

**Nebraska Medicaid
Home and Community-
Based Services (HCBS)
Waivers**

**PARTICIPANT
HANDBOOK**

Effective
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NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

WAIVER PARTICIPANT HANDBOOK

This handbook explains what to expect when you choose to receive services from a Nebraska Medicaid Home and Community-Based Services (HCBS) Waiver. The handbook also informs you of your rights and responsibilities as a participant.

Please read this handbook and keep it. There are many things you need to know as a participant. If you have any questions about what you read, contact your Service Coordinator.

HCBS Waivers are offered by both the Division of Medicaid and Long-Term Care (MLTC) and the Division of Developmental Disabilities (DDD). When information varies based on the overseeing division, information will be given in a chart.



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TYPES OF WAIVERS

There are four Medicaid Home and Community Based-Services (HCBS) waivers available in Nebraska. These waivers provide services and supports to people who choose to live in the community rather than an institution or nursing facility.

You must qualify for and accept Medicaid to participate in a waiver.

Division of Medicaid and Long-Term Care	Division of Developmental Disabilities
<p>Aged and Disabled Waiver (AD)</p> <p>Available to aged persons and persons of all ages with disabilities who meet nursing facility level of care. This waiver provides an array of services that help people live at home or in the community.</p>	<p>Developmental Disabilities Comprehensive Services Waiver (CDD)</p> <p>Available to persons of all ages who receive DD services in the community and meet waiver level of care. These services may include day support, residential support, respite, home modifications, vehicle modifications, and personal emergency response system (PERS).</p>
<p>Traumatic Brain Injury Waiver (TBI)</p> <p>Available to people ages 18-64 with traumatic brain injury who meet nursing facility level of care. This waiver provides services at an assisted living facility in Omaha.</p>	<p>Developmental Disabilities Adult Day Waiver (DDAD)</p> <p>Available to persons ages 21 and older who receive DD services in the community and meet ICF/DD level of care. These services may include day support, respite, home modifications, vehicle modifications, and personal emergency response system (PERS).</p>

WHAT TO EXPECT

Assessment

An assessment will determine your needs.

Division of Medicaid and Long-Term Care	Division of Developmental Disabilities
<p>Needs are assessed using the nursing facility level of care criteria. A Plan of Services and Supports (POSS) is completed, to determine your need. Conversations occur with you and your team to determine how much formal support will be included in your plan.</p>	<p>Needs are assessed using the ICF/DD level of care criteria. DDD will complete the assessment to determine your need. Your assessment results are translated into your Individual Budget Amount (IBA). The IBA is your annual amount to purchase services.</p>

Arranging Services

Once you have been assessed and begin services, you will have service coordination through DHHS. You will have a Service Coordinator assigned to you to help you receive the services you want and need. Your Service Coordinator will help you plan your services. They will also help you coordinate your team.

Division of Medicaid and Long-Term Care	Division of Developmental Disabilities
<p>Team Meetings</p> <p>You decide who is on your team. It must include you and your Service Coordinator. If you have a guardian, he or she would also be at that meeting. You can invite any other family, friends, or organizations who support you.</p>	<p>Individual Supports Plan (ISP) Team</p> <p>You decide who is on your team. It must include you, your Service Coordinator, and any DD provider who works with you. If you have a guardian, he or she is also on the team. You can invite any other family, friends, or organizations who support you.</p>

After Services are in Place

Your Service Coordinator will be in contact with you to make sure you are doing well. They may call or visit you. You will set a communication plan with your Service Coordinator so you know what to expect.

Your Service Coordinator will organize planning meetings at scheduled times. Additional meetings are held when you need to change something about your services.

Division of Medicaid and Long-Term Care

Team Meeting

This meeting is in-person with your team and Service Coordinator. At this meeting your Plan of Services and Supports (POSS) is updated. Assessments are updated and services and supports to meet your needs are identified. Your goals, choices, and preferences drive your service plan. This is also when you talk about your providers and any issues you may have with them.

