 hours of the restrictive procedure.

Informed consent means the requirement that any decision to authorize an intervention is based on the understanding of the risks and benefits of intervention, and those possible alternatives are described to the decision-maker. (See 390 NAC 11-002.04E.)

Mechanical restraint means the use of devices as a means of restricting a child's freedom of movement. It does not include devices such as orthopedically prescribed devices.

Monitoring means to repeatedly check the condition of the child while in seclusion or restraint.

Multi-disciplinary team means a group of qualified individuals who share their knowledge and expertise to assist and support the child receiving services and to be involved in all phases of the child's care and in the child's discharge planning. The child receiving services and the child's legal guardians are members of the team.

Pain compliance technique means any intervention that intentionally causes pain to gain control of a child, such as the use of tasers, pressure point control, and chemical sprays.

Physical escort means a temporary touching or holding of the hand, wrist, arm, shoulder or back for the purpose of inducing an acting-out child to walk to a safe location.

Physical intervention means any physical technique used to stop a person's behavior that is deemed harmful to self or others.

Physical restraint means any mechanical device or manual technique that restricts the movement or function of the child's body or any portion thereof, such as a standing restraint.

Restraint means any physical intervention used to restrict or control the movement of a child receiving services. Devices used to provide support for the achievement of functional body position or proper balance, and devices used for specific medical and surgical treatment, are excluded.

Seclusion means a behavior control technique that places the child in any room against his or her will, where the child cannot voluntarily leave the room and isolating him/her from any personal contact.

Treatment Team – See Multi-Disciplinary Team

6.008.10B Discipline: Each agency shall develop written policies regarding discipline. Policies shall require that the behavioral conditions for removal of disciplinary restrictions be specified each time that restraint or seclusion is imposed and provide that the child is notified, in terms they understand, of the criteria to be met before restraint or seclusion can end.

Agency staff shall:

1. Use discipline only as a learning process in which certain specified consequences are the result of unacceptable behavior; and
2. Never use the following as discipline:
 - a. Physical punishment or abuse;
 - b. Denial of necessities;
 - c. Chemical or mechanical restraints; or
 - d. Derogatory remarks, abusive or profane language, yelling or screaming, coercion, or threats of physical punishment.

6-008.10C Seclusion Rooms: If a seclusion room is used, the agency shall develop written policies and procedures for its use. Seclusion shall only be imposed in emergency circumstances to ensure the immediate physical safety of the child, staff member or others and after less restrictive deceleration and de-escalation interventions have been determined to be ineffective. If the less restrictive interventions are ineffective in preventing seclusion, the child's treatment team shall be convened within 24-hours of the imposition of seclusion to develop alternative effective deceleration and de-escalation techniques. Any agency using seclusion rooms must obtain written authorization from the child's guardian giving informed consent related to its potential use. This authorization shall occur upon intake or within 72 hours thereafter.

An incident report containing the following information must be completed within 24 hours from the time the seclusion began and made available to all multi-disciplinary team members and Department staff. The incident report shall include the following information:

1. The name of the child placed in seclusion;
2. Description of less restrictive intervention techniques used and why they were ineffective;
3. The reason for the seclusion;
4. The date and times the seclusion began and ended;
5. The staff who assigned the child to seclusion;
6. The assessments and monitoring provided while the child was in seclusion and immediately after the child was removed from seclusion;
7. A statement of the behavioral conditions that the child was required to meet in order to be removed from seclusion;
8. A summary of the debriefing that was conducted;
9. The frequency and types of restraints or seclusion used, over time, for the individual;

10. Any medical care needed by the child and/or staff as a result of the use of restriction or seclusion;
11. Documentation of Internal Review; and
12. Any other actual or planned follow-up actions.

Prohibited seclusion practices include:

1. Use as a form of punishment or discipline;
2. Use by peers;
3. Use by untrained staff ;
4. Use for the convenience of staff; and
5. Use as a substitute for care and/or treatment.

The agency shall notify the appropriate state professional licensure authority whenever any staff member engages in prohibited seclusion practices.

6.008.10D Physical Restraint: Any agency using physical restraint, shall use a Department-approved crisis intervention model and comply with all applicable state and federal laws and regulations. The agency shall develop written policies and procedures for its use. Any agency using physical restraint must obtain written authorization from the child's guardian giving informed consent related to its potential use. This authorization shall occur upon intake or within 72 hours thereafter.

