

Appendix C: Nebraska Lifespan Comprehensive DD Waiver (4154)

C-1/: Summary of Services Covered

- a. Waiver Services Summary. List the services that are furnished under the waiver in the following table.

Service Type	Service Type
Statutory Service	Day Habilitation (old)
Statutory Service	Prevocational Services (new)
Statutory Service	Residential Habilitation (new)
Statutory Service	Respite (same)
Statutory Service	Integrated Community Employment (old)
Statutory Service	Supported Employment - Enclave (new)
Statutory Service	Supported Employment – Follow Along (new)
Statutory Service	Supported Employment – Individual (new)
Other Service	Adult Companion Service (new)
Other Service	Adult Day Services (new)
Other Service	Assistive Technology (new)
Other Service	Behavioral Risk Services (old)
Other Service	Community Living and Day Supports (CLDS) (old)
Other Service	Companion Home Residential Habilitation (old)
Other Service	Consultative Assessment Service (new)
Other Service	Crisis Intervention Support (new)
Other Service	Environmental Modification Assessment (new)
Other Service	Extended Family Home Residential Habilitation (old)
Other Service	Group home Residential Habilitation (old)
Other Service	Habilitative Child Care (old)
Other Service	Habilitative Community Inclusion (new)
Other Service	Habilitative Workshop (new)
Other Service	Home Modification (same)
Other Service	Homemaker (same)
Other Service	In-Home Residential Habilitation (same)
Other Service	Medical Risk Services (old)
Other Service	Personal Emergency Response System (new)
Other Service	Team Behavioral Consultation Services (old)
Other Service	Transitional Services (new)
Other Service	Transportation (new)

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Other Service	Vehicle Modification (new)
Other Service	Vocational Planning habilitation service (old)
Other Service	Workstation habilitation services (old)

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Service Type:

Statutory service

Alternate Service Title (if any):

DAY HABILITATION

HCBS Taxonomy:

Category 1:

04 Day Services

Sub-Category 1:

04020 day habilitation

Service is included in approved waiver. The service specifications have been modified.

Service Definition (Scope):

Day Habilitation services are formalized training and staff supports that take place in a non-residential setting separate from the participant'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, and community living. Day Habilitation services may be provided to participants that do not have a clear plan for employment and are therefore not currently seeking to join the general work force. Training 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. Participants receiving day habilitation services are integrated into the community to the greatest extent possible.

Day Habilitation may be delivered in integrated community settings or in provider owned and operated settings for a portion of the typical workday. Generally, this service is provided between the hours of 7:00 am and 5:00 pm, or can be delivered in an alternate schedule, as documented in a participant's service plan. Staff support is continuous, that is, staff are present at all times the participant is present. Continuous day services are expected to be available for no less than seven hours per day. The provider may operate a location where participants come to check-in prior to participating in integrated activities and/or to participate in a variety of daily activities related to greater community living. Provider owned and controlled settings also allow for participants who are experiencing short-term medical or behavioral crisis to participate in activities that are outside the residence.

Habilitation, or teaching and supporting, may include teaching such concepts as self-direction, attendance, task completion, problem solving, and safety. Services are generally not job-task oriented but instead are directed at improvement of basic skills such as attention span and motor skills, and not explicit employment objectives.

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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 service plan. Day Habilitation services will focus on enabling the participant 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, the services and supports may reinforce skills taught in therapy, counseling sessions, or other settings. This service also includes the provision of personal care, health maintenance activities, and protective oversight when applicable to the participant, as well as supervision. In addition, the intensity of supervision will also be outlined in the service plan.

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 participants with degenerative conditions, these 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.).

Participants that choose Day Habilitation services may also receive Community Living and Day Supports (CLDS) but these services may not be billed during the same period of the day. Daily rates are available for Day Habilitation services when the person receives this service for four or more hours. Hourly rates are also available for times when the participant might be in this 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).

When this service is not delivered continuously/consecutively for four or more hours, it must be billed at an hourly rate. CLDS can only be billed at an hourly rate on days when no daily rate is billed for Day Habilitation. When both services are provided in one workday, both Day Habilitation services and CLDS are billed in hours.

Transportation may be provided between the participant's place of residence and the habilitation (teaching and supporting) service site or between habilitation (teaching and supporting) service sites (in cases where the participant receives habilitation (teaching and supporting) services in more than one place). The cost of transportation is included in the rate paid to providers of the appropriate type of habilitation (teaching and supporting) services. The cost of transportation between other habilitation sites should be billed under those waiver services and not this service.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

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This service is only available under this waiver until May 31, 2017 and at such time this service will end and cannot be offered. Day Habilitation services offered in this waiver are available to current waiver participants only, until the waiver participant transitions to new services offered under this waiver. New waiver participants cannot choose Day Habilitation services and current waiver participants cannot choose this service at their next annual, semi-annual or special ISP meeting.