Division of Developmental Disabilities

Individual Family Meeting (IFM)

This meeting is between you and your Service Coordinator. If you have a guardian, he or she will also participate. At this meeting you discuss your needs and what types of services and supports can help you meet your goals.

Individual Supports Plan (ISP) Meeting

This meeting is with your ISP team. There are at least two meetings per year. One is your main planning meeting. The second is follow up to see your progress toward your goals. If your services and supports are not meeting your needs at any point in the year, any team member can call your Service Coordinator to request an additional meeting.

PERSON-CENTERED PLANNING

Person-centered planning is a way of talking about and planning for your life. It focuses on what you can do, what you want your life to be like, and who you want involved. Person-centered planning builds on your strengths and focuses on your choices and preferences. You choose what services you want, who provides the services, and how services are provided.

With person-centered planning, you choose who is invited to your meetings. These meetings develop and review your plans and goals.

Self-Directed Services

Self-Direction refers to your ability to have decision-making authority over certain services and taking direct responsibility to manage those services. Talk to your Service Coordinator about what you want to direct, and he or she will help you get started.

INFORMED CHOICE: OPTIONS IN NEBRASKA

Nebraska has many options for people who are Medicaid-eligible and need long-term services and supports. Each waiver has a set of provided services. It is important to be on the right waiver to meet your needs. You may only participate in one waiver at a time.

The **Traumatic Brain Injury (TBI) Waiver** through MLTC offers services within a specialized assisted living facility in Omaha. These services include assistance with personal care activities and activities of daily living, such as escort services to medical appointments, essential shopping, health maintenance activities, housekeeping, laundry, dining, provision of medications, personal care, and transportation.

The other three waivers provide services in a variety of community settings, often where you currently live. These are outlined in the chart on the next page for the **Aged and Disabled (AD) Waiver**, **Developmental Disabilities Comprehensive Services (CDD) Waiver**, and **Developmental Disabilities Adult Day (DDAD) Waiver**.

SERVICES OFFERED	HCBS WAIVER	Aged and Disabled (AD) Waiver	Comprehensive DD Services (CDD) Waiver	Developmental Disabilities Adult Day (DDAD) Waiver
Division Responsible for Oversight		MLTC	DDD	DDD
Adult Companion Service provides drop-in assistance to help you live in your own home.		-	Yes	Yes
Adult Day Services provide social activities, supervision, and support. (Non-habilitation)		Yes	Yes	Yes
Assisted Living Service is provided by licensed facilities for residential and support services.		Yes	-	-
Assistive Technology provides equipment to increase daily skills and independence.		Yes	Yes	Yes
Child Care for Children with Disabilities for youth through age 17 allows a usual caregiver to be employed or attend educational endeavors		Yes	-	-
Chore Service helps with personal care and household tasks so you can remain at home.		Yes	-	-
Consultative Assessment Service for adults provides assessment and recommendations for challenging behaviors.		-	Yes	Yes
Crisis Intervention Support for adults provides immediate and intensive strategies to staff that support you.		-	Yes	Yes
Day Habilitation Services includes Prevocational Services, Supported Employment, Habilitative Workshop, and Habilitative Community Inclusion.		-	Yes	Yes
Environmental Modification Assessment determines home or vehicle modifications to meet your needs.		Yes	Yes	Yes
Home Again/Transitional Services provides for non-reoccurring set-up expenses so you can move from an institution to a private home or assisted living.		Yes	Yes	Yes
Home Delivered Meals provides meals to you at your residence.		Yes	-	-
Homemaker does household activities and home care to help your usual caregiver when they are absent or unable to manage your family home.		Yes?	Yes?	Yes?
Home Modifications to your private residence to help you stay safe and do things yourself.		Yes	Yes	Yes
Independence Skills Management provides activities of daily living in your home or group setting.		Yes		-
In-Home Residential Habilitation in your private home.		-	Yes	-
Personal Emergency Response System (PERS) provides a device to call for help.		Yes	Yes	Yes
Residential Habilitation in a provider setting.		-	Yes	-
Respite Service provides relief for your usual caregiver.		Yes	Yes	Yes
Transportation provides rides to places in your community for non-medical purposes.		Yes	Yes	Yes
Vehicle Modifications to your primary vehicle to help meet your needs and keep you safe.		Yes	Yes	Yes

