

Attachment A to the FY 16-17 General Services Contract



State of Nebraska
Department of Health and Human Services
Division of Developmental Disabilities

Specialized Service Provider Guidance to:

Authorizations
Billing Guidelines
Service Definitions
Claims Processing

Effective July 1, 2016

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Section I – Introduction Division of Developmental Disabilities

The Division of Developmental Disabilities (DDD) is within the Nebraska Department of Health and Human Services. DDD is responsible for the system of supports in Nebraska for persons eligible for developmental disability services. DDD provides the funding for services and oversight of specialized community-based providers.

Throughout this guide, any reference to “an individual” means an individual receiving services/supports funded through the Division of Developmental Disabilities.

Services funded through the Division of Developmental Disabilities include:

- Service Coordination – assisting the individual/guardian and their family to develop person-centered plans for meeting the individual’s needs and personal goals.
- Day Habilitation - these services may be integrated in the community at large or provided at a provider operated location. These may include:
 - Vocational Planning, Integrated Community Employment, Workstation and Day Habilitation – training and supports designed to assist in becoming employed. Services may range from teaching job skills prior to becoming employed, assisting in acquiring a job, and supporting a person in a community integrated job.
 - Day Habilitation (for adults), Day Habilitation (for children), and Retirement services and support to provide opportunities during the day that are not vocationally based for adults, children and older adults who may prefer retirement activities.
- Residential Habilitation – these services may be provided in the individual’s own home, the family home or at a provider operated home. All must be integrated in the community at large. These may include:
 - Companion Home, In-Home, Extended Family Home (EFH), Group Home and Retirement – training and supports designed to assist the individual in acquiring independent living skills.
- Respite – services to provide occasional relief to a non-paid caregiver that lives with the individual receiving services.

There are specific eligibility requirements an individual must meet in order to be eligible for services through the Division of Developmental Disabilities. Eligibility is determined by DDD staff and funding is not authorized until eligibility is determined. Additionally, the amount of funding for services that a person is eligible for is determined by the objective assessment process which determines the individual’s abilities and needs. Currently in Nebraska, individuals who have been determined eligible may receive day/vocational services once they’ve completed the school year, at a Nebraska high school, in which they turn age 21. In certain situations, individuals may be eligible for other services such as residential habilitation services and respite services. Funding is authorized by DDD staff.

In addition, individuals must make every effort to become eligible and maintain eligibility for the Medicaid Waiver applicable for the funding that has been offered to the individual. This includes, but is not limited to, remaining in school with an active Individualized Education Plan (IEP) until the end of

the school year in which the individual turns 21 years of age, ensuring an annual physical is completed and maintaining financial eligibility for Medicaid.

Each individual receiving services through the Division of Developmental Disabilities is required to apply for and accept any federal and state benefits they may be eligible for (i.e. Social Security benefits, Medicaid benefits), and complete a financial assessment that determines their ability to pay (ATP) for the cost of the services received. For youth under age 19, the parents' (biological or adoptive) ability to pay must be assessed. The ATP is payable by the individual (or their parents/guardian) directly to the Department of Health and Human Services. Individuals may also have a share of cost (SOC) to be eligible for Medicaid. The SOC is assigned to the provider that provides the mostly costly service and that amount is deducted from the provider's monthly reimbursement. The provider is then responsible for collecting the SOC amount from the individual/guardian.

Section II - Service Authorization

DDD utilizes a web-based electronic case management system called Therap Services, LLC (Therap). Service authorizations are completed by Service Coordination in Therap then entered into NFOCUS. The Service Coordinator will send the approved service authorization to the specialized provider and the provider should review the service authorization for accuracy before acknowledging.

If the service authorization is inaccurate, the provider should contact the Service Coordinator for revisions. If accurate, acknowledge the service authorization for the authorization to be activated. The service authorization is not complete and cannot be billed towards until the provider has acknowledged it.

Step by step instructions, including screen shots, for receiving and acknowledging a Service Authorizations may be found at: <http://www.therapservices.net/nebraska/>.

Section III – Billing Guidelines for Specialized DD Services

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 Support Plan (ISP), 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.

Services billed must be provided in accordance with all statutory, regulatory, and contract requirements and in accordance with the approved Home and Community Based Services (HCBS) Medicaid Waivers.

Payments by DDD are not made for room and board, the cost of facility maintenance, upkeep and improvement. When applicable, room and board is the responsibility of the individual and is paid directly to the provider. If services are provided in a provider owned and controlled setting, the provider is responsible for the cost of home and service location maintenance, upkeep and improvement.