The amount of authorized services is the participant's approved annual budget and is provided based on the participant'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. Each waiver service must be prior-authorized to avoid duplicative billing with other waiver services.

Service Delivery Method (*check each that applies*):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (*check each that applies*):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications

Provider Category:

- Agency

Provider Type:

DD Agency

Provider Qualifications

License:

No license is required.

Certificate:

Certification by the Division of Public Health in accordance with applicable state laws and regulations. Neb. Rev. § 83-1201 through 83-1226 – Developmental Disabilities Services Act.

Other standard:

The DD provider agency must be a Medicaid provider, and must comply with all applicable licensure standards, Titles of the Nebraska Administrative Code, and Nebraska State Statutes.

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The DD provider agency must adhere to standards, as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.

A provider delivering direct services and supports must:

- Meet and adhere to all applicable employment standards established by the hiring agency;
- Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable or upon request:
 - Abuse, neglect, and exploitation and state law reporting requirements and prevention;
 - Cardiopulmonary resuscitation; and
 - Basic first aid;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian; and
- Not be an employee of DHHS.

The DD provider agency must have internet access in all settings that are provider operated or controlled for immediate adherence to applicable record-keeping and billing requirements.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHHS agency staff in combination with designated provider enrollment broker.

Frequency of Verification:

Direct support staff background check compliance is verified through the annual or biennial survey process. The provider enrollment broker ensures that revalidation of agency is completed every 5 years.

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Service Type:

Statutory service

Service:

Prevocational Services

Alternate Service Title (if any):

PREVOCATIONAL SERVICES

HCBS Taxonomy:

Category 1:

04 Day Services

Sub-Category 1:

04010 prevocational services

Service is not included in approved waiver.

Service Definition (Scope):

Prevocational Services are habilitative services that provide learning and work experiences, including career planning, job searching, and work experiences, where the participant can develop general, non-job-task-specific strengths and skills that contribute to future employability in paid employment in integrated community settings. Services are expected to occur over a defined period of time and with specific outcomes to be achieved, as determined by the participant and his/her service and team through an ongoing person-centered planning process. Prevocational service habilitative activities must be reflected in the participant's service plan. Services may be furnished in a variety of locations in the community.

Participants receiving prevocational services must have employment-related goals in their service plan; the general habilitation activities must be designed to support such employment goals. To be considered to be a successful outcome of prevocational services, the participant will obtain the opportunity for competitive, integrated employment in the community. Prevocational Services may include career planning to prepare the participant for, obtain, maintain or advance employment. 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. Prevocational services may involve assisting the participant 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.

Prevocational Services may include job searching designed to assist the participant (or in limited situations on behalf of the participant), to locate a job or development of a work experience. Job searching with the participant will be provided on a one to one basis to achieve the outcome of this service.

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Prevocational Services should enable each participant to attain the highest level of work in the most integrated setting and with the job matched to the participant's interests, strengths, priorities, abilities, and capabilities, while following applicable federal wage guidelines. Services are intended to develop and teach general skills that lead to competitive and integrated employment including, but not limited to: ability to communicate effectively with supervisors, co-workers and customers; generally accepted community workplace conduct and dress; ability to follow directions; ability to attend to tasks; workplace problem solving skills and strategies; general workplace safety and mobility training. Prevocational services also includes the provision of personal care and protective oversight and supervision when applicable to the participant.

Participation in prevocational services is not a required pre-requisite for Supported Employment-Individual or Supported Employment-Enclave services provided under the waiver.

Prevocational Services may be self-directed.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- This service may be authorized in combination with any, or all, of the following services in the same service plan, but not during the same time period: Adult Day Services, Supported Employment (Individual, Enclave, and Follow-Along), Habilitative Community Inclusion, and/or Habilitative Workshop. The total combined hours for these services may not exceed a weekly amount of 35 hours.
- Prevocational Services are time-limited and should not exceed 12 consecutive months. In some cases, an additional 12 months may be approved by the Division in subsequent years with submission of an approved employment plan (through vocational rehabilitation, school district, or the waiver) and upon review of active progress made the prior year on finding employment opportunities, increasing work skills, time on tasks, or other job preparedness objectives.
- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- The service is billed at an hourly unit.
- Transportation to and from the participant's private residence, or other provider setting, to the Prevocational service is not included in the reimbursement rate.
- Prevocational service shall not overlap with, supplant, or duplicate other services provided through Medicaid State plan, HCBS Waiver services, or Vocational Rehabilitation.
- This service shall exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA). This includes services not otherwise available through public education programs in the participant's local school district, including after school supervision and daytime services when school is not in session (i.e., summer breaks and/or scheduled school holidays, in-service days, etc.). Services cannot be provided during the school hours set by the local school district for the participant. Regular school hours and days apply for a child who receives home schooling.
- Effective March 1, 2017, documentation for any supported employment service must be maintained in the service coordination file for each participant receiving this service that

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the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 (Vocational Rehabilitation Services).

