



Community-Based Services DD Waivers

Each biennium, the Nebraska Legislature appropriates Program 424, DD Aid to the Division of Developmental Disabilities, to provide services to individuals with developmental disabilities. In Nebraska Revised Statutes § 83-1216 (4) the Division is mandated to maximize this funding by requiring that “all Nebraska residents eligible for funding for specialized services under the Developmental Disabilities Services Act shall apply for and accept any federal Medicaid benefits for which they may be eligible and benefits from other funding sources. . .” The Division accomplishes this mandate primarily through the utilization of Home and Community Based Services (HCBS) Waivers that provide federal matching funds through the Centers for Medicare and Medicaid (CMS) to supplement the DD Aid appropriated by the State.

CMS provides federal funding for developmental disability services through Section 1915(c) of the Social Security Act. This provision allows states to provide services to target populations at risk of institutionalization, such as individuals with developmental disabilities. More information on the CMS requirements for 1915(c) waivers can be found at: [https://www.cms.gov/medicaidstwaivprogdemopgi/05_hcbswaivers-section1915\(c\).asp](https://www.cms.gov/medicaidstwaivprogdemopgi/05_hcbswaivers-section1915(c).asp).

The Division provides services to individuals in Nebraska primarily through two adult waivers and one children’s waiver. In 2011, after consultation with technical assistance personnel provided by CMS and gathering input from stakeholders, the Division revised its waivers to expand the services available to individuals in the community. The Division recognized the need to provide for more person-centered practices to allow people with developmental disabilities to work and participate in their communities as fully as possible. Copies of these waivers, and videos that describe the services provided in these revised waivers, may be found at: http://www.dhhs.ne.gov/Developmental_Disabilities/ddservices.htm.

For your reference, a summary of the DD Specialized Services is included herein. A copy of the DVD that includes the video descriptions of our services is also provided.

DDD Specialized Services

| <u>WAIVER SERVICE</u> | <u>PAGE</u> |
|---|-------------|
| Behavioral Risk Services | 3 |
| Day Habilitation – Community Inclusion Services | 5 |
| Day Habilitation – Integrated Community Employment Services | 5 |
| Day Habilitation – Prevocational Workshop Services | 7 |
| Day Habilitation – Vocational Planning Services | 9 |
| Day Habilitation – Workstation Services | 11 |
| Medical Risk Services | 12 |
| Residential Habilitation – Extended Family Homes Services | 14 |
| Residential Habilitation – Group Home Services | 15 |
| Residential Habilitation – In-Home Services | 16 |
| Residential Habilitation – Companion Home Services | 17 |
| Respite Services | 18 |
| Retirement Services | 21 |
| Team Behavioral Consultation Services | 23 |
| General Billing Rules | 25 |

These new service definitions are effective January 1, 2011 with the approval of the CMS waivers.

Behavioral Risk Services

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| <p>Note: This subcategory falls under Provider Operated – Residential Services in 404 NAC</p> | <p>Rate: \$346.93/day</p> | <p>NFOCUS Service Code: 5034</p> |
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Definition:

Behavioral risk services are provided to individuals with complex behavioral needs that require continuing care and treatment. Behavioral risk services may be required when behaviors place the individual and/or others at risk of harm and may include actual, attempted, or threatened physical harm to oneself and/or others. This includes implicit threats, which is defined as statements and/or acts that reasonably induce fear of physical harm to others. Additionally, examples of behaviors placing oneself and/or others at risk of harm include self-directed actions intended to cause tissue damage, medication non-compliance, destruction of other people's belongings, elopement, and contact with the legal system for the previously mentioned behaviors, as well as other law-breaking behaviors (e.g., stealing, vandalism).

Behavioral risk services are provider-operated services, considered to be continuous (24/7) services, and include residential habilitation, day habilitation, intensive behavioral supports, ongoing safety supervision, and ongoing supports. The provision of behavioral risk services will be under the direction of a supervising mental health practitioner. Behavioral risk services are furnished as specified in the individual program plan. Staffing ratios are flexible and commensurate to meeting the needs of the individuals.

Intensive behavioral intervention strategies and supports require ongoing assessment, professional judgment, and treatment based on ongoing assessment. The provider must have a licensed independent mental health practitioner on staff to oversee the delivery of behavioral risk services by unlicensed direct support professionals.

Residential habilitation is formalized training and staff supports for the acquisition, retention, or improvement in skills related to living in the community. Formalized training, intensive behavioral supports, and staff supports include adaptive skill development of daily living activities, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, community inclusion, transportation, and the social and leisure skill development necessary to enable the individual to live in the most integrated setting appropriate to his/her needs.

Day habilitation is formalized training and staff supports which focus on the acquisition of work skills and appropriate work behavior. Behavioral risk day habilitation also includes intensive behavioral supports that focus on the behavioral and adaptive skills necessary to enable the individual to attain or maintain his or her maximum integration, inclusion, and personal accomplishment in the working community. Day habilitation services, such as prevocational workshops, workstations, vocational planning services, integrated community employment, or community integration supports are provided away from the home, in a non-residential setting, during typical working hours. Discreet habilitation in preparation for leaving the residential setting during typical working hours is allowed.

Intervention strategies for the delivery of residential habilitation, day habilitation, intensive behavioral supports, ongoing safety supervision, and ongoing supports are determined by the IPP team in conjunction with the supervising mental health practitioner and must be documented in the IPP. Interventions will be based on the individual's assessed needs and, as applicable, will include the following: staff objectives/ safety plans for preventing and/or stopping behaviors that are harmful to the individual or others; habilitation to address acceptable communication of needs and preferences; coping, social, and

problem-solving skills; residential and vocational settings, environmental and architectural factors, and location of service delivery; collaboration with behavioral health efforts to meet mental health needs (e.g., counseling, individual/ group psychotherapy, psychotropic medications); and supervision and monitoring strategies, including the type and amount of supervision, law enforcement contacts, provider monitoring responsibilities, and service coordination responsibilities. Restrictive interventions to ensure the safety of the individual and others must be reviewed at every IPP meeting. When applicable, a plan to reduce/eliminate the restriction must be developed, documented in the IPP, and upon request provided to DDD central office.

When determined appropriate by the IPP team and supervising practitioner, a plan to reduce the intensity of Behavioral Risk Services must be developed and upon request, provided to DDD central office.

Staff that provides a service for which a license, certification, or registration, or other credential is required must hold the license, certification, registration, or credential in accordance with applicable state laws.

Approval Process:

The need for behavioral risk services will be determined by designated staff at Division of Developmental Disabilities (DDD) central office. A risk screen is completed by the individual's IPP team to assist the team in planning, as a guide in giving adequate consideration to risk factors, or at the request of DDD central office. If the risk screen indicates an individual may present a risk of harm to oneself and/or others, the individual may be referred to DD central office for a formal risk assessment.

A risk assessment identifies, evaluates, and prioritizes interventions to implement or attempt to manage/reduce risk. The risk assessment will include the following: description, likelihood, frequency, duration, intensity, imminence, and incapacitation. Additionally, it includes an examination of the function of violence, for example, perceptual distortions, antisocial attitudes, irrational beliefs, labile affect, or interpersonal stressors. A risk assessment will also evaluate "buffering" conditions that reduce the likelihood of risk, for example, residential and day habilitation services, non-DD therapeutic services, an individual's personal strengths (e.g., motivation), support system (e.g., family and friends), ability to establish pro-social judgment, and history of adverse life events. If DDD central office staff concludes an individual presents a moderate to high risk of harm to oneself and/or others, the individual will be eligible for behavioral risk services. Should an individual present with a dual diagnosis of DD and MI and their risk is a result of issues stemming from Axis I, primary diagnosis of severe persistent mental illness, then the individual will be referred for behavioral health services. Behavioral risk services are not intended to supplant other behavioral health services such as, but not limited to psychiatry, counseling, or individual or group therapy.