Physical restraint shall only be imposed in emergency circumstances and only to ensure the immediate physical safety of the child, staff member or others. Any person doing a physical restraint must have completed formal training on the crisis intervention model. Any restraint must be limited to the least amount of time necessary to address the situation and restore safety. Physical restraint shall be used after less restrictive deceleration and de-escalation interventions have been determined ineffective by agency staff trained in the agency's crisis intervention model. If the less restrictive interventions are ineffective, the child's treatment team shall be convened within 24 hours of the imposition of physical restraint to develop effective alternative deceleration and de-escalation techniques. Less restrictive deceleration interventions may include:

1. Observing for antecedent behaviors;
2. Redirection;
3. Maintenance of personal space;
4. Modulation of voice; and
5. Increasing the presence of support staff.

Prohibited physical restraint practices include:

1. Pain compliance techniques;
2. Use as a form of punishment or discipline;
3. Use by peers;
4. Use by untrained staff;
5. Use for the convenience of staff;

6. Chemical and mechanical restraints;
7. Hyperextension of any part of the body (pushing or pulling of any part of the body beyond normal limits);
8. Joint or skin torsion;
9. Pressure or intensity of pressure on any part of the body not authorized by the physical restraint model.
10. Any type of choke hold; and
11. Any maneuver that involves choking, punching, hitting, poking, pinching, scratching or shoving.

The agency shall notify the appropriate state professional licensure authority whenever any licensed staff member engages in prohibited physical restraint practices.

An incident report must be completed within 24 hours from the time the physical restraint begins and is maintained and made available to all multi-disciplinary team members and Department staff. The incident report must contain:

1. The name of the child being physically restrained;
2. A description of the incident, alternative interventions and reason(s) the restraint was required including a description of less restrictive interventions and why they were ineffective;
3. The date and times the restraint began and ended;
4. Type of restraint used;
5. Staff member(s) involved in the restraint;
6. The assessments and monitoring provided while the child was being physically restrained and immediately after the restraint was removed;
7. Preventive actions, incident debriefing and any follow-up;
8. Any injuries sustained by the child and/or staff member;
9. A statement of the behavioral conditions that the child was required to meet in order to be released from physical restraint;
10. A summary of debriefing that was conducted;
11. The frequency and types of restraints or seclusion over time for the individual;
12. Any medical care needed by the child and/or staff as a result of the use of restriction or seclusion;
13. Documentation of internal review; and
14. Any other actual or planned follow-up actions.

6-008.10E Training: All training must be comprehensive and competency based meeting all requirements of the crisis intervention model being implemented by the agency. Comprehensive based training in the use of physical restraint shall involve repeated and on-going skill development, conditioning learned responses, rehearsals and practices. Only certified trainers shall provide physical restraint training.

6-008.10E1 Crisis intervention trainers must have current trainer certification from the organization that developed the crisis intervention model selected by the agency. Staff shall regularly receive training and refresher courses in

alternative non-intrusive behavior modification techniques. If a facility or program allows the use of restraint or seclusion, staff shall also receive ongoing education and training in the safe and appropriate use of restraints or seclusion. A record of training shall be kept which includes the name of the person trained, date(s), source, content, and length of each course.

6-008.10E2 Any crisis intervention model chosen by the agency should have a strong emphasis on children and youth. The crisis intervention models with physical restraint components selected by the agency must include the following minimum components:

1. Skills to identify warning signs of crisis;
2. Verbal de-escalation skills;
3. Physical restraint skills that are non-pain compliant and ensure safety to all youth and staff;
4. Skills directed to the debriefing of staff and youth;
5. Incident documentation; and
6. Monitoring physical signs of distress.

Components of various models may not be combined for use as an agency's identified single model except required competency in first aid and CPR.

The agency shall maintain written documentation of certification and re-certification training for each staff person. The agency shall make documentation available to the multi-disciplinary team members and Department staff.

6-008.10F Internal Review: Any agency using seclusion and/or physical restraint shall have a performance improvement program designed to continuously investigate, analyze, monitor, assess, and track the agency's use of seclusion and restraint practices and to specifically address injuries or death related to the use of seclusion and restraints. The process shall include, at a minimum, the review of:

1. Training proficiency;
2. Environmental triggers;
3. Systems issues;
4. Each use of restraint or seclusion;
5. Notification of family and need for medical care;
6. Administrative and/or program policy and procedure;
7. Incident debriefing and follow up; and
8. Aggregate data.