- Prevocational Services may be provided by a relative but not a legally responsible individual or guardian.

Service Delivery Method *(check each that applies):*

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications

Provider Category:

- Agency

Provider Type:

DD Agency

Provider Qualifications

License:

No license is required.

Certificate:

Certification by the Division of Public Health in accordance with applicable state laws and regulations. Neb. Rev. § 83-1201 through 83-1226 – Developmental Disabilities Services Act.

Other standard:

The DD provider agency must be a Medicaid provider, and must comply with all applicable licensure standards, Titles of the Nebraska Administrative Code, and Nebraska State Statutes.

The DD provider agency must adhere to standards, as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.

A provider delivering direct services and supports must:

- Meet and adhere to all applicable employment standards established by the hiring agency;
- Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable or upon request:
 - Abuse, neglect, and exploitation and state law reporting requirements and prevention;
 - Cardiopulmonary resuscitation; and
 - Basic first aid;

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- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian;
- Not be an employee of DHHS; and
- Possess a valid driver's license and insurance as required by Nebraska law, if transportation is provided.

The DD provider agency must have internet access in all settings that are provider operated or controlled for immediate adherence to applicable record-keeping and billing requirements.

Provider Specifications

Provider Category:

Individual

Provider Type:

Independent Individual – Habilitative Services

Provider Qualifications

License:

No license is required.

Certificate:

No certification is required.

Other standard:

All providers of waiver services must be a Medicaid provider as specified in the applicable Nebraska Administrative Codes.

A provider of this service must:

- Complete all provider enrollment requirements;
- Have necessary education and experience, and provide evidence upon request:
 - Have a Bachelor's degree or equivalent coursework/training in: education, psychology, social work, sociology, human services, or a related field; and/or
 - Have four or more years of professional experience in the provision of habilitative services for persons with intellectual or other developmental disabilities or in habilitative program writing and program data collection/analysis;
- Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable, or upon request:
 - Abuse, neglect, and exploitation and state law reporting requirements and prevention;
 - Cardiopulmonary resuscitation; and
 - Basic first aid;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian;
- Not be an employee of DHHS; and

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- Possess a valid driver's license and insurance as required by Nebraska law, if transportation is provided.

The provider must have internet access for immediate adherence to applicable record-keeping and billing requirements when the service is delivered in a provider setting.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHHS agency staff in combination with designated provider enrollment broker.

Frequency of Verification:

Independent provider background check compliance is completed annually and the provider enrollment broker ensures that revalidation is completed every 5 years.

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Service Type:

Statutory service

Service:

Residential Habilitation

Alternate Service Title (if any):

RESIDENTIAL HABILITATION

HCBS Taxonomy:

Category 1:

08 Home-Based Services

Sub-Category 1:

08010 home-based habilitation

Service is not included in approved waiver.

Service Definition (Scope):

Residential Habilitation service is a habilitative service that provides individually tailored supports that assist with the acquisition, retention, or improvement in skills related to living in the community. These supports include adaptive skill development, habilitative community inclusion, transportation, opportunities for practicing skills taught in therapies, counseling sessions, or other settings, and social and leisure skill development that assist the participant to reside in the most integrated setting appropriate to his/her needs.

Residential Habilitation service includes prompting and supervising the participant in completing tasks including but not limited to, activities of daily living (ADL); health maintenance; meal preparation; laundry; teaching the use of police, fire, and emergency assistance; performing routine household activities to maintain a clean and safe home; and managing personal financial affairs.

Residential Habilitation service is not a self-directed service.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- Residential Habilitation service is furnished in a provider-operated group home or host home.
- When the unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the participant receiving services, the participant has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant laws of the state, county, city, or other designated entity. When the setting in which the landlord tenant laws do not apply, a lease, residency agreement or other form of written agreement will be in place for each participant, and the

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document must provide protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.

- Medicaid payment may not be made for the cost of room and board, including the cost of building maintenance, upkeep and improvement.
- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- Residential Habilitation service is reimbursed at a daily or hourly unit rate.
- The rate tier for this service is determined based upon needs identified in the Objective Assessment Process.
- Residential Habilitation service cannot be provided in conjunction with Adult Companion Service.
- Transportation is included in the rate.
- Residential Habilitation service shall not overlap with, supplant, or duplicate other services provided through the Medicaid State Plan or HCBS Waiver service.
- Residential Habilitation is paying for support to a participant who needs support 24 hours a day. The provider must be in the residence of the participants, providing service during both awake and sleeping time for a minimum of 8 hours in a 24 hour period 12:00am - 11:59pm for the provider to be reimbursed.
- Residential Habilitation host home services may be provided by a relative but not a legally responsible individual or guardian.