Limits on the Amount, Frequency, or Duration of Behavioral Risk Services:

Behavioral risk services are not participant directed. The amount of authorized services for behavioral risk services may not be determined using the objective assessment process.

Payments for behavioral risk services are not made for room and board, the cost of facility maintenance, upkeep, and improvement.

Payment for behavioral risk services does not include payments made, directly or indirectly, to members of the individual's immediate family. Immediate family is defined as a parent (biological, step, or adoptive), spouse, or child (biological, step, or adopted) of the waiver participant. Payments will not be made for the routine care and supervision which would be expected to be provided by a family or group home provider, or for activities or supervision for which a payment is made by a source other than Medicaid.

The provision of behavioral risk services cannot overlap or supplant other state or federally funded services such as, but not limited to, respite services, Vocational Rehabilitation services, or Medicaid State Plan services. Behavioral risk services will not duplicate other services provided through this waiver.

Day Habilitation – Community Inclusion

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| Note: This subcategory falls under Provider Operated – Residential Services in 404 NAC | Rate: \$20.07/hour | NFOCUS Service Code: 2620 |
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Definition:

Community inclusion day habilitation service is formalized training and staff supports for the acquisition, retention, or improvement in self-help, and behavioral, socialization, and adaptive skills which take place in the community during typical working hours, in a non-residential setting, separate from the individual's private residence or other residential living arrangement. Community inclusion day habilitation services are generally facility-free services and are provided to persons not currently seeking to join the general work force, participate in vocational planning services or prefer an alternative to prevocational workshop and/or workstation habilitation services. Habilitation activities and environments are designed to assist individuals in acquiring, retaining and improving skills, appropriate behavior, greater independence, and personal choice necessary to successfully integrate into his/her community. Habilitation services also include personal care, health maintenance activities, and protective oversight when applicable to the individual, as well as supervision.

Health maintenance activities, such as medication administration and treatments that are routine, stable, and predictable may be provided by medication aides and other unlicensed direct support professionals and require nurse or medical practitioner oversight of delegated activities to the extent permitted under applicable State laws. Health maintenance activities, supervision, and assistance with personal needs are provided when identified as a need and documented in the IPP. The habilitative services, supports, and strategies are documented in the IPP and delivered based on the IPP.

Transportation may be provided between the individual's place of residence and the site of the habilitation services or between habilitation sites (in cases where the individual receives habilitation services in more than one place) as a component part of habilitation services. The cost of this transportation is included in the rate paid to providers of the appropriate type of habilitation services.

Limits on the Amount, Frequency, or Duration of this Service:

The amount of authorized services is subject to the objective assessment process and is provided based on the individual's preferences to the extent possible, and as documented in the IPP.

The provision of this service cannot overlap with or supplant other state or federally funded services such as, but not limited to, respite services, Vocational Rehabilitation services, residential habilitation, or Medicaid State Plan services. This service will not duplicate other services provided through this waiver.

Day Habilitation – Integrated Community Employment

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| Note: This subcategory falls under Individual Support Options – Day Services in 404 NAC | Rate: \$37.21/hour | NFOCUS Service Code: 6581 |
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Definition:

Integrated community employment (ICE) service is intermittent formalized training and staff supports - needed by an individual to acquire and maintain a job/position in the general workforce at or above the state's minimum wage. The outcome of this service is sustained paid employment in an integrated setting in the general workforce that meets personal and career goals, as documented in the individual program plan. ICE services are person-centered and team supported to address the individual's particular needs for ongoing or intermittent habilitation, throughout stabilization services and extended integrated community employment services and supports.

ICE services include habilitation that is outcome based and focused to sustain paid work by individuals and is designed to obtain, maintain or advance employment. Intensive direct habilitation will be designed to provide the individual with face to face instruction necessary to learn explicit work-related responsibilities and skills, as well as appropriate work behavior.

ICE services enable individuals, for whom competitive employment at or above the minimum wage is unlikely absent the provision of supports, and who, because of their disabilities, need supports, to perform in a regular work setting. Support may involve assisting the individual in accessing an Employment Network, the Nebraska Work Incentive Network (WIN), Ticket to Work services, Work Incentive Planning and Assistance (WIPA) services, or other qualified service programs that provide benefits planning.

ICE services are primarily provided away from the home, in a non-residential setting, during typical working hours and conducted in a variety of work settings, particularly work sites where persons without disabilities are employed. Discreet habilitation in preparation for leaving the residential setting during working hours is allowed. Intermittent face to face individualized habilitation is provided to assist the individual in maintaining employment. Habilitation goals and strategies must be identified in the individual plan and specify in a measurable manner, the services to be provided to meet the preferences and needs of the individual.

ICE services may include a customized home-based business. Habilitation services may be delivered in a customized home based businesses in participant directed companion homes.

ICE services do not include employment in group settings such as workstations or enclaves, classroom settings, or prevocational workshops. In addition, it does not include services provided in provider-controlled residential environments such as group homes or extended family homes. When integrated community employment services are provided at a work site where persons without disabilities are employed, payment is made to the provider only for the supervision and training required by individuals receiving waiver services as a result of their disabilities but does not include payment for the employer's supervisory activities rendered as a normal part of the business setting.

Stabilization is ongoing habilitation services needed to support and maintain an individual in an integrated competitive employment site or customized home-based employment. Stabilization supports are provided when the staff intervention time required at the job site is 20% - 50% of the individual's total work hours. Staff intervention includes regular contacts with the individual or on behalf of the individual to determine needs, as well as to offer encouragement and advice. Staff is intermittently available as needed to the individual during employment hours. Goals and strategies needed for the individual to maintain employment must be identified in the individual plan.

Extended ICE services are provided to persons who need ongoing intermittent support to maintain employment and when the staff intervention time required at the job site is less than 20% of the individual's total work hours. The provision of extended ICE is limited to the work site, including home-based business sites. Staff supports must include at a minimum, twice monthly monitoring at the work site. Extended ICE services must identify the services and supports needed to meet the needs of the individual in the IPP.

Prior to learning to access transportation independently, transportation between the individual's place of residence and the employment site is a component of vocational planning habilitation services and the cost of this transportation is included in the rate paid to providers.

Specialized Services Definitions and Rates as of January 1, 2011

Transportation may be provided between the individual's place of residence and the site of the habilitation services or between habilitation sites (in cases where the individual receives habilitation services in more than one place) as a component part of habilitation services. The cost of this transportation is included in the rate paid to providers of the appropriate type of habilitation services.

Limits on the Amount, Frequency, or Duration of this Service:

This service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).

Payment does not include coverage of incentive payments, subsidies, or unrelated vocational training expenses such as the following:

- Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;
- Payments that are passed through to users of supported employment programs; or
- Payments for training that is not directly related to an individual's integrated community employment services

The amount of authorized services is subject to the objective assessment process and is provided based on the individual's preferences and career goals as documented in the IPP.

The provision of this service cannot overlap with or supplant other state or federally funded services such as, but not limited to, respite services, Vocational Rehabilitation services, residential habilitation, or Medicaid State Plan services. This service will not duplicate other services provided through this waiver. ICE stabilization services require at least 40 hours of work per month paid at minimum wage or a wage consistent with that earned by the general working population, whichever is higher. DHHS will continue reimbursement at the ICE rate as long as the minimum total number of hours worked for the last three months (including the current month) is more than 120 hours of work (or an average of 40 or more hours per month for those three months). Multiple jobs that meet the wage requirements may be worked to reach 40 hours of employment per month.