A specialized provider will only bill for days/hours when the individual is present and receiving habilitative services/supports. There will no longer be “leave days” or “therapeutic days”. The only days which should be noted on a submitted claim is when an individual may be in the hospital (admitted) and the provider has approval to provide habilitative supports when the individual is hospitalized. The provider will indicate “Hospital Leave” as outlined below.

Continuous Services:

Continuous Services imply that a staff person is available when the individual is present. An individual is not necessarily prevented from having independent/alone time, but during that time staff are expected to respond and be available if needed. The team must ensure that the individual is safe and has the ability to obtain staff assistance independently if needed; this should be documented in the IPP and be based on assessments or demonstrated skills. Daily rates are available for day and residential services if the person receives that service for four or more hours (four hours of day services or four hours of residential services). An individual’s overall ICAP score determines the support level (rate) for which the provider will bill. The attached rate matrix (appendix A) allows Service Coordinators to determine how to authorize continuous services for an individual. Services may not be provided or billed outside of the support level the individual falls into on the rate matrix unless an exception has been made by the DDD Deputy Director, or designee, to add funding to the individual’s budget to account for an increase in services/supports.

Continuous day services are expected to be available for no less than seven hours per day. Continuous residential services are expected to be available for no less than eleven hours with six hours of overnight. Generally, residential services will begin at 6:00 am each day. Generally, day services are provided between the hours of 7:00 am and 5:00 pm.

Hourly rates are also available for times when the individual might be in that service a portion of the day but not a full four hours. An hour of service equates to one clock hour. Services may be billed in half and quarter hours (.25, .50, and .75).

Service Coordination will authorize individuals who utilize continuous services for both a daily and hourly rate in accordance with the needs of the individual and the plan developed by the IPP team. Should an individual not anticipate the need for hourly services throughout the year, one day of daily rate service will be converted to hourly services in anticipation of an unplanned utilization of hourly services. This will allow providers to be “pre-authorized” for an hourly rate in the event that there is a need without over-authorizing services beyond the individual’s budget. The Service Coordinator will then make adjustments throughout the budget year as needed.

Examples: Group Home, EFH, Companion Home, Day Habilitation, and Workstation

Intermittent Services:

Intermittent Services imply that that staff support is provided as needed. Intermittent services are authorized in accordance with the needs and preferences of the individual, but cannot exceed the annual Individual Budget Amount. An individual may be independent in many regards, but need staff support to provide teaching/training in regards to specific skills. There are only hourly rates for this service and it is not dependent on what support level the individual falls into on the rate matrix. An hour of service equates to one clock hour. Services may be billed in half and quarter hours (.25, .50, and .75).

Examples: In-Home Habilitation, Vocational Planning, Integrated Community Employment and in some cases, Companion Home (the old ‘supported residential’)

When providing continuous and intermittent services to the same individual:

1. An individual CAN have continuous residential and intermittent day occurring on the same day (or vice versa).
2. They CANNOT use continuous residential AND intermittent residential on the SAME day IF the provider is going to bill the daily rate for residential services.
3. They CANNOT use continuous day AND intermittent day on the SAME day IF the provider is going to bill the daily rate for day services.
4. If they use both continuous day and continuous residential on any given day, they CANNOT use a non-specialized supports in addition as there will not be funding available in their budget to accomplish this.

Exceptions to the Individual Budget Amount:

Exceptions may be requested utilizing the approved "Request for Exception to the IBA" form available from the specialized provider website. Instructions on how to complete the form are also available along with a flow-chart explaining how exceptions are requested and entered into Therap. All exceptions to the IBA (to add dollars to an individual's budget to provide additional support) must be prior approved by the DDD Deputy Director, or designee. Exceptions may be time limited and documentation and rationale must be provided before a request will be considered. DDD requires clinical assessment or documentation to justify that an individual's budget amount is insufficient to meet their needs.

Billable activities:

1. Habilitation training provided and direct support of ongoing service needs as specified in the person's current IPP;
2. Individualized job development and support on behalf of the individual as specified in the person's current IPP;
3. Attendance and participation at the person's interdisciplinary team meetings;
4. Documentation of information supporting the agency staffs' performance of activities that are specified in the person's current IPP; and
5. For days when an individual might be hospitalized but also received services prior to admission or after discharge, the services must be claimed at the hourly rate. Daily rates do not apply on days when an individual is either admitted to or discharged from the hospital. A maximum of seven (7) hours per day is allowable for the days an individual is hospitalized.
6. Time when an individual is transported by a provider may be billed.