Service Delivery Method *(check each that applies):*

- Participant-directed as specified in Appendix E
 Provider managed

Specify whether the service may be provided by *(check each that applies):*

- Legally Responsible Person
 Relative
 Legal Guardian

Provider Specifications

Provider Category:

- Agency

Provider Type:

DD Agency

Provider Qualifications

License:

No license is required.

Certificate:

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Certification by the Division of Public Health in accordance with applicable state laws and regulations. Neb. Rev. § 83-1201 through 83-1226 – Developmental Disabilities Services Act.

Other standard:

The DD provider agency must be a Medicaid provider, and must comply with all applicable licensure standards, Titles of the Nebraska Administrative Code, and Nebraska state statutes.

The DD provider agency must adhere to standards, as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.

A provider delivering direct services and supports must:

- Meet and adhere to all applicable employment standards established by the hiring agency;
- Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable or upon request:
 - Abuse, neglect, and exploitation and state law reporting requirements and prevention;
 - Cardiopulmonary resuscitation; and
 - Basic first aid;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian;
- Not be an employee of DHHS; and
- Possess a valid driver's license and insurance as required by Nebraska law, if transportation is provided.

The DD provider agency must have internet access in all settings that are provider operated or controlled for immediate adherence to applicable record-keeping and billing requirements.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHHS agency staff in combination with designated provider enrollment broker.

Frequency of Verification:

Direct support staff background check compliance is verified through the annual or biennial survey process. The provider enrollment broker ensures that revalidation of agency is completed every 5 years.

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Service Type:

Statutory Service

Service:

Respite

Alternate Service Title (if any):

RESPITE

HCBS Taxonomy:

Category 1:

09 Caregiver Support

Sub-Category 1:

09011 respite, out-of-home

Sub-Category 2:

09012 respite, in-home

Service is included in approved waiver. The service specifications have been modified.

Service Definition (Scope):

Respite service is a non-habilitative service that is provided to participants unable to care for themselves and is furnished on a short-term, temporary basis for relief to the usual caregiver(s) living in the same private residence as the participant. Respite includes assistance with activities of daily living (ADL), health maintenance, and supervision.

Respite services may be provided in the caregiver's home, the provider's home or in community settings.

Respite services may be self-directed.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- Respite service is reimbursed in 15 minute units or daily rate. Respite services provided in a facility setting not operated by a DD provider and approved by the Division must be reimbursed at the facility's daily rate and can only be used when all other provider options for respite are exhausted. Hourly rates are not available in non-DD facilities that provide respite because the non-DD Medicaid facilities have a per diem rate.
- Any use of respite over 9 hours within a 24-hour period must be billed as a daily rate. Use of respite under 9 hours must be billed in 15 minute units. Use of the 9 hours or total amount of 15 minute units count as actual time towards the available 360 hours per year.

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- Federal financial participation is not to be claimed for the cost of room and board except when provided as a part of respite care furnished in a facility approved by the Division that is not a private residence.
- The maximum number of hours for participants is 360 hours per annual budget year and cannot be carried over into the next annual budget year.
- Transportation from the participant's private residence to a provider's home or community setting is not included in the reimbursement rate.
- Respite services may not be provided during the same time period as other HCBS waiver services.
- Respite services may not be provided by any individual provider that lives in the same private residence as the participant, or is a legally responsible individual or guardian of the participant.
- A Respite service provider or provider staff shall not provide respite services to adults (18 years and older) and children at the same time.
- A Respite service provider or provider staff must be 19 years of age or older to provide respite services.

Service Delivery Method *(check each that applies):*

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by *(check each that applies):*

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications

Provider Category:

- Individual

Provider Type:

Independent Individual – Non-Habilitative Services

Provider Qualifications

License:

Not required.

Certificate:

Not required.

Other standard:

All providers of waiver services must be a Medicaid provider as specified in the applicable Nebraska Administrative Codes.

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A provider of this service must:

- Complete all provider enrollment requirements;
- Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable, or upon request:
 - Abuse, neglect, and exploitation and state law reporting requirements and prevention;
 - Cardiopulmonary resuscitation; and
 - Basic first aid;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian;
- Not be an employee of DHHS; and
- Possess a valid driver's license and insurance as required by Nebraska law, if transportation is provided.

The provider must have internet access for immediate adherence to applicable record-keeping and billing requirements when the service is delivered in a provider setting.

Provider Specifications

Provider Category:

Agency

Provider Type:

DD Agency

Provider Qualifications

License:

175 NAC Health Care Facilities and Services Licensure or 391 NAC Children's Services Licensing.

Certificate:

Certification by the Division of Public Health in accordance with applicable state laws and regulations. Neb. Rev. § 83-1201 through 83-1226 – Developmental Disabilities Services Act.