Extended ICE services are time limited. Extended integrated community employment services require at least 80 hours of work per month paid at minimum wage or a wage consistent with that earned by the general working population, whichever is higher. DHHS will continue payment for the extended ICE services as long as the minimum total number of hours worked for the last three months (including the current month) is more than 240 hours of work (or an average of 80 or more hours per month for those three months). Multiple jobs that meet the wage requirements may be worked to reach 80 hours of employment per month. The provider may claim extended integrated community employment services for up to 24 months in order for the individual to meet their personal and career goals.

Income from customized home-based businesses may not be commensurate with minimum wage requirements with other employment. No more than two individuals may participate in a home-based business at the same participant-directed companion home.

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| <p>Day Habilitation – Prevocational Workshop Services</p> | <p>Note: This subcategory falls under Provider Operated – Day Services in 404 NAC</p> | <p>Rate: \$25.09/hour, unless day and residential services by a single provider then a day rate is used.</p> | <p>NFOCUS Service Code: 6862</p> |
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Definition:

Prevocational workshop habilitation services are formalized training and staff supports for the acquisition, retention, or improvement in self-help, behavioral, and adaptive skills which take place during typical working hours, in a non-residential provider-operated facility, separate from the individual's private residence or other residential living arrangement. Prevocational workshop habilitation services are provided to persons not currently seeking to join the general work force or participate in vocational planning services. Habilitation activities and environments are designed to assist individuals in acquiring, retaining and improving skills, appropriate behavior, greater independence, and personal choice necessary to reside successfully in the community. The habilitative services, supports, and strategies are documented in the IPP and delivered based on the IPP.

Prevocational workshop habilitation services prepare an individual for paid or unpaid work experiences and competitive employment. When compensated, individuals are generally paid at less than 50 percent of the minimum wage. Habilitation may include teaching such concepts as compliance, attendance, task completion, problem solving and safety. Services are generally not job-task oriented but instead are directed at underlying habilitative goals, such as attention span and motor skills, and not explicit employment objectives.

Prevocational workshop habilitation services will focus on enabling the individual to attain or maintain his or her maximum functional level and must be coordinated with but may not supplant any physical, occupational, or speech therapies listed in the IPP. In addition, habilitation services may reinforce skills taught in therapy, counseling sessions, or other settings. Habilitation also includes personal care, health maintenance activities, and protective oversight when applicable to the individual, as well as supervision.

Health maintenance activities, such as medication administration and treatments that are routine, stable, and predictable may be provided by medication aides and other unlicensed direct support professionals and require nurse or medical practitioner oversight of delegated activities to the extent permitted under applicable State laws. Health maintenance activities, supervision, and assistance with personal needs are provided when identified as a need and documented in the IPP.

Prevocational workshop habilitation services are delivered continuously and are normally furnished 4 or more hours per day on a regularly scheduled basis, for 1 or more days per week unless provided as an adjunct to other day activities included in the IPP.

Meals provided as part of these services do not constitute a full nutritional regimen and as applicable, physical nutritional management plans must be implemented as documented in the IPP.

Transportation may be provided between the individual's place of residence and the site of the habilitation services or between habilitation sites (in cases where the individual receives habilitation services in more than one place) as a component part of habilitation services. The cost of this transportation is included in the rate paid to providers of the appropriate type of habilitation services.

Limits on the Amount, Frequency, or Duration of this Service:

This service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).

The amount of authorized services is subject to the objective assessment process and is provided based on the individual's preferences to the extent possible, and as documented in the IPP.

The provision of this service cannot overlap or supplant with other state or federally funded services such as, but not limited to, respite services, Vocational Rehabilitation services, residential habilitation, or Medicaid State Plan services. This service will not duplicate other services provided through this waiver.

Day Habilitation – Vocational Planning Services

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| Note: This subcategory falls under Individual Support Options – Supported Day and Provider Operated – Day Services (3 or less person workstation) in 404 NAC | Rate: \$29.72/hour | NFOCUS Service Code: 6474 |
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Definition:

Vocational planning habilitation services focus on enabling the individual to attain work experience through career planning, job searching, and paid and unpaid work experience with the goal or outcome of vocational planning being integrated community employment. Services are furnished as specified in the individual's program plan.

Vocational planning habilitation services are formalized training and staff supports which take place during typical working hours, in a non-residential setting, separate from the individual's private residence or other residential living arrangement, such as within a business or a community setting where individuals without disabilities work or meet together. Discreet habilitation focused on job searching or in preparation for leaving the residential setting during typical working hours is allowed.

Direct training and supports will be designed to provide the individual with face to face instruction necessary to learn work-related responsibilities, work skills, and appropriate work behavior.

Vocational planning services focus on the acquisition of work skills, appropriate work behavior, and the behavioral and adaptive skills necessary to enable the individual to attain or maintain his or her maximum inclusion, inclusion, and personal accomplishment in the working community. Habilitation may include teaching such concepts as compliance, attendance, task completion, problem solving and safety as well as accessing transportation independently and explicit employment objectives. Vocational planning habilitation services also include personal care and protective oversight and supervision when applicable to the individual. The habilitative services, supports, and strategies are documented in the IPP and delivered based on the IPP.

Vocational planning habilitation services may include career planning that is person-centered and team supported to address the individual's particular needs to prepare for, obtain, maintain or advance employment. Habilitation services with focus on career planning includes development of self-awareness and assessment of skills, abilities, and needs for self-identifying career goals and direction, including resume or business plan development for customized home businesses. Assessment of skills, abilities, and needs is a person-centered team responsibility that engages all team members to support an individual in identifying a career direction and developing a plan for achieving integrated community employment at or above the state's minimum wage. The outcome is documentation of the individual's stated career goals and career direction and strategies for the acquisition of skills and abilities needed for work experience in preparation for integrated community employment. Establishment of career goals may not take place at the same time as other vocational planning activities.

Habilitation services with focus on career planning and strategies for implementing career goals may involve assisting the individual in accessing an Employment Network, the Nebraska Work Incentive Network (WIN), Ticket to Work services, Work Incentive Planning and Assistance (WIPA) services, or other qualified service programs that provide benefits planning.

Vocational planning habilitation services may include job searching designed to assist the individual or on behalf of the individual to locate a job or development of a work experience on behalf of the individual. Job searching may take place in the individual's private residence, in integrated community settings, or in provider staff office areas. Job searching may not take place in a fixed-site sheltered workshop facility in the areas where other individuals are receiving prevocational workshop habilitation services. Job searching with the individual will be provided on a one to one basis to achieve the outcome of this service.

Vocational planning habilitation services may include work experiences that are paid part-time employment, workstations or enclaves, or unpaid experience such as volunteering, apprenticeship, internships, job shadowing, etc. A work experience takes place during typical working hours, in a non-residential setting, separate from the individual's private residence or other residential living arrangement, with the focus on attaining the outcome of integrated community employment. Habilitation provided during a work experience may include teaching such concepts as compliance, attendance, task completion, problem solving, and safety as well as accessing transportation independently and explicit employment objectives.

Prior to learning to access transportation independently, transportation between the individual's place of residence and the employment site is a component of vocational planning habilitation services and the cost of this transportation is included in the rate paid to providers.

Transportation may be provided between the individual's place of residence and the site of the habilitation services or between habilitation sites (in cases where the individual receives habilitation services in more than one place) as a component part of habilitation services.