Unbillable Activities:

1. 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.);
2. Any time periods where other paid services (e.g., Personal Assistance Services, Speech Therapy, Physical Therapy, Counseling/Therapy sessions, etc.) are provided concurrently in a provider owned and controlled location.
3. For a child (individual under 21 years of age), time periods the child is to be attending school – generally 8:00 a.m. to 3:00 p.m. or the operational hours of the school.
4. Paid staff time providing only general care and supervision to the person during the delivery of continuous services.
5. If an individual's IPP identifies a specialized provider as being the party responsible for assisting the individual to schedule and attend an annual physical examination and that individual loses or has a gap in their waiver eligibility due to an expired annual physical examination, then the federal matching funds that are unable to be acquired by the DDD will be reduced from the provider payment until the individual becomes waiver eligible.

6. Payment for services cannot go, directly or indirectly, to members of the individual's immediate family or to their guardian. Immediate family is defined as a parent (biological, step, or adoptive), spouse, or child (biological, step, or adopted).

Record Keeping/Documentation:

Providers are required to keep records in accordance with 404 NAC 4-004.09A and any contract requirements. At a minimum documentation must include:

1. For continuous services a daily record of attendance for each individual receiving services must be maintained. This record should include the total hours attended including transportation if the provider is claiming that time. Lack of appropriate documentation may result in funds being recouped for times when service provision/attendance cannot be confirmed via documentation.
2. For intermittent services a record of the actual time an individual is served must be maintained. Lack of appropriate documentation may result in funds being recouped for times when service provision/attendance cannot be confirmed via documentation.
3. Data related to the habilitation and supports provided for each individual receiving services must be maintained. Lack of appropriate documentation may result in funds being recouped for times when habilitation cannot be confirmed via documentation.
4. Staff time/pay records including: employee name, dates and time periods worked, individuals served, work activities engaged in if not providing the direct services as outlined in the IPP, and signature of staff and supervisor.

Service Requirements:

Day Services

1. Generally, day services are provided between 7:00 am and 5:00 pm, Monday – Friday. Knowing that individuals may have weekend or evening jobs which require supports from a specialized provider, the IPP team should identify and document any special circumstances.
2. The time when an individual is transported by a provider may be billed. The individual must be with the provider staff in order for transportation time to be claimed. For instance, if a provider leaves a provider setting to pick up an individual they may not bill for that time; as soon as the individual enters the vehicle with the staff to the time when the individual is dropped off at their service delivery site, that time may be billed. The provider should document transportation time if the provider chooses to bill for this time.
3. For continuous day services, if the individual is present and served for more than four hours, the provider will bill at the daily rate for day services in accordance with the identified service level for the individual, unless there is an approved exception. The hourly rate is only claimed if the individual is present for fewer than four hours or is absent part of the day due to a hospitalization.
4. Intermittent day services are only billed at the hourly rate. An hour of service equates to one clock hour. Services may be billed in half and quarter hours (.25, .50, and .75).
5. Continuous day services are expected to be available for no less than seven hours per day. Providers that opt to provide only four hours per day of continuous day services in order to bill the daily rate will be out of compliance with this guidance and may be found to be in breach of

the General Services Contract between DHHS – DDD and the provider agency. The duration for which an individual attends any given service will be determined by their identified outcomes and needs as documented in the IPP; the team will be responsible for determining and documenting the frequency, i.e. days of the week and hours each day, etc., of the service and the type of habilitation that will occur. In addition, the IPP will identify the type and intensity of supervision that shall occur while the individual is receiving services.