Other standard:

The DD provider agency must be a Medicaid provider, and must comply with all applicable licensure standards, Titles of the Nebraska Administrative Code, and Nebraska State Statutes.

The DD provider agency must adhere to standards, as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.

The DD provider agency must have internet access in all settings that are provider operated or controlled for immediate adherence to applicable record-keeping and billing requirements.

A provider delivering direct services and supports must:

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- Meet and adhere to all applicable employment standards established by the hiring agency;
- Be age 19 or older and authorized to work in the United States;
- Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable or upon request:
 - Abuse, neglect, and exploitation and state law reporting requirements and prevention;
 - Cardiopulmonary resuscitation; and
 - Basic first aid;
- Not be a legally responsible individual or guardian;
- Not be an employee of DHHS; and
- Possess a valid driver's license and insurance as required by Nebraska law, if transportation is provided.

The DD provider agency must have internet access in all settings that are provider operated or controlled for immediate adherence to applicable record-keeping and billing requirements.

Provider Specifications

Provider Category:

Agency

Provider Type:

Independent Respite Care Service Agency

Provider Qualifications

License:

175 NAC Health Care Facilities and Services Licensure.

Certificate:

Not required.

Other standard:

All providers of waiver services must be a Medicaid provider as specified in the applicable Nebraska Administrative Codes.

A provider of this service must:

- Meet and adhere to all applicable employment standards established by the hiring agency;
- Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable, or upon request:
 - Abuse, neglect, and exploitation and state law reporting requirements and prevention;
 - Cardiopulmonary resuscitation; and
 - Basic first aid;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian; and

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- Not be an employee of DHHS.

The provider must have internet access for immediate adherence to applicable record-keeping and billing requirements when the service is delivered in a provider setting.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHHS agency staff in combination with designated provider enrollment broker.

Frequency of Verification:

Direct support staff background check compliance is verified through the annual or biennial survey process. The provider enrollment broker ensures that revalidation of agency is completed every 5 years.

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Service Type:

Statutory service

Service:

Supported Employment

Alternate Service Title (if any):

INTEGRATED COMMUNITY EMPLOYMENT

HCBS Taxonomy:

Category 1:

03 Supported Employment

Sub-Category 1:

03021 ongoing supported employment, individual

Service is included in approved waiver. The service specifications have been modified.

Service Definition (Scope):

Integrated Community Employment (ICE) service is intermittent formalized training and staff supports - needed by a participant to acquire and maintain a job/position in the general workforce at or above the state's minimum wage, but not less than the customary wage and level of benefits paid by the employer of the same or similar work performed by individuals without disabilities. 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 service plan. ICE services are person-centered and team supported to address the participant's particular needs for ongoing or intermittent habilitation (teaching and supporting) throughout stabilization services and extended integrated community employment services and supports. Intermittent services imply that staff support is provided when the services and supports are needed. ICE, as an intermittent service, can only be billed in half, quarter hours, or full hour increments. An hour of service equates to one clock hour.

ICE services include habilitation (teaching and supporting) services, with activities and strategies that are outcome based and focused to sustain paid work by participants and are designed to obtain, maintain or advance employment. Intensive direct habilitation (teaching and supporting) will be designed to provide the participant with face to face instruction necessary to learn explicit work-related responsibilities and skills, as well as appropriate work behavior.

ICE services enable participants, 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 participant 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.

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ICE services are primarily provided away from the home, in a non-residential setting, during typical working hours. Generally, this service is provided between the hours of 7:00 am and 5:00 pm, or can be delivered in an alternate schedule, as documented in a participant's service plan. Discreet habilitation (teaching and supporting) during typical working hours is allowed in preparation for leaving the place where the participant lives. Intermittent face to face individualized habilitation (teaching and supporting) is provided to assist the participant in maintaining employment. Habilitation (teaching and supporting) 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 participant.

ICE services may include a customized home-based business. Habilitation (teaching and supporting) services may be delivered in a customized home based businesses and are allowed in participant directed companion homes. ICE services do not include employment in group settings such as Workstation services, enclaves, classroom settings, or provider-owned and controlled fixed site Day Habilitation settings. In addition, it does not include services provided in provider-controlled residential environments such as Group Homes or Extended Family Homes.

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

Extended ICE services are provided to participants 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 participant'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 participant in the service plan.

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

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

Appendix C: Nebraska Lifespan Comprehensive DD Waiver (4154)

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 a participant's integrated community employment services.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This service is only available under this waiver until May 31, 2017 and at such time this service will end and cannot be offered. Integrated Community Employment services offered in this waiver are available to current waiver participants only, until the waiver participant transitions to new services offered under this waiver. New waiver participants cannot choose Integrated Community Employment services and current waiver participants cannot choose this service at their next annual, semi-annual or special ISP meeting.

The amount of authorized services is the participant's approved annual budget and is provided based on the participant's preferences to the extent possible, and as documented in the service plan. Each waiver service must be prior-authorized to avoid duplicative billing with other waiver 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 participant 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 participants may participate in a home-based business at the same participant-directed companion home.