6-008.11 Opportunity for Instruction: The agency shall encourage the use of the following opportunities that it must provide to the children in care:

1. Academic and vocational education. Each child must be provided with opportunities for education in accordance with Nebraska statutes and his/her abilities. If the school is maintained by the institution, it must meet approval standards set by the Nebraska Department of Education. In the case of exceptional or handicapped children, the institution shall make appropriate use of all available facilities.

2. Use of library. Library facilities, either in the institution or in the community, must be accessible to the children.
3. Money management training (i.e., budgeting and making wise purchases), according to each child's ability.
4. Religious instruction, according to each child's own faith or that of his/her parents.
5. Recreation. The agency shall provide sufficient time, space, and equipment for indoor and out door recreation.
6. Community contacts. Each child must have the opportunity to participate in community activities appropriate to his/her age, cultural heritage, and interests.

6-008.12 Service Plan Goals: Agency staff shall discuss service plan goals, responsibilities, and privileges with the child's relatives or guardian and the child. If services are provided to parents, the agency shall set policies to preserve the parent-child relationship and to maintain the parental role as fully as possible.

6-008.13 Termination: The agency shall develop written termination policies and procedures, regarding the child in care, including:

1. Reason for termination;
2. The staff positions responsible for deciding to terminate a placement; and
3. The process used in terminating a placement.

A child's record must include a written description of termination, reason for termination, post-termination placement, and legal status. The agency shall inform the agency that originally placed the child of the placement termination.

6-008.14 Records: The agency shall maintain and update the following information on each child in a complete file at the location where the child resides:

1. Full name of the child;
2. Name, address, and phone number of the child's physician;
3. Name, address, and phone number of the person or agency holding custody of the child;
4. Past (if available) and current immunizations;
5. Significant health problems (if available);
6. Emergency medical treatment;
7. List of persons with whom the child may have telephone or personal contact or overnight or extended visits; and
8. A comprehensive record of his/her development while in the facility.

The agency shall consider all records confidential and shall safeguard the information from use which may harm the child. Records may be summarized of children no longer under care provided that identifying information is not released.

6-008.15 Emergency Shelter Care: Shelter staff shall follow these general admissions guidelines:

1. On admission, shelter staff shall start a case record that identifies the child and his/her immediate needs.
2. The following information must be obtained at admission or as soon as possible after admission:
 - a. The child's identity;
 - b. The name(s) and address(es) of the child's parent(s), guardian, or conservator;
 - c. Any medication the child is taking; and
 - d. The child's allergy to any medication, food, or other allergens.
3. During admission the following information must be obtained when possible:
 - a. The child's immediate needs;
 - b. The name of the referral source (e.g., placing agency or individual);
 - c. The date and time of placement;
 - d. The reason for the emergency placement;
 - e. The intake worker's observation of the child's condition;
 - f. The child's understanding of emergency shelter care; and
 - g. The child's feelings about the crisis situation and shelter care.
4. The shelter's policies and procedures must document which staff reviews admission information and makes admissions.
5. When a child is admitted, shelter staff shall try to contact the child's parent(s) or guardian within 24 hours if they are unaware of the placement. If the parent(s) or guardian cannot be contacted, shelter staff shall inform a public agency (child welfare, juvenile probation, or police department) of the child's presence. Efforts to contact the parent(s) or guardian and contacts with public agencies must be documented in the child's case record. Placements made by a public agency are excluded from this requirement.
6. The emergency shelter shall provide orientation for new children.

6-008.16 Wilderness Challenge Programs

6-008.16A Administration:

1. Records of admission of youth shall be on file at the primary site at all times.
2. The program shall have written procedures for handling any suspected incident of child abuse. These procedures will include a policy on the immediate reporting of incidents to law enforcement or the Department.

6-008.16B Program Requirements:

1. There shall be a written plan for expeditions, which shall not expose the child to unreasonable risks. The plan must be approved by an advisory committee prior to the expedition,
2. The program will be licensed as a Child Caring Agency and as a Recreational Camp.
3. Each child shall have clothing and equipment to protect the youth from the environment. This clothing and equipment shall never be removed, denied, or made unavailable to a child. There shall never be a deprivation of any clothing or equipment.
4. Each child shall have adequate potable water and food for all activities. Food and water shall never be removed, denied, or made unavailable to a child. There shall never be a deprivation of any food or water.
5. Each program will submit policies and procedures regarding the handling of privileged and non-privileged mail.
6. Each program will submit policies and procedures for the control of contraband in regards to mail, visitation, and personal affects.
7. All experiential challenge courses will be supervised by a staff person who is certified in the use and safety of course equipment. The courses included, but not limited to this regulation are:
 - a. Ropes courses
 - b. Rock climbing courses, both natural and man made
 - c. All boating type activitiesAny activity that will use a weapon, such as fire arms or arrows, are not permitted
8. The program will have policies and procedures regarding pre-employment drug and alcohol screenings and random screenings during employment of employees.

