Division of Developmental Disabilities
Medicaid HCBS Waiver for DD Transition
FAQs

TRANSPORTATION:

Q **When and individual receives Residential Habilitation, who is responsible for transporting them to their vocational programming during the day?**

A The cost of transportation to and from the residential setting is built into the Residential Rate. Therefore, the provider of the Residential Habilitation Services is responsible.

Q **For individuals who have a Service Authorization for Transportation, can we transport more than one person at a time?**

A Yes. Each person can be billed transportation under their own service authorization. However, the shortest and most direct route to the destination is only allowed for each person. Different mileage amounts should be calculated.

Q **For someone receiving In-Home Residential, can transportation to their day services location be purchased and billed from their IBA?**

A Yes. A Service Authorization would be required and this would be bill via Therap.

Q **Is mileage only calculated when an individual is present in the vehicle? If the participant lives 3 miles from the day site, but the provider traveled 6 miles would we bill 3 or 6 miles to go pick them up and take them to their day site?**

A Mileage can only be billed when participant is present. In the situation above, 3 miles could be authorized and billed.

Q **If someone lives in an EFH (Extended Family Home) are they responsible for transporting the participant to and from their residence to the day site?**

A An EFH is a Residential Habilitation service and therefore the Agency Provider is being compensated within their reimbursement for transportation to and from the residential setting. Arrangements between an Agency Provider and Subcontractor (the EFH Home) are up to the Agency Provider.

Q **If one agency provides the Residential Habilitation and a separate agency provides the vocational/day programming, can an agreement between the providers be made for the residential provider to pay the day provider?**

A Yes. The transportation is being reimbursed within the Residential Habilitation provider's rate.

Q **If someone in Residential Habilitation, has the skills to utilize public transportation, can they use this mode of transportation to get to their day site?**

A Yes. However, the cost of the public transportation must be borne by the Residential Habilitation provider and not the participant.

Q **For an individual who is eligible to receive transportation from their IBA, will exceptions be considered if they need more than the $5,000 cap?**

A Yes. The Division will review those requests for possible alternative options and approve if it is for health, safety or access issues.

Q **If a participant is in Residential Habilitation and the nearest venue for shopping is 40 miles away, is the provider expected to provide this transportation within their existing reimbursement and not charge the client?**

A Yes. Since the participant is receiving a Waiver service (Residential Habilitation) which has a transportation factor built into the rate, additional reimbursement is not available from DDD or the participant.

15 LEAVE DAYS:

Q **If an individual in Residential Habilitation exceeds the 15 non-paid days built into the rate for not attending a day site, can the provider be compensated when they stay home for the 16th day or any thereafter?**

A No. The Division recognizes 15 days built into the rate may not be sufficient in some situations, and is hoping to address this via the current rate rebase project and future Medicaid HCBS Waiver amendments.

Q **Does the 15 non-paid days within Residential Habilitation cover snow days when attendance at day sites is impossible?**

A Yes. Any day a participant does not attend their regularly scheduled day site and remains in the residence, it would count towards the 15 days.

Q **If a participant lives in Residential Habilitation services and does not want to attend their Habilitation Workshop, can they choose to receive Habilitation Community Inclusion on that day?**

A Yes. If the participant is choosing to receive this service as part of their 35 hours of vocational programming for that week. However, the service being provided must meet the definition of Habilitative Community Inclusion.

EXCEPTION FUNDING:

Q **Can everyone who is a Level 3 or Level 6 get exception funding automatically?**

A No. Exception funding for any participant is reviewed on a case by case basis.

Q **Who makes the request to DD Central Office for Exception Funding?**

A The Service Coordinator

Q **Will exception funding be considered for an individual to receive the exact same levels of services they were receiving prior to the new HCBS Medicaid Waivers if their IBA is insufficient?**

A Yes. Service Coordinators will make the request for anyone who cannot maintain their current level of service within their IBA

Q **Is there an appeals process for a denial of exception funding?**

A Yes. A participant or their guardian may file an appeal with the Department.

Q **Is there a particular point of contact for exception requests if you have questions about the status, approval, denial or additional information to share?**

A Yes. The Service Coordinator should be the point of contact who can in turn elevate the question to the appropriate person.