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.

Service Delivery Method (*check each that applies*):

Appendix C: Nebraska Lifespan Comprehensive DD Waiver (4154)

- Participant-directed as specified in Appendix E
 Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
 Relative
 Legal Guardian

Provider Specifications

Provider Category:

- Agency

Provider Type:

DD Agency

Provider Qualifications

License:

No license is required.

Certificate:

Certification by the Division of Public Health in accordance with applicable state laws and regulations. Neb. Rev. § 83-1201 through 83-1226 – Developmental Disabilities Services Act.

Other standard:

The DD provider agency must be a Medicaid provider, and must comply with all applicable licensure standards, Titles of the Nebraska Administrative Code, and Nebraska State Statutes.

The DD provider agency must adhere to standards, as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.

A provider delivering direct services and supports must:

- Meet and adhere to all applicable employment standards established by the hiring agency;
- Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable or upon request:
 - Abuse, neglect, and exploitation and state law reporting requirements and prevention;
 - Cardiopulmonary resuscitation; and
 - Basic first aid;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian; and
- Not be an employee of DHHS.

The DD provider agency must have internet access in all settings that are provider operated or controlled for immediate adherence to applicable record-keeping and billing requirements.

Appendix C: Nebraska Lifespan Comprehensive DD Waiver (4154)

Verification of Provider Qualifications

Entity Responsible for Verification:

DHHS agency staff in combination with designated provider enrollment broker.

Frequency of Verification:

Independent provider background check compliance is completed annually and the provider enrollment broker ensures that revalidation is completed every 5 years.

Direct support staff background check compliance is verified through the annual or biennial survey process. The provider enrollment broker ensures that revalidation of agency is completed every 5 years.

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Appendix C: Nebraska Lifespan Comprehensive DD Waiver (4154)

Service Type:

Statutory Service

Service:

Supported Employment

Alternate Service Title (if any):

SUPPORTED EMPLOYMENT–ENCLAVE

HCBS Taxonomy:

Category 1:

03 Supported Employment

Sub-Category 1:

03022 ongoing supported employment, group

Service is not included in the approved waiver.

Service Definition (Scope):

Supported Employment-Enclave are habilitative services and activities provided in regular business and industry settings for groups. Generally, participants work as a team, at a single worksite of a community business or industry, with initial training, supervision, and ongoing support provided by a specially trained on-site supervisor, who is an employee of the DD provider agency.

Supported Employment-Enclave does not include services provided in facility based work settings. Services take place at a work site of a competitive employer where a participant with a disability or a group of participants with disabilities are working and supervised by staff from the DD provider agency. The participants remain on the provider's payroll and authorization to pay a subminimum wage is based on the provider's certificate.

Examples include mobile crews and other business-based workgroups employing small groups of participants with disabilities in integrated employment in the community. The outcome of this service is sustained paid employment and work experience leading to further career development and individual integrated community-based employment for which a participant is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by people without disabilities.

Supported Employment-Enclave may include the acquisition of work skills, appropriate work behavior, and the behavioral and adaptive skills necessary to enable the participant to attain or maintain his or her maximum inclusion, and personal accomplishment in the working community. Supported Employment-Enclave may include services not specifically related to job skill training that enable the waiver participant to be successful in integrating into the job setting. Supported Employment-Enclave must be provided in a manner that promotes integration into the workplace and interaction between participants and people without disabilities in those workplaces.

Appendix C: Nebraska Lifespan Comprehensive DD Waiver (4154)

Supported Employment-Enclave is not self-directed.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- This service may be authorized in combination with any, or all, of the following services in the same service plan, but not during the same time period: Adult Day Services, Supported Employment (Individual and Follow-Along), Habilitative Community Inclusion, and/or Habilitative Workshop. The total combined hours for these services may not exceed a weekly amount of 35 hours.
- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- This service is billed at an hourly unit.
- Transportation to and from the participant's private residence, or other provider setting, to Supported Employment-Enclave is not included in the reimbursement rate.
- Supported Employment-Enclave shall not overlap with, supplant, or duplicate other services provided through Medicaid State plan, HCBS Waiver services, or Vocational Rehabilitation.
- This service shall exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA). This includes services not otherwise available through public education programs in the participant's local school district, including after school supervision and daytime services when school is not in session (i.e., summer breaks and/or scheduled school holidays, in-service days, etc.). Services cannot be provided during the school hours set by the local school district for the participant. Regular school hours and days apply for a child who receives home schooling.
- Effective March 1, 2017, documentation for any supported employment service must be maintained in the service coordination file for each participant receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 (Vocational Rehabilitation Services).
- 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 a participant's supported employment program.