6-008.16C Staff Requirements:

1. Management and Supervisory staff shall have:
 - a. A BS or BA degree and equivalent training and experience in a related fields.
 - b. Be trained and certified annually, by a certified trainer, in CPR and First Aid.
2. Field Staff
 - a. Be a minimum of 21 years of age.
 - b. Be trained and certified annually, by a certified trainer, in CPR and First Aid.
3. Volunteers and Interns
 - a. Volunteers and Interns shall be under direct, constant supervision of field staff.
 - b. Volunteers shall not be left in the role of supervising child at any time.
 - c. Volunteers and Interns must have a completed Health Information Report before working directly with children and renewed every two years.
4. Staff who supervise experiential challenge courses must be certified in the use and safety of courses.
5. Staff will submit, with cause, to alcohol and drug screenings.

6-008.16D Staff Child Ratio:

1. The applicant/licensee shall employ at least one full-time staff member for every three youth in care.
2. In a mixed gender group, there shall be at least one female and one male staff person. In single gender groups, there must be at least one staff person of the same sex.
3. Volunteers and Interns can not be counted as staff when determining ratio.

6-008.16E Admission Requirements:

1. Children shall be at least 12 years of age to be admitted into the program and no older than 19 years of age prior to the completion of the program.
2. Admission screening must include:
 - a. A current health history, which includes notation of limitations and prescriptive medications, completed and submitted within 30 days prior to entrance into the program and verified by a parent or legal guardian.

- b. A review of the child's social and psychological history with parent or guardian.
- c. A review of the child's health history and physical examination 30 days prior to entrance into the program.
- d. A physical examination conducted by a licensed medical professional. This medical professional will have a written detailed description of the physical demands and environment of the program. The physical exam must include the following:
 - (1) Urinalysis drug screen;
 - (2) CBC, blood count;
 - (3) Urinalysis for possible infections;
 - (4) SMA-6, Electrolyte screen;
 - (5) Pregnancy test for all female youth;
 - (6) Physical assessment based on age, weight, and sex with regards to the potential demands of the program and environment.
- e. Prior to placement in the program, psychological evaluations will be completed and reviewed. A psychological examination shall have been conducted within the last year.
- f. Academic evaluation shall be completed on children enrolled in programs that provide academic credits.

6-008.16F Health and Safety Requirements:

- 1. All water from natural sources that will be used for consumption shall be treated for sanitation to eliminate health hazards;
- 2. The program shall have policies and procedures designed to prevent or eliminate infectious and communicable diseases in the field;
- 3. First Aid treatment shall be provided consistent with the certified first aid training received by all employees;
- 4. All First Aid kits must meet the standard of the American Red Cross;
- 5. Reliable two-way communication with a back up system must be available at all times. Expeditions must make contact with the primary site every 24 hours during an off primary site expedition.

6-008.16G Primary Site Requirements:

- 1. Each program must maintain a primary site.
- 2. Maintain a current file on each child.
- 3. Maintain a current list of names of staff and child in each field expedition.
- 4. Maintain a communications log containing:
 - a. Documentation of all communications between the expedition site and the primary site.
 - b. Documentation of all incidents.
 - c. Documentation of any injury.

6-008.16H Emergencies:

1. Each program shall have a written plan of action for disaster, casualties, and medical emergencies.

6-008.16I Food and Water Requirements:

1. Each child will receive a minimum of 3000 calories per day, This calorie requirement shall adjust to provide 30 to 100 percent increase when climate or exercises demands dictate.
2. Each child shall have 6 to 8 quarts per day of potable drinking water. These amounts shall increase when climate or exercise demands dictate.

6-008.17 Sanitation Regulations

6-008.17A Construction: The agency shall ensure that:

1. The walls, floors, and ceilings of all rooms are easily cleaned, washed, or painted, and are kept clean in good repair;
2. The construction and maintenance of all buildings prevents the entrance and harborage of any insects or rodents; and
3. The premises of all institutions are kept neat and clean and free from barnyard animals and poultry.

6-008.17B Heating: The agency shall ensure that heating is maintained at least 65 degrees Fahrenheit during cold weather. Night-time temperatures must not be less than 60 degrees Fahrenheit.