Residential Services

1. Continuous residential services are expected to be available for no less than eleven hours with six hours of overnight. Generally, for the purposes of residential services each new day will begin at 6:00 am.
2. The IPP will identify the type and intensity of supervision that shall occur while the individual is receiving residential services. Should the team believe awake overnight staff is required for an individual the need, rationale, and expectations must be included in the individual's current IPP and DDD Central Office prior approval is required for payment for overnight awake residential services.
3. Staff must be available when the individual is present in a continuous residential setting. An individual is not necessarily prevented from having independent/alone time, but during that time staff are expected to respond and be available if needed. The team must ensure that the individual is safe and has the ability to obtain staff assistance independently if needed; this should be documented in the IPP and be based on assessments or demonstrated skills.
4. If an individual is served residentially in an Extended Family Home (EFH), group home or continuous companion home, providers may now bill for weekend days, when the individual is ill and cannot/should not attend day services, if the day service is closed in observation of a holiday, or if during a regular school year a child is unable to attend school due to it not being in session. The individual must receive habilitation during these times and those habilitative programs should be identified in the IPP, and the provider must document the habilitation provided. The habilitation may be recreational, vocational or residential, in nature depending on the individual's preferences and needs.
 - a. If the provider serves an individual for both day and residential services, then the provider would utilize the authorized daily or hourly rates for day services and residential services.
 - b. If the individual receives day services from a different provider than they receive residential services, then the residential provider will bill the appropriate daily or hourly rate for day services on weekend days.
 - c. In either of the above (a or b), should the amount of billable hours per week exceed 35 hours, the provider will bill using the Supplemental Residential Payment for Day Habilitation, Code 5606, otherwise the appropriate Day Habilitation Service Code will be used. Payment for Code 5606 will be 48.15% of the current rate for Day Habilitation.

Hospital Leave and Billing on Days of Hospital Admittance/Discharge

1. Any habilitation services provided to an individual during a hospitalization must be approved by the DDD Deputy Director, or designee. The provider must request the ability to bill during a hospitalization within 48 hours of initial hospitalization. The request should be made to: DHHS.DDExceptions@nebraska.gov with a copy to the individual's Service Coordinator and their supervisor.

2. Providers will note on their billing documents that the service provided during this time as “hospital leave” or “HL” on the submitted claim.
3. For days when an individual might be hospitalized but also received continuous services prior to admission or after discharge, the services must be claimed at the hourly rate. Daily rates for the service type do not apply for the service that is being provided at the time the individual is either admitted to or discharged from the hospital. For instance, an individual wakes up at 6:00 am and the provider supports the person for two hours residentially prior to going to attending day services. The individual attends a full day of day services but an incident occurs at 8:00 pm which results in being admitted to the hospital. The provider would bill the daily rate for the day services provided and five hours of residential services. If the individual was hospitalized at 10:00 am, then the provider would bill two hours of residential services and two hours of day services. A maximum of seven (7) hours per day at the hourly rate is allowable for the days an individual is hospitalized.

Section IV – Service Definitions

Day Habilitation Services

Intermittent:

- Integrated Community Employment – Adult and Child (child, summer only) – 3227
- Vocational Planning – Adult and child (child, summer only) – 3728

Continuous:

- Adult Day Habilitation – 7090
- Child Day Habilitation (summer only) – 2139
- Workstation Habilitation Services – Adult and child (child, summer only) – 2566

Integrated Community Employment - 3227

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 service 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 service 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 provider owned and controlled fixed site day habilitation. 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.

Everyone will receive the following services:

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 service plan.

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. The cost of this transportation is included in the rate paid to providers of the appropriate type of habilitation services.

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.).

Federal financial participation is not claimed for 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

Limits on the amount, frequency, or duration of this service:

- The amount of authorized services is the individual's approved annual budget and is provided based on the individual's preferences to the extent possible, and as documented in the service plan.
- This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.
- 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.
- Children between the ages of 18-21 years may only utilize this service during the summer when school is not in session.
- DDD will not authorize developmental disabilities services for the hours the child is attending school or in a vocational rehabilitation program. Regular school hours and days apply for a child who receives home schooling.

Vocational Planning Habilitation Services – 3728

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 service 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 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 service plan and delivered based on the service plan.

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.).

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 facility in the areas where other individuals are receiving continuous day 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, apprenticing, interning, 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:

- The amount of authorized services is the individual's approved annual budget and is provided based on the individual's preferences to the extent possible, and as documented in the service plan.
- This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.
- 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.
- Children between the ages of 18-21 years may only utilize this service during the summer when school is not in session.
- DDD will not authorize developmental disabilities services for the hours the child is attending school or in a vocational rehabilitation program. Regular school hours and days apply for a child who receives home schooling.

Adult Day Habilitation Services – 7090

Day habilitation services are formalized training and staff supports that take place in a non-residential setting separate from the individual's private residence or other residential living arrangement. Day Habilitation services are scheduled activities, formalized training, and staff supports for the acquisition,

retention, or improvement in self-help, behavioral, and adaptive skills that enhance social development and develop skills in performing activities of daily living, community living and employment. Day habilitation services may be prevocational in nature or may be provided to individuals not currently seeking to join the general work force. Activities and environments are designed to foster the acquisition of skills, building positive social behavior and interpersonal competence, greater independence, and personal choice necessary to participate successfully in community living.