Vocational planning habilitation services may take place in conjunction with integrated community employment services, workstation habilitation services, community inclusion day habilitation or other day activities.

Limits on the Amount, Frequency, or Duration of this Service:

This service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).

The amount of authorized services is subject to the objective assessment process and is provided based on the individual's preferences to the extent possible, and as documented in the IPP.

The provision of this service cannot overlap with or supplant other state or federally funded services such as, but not limited to, respite services, Vocational Rehabilitation services, residential habilitation, or Medicaid State Plan services. This service will not duplicate other services provided through this waiver. Some components of vocational planning habilitation services are time-limited. Establishment of career goals through career planning may not exceed three months. If the outcome of career planning is not reached within three months, a team meeting must be held to change the service plan. Unpaid work experiences must lead to paid employment and are therefore time-limited. Work experiences for which the general population is paid to perform may not last beyond six months. Volunteering to provide services and supports in an integrated community setting for which the general population does not get paid to perform are not considered to be a work experience and are not time-limited.

No more than three individuals may participate in the same paid or unpaid work experience at the same time.

Specialized Services Definitions and Rates as of January 1, 2011

Day Habilitation – Workstation Services

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| <p>Note: This subcategory falls under Provider Operated – Residential Services in 404 NAC</p> | <p>Rate: \$25.09/hour, unless day and residential services by a single provider then a day rate is used.</p> | <p>NFOCUS Service Code: 8997</p> |
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Definition:

Workstation habilitation services are formalized training and staff supports for the acquisition, retention, or improvement in self-help, behavioral, and adaptive skills which takes place during typical working hours, in a non-residential setting, separate from the individual's private residence or other residential living arrangement, such as within a business or a community setting where individuals without disabilities work or meet together. Discrete habilitation in preparation for leaving the residential setting during typical working hours is allowed.

Workstation habilitation services focus on the acquisition of work skills, appropriate work behavior, and the behavioral and adaptive skills necessary to enable the individual to attain or maintain his or her maximum inclusion, inclusion, and personal accomplishment in the working community. This day habilitation service also includes personal care, health maintenance activities, and protective oversight when applicable to the individual, as well as supervision.

Health maintenance activities, such as medication administration and treatments that are routine, stable, and predictable may be provided by medication aides and other unlicensed direct support professionals and require nurse or medical practitioner oversight of delegated activities to the extent permitted under applicable State laws. Health maintenance activities, supervision, and assistance with personal needs are provided when identified as a need and documented in the IPP. The habilitative services, supports, and strategies are documented in the IPP and delivered based on the IPP.

Workstation habilitation services are delivered continuously and provide paid work experiences in preparation for competitive employment. Habilitation may include teaching such concepts as compliance, attendance, task completion, problem solving, and safety as well as accessing transportation independently and explicit employment objectives.

Transportation may be provided between the individual's place of residence and the site of the habilitation services or between habilitation sites (in cases where the individual receives habilitation services in more than one place) as a component part of habilitation services. The cost of this transportation is included in the rate paid to providers of the appropriate type of habilitation services.

Limits on the Amount, Frequency, or Duration of this Service:

This service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).

The amount of authorized services is subject to the objective assessment process and is provided based on the individual's preferences to the extent possible, and as documented in the IPP.

The provision of this service cannot overlap with or supplant other state or federally funded services such as, but not limited to, respite services, Vocational

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| Rehabilitation services, residential habilitation, or Medicaid State Plan services. This service will not duplicate other services provided through this waiver. | | NFOCUS Service Code: 5578 |
| Medical Risk Services | Note: This subcategory falls under Provider Operated – Day and Residential Services in 404 MAC | Rate: \$437.42/day |

Definition:

Medical risk services are provided to individuals with complex medical needs that require continuing care and treatment but are not assessed to need continuous nursing facility level of care. Complex medical needs may result from the diagnoses of some types of diabetes or seizures or may result from use of g-tubes, g-buttons, j-tubes, tracheotomies, ventilators, or a combination of the above. Treatment or interventions to meet complex medical needs require ongoing clinical assessment, professional judgment, and treatment based on ongoing assessment and cannot be delegated to unlicensed direct support professionals.

Medical risk services are also available to individuals who have a degenerative/regressive condition diagnosed by the individual’s medical practitioner and that make further growth or development unlikely. The degenerative/regressive condition requires continuing care and treatment, and significantly impedes independent completion of activities of daily living, and impedes self-directing others to perform activities of daily living. Degenerative or regressive conditions that affect all areas of daily living activities may include cerebral palsy, muscular dystrophy, multiple sclerosis, post-polio syndrome, dementia, Parkinson’s disease, Huntington’s disease, Alzheimer’s, or other neurological impairments.

Medical risk services are provided 24/7, considered to be continuous services, and include residential habilitation, day habilitation, health maintenance activities, routine complex medical treatments, ongoing health and safety supervision, and ongoing supports. Physical nutritional management plans must be implemented as applicable.

Residential habilitation services are formalized training and staff supports for the acquisition, retention, or improvement in skills related to living in the community. Formalized training and staff supports include adaptive skill development of daily living activities, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, community inclusion, transportation, and the social and leisure skill development necessary to enable the individual to live in the most integrated setting appropriate to his/her needs. Residential habilitation also includes personal care and protective oversight when applicable as well as supervision.

Day habilitation services, such as prevocational workshops, workstations, vocational planning services, integrated community employment, or community inclusion are provided away from the home unless prescribed to be medically necessary by the individual’s physician and approved by DDD central office, and are provided during typical working hours to increase the person’s independence, integration, inclusion, personal accomplishment, and employment objectives, as applicable. Day habilitation services are formalized training and supports, which focus on enabling the individual to attain or maintain his or her maximum functional level and must be coordinated with but may not supplant any physical, occupational, or speech therapies in the IPP. The habilitative training and supports may include workplace training, increasing socialization and recreational skills and abilities in the community, and skills to assist in access to and integration in their community. Day habilitation also includes personal care and protective oversight when applicable as well as supervision.

Health maintenance activities, such as medication administration and treatments that are routine, stable, and predictable may be provided by medication aides and other unlicensed direct support professionals and require nurse or medical practitioner oversight of delegated activities to the extent permitted under applicable State laws. Health maintenance activities, supervision, and assistance with personal needs are not an exclusive component of medical risk services and are provided when identified as a need and documented in the IPP.