6-008.17C Toilet Facilities: Every institution shall provide conveniently located toilet facilities at a ratio of one toilet to six children. In institutions hereafter constructed, toilet rooms must not open directly into a room in which food, drink, or utensils are handled or stored. Toilet rooms must be kept clean, in good repair, well lighted, and well ventilated, toilets must be fully enclosed. Toilet facilities must be on the same floor as the children's sleeping rooms.

6-008.17D Lavatory Facilities: The institution shall provide hand-washing facilities at a ratio of not less than one lavatory to each toilet. Hot and cold running water, soap, individual towels, and wash cloths must be provided.

6-008.17E Water: The licensee shall ensure that:

1. The water supply is obtained from a source which is properly located, constructed, and operated to protect it from contamination and pollution;
2. Water meets the current standards of the Nebraska Department of Health and Human Services Regulation and Licensure as to bacteriological, chemical, and physical tests for purity;
3. Water is tested annually for bacteria;
4. Water is tested annually for nitrates if from a private well and there are children in care age one or younger;
5. The water heater has a pressure release valve;
6. Adequate water heating facilities are provided so that a sufficient amount of hot water for general cleaning and washing and sanitizing utensils is available at proper temperature; and
7. Drinking water is provided by sanitary drinking fountains or individual cups; the use of common drinking containers is prohibited.

6-008.17F Plumbing: The institution shall not install nor permit to exist any plumbing fixture or other device which provides a connection between a drinking water supply and a drainage, soil, waste, or sewer pipe so as to make possible the back flow or sewage or waste into the water supply system. Water that has been used for cooking or for any other purposes must not be returned to the system. All pipes and fixtures must be kept clean and in good repair. All plumbing must comply with local and or state plumbing ordinances and codes. Where no plumbing code is in effect, plumbing must conform to the National Plumbing Code USA A 40.8-1955.

6-008.17G Ventilation: The agency shall ensure that:

1. Dormitory and play areas have window area equal to not less than one-tenth of the floor area, which can be opened for ventilation; and
2. Kitchen, bathrooms, and services rooms are so located and ventilated, by window or mechanical means through a vent leading directly to the outside, that offensive odors will be prevented from entering children's rooms and hallways.

6-008.17H Sewage Disposal: Sewage must be discharged into a municipal sewage system where such a system is available; otherwise, the sewage disposal must comply with regulations set by the Nebraska Department of Health and Human Services Regulation and Licensure.

6-008.17I Garbage and Refuse Storage and Disposal: All garbage and refuse must be collected, stored, and disposed of in a manner that will not create a nuisance, or provide a breeding place for flies or harborage for rats. All containers for garbage and refuse must be water-tight, have tight fitting covers, and be fly and rodent proof. Garbage containers must be kept clean.

6-008.17J Lighting: The institution shall ensure that:

1. Each sleeping room is an outside room with a satisfactory amount of natural light.
2. The window area for new applications equals not less than one-tenth of the floor area.
3. Every room, including storerooms, hallways, stairways, inclines, ramps, and entrances are adequately lighted;
4. Lighting fixtures are selected and located with a view to the comfort and safety of residents and personnel; and
5. All service rooms, working centers, and medicine cabinets, are adequately lighted.

6-008.17K Food Services: All aspects of food service sanitation must comply with Part IV of the Food Service Sanitation Manual, 1976, Recommendation of the U. S. Public Health Services.

6-008.18 Recreational Camp Inspections: All Wilderness Challenge Programs must be licensed as a Recreational Camp by the Department of Health and Human Services Regulation and Licensure. See 178 NAC 1.

6-008.19 Experiential Challenge Course Inspections: All experiential activities that use equipment, other than basic camping equipment, shall be inspected every two years by the Department of Labor, Safety Division.

6-009 Licensing Standards for Child Placing Agencies: Each applicant for a child placing agency license shall meet these licensing standards and the requirements in 474 NAC 6-005 to obtain a license. A license issued before these regulations become effective is valid until the time of license renewal.

6-009.01 Administration

6-009.01A Incorporation: Any agency engaging in child-placing activities in Nebraska shall -

1. Incorporate as required by Nebraska state statute. The purposes for which the agency is incorporated must be stated in its articles of incorporation; and
2. Develop a written statement of its functions, policies, and programs and provide it to the Department's licensing unit for approval.