KNOW YOUR RIGHTS

When you are on a Medicaid HCBS Waiver, you have the following rights:

- ◆ The right to have action begin within 45 days of the date of your request for services.
- ◆ The right to receive written notice of any decision, termination, or change of previously authorized services.
- ◆ The right to file an appeal, in writing, of any decision or action and to have a fair hearing on your appeal.

KNOW YOUR RESPONSIBILITIES

When you are on a Medicaid HCBS Waiver, you have the following responsibilities:

- ◆ You must accept benefits that you are eligible to receive. This may include educational services, SSI, SSA, Nebraska Medicaid, Nebraska VR, and HCBS Waiver Services.
- ◆ You must remain eligible for all benefits that you receive. This may include completing paperwork and participating in assessments.
- ◆ You must participate in any assessments or evaluations required to maintain services.
- ◆ You must use a service at least once every 60 days to remain in the program.
- ◆ You must pay any Medicaid share of cost obligation monthly to your service provider, if informed that you have this obligation.
- ◆ If you disagree with a decision, you must appeal within 90 days of the date any Notice of Decision is received.

ABUSE, NEGLECT, & FRAUD

You deserve to be treated with respect. You have the right to feel safe from physical, emotional, mental, and verbal harm.

To Report Abuse or Neglect:

If you have reason to believe you are being abused, neglected or exploited:

- ◆ Call the 24-hour toll-free hotline at **1-800-652-1999**
- ◆ OR your local law enforcement.

Protective Services can:

- ◆ Investigate reports of abuse, neglect, and exploitation, including self-neglect;
- ◆ Provide information to the county attorney;
- ◆ Assist law enforcement in investigations; and
- ◆ Obtain court orders for involuntary services.

To Report Medicaid Fraud:

To report suspected Medicaid provider fraud:

- ◆ Call the Medicaid Fraud and Patient Abuse Unit of the attorney general's office **1-800-727-6432**
- ◆ OR email ago.medicaid.fraud@nebraska.gov

To report suspected Medicaid client fraud:

- ◆ Call the Special Investigation Unit in the Department of Health and Human Services Division of Public Health
 - ◇ Lincoln and greater Nebraska **1-402-471-9407**
 - ◇ Omaha **1-402-595-3789**
- ◆ OR email Investigations.SIU@nebraska.gov

EMERGENCY PREPAREDNESS

You can't stop emergencies and disasters from happening, but you should be ready to respond. If you are not sure how to prepare, this may be an area you can talk to your provider about.

Three things you can do:

- ◆ Talk about emergencies with your family and those who support you. Make a plan for who you would contact in an emergency and how to reach them.
- ◆ Make an emergency supply kit. Food and water are the most important. You may also want to include clothes, radio, flashlights, batteries, and first aid supplies.
- ◆ Be informed. Listen and learn about what to do during an emergency.

ADVANCE DIRECTIVES

Advanced directives are legal documents that help you tell your family, friends, and providers about your wishes for end-of-life care. Advance directive services are not included within a waiver, but you should give your waiver provider information regarding any advance directives so that they may act according to your wishes in these situations.

Living Will

This document lets people know your wishes for end-of-life care when you are unable to communicate your decisions. You can choose if you want to start or continue life-sustaining treatments.

Do-Not-Resuscitate (DNR) Declaration

This tells others that you do not want anyone to try to revive you if you stop breathing or if your heart stops. CPR will not be used if you have this.

Durable Power of Attorney for Health Care (DPOA-HC)

This names another person who will make health care decisions for you when you are not able to. You should choose someone who will follow your wishes.