Specialized Services Definitions and Rates as of January 1, 2011

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| <p>Assistance with personal needs may include toileting, transfer and ambulation, skin care, bathing, dressing, grooming, meal preparation, eating, extension of therapies and exercise, and routine care of adaptive equipment primarily involving cleaning as needed.</p> <p>Treatments or interventions to meet complex medical needs or address degenerative conditions are outlined in a nursing plan and included in the person's IPP. Health and safety factors including the type and amount of supervision, environmental conditions, weather conditions, architectural conditions, special diets, and safe evacuation plans are included in the IPP as applicable to the individual.</p> <p>Medical risk providers must have a sufficient number of Registered Nurses on staff or under contract to develop nursing plans, provide complex medical treatments, train unlicensed direct support professionals, and oversee delegation of health maintenance activities to the extent permitted under applicable state laws.</p> <p>Staff that provides a service for which a license, certification, or registration, or other credential is required must hold the license, certification, registration, or credential in accordance with applicable state laws.</p> <p>Approval Process:</p> <p>The need for medical risk services will be determined by designated staff at Division of Developmental Disabilities (DDD) central office. A referral is completed by the individual's IPP team to assist the team in planning, as a guide in giving adequate consideration to health and medical factors, or at the request of DDD central office. When the team, which may include the individual's physician, believes that the individual's needs require medical risk services, the individual may be referred to DD central office for a formal health assessment.</p> <p>Limits on the Amount, Frequency, or Duration of this Service:</p> <p>Medical risk services are not participant directed. The amount of authorized services for medical risk services may not be determined using the objective assessment process.</p> <p>Complex medical treatments require ongoing assessment, professional judgment, and treatment based on ongoing assessment and can only be delegated to unlicensed direct support professionals to the extent permitted under Neb. Rev. Statute § 71-1, 132.30.</p> <p>Payments for medical risk services are not made for room and board, the cost of facility maintenance, upkeep, and improvement.</p> <p>Payment for medical risk services does not include DDD payments made, directly or indirectly, to members of the individual's immediate family. Immediate family is defined as a parent (biological, step, or adoptive), spouse, or child (biological, step, or adopted) of the waiver participant. Payments will not be made for the routine care and supervision which would be expected to be provided by a family or group home provider, or for activities or supervision for which a payment is made by a source other than Medicaid.</p> <p>The provision of medical risk services cannot overlap with or supplant other state or federally funded services such as, but not limited to respite services, Vocational Rehabilitation services, or Medicaid State Plan services. Medical risk services will not duplicate other services provided through this waiver.</p> |
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| <h2 style="margin: 0;">Residential Habilitation – Extended Family Home Services</h2> | <p>Note: This subcategory falls under Individual Support Options – Supported Living and Provider Operated – Residential Services in 404 NAC and CDD in 175 NAC</p> | <p>Rate: \$26.77/hour, unless Individual Daily Rate when residential services by a single provider</p> | <p>NFOCUS Service Code: 4824</p> |
| | <p>Definition: Extended family home residential habilitation service is formalized training and staff supports for the acquisition, retention, or improvement in skills related to living in the community. Formalized training and staff supports include adaptive skill development of daily living activities, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, community inclusion, transportation, and the social and leisure skill development necessary to enable the individual to live in the most integrated setting appropriate to his/her needs. Residential habilitation also includes personal care and protective oversight as applicable to the individual as well as supervision.</p> <p>Health maintenance activities, such as medication administration and treatments that are routine, stable, and predictable may be provided by medication aides and other unlicensed direct support professionals and require nurse or medical practitioner oversight of delegated activities to the extent permitted under applicable State laws. Health maintenance activities, supervision, and assistance with personal needs are provided when identified as a need and documented in the IPP.</p> <p>Residential Habilitation services provided in a single family home setting are called extended family home (EFH) residential habilitation services. EFH residential habilitation services are delivered as an employee of the DD provider agency or under a subcontract with a DD provider agency and are continuous services.</p> <p>EFH residential habilitation services are services provided in a setting where the individual and the EFH provider resides and the EFH provider is on-site and immediately available at all times to the individual receiving services, including during the individual's sleep time. The EFH provider must be present and awake during the times the individual is present and awake. Eight hours of overnight staffing are not billable. The EFH provider may be sleeping, unless awake overnight supervision or assistance is required as documented in the individual's program plan, and must be present to respond immediately to individuals' needs and emergencies. Overnight staffing may or may not provide formal training or intervention when the person awakens during the night. The need for formal training or interventions during overnight hours is based on the individual's assessed needs, and how the needs will be addressed, which may include explicit formal training or interventions, assistance with personal needs, and/or health maintenance activities must be documented in the Individual Program Plan.</p> <p>Limits on the Amount, Frequency, or Duration of this Service: An EFH may qualify as a supported living option. For a supporting living option, it must be a residence for no more than two individuals with DD, owned or leased by the subcontractor providing supports. The individual is his/her own payee or representative payee and pays room and board directly to the EFH provider. The agency must not own the residence when the EFH provider is engaged as a subcontractor or employee of the agency.</p> <p>An EFH may also qualify as a provider operation option. For the provider operation option more than two individuals with DD may live in the residence.</p> | | |

Specialized Services Definitions and Rates as of January 1, 2011

Payments for residential habilitation are not made for room and board, the cost of facility maintenance, upkeep and improvement. Payment for residential habilitation does not include payments made, directly or indirectly to members of the individual's immediate family, defined as parent (biological, step, or adoptive), spouse, or child (biological, step, or adopted). Payments will not be made for the routine care and supervision which would be expected to be provided by a family or group home provider, or for activities or supervision for which a payment is made by a source other than Medicaid. The amount of authorized services is subject to the objective assessment process and is provided based on the individual's preferences to the extent possible, and as documented in the IPP.

The provision of residential habilitation cannot overlap with or supplant other state or federally funded services such as, but not limited to respite services, Vocational Rehabilitation services, day habilitation, or Medicaid State Plan services. Residential habilitation services will not duplicate other services provided through this waiver.

Residential Habilitation – Group Home Services

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| <p>Definition:</p> <p>Group home residential habilitation services are formalized training and staff supports for the acquisition, retention, or improvement in skills related to living in the community. Formalized training and staff supports include adaptive skill development of daily living activities, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, community inclusion, transportation, and the social and leisure skill development necessary to enable the individual to live in the most integrated setting appropriate to his/her needs. Residential habilitation also includes personal care, health maintenance activities, and protective oversight when applicable to the individual, as well as supervision.</p> | <p>Note:</p> <p>This subcategory falls under Provider Operation - Residential Services in 404 NAC and CDDs in 175 NAC</p> | <p>Rate:</p> <p>\$26.77/hour, unless individual Daily Rate when day and residential services by a single provider</p> | <p>NFOCUS Service Code:</p> <p>2026</p> |
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Health maintenance activities, such as medication administration and treatments that are routine, stable, and predictable may be provided by medication aides and other unlicensed direct support professionals and require nurse or medical practitioner oversight of delegated activities to the extent permitted under applicable State laws. Health maintenance activities, supervision, and assistance with personal needs are provided when identified as a need and documented in the IPP.

Group home residential habilitation services are continuous services and are delivered in provider operated or controlled settings, such as a home with three or less individuals with DD, or a licensed Center for persons with Developmental Disabilities (CDD) with four or more individuals with DD. Rental agreements with and payment for room and board to a DD provider must be treated as landlord-tenant agreements and all applicable state and local laws must be followed.

Continuous group home residential habilitation services are services provided in a provider operated setting where there are DD provider staff on-site or within proximity to allow immediate on-site availability at all times to the individual receiving services, including during the individual's sleep time. Staff must be

present and awake during the times that individuals are present and awake. Eight hours of overnight staffing are not billable. Staff may be sleeping, unless awake overnight supervision or assistance is required as documented in the individual's program plan, and must be present to respond immediately to individuals' needs and emergencies. Overnight staffing may or may not provide formal training or intervention when the person awakens during the night. The need for formal training or interventions during overnight hours is based on the individual's assessed needs, and how the needs will be addressed, which may include explicit formal training or interventions, assistance with personal needs, and/or health maintenance activities must be documented in the Individual Program Plan.

Limits on the Amount, Frequency, or Duration of this Service:

Payments for residential habilitation are not made for room and board, the cost of facility maintenance, upkeep and improvement. Payment for residential habilitation does not include payments made, directly or indirectly to members of the individual's immediate family, defined as parent (biological, step, or adoptive), spouse, or child (biological, step, or adopted). Payments will not be made for the routine care and supervision which would be expected to be provided by a family or group home provider, or for activities or supervision for which a payment is made by a source other than Medicaid. The amount of authorized services is subject to the objective assessment process and is provided based on the individual's preferences to the extent possible, and as documented in the IPP.