6-009.01B Governing Board: The governing board shall:

1. Make all agency policies;
2. Arrange financing and provide general management of the agency;
3. Employ an executive director to assume administrative responsibility and authority to carry out agency policies and the day-to-day operations of the agency;
4. Authorize the executive director to hire and discharge employees directly responsible to him/her;
5. Authorize the executive director, program director, or designee, in writing;
 - a. For adoption agencies, to accept temporary custody, accept relinquishments, plan for children, and consent to adoptions;
 - b. For agency-based foster care, to accept temporary placement and to plan for children;
6. Meet at least once a year and as often as necessary for the agency to function properly. Between meetings, the executive committee shall meet, as necessary, to transact business;
7. Keep a permanent record of the minutes and distribute copies to all board members;
8. Ensure that all local, state, and federal law and administrative rules and regulations are followed by the agency; and
9. Have Nebraska licensed legal counsel available for consultation.

6-009.01C Finances: The agency shall:

1. Have a sound financial program enabling it to carry out the functions shown in its articles of incorporation;
2. Operate on a budget approved by the governing board before the beginning of each fiscal year; and
3. Have all of its financial accounts reviewed by a certified accountant at least once a year

6-009.01D Administrative Records and Reports: The agency shall maintain current and accurate records.

The executive or program director shall –

1. Compile and file with the governing board, a monthly written report of the agency's activities and current financial situation;
2. Supply information and special reports requested by the Department;
3. Inform the Department of any plans for major changes in services or facilities; and
4. Ensure that staff employed by the agency follows all agency policies and procedures.

6-009.02 Personnel: The agency shall -

1. Have a written statement of policies which is approved by and reviewed annually by the governing board and made available to all employees;
2. Maintain a file of job descriptions and qualifications for each full-time and each part-time position on the staff, including each volunteer position;
3. Maintain a personnel file for each full-time or part-time employee including an evaluation of staff performance;
4. Maintain a file on each volunteer and occasional cradle caregiver; and
5. Check the background of all employees, volunteers, and cradle caregivers age 13 or older who have contact with children before participation with the agency. The background check shall include contacting the HHS Central Register of Abuse and Neglect, the HHS Adult Protective Services Central Registry, the State Patrol Central Registry of Sex Offenders.

The agency shall employ no individual who has been convicted of, admitted to, or if there is substantial evidence of crimes involving intentional bodily harm, crimes against children, or crimes involving moral turpitude if these circumstances have current bearing on the applicant's provision of placement services. Agency staff shall not engage in or have a history of behavior injurious to or which may endanger the health or morals of the children in care.

All agencies will be given one year from the effective date of these regulations to come into compliance with the standards set for personnel qualifications, excluding requirements for the Executive Director. All agencies must meet applicable standards set forth by the Nebraska Department of Health and Human Services Regulation and Licensure regarding professional licensure.

6-009.02A Executive Director Qualifications: The agency executive director shall have two years of child welfare programming management experience.

6-009.02B Program Director Qualifications: The agency program director shall have -

1. A Master's degree in a human services field and one year of full-time equivalent experience in child welfare programming; or
2. A Bachelor's degree in a human services field and three years of full-time equivalent experience in child welfare programming.

6-009.02C Casework Supervision Qualifications: Casework supervisors shall have a Bachelor's degree and 2 years of full-time equivalent child welfare programming experience.

6-009.02D Caseworker Qualifications: Caseworkers shall have a Bachelor's degree in human services or a related field or five years of full-time equivalent experience in child welfare programming and a high school diploma or GED.

6-009.02E Training: All staff members, including volunteers (but excluding cradle care givers or volunteers who provide occasional services), who care for children shall obtain and document in writing:

1. Twenty-four clock hours of Department-approved pre-service training before assuming his or her duties unsupervised. Staff who are employed before the effective date of this regulation are exempt from this requirement; and
2. At least 15 clock hours of Department-approved in-service training annually within the effective dates of the agency's license.

Each training hour must be approved by the licensing specialist and specifically related to the skills necessary to care for children in need of out-of-home placement and/or adoption. Volunteers who provide occasional services and are supervised at all times are exempt from this requirement.

6-009.02E1 Activities Counted as Training: Each hour spent participating in any of the following types of child care-related activities counts toward pre-service and yearly in-service requirements:

1. Department-sponsored training;
2. Workshops;
3. In-service training sponsored by professional organizations or educational institutions;
4. Department-approved reading material;
5. College courses;
6. Non-credit course work;
7. Adult education courses;
8. Videotaped material;
9. Audiotaped material;
10. Continuing education units (CEU's); and
11. Other Department-approved training.