Day Habilitation may be delivered in integrated community settings or in provider owned and operated settings. Staff support is continuous, that is staff are present at all times the individual is present. The provider may operate a location where individuals come to check-in prior to participating in integrated activities and/or to participate from a variety of daily activities, some which may be prevocational in nature or related to greater community living. Provider owned and controlled settings may also allow for individuals who are experiencing short-term medical or behavioral crisis a location to participate in activities that are outside the residence.

Prevocational activities prepare an individual for paid or unpaid work experiences and competitive employment. When compensated, individuals may be 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.

The activities, services, supports, and strategies are documented in the service plan, and the frequency and duration for which the services are delivered will be based on the IPP. Day 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 service plan. 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. In addition, the intensity of supervision will also be outlined in the IPP.

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 service plan.

For individuals with degenerative conditions, Day Habilitation services may include training and supports designed to maintain skills and functioning and to prevent or slow regression, rather than acquiring new skills or improving existing skills. 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 service plan. 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.).

Individuals that choose Day Habilitation may also choose Community Living and Day Supports, but these services may not be billed during the same period of the day.

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 the individual's approved annual budget and is provided based on the individual's preferences to the extent possible, and as documented in the service plan.
- This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.

Child Day Habilitation Services - 2139

Day habilitation services are formalized training and staff supports that take place in a non-residential setting separate from the individual's private residence or other residential living arrangement. Day Habilitation services only take place during times when a child is not attending school due to school not being in session (i.e., summer breaks and/or scheduled school holidays, in-service days, etc.). These services are scheduled activities, formalized training, and staff supports for the acquisition, retention, or improvement in self-help, behavioral, and adaptive skills that enhance social development and develop skills in performing activities of daily living, community living and employment. Day habilitation services may be prevocational in nature or may be provided to individuals not currently seeking to join the general work force. Activities and environments are designed to foster the acquisition of skills, building positive social behavior and interpersonal competence, greater independence, and personal choice necessary to participate successfully in community living.

Day Habilitation may be delivered in integrated community settings or in provider owned and operated settings. Staff support is continuous, that is staff are present at all times the individual is present. The provider may operate a location where individuals come to check-in prior to participating in integrated activities and/or to participate from a variety of daily activities, some which may be prevocational in nature or related to greater community living. Provider owned and controlled settings may also allow for individuals who are experiencing short-term medical or behavioral crisis a location to participate in activities that are outside the residence.

Prevocational activities prepare an individual for paid or unpaid work experiences and competitive employment. When compensated, individuals may be 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.

The activities, services, supports, and strategies are documented in the service plan, and the frequency and duration for which the services are delivered will be based on the IPP. Day 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 service plan. 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. In addition, the intensity of supervision will also be outlined in the IPP.

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 service plan.

For individuals with degenerative conditions, Day Habilitation services may include training and supports designed to maintain skills and functioning and to prevent or slow regression, rather than acquiring new skills or improving existing skills. 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 service plan. 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.).

Individuals that choose Day Habilitation may also choose Community Living and Day Supports, but these services may not be billed during the same period of the day.

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 the individual's approved annual budget and is provided based on the individual's preferences to the extent possible, and as documented in the service plan.
- This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.
- DDD will not authorize developmental disabilities services for the hours the child is attending school or in a vocational rehabilitation program. Regular school hours and days apply for a child who receives home schooling.
- Day habilitation services are provided to individuals not currently seeking to join the general work force or participate in Vocational Planning services, Workstation Habilitation services, or Integrated Community Employment Supports – Individual Employment Support. Day Habilitation services do not provide payment of services that are vocational in nature.

Workstation Habilitation Services – 2566

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. Discreet 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 service plan. The habilitative services, supports, and strategies are documented in the IPP and delivered based on the service plan.

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.

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.).

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 the individual's approved annual budget and is provided based on the individual's preferences to the extent possible, and as documented in the service plan.
- Children between the ages of 18-21 years may only utilize this service during the summer when school is not in session.
- If a child receives this service, DDD will not authorize developmental disabilities services for the hours a child is attending school or in a vocational rehabilitation program. Regular school hours and days apply for a child who receives home schooling.

- This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.

Residential Habilitation Services

Intermittent:

- Companion Home – Adult and Child – 5617
- In Home – Adult and Child - 8891

Continuous:

- Companion Home – Adult and Child - 5617
- Extended Family Home – Adult and Child - 4596
- Group Home – Adult and Child - 4566

Companion Home Residential Habilitation - 5617

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 service plan.