The provision of residential habilitation cannot overlap with or supplant other state or federally funded services such as, but not limited to respite services, Vocational Rehabilitation services, day habilitation, or Medicaid State Plan services. Residential habilitation services will not duplicate other services provided through this waiver.

Residential Habilitation – In-Home Services

Note:
This subcategory falls under Individual Support Options – Supported Living in 404 NAC

Rate:
\$29.72/hour

NFOCUS Service Code:
6933

Definition:

Residential habilitation is formalized training and staff supports for the acquisition, retention, or improvement in skills related to living in the community. Formalized training and staff supports include adaptive skill development of daily living activities, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, community inclusion, transportation, and the social and leisure skill development necessary to enable the individual to live in the most integrated setting appropriate to his/her needs. Residential habilitation may also include personal care, protective oversight, and supervision as applicable to the individual when provider staff is present.

Residential Habilitation services provided to a participant living in his/her family home are called in-home residential habilitation services and are intermittent services. Community based DD provider staff is intermittently available to deliver habilitation to the person receiving services in the family home or in the community. Training and supports are designed to provide the individual with face to face habilitation.

Limits on the Amount, Frequency, or Duration of this Service:

Payments for residential habilitation are not made for room and board, the cost of facility maintenance, upkeep and improvement.

Payment for residential habilitation does not include payments made, directly or indirectly to members of the individual's immediate family, defined as parent (biological, step, or adoptive), spouse, or child (biological, step, or adopted). Payments will not be made for the routine care and supervision which would be expected to be provided by a family or group home provider, or for activities or supervision for which a payment is made by a source other than Medicaid. The amount of authorized services is subject to the objective assessment process and is provided based on the individual's preferences to the extent possible, and as documented in the IPP.

Specialized Services Definitions and Rates as of January 1, 2011

The provision of residential habilitation cannot overlap with or supplant other state or federally funded services such as, but not limited to respite services, Vocational Rehabilitation services, day habilitation, or Medicaid State Plan services. Residential habilitation services will not duplicate other services provided through this waiver.

Residential Habilitation – Companion Home Services

Note:
This subcategory falls under Individual Support Options – Supported Living in 404 NAC

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| Rate: \$29.72/hour for Intermittent Service \$26.77/hour for Continuous Service Individual Daily Rate if day and residential services by single provider | NFOCUS Service Code: 8244 |
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Definition:

A companion home is a supported living option in Nebraska. Supported living is defined as residential habilitation provided to no more than two other individuals (3 individuals total) in a residence that is under the control and direction of the individual(s).

Companion home services consist of residential habilitation delivered as formalized training and staff supports for the acquisition, retention, or improvement in skills related to living in the community. Formalized training and staff supports include adaptive skill development of daily living activities, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, community inclusion, transportation, and the social and leisure skill development necessary to enable the individual to live in the most integrated setting appropriate to his/her needs. Residential habilitation may also include personal care, protective oversight, and supervision as applicable to the individual when provider staff is present.

Health maintenance activities, such as medication administration and treatments that are routine, stable, and predictable may be provided by medication aides and other unlicensed direct support professionals and require nurse or medical practitioner oversight of delegated activities to the extent permitted under applicable State laws. Health maintenance activities, supervision, and assistance with personal needs are provided when identified as a need and documented in the IPP.

Companion home residential habilitation services may be delivered intermittently or continuously. A companion home may be an apartment, a house, a condominium, or a townhouse which the individual owns or rents. The provider of residential habilitation services in a companion home must be able to document that the individual freely chose their residential setting and housemates and that the lease or mortgage is under the control of the individual. The owner or lessee of the property must be unrelated, directly or indirectly, to the provider of services.

Continuous companion home residential habilitation services are services provided in a setting where the provider staff is on-site and immediately available at all times to the individual receiving services, including during the individual's sleep time to respond immediately to individuals' needs and emergencies. The provider staff must be present and awake during the times that individuals are present and awake. Eight hours of overnight staffing are not billable. The

provider staff may be sleeping, unless awake overnight supervision, health maintenance activities, or assistance with personal needs is required or requested and is documented in the individual's program plan.
 Companion home residential habilitation may be delivered intermittently. Community based DD provider staff is intermittently in the home to deliver face to face habilitation to the person receiving services. Intermittent companion home residential habilitation services are based on the individual's preferences and assessed needs, and must be documented in the Individual Program Plan.

Limits on the Amount, Frequency, or Duration of this Service:

Payments for residential habilitation are not made for room and board, the cost of facility maintenance, upkeep and improvement.

Payment for residential habilitation does not include payments made, directly or indirectly to members of the individual's immediate family, defined as parent (biological, step, or adoptive), spouse, or child (biological, step, or adopted). Payments will not be made for the routine care and supervision which would be expected to be provided by a family or group home provider, or for activities or supervision for which a payment is made by a source other than Medicaid. The amount of authorized services is subject to the objective assessment process and is provided based on the individual's preferences, to the extent possible, as documented in the IPP.

The provision of residential habilitation cannot overlap with or supplant other state or federally funded services such as, but not limited to respite services, Vocational Rehabilitation services, day habilitation, or Medicaid State Plan services. Residential habilitation services will not duplicate other services provided through this waiver.

Respite Services

Note:
 This falls under Respite in 404 NAC and can be under Individual Support Options – Supported Living and Provider Operated – Residential Services in 404 NAC

Rate:
 \$13.73/hour OR
 \$109.78 when 8 hours or more in a 24 hour period

NFOCUS Service Code:
 3214

Definition:

Respite is the temporary, intermittent relief to the usual non-paid caregiver(s) from the continuous support and care of the individual to allow the caregiver to pursue personal, social, and recreational activities such as personal appointments, shopping, attending support groups, club meetings, and religious services, or going to entertainment or eating venues, and on vacations. Components of the respite service are supervision, tasks related to the individual's physical and psychological needs, and social/recreational activities. Services are provided on a short-term basis because of the absence or need for relief of those unpaid persons who normally provide care for the individual. These services may be provided in the individual's living situation and/or in the community.

Provider Qualifications:

Respite Agency:

- 1) As defined in Neb. Rev. state statutes 71-401 to 71-459.
- 2) Staff or agencies that provide a service for which a license, certification, or registration, or other credential is required must hold the license, certification, registration, or credential in accordance with applicable state laws and regulations.
- 3) 175 NAC 15-000
- 4) All respite provider agencies must meet applicable regulatory requirements.
- 5) All waiver providers must be Medicaid providers as defined in 471 NAC 2-000.

Contract Community Based DD Provider Agency:

Provider staff and/or agencies that provide a service for which a license, certification, or registration, or other credential is required must hold the license,

certification, registration, or credential in accordance with applicable state laws and regulations.

The CBDD provider agency must be a certified and contracted provider.

All providers of waiver services must be a Medicaid provider as specified in Nebraska Administrative Code Title 471. (471 NAC 2-000)

A provider of respite must:

1. Be age 18 or older;
2. Not be a member of the individual's immediate household;
3. Have knowledge of basic first aid skills and of emergency responses;
4. Agree never to leave the individual alone;
5. Prepare and serve any appropriate meals and/or snacks to meet the individual's dietary needs, as explained by the usual caregiver; and
6. Not be the parent, spouse, or child (biological, step, or adopted) of the participant.
7. Be authorized to work in the United States.

When respite is provided in a community based residential setting such as a group home or extended family home, the CBDD provider may not claim for the cost of room and board.

Independent Provider:

Licensing, credentialing, or certification is not a requirement to be a qualified individual respite provider.

All providers of waiver services must be Medicaid providers as described in 471 NAC 2-000.