Written documentation must be available for each of the listed types of training. All training must be approved by the Department's licensing unit.

6-009.03 Intake: The agency shall:

1. Clearly define its method of providing an application and an intake process;
2. Provide an office and privacy for the interview;
3. Ensure that intake workers receive training in community resources and referral procedures; and
4. Have available written information on all services offered by the agency.

6-009.04 Transportation Safety: The agency shall ensure that safety restraints are available and used for each child transported, in compliance with Neb. Rev. Stat. Sections 60-6,267, 60-6,268, and 71-1907. Restraints are not required for children transported by public transportation or school bus.

6-009.05 Confidentiality: The agency shall consider all records confidential and shall safeguard the information. All files in the office must be under single lock during office hours and double lock when the office is closed. The agency shall have policy and procedures:

1. Addressing the training of employees, cradle care givers, and volunteers regarding confidentiality; and
2. Regarding confidential files that are removed from the office and how they will be safeguarded.

6-009.06 Adoption Services

6-009.06A Adoption Services to Biological /Birth Parents and Their Children: Each child placing agency shall provide services to both parents, unless the parent is physically unavailable or refuses services. The physical unavailability or refusal of services must be documented in writing. This requirement includes adoptive parents who decide to relinquish a child. These services shall include:

1. A minimum of four hours, documented in writing, of face-to-face educational and support services to allow parents to make decisions regarding relinquishment prior to the relinquishment;
2. Educational and support services to the parents in their own homes or communities from a Nebraska-licensed Child Placing Agency;
3. Stressing the need for medical care during a pregnancy;
4. Explaining to the parents what rights are terminated by relinquishment;
5. Information provided to the parents during the process of deciding on a plan and placement for their child. This must include information on parenting, extended family parenting, cradle care placement, social services, types of adoption, and the effects of adoption;
6. Cradle care available for temporary care while the biological/birth parent makes a decision regarding relinquishment or for a child who may need a temporary placement while awaiting an adoptive family; and
7. Policy and procedure describing the available post placement educational and support services.

6-009.06B Records: Each agency shall have a central filing system. The agency shall maintain the following in each adoptive family's record:

1. An application including:
 - a. Family members' names, relationship to one another, education, and income;
 - b. Three personal references and current employment references; and
 - c. Completed background checks on all members of the household age 13 or older. The background checks shall include contacting the HHS Central Register of Abuse and Neglect, the HHS Adult Protective Services Central Registry, the State Patrol Central Registry of Sex Offenders;

2. An adoption pre-placement home study, on agency letterhead, which includes-
 - a. Two face-to-face visits not to be less than six hours;
 - b. A home visit - tour of the home, meeting all family members in the home, other persons living in the home, and a written description of the home,
 - c. Demographics - age, race, gender, occupation, religion, family cultural lifestyle, and education;
 - d. Family history, parenting philosophy, experience with children, techniques of discipline, motivation for wanting a child, social supports, leisure activities, legal history, financial history, and fertility history;
 - e. Medical and mental health information; and
 - f. Recommendations on the approval status of the family and the type of child to be matched with the family;
3. Annual update of the home study to address status changes and including background checks, medical statements, and one face-to-face home visit;
4. Concise written information, signed by the adoptive parent, regarding the fees for services and how the fees are utilized;
5. A current copy of the other state agency's license when working on an adoption or home study with an agency that is located out of the State of Nebraska; and
6. At the time of the closure of an adoption Child Placing Agency license, the agency will make arrangements with a Nebraska licensed Child Placing Agency to allow access to all closed adoption files for the purpose of adoption searches and post adoption services. Both agencies must inform the Department's licensing unit in writing of the agreement.

Child's records must include basic intake information, medical and dental information, identifying information on where the child was placed, biological/birth parent medical and social history, relinquishments documentation, placement agreement, agency consent, adoption decree, and documentation of service delivery.

6-009.06C International Adoptions and Home Studies: Agencies providing international adoption services shall:

1. Document in writing specialized training that includes pre- and post-adoption services regarding international adoptions for both employees and adoptive parents; and
2. Have available written information concerning adoption procedures for each country that the agency works with regarding adoption.

6-009.06D Interstate Placements: The agency shall make interstate placements only in accordance with the laws and regulations of Nebraska and those of other states concerned with the placement.

6-009.06E Accepting Relinquishments and Making Placements: Agencies accepting relinquishments and placements shall:

1. Follow all requirements for adoption set forth by the Nebraska State Statutes;
2. Not allow a biological/birth parent to sign a relinquishment earlier than 48 hours after birth;
3. Accept relinquishments only from birth parents who are cognitively capable of signing a relinquishment; and
4. Provide to adoptive and biological/birth parents a set of all forms they individually signed regarding relinquishment and placement.