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 choose 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.

For continuous companion home residential habilitation services, the provider staff must be present and awake during the times that individuals are present and awake. The need for and intensity of direct staff support during overnight hours is commensurate with the needs of the individual. The need for asleep overnight staff, awake overnight staff, or no overnight staff must be documented in each individual's service plan. As applicable, the type of awake overnight supervision or assistance that is required must be documented in the individual's service plan. As applicable, when the individual does

not require overnight staff, the results of an assessment to determine skills of independence must also be recorded in the service plan.

When the provider claims for overnight awake or overnight asleep staffing, the staff 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 service plan. Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day).

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 service 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 the individual's approved annual budget and is provided based on the individual's preferences, to the extent possible, as documented in the service plan.
- This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.
- Children between the ages of 18-21 may utilize this service if they live in their own home.

In-Home Residential Habilitation - 8891

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 individual's approved annual budget and is provided based on the individual's preferences to the extent possible, and as documented in the service plan.
- 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.

Extended Family Home Residential Habilitation - 4596

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.

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 service plan.

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. Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day).

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.

Overnight staffing is built into the overnight awake and overnight asleep rate for Extended Family Home residential habilitation. 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 service plan.

Limits on the amount, frequency, or duration of this service:

- An EFH may qualify as a supported 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.
- 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 individual's approved annual budget and is provided based on the individual's preferences to the extent possible, and as documented in the service plan.
- 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.

Group Home Residential Habilitation – 4566

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.

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 service plan.

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.

Staff must be present and awake during the times that individuals are present and awake. The need for and intensity of direct staff support during overnight hours is commensurate with the needs of the individual. The need for asleep overnight staff, awake overnight staff, or no overnight staff must be documented in each individual's service plan. As applicable, the type of awake overnight supervision or assistance that is required must be documented in the individual's service plan. When the individual does not require overnight staff, the results of an assessment to determine skills of independence must also be recorded in the service plan.

When the provider claims for overnight awake or overnight asleep staffing, the staff 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 service plan.

Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day).

The method by which the cost of room and board is excluded from payment for residential habilitation is specified in Appendix I-5.

Transportation between the participant's place of residence and other service sites and places in the community is provided as a component of residential habilitation services and the cost of this transportation is included in the rate paid to providers of residential habilitation services.

Day habilitation and intensive behavioral interventions are not components of this service.

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 the individual's approved annual budget and is provided based on the individual's preferences to the extent possible, and as documented in the service plan, also called the individual and family support plan (IFSP), individual program plan (IPP), or individual support plan (ISP).
- This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.

Retirement Services

Retirement Day and Residential - 3225

Retirement services are available to individuals who are of the typical retirement age. Participants of this service have chosen to end employment or participation in day habilitation services or 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 Retirement services:

- 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.

Specialized Respite Services

Respite – 6089

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.

Limits on the amount, frequency, or duration:

- 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 cannot be provided by members of the individual's immediate household.
- 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.
- 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 individual budget year;
 3. Unused respite hours are not carried over into the next waiver year; and
 4. Respite funding is available from one DHHS program source only.
- Federal financial participation is not claimed for the cost of room and board.

Section V – Claims Processing

Please read the billing instructions carefully. Inaccurate or incomplete billing documents will cause a delay in payment as your billing document will be returned to you for revision.

Providers can only claim for services provided during the period shown on the Service Authorization.

Effective July 1, 2015, all Specialized Providers must file claims via Therap. Service Coordination will approve the claims via Therap.

In the event that the Department of Health and Human Services (DHHS) makes overpayments for any reason, the Provider agrees to repay DHHS such overpayments from monies payable under the contract or subsequent contracts or otherwise as permitted by law. Failure to repay DHHS for any overpayment is a breach of contract and cause for termination of the contract by DHHS.

Effective September 1, 2013, the Nebraska DHHS, Division of Medicaid and Long-Term Care implemented changes in the requirements for timely filing of all claims from one year to six months from the date of service. See: <http://dhhs.ne.gov/medicaid/Documents/pb1350.pdf> for additional information about the six month (180 day) timely filing requirements. No claims will be processed after the 181st day after the service was provided.

The Division has 60 days to pay providers in accordance with the Prompt Payment Act. However, it generally takes approximately 14 business days for payment to be made once a complete and accurate claim is received by DDD. The Division may request additional documentation in order to process a claim. Questions about payments that have not been received within 14 business days may be directed to DDD Central Office.