A provider of Respite must:

1. Be age 18 or older;
2. Not be a member of the individual's immediate household;
3. Have knowledge of basic first aid skills and of emergency responses;
4. Agree never to leave the individual alone;
5. Prepare and serve any appropriate meals and/or snacks to meet the individual's dietary needs, as explained by the usual caregiver; and
6. Not be the parent, spouse, or child (biological, step, or adopted) of the participant.
7. Be authorized to work in the United States.

If Respite is provided outside of the family home, it is recommended that the family visit the facility or home in which the service is to be provided and agree to the provision of services in that location. The provider must ensure that:

1. The home/facility is architecturally designed to accommodate the needs of the individuals being served;
2. An operable phone and emergency phone numbers are available;
3. The home/facility is accessible to the individual, clean, in good repair, free from hazards, and free of rodents and insects;
4. The home/facility is equipped to provide comfortable temperature and ventilation conditions.
5. The toilet facilities are clean and in working order;
6. The eating areas and equipment are clean and in good repair;
7. The home/facility is free from fire hazards;
8. The furnace and water heater are located safely;
9. Firearms are in a locked unit;
10. Medications and poisons are inaccessible; and
11. Household pets have all necessary vaccinations.

All providers of waiver services who have direct contact with the individual receiving services must:

1. Provide services in a manner demonstrating acceptance of, respect for, and a positive attitude toward people who are disabled;
2. Have training or experience in the performance of the service(s) being provided and be able to perform the tasks required for the individual's needs;
3. Obtain adequate information on the supports necessary to meet the medical and personal needs of the individual;
4. Observe and report all changes which affect the individual and/or the individual's plan to the service coordinator, taking action as necessary;
5. Have knowledge and understanding of the needs of individuals with intellectual or developmental disabilities;
6. Exhibit the capacity to:
 - a) Assume responsibility;
 - b) Follow emergency procedures;
 - c) Maintain schedules; and
 - d) Adapt to new situations.
7. Protect the confidentiality of the individual's and family's information;
8. Accept responsibility for the individual's safety and/or property;
9. Exercise universal precautions in the delivery of services, have the physical capability to provide the service, and provide a physician's verification statement, if requested;
10. Continue to meet all applicable service-specific standards; and
11. Operate a drug-free workplace.

When respite is provided in a private residence, the independent provider may not claim for the cost of room and board.

Limits on the Amount, Frequency, or Duration of this Service:

Respite is available only to those individuals who live with their usual non-paid caregiver(s). The term "usual non-paid caregiver" means a person who resides with the individual, is not paid to provide services, and is responsible on a 24-hour per day basis for the care and supervision of the individual. Payment for respite does not include payments made, directly or indirectly to members of the individual's immediate family, defined as parent (biological, step, or adoptive), spouse, or child (biological, step, or adopted).

Respite services cannot be used as adult/child care while the parents work or attend school.

The amount of authorized services for respite services is not determined using the objective assessment process.

Respite cannot be provided by members of the individual's immediate household.

All waiver services and providers must be prior authorized within the following guidelines:

1. The tasks and interventions to be performed to meet the needs of the individual are documented in the IPP.
 2. For respite services, a unit is defined as an hour, or if eight or more hours are provided in a calendar day, a day. Respite cannot exceed 30 days per state fiscal year;
 3. Unused respite hours are not carried over into the next waiver year; and
 4. Respite funding is available from one DHH program source only.
- Federal financial participation is not claimed for the cost of room and board.

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| <h2 style="text-align: center;">Retirement Services</h2> | <p>Note: This falls under Individual Support Options – Day and Supported Living and Provider Operated Day and Residential in 404 NAC and under CBD in 175 NAC</p> | <p>Rate: \$17.56/hour \$87.80/day Individual Daily Rate when provided as a continuous service by the provider</p> | <p>NFOCUS Service Code: 5207</p> |
| | <p>Definition:</p> | | |

Retirement services are available to individuals who are usually 62 years or older and who have chosen to end employment or participation in day habilitation services. Retirement services are also available to individuals who are 62 years or older and are no longer able to be employed or participate in day habilitation services due to physical disabilities or stamina. Retirement services are structured services consisting of day activities and residential support. Retirement services are provided in a home setting or community day activity setting and may be provided as a day service or a residential service. Retirement services may be self-directed or provider controlled. The outcome of retirement services is to treat each person with dignity and respect, and to the maximum extent possible maintain skills and abilities, and to keep the person engaged in their environment and community through optimal care and support to facilitate aging within the person's home and community.

Retirement services and supports are designed to actively stimulate, encourage and enable active participation; develop, maintain, and increase awareness of time, place, weather, persons, and things in the environment; introduce new leisure pursuits, establish new relationships; improve or maintain flexibility, mobility, and strength; develop and maintain the senses; and to maintain and build on previously learned skills.

Active supports must be furnished in a way which fosters the independence of each individual. Strategies for the delivery of active supports must be person centered and person directed to the maximum extent possible and is identified in the IPP.

Retirement services and supports may include personal care, protective oversight, and supervision as applicable to the individual when provider staff is present. Health maintenance activities, such as medication administration and treatments that are routine, stable, and predictable may be provided by medication aides and other unlicensed direct support professionals and require nurse or medical practitioner oversight of delegated activities to the extent permitted under applicable State laws. Health maintenance activities, supervision, and assistance with personal needs are provided when identified as a need and documented in the IPP.

Retirement services may be provided as a continuous or intermittent service. Continuous day service activities are provided for five or more hours per day and delivered in a non-institutional, community setting that may include people without disabilities. Retirement day settings cannot be set up or operated by a DD provider in communities where an existing community senior center or facilities geared for people who are elderly, such as an adult day care center are available. DD provider-operated retirement day settings must be made available to people without disabilities.

Continuous retirement residential supports are provided for five or more hours per day and may be provided in a supported living companion homes or provider operated residences. A supported living companion home has no more than two other individuals with developmental disabilities and is under the control and direction of the individual(s). The home or residence must be in an integrated community setting.

When retirement services are delivered in a provider operated residence, there must be staff on-site or within proximity to allow immediate on-site availability at all times to the individual receiving services, including during the individual's sleep time. Staff must be available to meet scheduled or unpredictable needs in a way that promotes maximum dignity and independence, to provide supervision, safety and security, and to provide activities to keep the person engaged in their environment.

The personal living space and belongings of others must not be utilized by others receiving retirement services. When retirement services are delivered in residences, only shared living spaces such as the living room, kitchen, bathroom, and recreational areas may be utilized, and when retirement services are delivered to two or more individuals, different residences must be utilized on a rotating basis.

Transportation into the community to shop, attend recreational and civic events, go to the senior center, adult day care center, or other community activities is a component of retirement services and is included in the rate to providers. It shall not replace transportation that is already reimbursable under the Medicaid non-emergency medical transportation program. The IPP planning team must also assure the most cost effective means of transportation, which would include public transport where available. Transportation by the provider is not intended to replace generic transportation or to be used merely for convenience.

Limits on the Amount, Frequency, or Duration of this Service:

The amount of authorized services for retirement services may not be determined using the objective assessment process.

Payments for retirement services are not made for room and board, the cost of facility maintenance, upkeep, and improvement.

Meals provided as part of retirement services and supports do not constitute a "full nutritional regimen" (3 meals per day).

Payment for retirement services does not include payments made, directly or indirectly, to members of the individual's immediate family. Immediate family is defined as a parent (biological, step, or adoptive), spouse, or child (biological, step, or adopted) of the waiver participant.

Payments will not be made for the routine care and supervision which would be expected to be provided by a family or group home provider, or for activities or supervision for which a payment is made by a source other than Medicaid.