Q **Is eCHAT required for anyone with an approved exception funding to include those who have exception funding solely to a lack of available budget to keep the same service array?**

A No. Provider Bulletin 17-12 was updated on 7-25-17 to remove the implementation of eCHAT. We are hoping to implement this module January 1, 2018 to allow for more in-depth planning.

Q **If we have not heard back on an Exception Request for some time, how should we handle it?**

A Contact the local Service District Administrator who can contact the Exception Funding Program Specialist in Central Office to determine status.

BILLING/RATES:

Q **Will transportation be billed in Therap?**

A Yes. When transportation is an applicable service in a participant's IBA, the Service Coordinator will do a Service Authorization in Therap and providers will bill accordingly.

Q **Can a participant choose to receive their 35 hours of vocational services/day programming any day of the week?**

A Yes

Q **How is the 60% of time in the community requirement for Habilitative Community Inclusion calculated?**

A Weekly. 60% of the hours for Habilitative Community Inclusion provided within a week (Sun-Sat) must be in the community. For participants who also receive other day services as part of their 35 hrs. that week, the 60% applies to the total number of Habilitative Community Inclusion hours, not the total 35 hrs.

Q A**n individual in the Advanced Tier, requires full-time supervision on-site that is not shared with other participants. Does this mean they get 1:1 staffing during awake hours?**

A Yes

Q **For Residential Habilitation, how many hours must be provided to use the daily rate?**

A 8

Q **Do Assistive Technology purchases come out of a participant's IBA?**

A Yes. This service has a $2,500 annual cap that is applied to a participant's IBA.

Q **With the unbundling of services, and possible utilization of Medicaid State Plan Services, are providers going to potentially bill multiple codes and sources on a daily basis?**

A Yes. Providers will need to ensure they maintain adequate record keeping to support billing for any service, regardless of the source of revenues (i.e. HCBS Waiver via Therap, directly to Medicaid for State Plan Services etc.)

Q **Is it possible to bill multiple HCBS Waiver services in a single day for vocational/day programming?**

A Yes. A participant can choose how to spend their 35 hours of vocational services in any manner and with any applicable day service code. Multiple HCBS Waiver services cannot be billed at the same time, however.

Q **Can we bill during lunch time/break time in Habilitative Workshop?**

A Yes. IF, the participant and provider are actively engaged in habilitation programming/support during the lunch hour. The definition of Habilitative Workshop includes "regularly scheduled activities, formalized training, and staff supports". The definition also states "This service also includes the provision of personal care, health maintenance and supervision". So, the basic premise is that if a participant could not be completely left alone, or leave the day site unattended, there should be a documented need within the ISP that indicates why staff's presence is needed. Examples could be: a BSP, a dining card, a staff objective to monitor and support etc…

Q **Can an individual pay a provider less than the published rate via the posted Fee Schedule?**

A Yes. A participant always has the right to negotiate, with any provider, to accept a rate that is less than the published maximum allowable rate.

Q **Will transportation to medical appointments be billed in Therap?**

A No. This is a Medicaid State Plan Service known as Non-Emergency Medical Transportation and will be done via IntelliRide. Providers must enroll with IntelliRide to provide this service.

Q **On the claim form for Medical Escort, who can sign #9?**

A The provider would sign on line #6 and the client should sign line #9 of the MS-66 Claim Form.

RESIDENTIAL HABILITATION:

Q **Can a participant in Residential Habilitation also receive Habilitative Community Inclusion?**

A Yes, but only as part of their 35 hrs. per week of vocational/day programming. Otherwise, the Residential Habilitation rate includes ensuring that a participant accesses and engages in community activities.

Q **When a Residential Habilitation providers takes participants into the community on weekends, can this be billed under Habilitative Community Inclusion?**

A No. Community inclusion is an expectation within the Residential Habilitation rate. The only possible exception would be when a participant chooses to have part of their 35 hours of vocational services on a weekend and uses this code as part of those hours.

Q **Is it possible for an EFH under subcontract with an Agency Provider to enroll as an Independent Provider and provide Habilitative Community Inclusion?**

A Yes. If a participant chooses to receive Habilitative Community Inclusion as part of their 35 hrs. per week of day programming, they can choose to have this done by an Independent Provider, which could be the residential EFH provider.