Service Delivery Method (check each that applies):

Provider managed

Specify whether the service may be provided by (check each that applies):

Legally Responsible Person

Relative

Legal Guardian

Provider Specifications

Appendix C: Nebraska Lifespan Comprehensive DD Waiver (4154)

Provider Category:

Agency

Provider Type:

DD Agency

Provider Qualifications

License:

No license is required.

Certificate:

Certification by the Division of Public Health in accordance with applicable state laws and regulations. Neb. Rev. § 83-1201 through 83-1226 – Developmental Disabilities Services Act.

Other standard:

The DD provider agency must be a Medicaid provider, and must comply with all applicable licensure standards, Titles of the Nebraska Administrative Code, and Nebraska State Statutes.

The DD provider agency must adhere to standards, as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.

A provider delivering direct services and supports must:

- Meet and adhere to all applicable employment standards established by the hiring agency;
- Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable or upon request:
 - Abuse, neglect, and exploitation and state law reporting requirements and prevention;
 - Cardiopulmonary resuscitation; and
 - Basic first aid;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian; and
- Not be an employee of DHHS.

The DD provider agency must have internet access in all settings that are provider operated or controlled for immediate adherence to applicable record-keeping and billing requirements.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHHS agency staff in combination with designated provider enrollment broker.

Frequency of Verification:

Appendix C: Nebraska Lifespan Comprehensive DD Waiver (4154)

Direct support staff background check compliance is verified through the annual or biennial survey process. The provider enrollment broker ensures that revalidation of agency is completed every 5 years.

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Appendix C: Nebraska Lifespan Comprehensive DD Waiver (4154)

Service Type:

Other service

Service:

Supported Employment

Alternate Service Title (if any):

SUPPORTED EMPLOYMENT – FOLLOW ALONG

HCBS Taxonomy:

Category 1:

17 Other Services

Sub-Category 1:

03021 Ongoing Supported Employment, Individual

Service is not included in the approved waiver.

Service Definition (Scope):

Supported Employment-Follow Along are services and supports that enable a participant who is paid at or above the federal minimum wage to maintain employment in an integrated community employment setting. This service is provided for or on behalf of a participant through intermittent and occasional job support, communicating with the participant's supervisor or manager, whether in the presence of the participant or not. Supported Employment Follow Along may cover support through phone calls between provider staff and the participant's employer staff. There is regular contact and follow-up with the employer and participant to reinforce and stabilize job placement. Services must be furnished consistent with the participant's person-centered plan.

Supported Employment-Follow Along may include observation and supervision of the participant, teaching job tasks and monitoring at the work site a minimum of twice a month, to ascertain the success of the job placement and when needed, the provision of short-term job skill training at the work site to help maintain employment. Supported Employment-Follow Along staff provide facilitation of natural supports at the work site and advocate for the participant, but only with persons at the employment site (e.g., employers, co-workers, customers) and only for purposes directly related to employment.

A participant may receive Supported Employment-Follow Along for working in an integrated community work environment where at least 51% of other employees who work around the participant do not have disabilities.

Supported Employment-Follow Along Services may be self-directed.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

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- This service may be authorized in combination with any, or all, of the following services in the same service plan, but not during the same time period: Adult Day Services, Habilitative Community Inclusion, and/or Habilitative Workshop. The total combined hours for these services and Supported Employment-Follow Along may not exceed a weekly amount of 35 hours.
- Supported Employment-Follow Along does not include activities taking place in a group, i.e. work crews or enclaves; public relations; community education; in-service meetings; individual staff development; department meetings; or any other activities that are non-participant specific, such as a job coach working the job instead of the participant.
- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- Supported Employment-Follow Along is billed in 15 minute units for up to 100 units annually.
- Transportation to and from the participant's private residence, or other provider setting, to the Supported Employment-Follow Along is not included in the reimbursement rate.
- This service shall not overlap with, supplant, or duplicate other services provided through Medicaid State plan, HCBS Waiver services, or Vocational Rehabilitation.
- This service shall exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA). This includes services not otherwise available through public education programs in the participant's local school district, including after school supervision and daytime services when school is not in session (i.e., summer breaks and/or scheduled school holidays, in-service days, etc.). Services cannot be provided during the school hours set by the local school district for the participant. Regular school hours and days apply for a child who receives home schooling.
- Effective March 1, 2017, documentation for any supported employment service must be maintained in the service coordination file for each participant receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 (Vocational Rehabilitation Services).
- Supported Employment-Follow Along may be provided by a relative but not a legally responsible individual or guardian.
- A Supported Employment-Follow Along service provider or provider staff must be 19 years of age or older to provide services.

Service Delivery Method *(check each that applies):*

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications

Provider Category:

Appendix C: Nebraska Lifespan Comprehensive DD Waiver (4154)

Agency

Provider Type:

DD Agency

Provider Qualifications

License:

No license is required.