APPEALS AND COMPLAINTS

There may be a time when you do not agree with a decision made by DHHS. In addition, you may think that the services you are receiving through a Medicaid HCBS Waiver program are not meeting your needs. DHHS has processes for you to file appeals and make complaints.

Appeals

You may fill out a Request for Fair Hearing form (DA-6). You can get this form from your Service Coordinator or online at:

http://dhhs.ne.gov/developmental_disabilities/Documents/DA-6.pdf

The completed form can be emailed, mailed, or brought into any local DHHS office.

An appeal hearing is a formal proceeding where your case will be reviewed by a DHHS hearing officer. The appeal will be conducted according to the Administrative Procedure Act in a manner similar to a court proceeding. You may choose to be represented by anyone you choose.

At the hearing, both sides will present evidence for the hearing officer to consider. All witnesses who testify may be asked questions by the other side and/or the hearing officer.

When the appeal hearing is over, the hearing officer will make a recommendation to the division director, who will make the final decision.

NEBRASKA Department of Health and Human Services
Division of Legal and Regulatory Services
REQUEST FOR FAIR HEARING

FOR LEGAL SERVICES USE ONLY

Local Office Worker: _____
Local Office Town: _____
Case/Social Security No.: _____
Received in Local Office (Date): _____

To the Director of the Nebraska Department of Health and Human Services, Lincoln, Nebraska

I hereby appeal the (1) _____ (Action or inaction) for _____ (Name) (Address) for _____ (Type of Aid) (4) (Name)

The undersigned, believe a State employee of Health and Human Services or another official has:
Check one: acted effectively (2) _____ (Date)
 failed to act with reasonable promptness.

(6) The reasons for this belief are as follows:

If more space is needed, PLEASE use a separate sheet of paper

I understand that I may continue to receive my current level of assistance pending my appeal decision, if my appeal is filed within ten (10) days of my notice of adverse action. I also understand that the benefits must be repaid from future assistance or reimbursed to the Department of Health and Human Services directly, if the appeal decision is not in my favor.

If you do not wish to continue your assistance pending the appeal decision, please indicate in the box below:
 Having checked this box, I understand that my assistance will be discontinued or reduced until an appeal decision is made.
Note: If the box is not checked, current level of benefits will continue.

Therefore, I appeal to the Director of the Department of Health and Human Services for review of this matter, and a hearing, if necessary, in accordance with the law.

(Signature of Applicant) (Date)
(Street address or P.O. Box number)
(City, State, Zipcode) (Telephone number)

DA-6 Rev. 3/17 (4/2021)

Complaints

Division of Medicaid and Long-Term Care

If you have a concern about your provider, you should first contact your assigned Service Coordinator.

Complaints about the provision of waiver services or services coordination should be made by:

- ◆ Calling toll-free at: **1-800-358-8802.**

Division of Developmental Disabilities

If you have a concern about the DD services that you are receiving, you should first contact your assigned Service Coordinator.

Complaints about the provision of waiver services or service coordination can be made by:

- ◆ Calling toll-free: **1-877-667-6266;**
- ◆ OR emailing dhhs.ddcbsqi@nebraska.gov;
- ◆ OR using the complaint form found at: http://dhhs.ne.gov/developmental_disabilities/Pages/aDDIF.aspx

OTHER MEDICAID SERVICES

In addition to services provided under home and community-based waivers, there are other Medicaid-funded benefits and services for which you may be eligible.

A partial list of Medicaid-funded benefits and services that may meet your needs includes:

- ◆ Durable medical equipment, orthotics, prosthetics, medical supplies
- ◆ Family planning services
- ◆ Home health agency services
- ◆ Hospice services
- ◆ Medical transportation services
- ◆ Nutrition Services
- ◆ Personal assistance services (PAS)
- ◆ Private-duty nursing services
- ◆ Physical/Occupational Therapy
- ◆ Behavioral Health Services

Talk to your Service Coordinator to find out more about these benefits and services.



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