Q **In order to use the daily rate for Residential Habilitation, does the 8 hrs. include both sleep and awake time for the participant?**

A Yes. The definition of Residential Habilitation states "Residential Habilitation is paying for support to a participant 24 hours a day. The provider must be in the residence of the participants, providing service during both awake and sleep time for a minimum of 8 hours in a 24 hour period". This assumes the participant is requiring staff presence at all times and cannot be left alone. If a participant is in Residential

Habilitation but does not require 24 hour support, a different service such as In-Home Residential should be considered by the ISP team.

Q **Can a participant receive Residential Habilitation and also In-Home Residential if they go home on weekends and the parents/guardians need habilitation?**

A Yes. However if the Residential Habilitation provider used the daily rate on any given day, In Home Residential could not be used as this would be a duplication of Medicaid services in the same day.

TRANSITION PRIORITIES:

Q **Service Coordinators are saying that participants in continuous/continuous services are not a priority in holding ISP meetings….is this true?**

A No. The first priority of the Division was to transition all of the Children prior to May 31st. The second priority is anybody in continuous/continuous services. The third priority is for other participants at their Annual or Semi-Annual ISP.

Q **When do participants have to be transferred to the new service array?**

A The approved transition period under Medicaid HCBS Waivers is through 9-30-17. This is the date by which all participants must be receiving the new services.

Q **Can a participant receive both old and new services?**

A No. The participant or guardian must select a date to transition all services to the new codes.

IN-HOME RESIDENTIAL:

Q **Can an individual who is receiving In-Home Residential also receive Habilitative Community Inclusion? What if they want this service as part of their 35 hrs. of day programming?**

A Yes. The participant would need to be utilizing Habilitative Community Inclusion as part of their day services programming.

COMPANION HOME RESIDENTIAL (OLD SERVICE NAME):

Q **For participants who live in their own home and have signed the lease agreement, and the provider supports the home 24 hours per day, how will this be billed without a daily rate?**

A Residential Habilitation, using the daily rate would be applicable. Under the definition of Residential Habilitation, the term "in a provider operated group home or host home" would apply since the participant is dependent upon the agency for 24 hour supervision and supports.
(This will likely be made clearer in a future Medicaid HCBS Waiver Amendment)

FUNCTIONAL BEHAVIORAL ASSESSMENTS (FBA):

Q **Does every participant with a Behavior Support Plan need to have a FBA?**

A Yes.

Q **Who pays for FBA's?**

A A participant's Managed Care Organization (MCO) is responsible for this payment. Please see Provider Bulletin 17-15 at the following link:
http://dhhs.ne.gov/developmental_disabilities/Pages/aDDPBulletins.aspx

Q **Are there circumstances that DDD will pay for a FBA?**

A Yes. When all other sources of funding have been exhausted, the FBA could be funded under Consultative Assessment Services. A denial from the MCO would be required. MCO's will deny an authorization for a second FBA within a year or may deny if the Initial Diagnostic Interview (IDI) does not verify a need for a FBA.

ICAPs:

Q **When a new ICAP is completed, will there always be a team meeting to discuss the results prior to it being finalized?**

A No. The results of the ICAP are shared with the participant/guardian. If they feel a team meeting is necessary to discuss the results, Service Coordination will schedule one. Generally, if a participant's budget is decreasing thus reducing their purchasing power, a team meeting would be convened to discuss new services/amounts of services. However, some individuals do not fully utilize their existing budgets and it is possible the decrease, would have no effect on their current service array, and the participant/guardian does not want a meeting.

Q **Will Risk Screens also be shared with Providers similar to the actual ICAP once SC obtains a proper release of information?**

A Yes. Service Coordination staff have been instructed to release ICAP's as well as Risk Screens (if available) with a proper signed release. Any issues should be directed to the Service District Administrator.

Non-Emergency Medical Transportation:

Q **Can an EFH who is a subcontractor enroll with IntelliRide to provide this service, rather than the agency?**

A Yes. They would need to complete enrollment requirements with IntelliRide.

Q **How do we enroll to provide Non-Emergency Medical Transport?**

A Visit: http://dhhs.ne.gov/medicaid/Pages/med_providerenrollment.aspx
Scroll down and select Non-Emergency Transportation Addendum
Print/Fill out the MC-211
Submit to:

IntelliRide
2222 Cuming Street
Omaha, NE 68102-4328

Different Waivers:

Q Can a participant be on both an HCBS DD Waiver and the A&D Waiver?

A No.

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