Retirement day supports cannot duplicate or replace existing natural supports, senior centers, adult day care centers, or other community activity centers in the communities in which the person resides.

The provision of this service cannot overlap with or supplant other state or federally funded services such as, but not limited to, respite services, Vocational Rehabilitation services, residential habilitation, or Medicaid State Plan services. This service will not duplicate other services provided through this waiver.

*Retirement Services cannot be utilized for an individual receiving any habilitation services.

Team Behavioral Consultation Services

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| <p>Note: CMS approved waiver service</p> | <p>Rate: \$3,371</p> | <p>NFOCUS Service Code: TBD</p> |
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Definition:

Team behavioral consultation is on-site consultation by highly specialized teams with behavioral and psychological expertise when individuals with DD experience psychological, behavioral, or emotional instability which has been resistant to other standard habilitative interventions and strategies that have been attempted by the individual's IPP team. Sometimes in rural areas of the state, community resources, such as psychologists or psychiatrists are not readily available to consult with or participate in meetings, or have very little experience with treating individuals with DD. Team behavioral consultation service may be requested by the IPP team or directed by DDD central office and the need for the service is reflected in the IPP.

Team behavioral consultation (TBC) service includes reviewing referral information, an entrance conference, on-site observations, interviews, assessments, training to direct support staff, identification of the need for referral(s) to other services if applicable, an exit conference, report of findings and recommendations, and follow-up.

The TBC team contacts the individual's service coordinator (SC) to schedule a consultation visit and the SC submits informational packet to the TBC team for review prior to the scheduled visit.

The on-site consultation begins with an initial meeting of the IPP team – the individual, legal representative and/or parent, service coordinator, staff from habilitation service components delivered to the person (day services, residential services), or both day and residential services), other professionals serving the person in the community, as well as TBC service staff.

The TBC service is provided under the direction of a Licensed Clinical Psychologist, and may include the following members, depending upon the individual's needs: a Certified Master of Social Work, a Registered nurse, a licensed mental health practitioner, or other qualified professionals. This meeting is designed to further explore the negative behavior and plan the schedule for the on-site consultation.

Observations where the Individual lives, and/or takes part in day services or other activities are conducted at any time of the day or night, depending upon when and where the specific negative behaviors are exhibited. IPP team members are interviewed, and assessments are completed. The current interventions are noted and efficacy assessed. Behavioral interventions are developed, piloted, and evaluated, as necessary. Training is delivered to the IPP team as applicable and requested, such as best practices in intervention strategies, medical and psychological conditions, or environmental impact to service delivery.

Findings and recommendations are written and discussed with the team at the exit conference and a copy is provided to DDD central office. The individual is present for the consultation.

If at any time the TBC team identifies a need for a referral as a result of the review of the individual case file, observations, interviews, and/or completion of

assessments, the TBC will notify the individual's DDD service coordinator to recommend/direct that a referral be made for needs such as, but not limited to a medication review, dental work, medical evaluation, or a physical nutritional evaluation. Such referral recommendations are documented in the TBC report. Follow-up begins after the TBC staff has left the community site. It includes all revisions to the recommendations package, and phone, e-mail, and on-site contact with the individual's IPP team in the community. Weekly contact with the IPP team is conducted by telephone or e-mail to provide support and additional recommendations, as needed. Behavioral data, treatment integrity checklists, or similar performance assessments are reviewed on an on-going basis, with on-site follow-up conducted if problem behaviors continue to be resistant in spite of consistently applied efforts. Continued follow-up is provided after each successive on-site visit. The TBC file is closed when there is agreement to do so by TBC staff and the individual's IPP team.

The recommendations from the TBC service provider for addressing behaviors and intervention strategies must be addressed by the individual's IPP team and changes resulting from the recommendations are documented in the IPP.

Approval Process:

The service begins with submission of a referral to DDD central office to log and forward to the assigned TBC team.

Provider Qualifications and Standards:

Staff or agencies that provide a service for which a license, certification, or registration, or other credential is required must hold the license, certification, registration, or credential in accordance with applicable state laws and regulations.

The provider must meet the following:

1. Be a DDD approved HCBS waiver provider;
2. Be a Nebraska approved Medicaid provider;
3. Be approved by DHHS to provide team behavioral consultation;
4. Offer team behavioral consultation service on a statewide basis;
5. Have inpatient hospital or ICF beds available for use as needed;
6. Have experience offering team behavioral consultation;
7. Not provide TBC in cases where the provider or subcontracted provider is also the habilitation provider; and
8. Have on staff or under contract a psychologist, medical staff, and other professionals as needed.

Scope and Limitations:

Team behavioral consultation is only available to individuals receiving services from a certified DD agency provider.

Team Behavioral consultation is not available for an individual when the Team Behavioral Consultation provider is the only specialized service provider for that individual.

TBC will not be available to individuals that receive behavioral risk services or retirement services.

TBC services will not be furnished to an individual while s/he is an inpatient of a hospital, nursing facility, or ICF. Room and board is not included as a cost that is reimbursed under this service.

To avoid overlap or duplication of service, team behavioral consultation services are limited to those services not already covered under the Medicaid State Plan or which can be procured from other formal or informal resources such as IDEA or Rehab act of 1973. Furthermore, TBC services will not duplicate other services provided through this waiver.

A unit of team behavioral consultation is defined as a day.

The authorized amount of team behavioral consultation is not determined using the objective assessment process.

General Billing Rules

1. Services and supports must be delivered as documented in each individual's person-centered plan, which may also be referred to as a service plan, Individual Program Plan (IPP), or Individual and Family Support Plan (IFSP), hereafter referred to as IPP. The type and amount of service and/or support, the location and schedule for delivery of the services and/or supports, and the person or agency responsible for the delivery of the service and/or support must be documented in the IPP.
2. Services billed must be provided in accordance with all regulatory and contract requirements.
3. Agency staff activities that can be claimed (billable):
 - a. Habilitation training and direct support of ongoing service needs as specified in the person's current IPP;
 - b. Individualized job development and support on behalf of the individual as specified in the person's current IPP;
 - c. Attendance and participation at the person's interdisciplinary team meetings; and
 - d. Documentation of information supporting the agency staffs' performance of activities that are specified in the person's current IPP.
4. Agency Staff activities that cannot be claimed (are not billable):
 - a. Staff meetings, agency-wide staff training, habilitation plan/training program research and development, supervisory/administrative activities, staff paid leave time, ancillary support activities not involving the participation of the individual (e.g. shopping for supplies, building cleaning, maintenance, etc.);
 - b. Any time periods where other paid services (e.g. Personal Assistance Services, Speech Therapy, Physical Therapy, Counseling/Therapy sessions, etc.) are provided concurrently;
 - c. For a child (person under 21 years of age), time periods the child is to be attending school – 8:00 a.m. to 3:00 p.m. or the operational hours of the school;
 - d. Paid staff time providing only general care and supervision to the person during the delivery of Supported services.
5. Provider's need to keep records in accordance with 404 NAC 4-004.09A and any contract requirements.
6. Day Rate must include a minimum of 4 hours per 16 hours of assisted services 7 days a week in order to be billable as one daily unit. The individual must have only one provider for both day and residential services.
7. Residential Services
 - a. Eight hours of overnight staffing are not billable. When continuously awake overnight staff is required the need, rationale, and expectations must be included in the individual's current IPP and DDD central office approval is needed for payment for overnight services.
 - b. The staffing for individuals receiving assisted residential habilitation services must be maintained during the times that the individual is under assigned supervision of the provider, unless the individual's needs justify otherwise, as determined by the individual's team and approved by DDD central office.