6-009.06F Preparation of Child : The worker shall prepare the children for placement by, appropriate to the child's age:

1. Discussing the reason for placement in terms the child may understand;
2. Providing opportunities for the child to become familiar with aspects of the new situation before placement; and
3. Having a medical evaluation completed within 14 days of an initial foster care placement and annually thereafter. If there is no record of a previous exam one must be completed within 60 days of placement for a secondary foster care placement.

6-009.06G Post-Adoption Services: The agency will have policies and procedures regarding how the agency will provide post adoption services.

6-009.06H Supervision of Placement: The agency shall establish policy and procedure for the supervision of each child's case after placement in an adoptive home, which shall include two face to face visits with one visit in the home with the child present.

6-009.07 Foster Care Services

6-009.07A Foster Care Services to Biological Parents and Their Children: Each child placing agency providing foster care services shall:

1. Ensure any permanency plan for the child is observed; and
2. Provide basic orientation information to all parents.

6-009.07B Records: Each agency shall have a central filing system. The agency shall maintain the following in each foster family's record:

1. Record that the foster home is licensed according to Department standards;
2. An application including:
 - a. Family members' name, relationship to one another, education, and income;
 - b. Three references;
 - c. Completed background checks on all members of the household age 13 or older, as specified in 474 NAC 6-003.25B;
3. A foster home study on agency letterhead that includes-
 - a. One face to face visit;
 - b. A home visit consisting of a tour of the home, meeting all family members and persons living in the home, and a written description of the home;
 - c. Demographics - age, race, gender, occupation, religion, family cultural lifestyle, and education;
 - d. Family history, parenting philosophy, experience with children, techniques of discipline, motivation for wanting a child , social supports, leisure activities, legal history, and financial history;
 - e. Medical and mental health information updated every two years; and
 - f. Recommendation concerning the family.
4. Payment agreements between the foster parents and the agency; and
5. Rights and responsibilities of the foster parents and the agency.

Child's records must include basic intake information, placement agreement, educational information, other services providers, medical and dental information, location of the child, and documentation of service delivery. A personal item inventory must be kept listing all items the child brings to the placement and updated every time the child acquires a new item or loses or damages an item. The inventory must be signed each time a new inventory is developed by the foster parent, child, and guardian, if possible. All items will be returned at the time the placement terminates.

6-009.07C Preparation of the Child: The worker shall prepare the child for placement by, appropriate to the child's age:

1. Discussing the reason for placement in terms the child may understand;
2. Providing opportunities for the child to become familiar with aspects of the new situation before moving if possible; and
3. Having a medical evaluation completed within 14 days of an initial foster care placement and annually thereafter. If there is no record of a previous exam one must be completed within 60 days of placement for a secondary foster care placement.

6-009.07D Orientation of the Biological Parents: Within 30 days of placing the child, the agency shall document in writing the following information and how it was presented to the child, parents, or guardian. For placements made by public agencies, this must be completed at the direction of the agency:

1. What effect the placement will have on the child; and
2. The sharing of responsibility between the agency and the parents, which may include medical services, visitation, and agency contacts.

6-009.07E Services to Foster Parents:

6-009.07E1 Before the child is placed in the foster home, the agency shall give the foster parents all pertinent information in writing to aid their understanding of the child's personality and needs.

6-009.07E2 The case worker shall discuss with all those concerned the roles and responsibilities of the foster family and the child's own family. This must be documented in writing.

6-009.07F Supervision of Placements: The agency shall establish policy for the supervision of each child's case after placement in a foster home. The supervision shall be documented in writing in the child's file.

6-009.08 Interstate Placements: The agency shall make Interstate Placements only in accordance with the laws and regulations of Nebraska and those of other states concerned with the placement.

6-009.09 Agency Located Outside of Nebraska: An agency located in and licensed by an adjacent state may be licensed to place children in Nebraska. The agency shall:

1. Submit a copy of its articles of incorporation, a copy of its license, and a written evaluation summary from its state's licensing consultant to the licensing agent;
2. File its articles of incorporation with Nebraska's Secretary of State;
3. Have an office in a state adjacent to Nebraska where all operations are conducted and the Executive Director is located; and
4. Meet all requirements set forth in 474 NAC 6-009 for the licensing of a child placing agency in Nebraska.