Certificate:

Certification by the Division of Public Health in accordance with applicable state laws and regulations. Neb. Rev. § 83-1201 through 83-1226 – Developmental Disabilities Services Act.

Other standard:

The DD provider agency must be a Medicaid provider, and must comply with all applicable licensure standards, Titles of the Nebraska Administrative Code, and Nebraska State Statutes.

The DD provider agency must adhere to standards, as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.

A provider delivering direct services and supports must:

- Meet and adhere to all applicable employment standards established by the hiring agency;
- Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable or upon request:
 - Abuse, neglect, and exploitation and state law reporting requirements and prevention;
 - Cardiopulmonary resuscitation; and
 - Basic first aid;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian; and
- Not be an employee of DHHS.

The DD provider agency must have internet access in all settings that are provider operated or controlled for immediate adherence to applicable record-keeping and billing requirements.

Provider Specifications

Provider Category:

Individual

Provider Type:

Independent Individual – Habilitative Services

Provider Qualifications

License:

Appendix C: Nebraska Lifespan Comprehensive DD Waiver (4154)

No license is required.

Certificate:

No certification is required.

Other standard:

All providers of waiver services must be a Medicaid provider as specified in the applicable Nebraska Administrative Codes.

A provider of this service must:

- Complete all provider enrollment requirements;
- Have necessary education and experience, and provide evidence upon request:
 - Have a Bachelor's degree or equivalent coursework/training in: education, psychology, social work, sociology, human services, or a related field; and/or
 - Have four or more years of professional experience in the provision of habilitative services for persons with intellectual or other developmental disabilities or in habilitative program writing and program data collection/analysis;
- Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable, or upon request:
 - Abuse, neglect, and exploitation and state law reporting requirements and prevention;
 - Cardiopulmonary resuscitation; and
 - Basic first aid;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian; and
- Not be an employee of DHHS.

The provider must have internet access for immediate adherence to applicable record-keeping and billing requirements when the service is delivered in a provider setting.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHHS agency staff in combination with designated provider enrollment broker.

Frequency of Verification:

Independent provider background check compliance is completed annually and the provider enrollment broker ensures that revalidation is completed every 5 years.

Direct support staff background check compliance is verified through the annual or biennial survey process. The provider enrollment broker ensures that revalidation of agency is completed every 5 years.

Appendix C: Nebraska Lifespan Comprehensive DD Waiver (4154)

Service Type:

Statutory Service

Service:

Supported Employment

Alternate Service Title (if any):

SUPPORTED EMPLOYMENT - INDIVIDUAL

HCBS Taxonomy:

Category 1:

03 Supported Employment

Sub-Category 1:

03021 ongoing supported employment, individual

Service is not included in approved waiver.

Service Definition (Scope):

Supported Employment-Individual are the 1:1 formalized training and staff supports available to a participant who, because of their disability, needs intensive, sometimes on-going support, to obtain and maintain an individual job in competitive or customized employment, self-employment, in an integrated work setting in the general workforce for which an participant is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by an individual without a disability. Support may involve assisting the participant 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. The outcome of this service is sustained paid employment in an integrated setting in the general workforce that meets personal and career goals.

Services are conducted in a variety of settings, particularly work sites where persons without disabilities are employed. Services include activities needed to sustain paid work by a participant and are designed to obtain, maintain or advance employment by a participant, including supervision and training. When Supported Employment - Individual are provided at a work site where persons without disabilities are employed, payment is made only for the adaptations, supervision and training required by participants receiving waiver services as a result of their disabilities, but does not include payment for the supervisory activities rendered as a normal part of the business setting.

Objectives must be identified in the participant's service plan that supports the need for continued job coaching with a plan to lessen the job coaching. Supported Employment - Individual must be provided in a community employment setting, unless the support is to develop a customized home-based business.

Appendix C: Nebraska Lifespan Comprehensive DD Waiver (4154)

Supported Employment-Individual may be self-directed.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- This service may be authorized in combination with any, or all, of the following services in the same service plan, but not during the same time period: Adult Day Services, Supported Employment (Enclave and Follow-Along), Habilitative Community Inclusion, and/or Habilitative Workshop. The total combined hours for these services may not exceed a weekly amount of 35 hours.
- Income from customized home-based businesses are not required to be commensurate with minimum wage requirements with other employment.
- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- This service is billed at an hourly unit.
- Transportation to and from the participant's private residence, or other provider setting, to the Supported Employment-Individual is not included in the reimbursement rate.
- This service shall not overlap with, supplant, or duplicate other services provided through Medicaid State plan, HCBS Waiver services, or Vocational Rehabilitation.
- This service shall exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA). This includes services not otherwise available through public education programs in the participant's local school district, including after school supervision and daytime services when school is not in session (e.g., summer breaks and/or scheduled school holidays, in-service days, etc.). Services cannot be provided during the school hours set by the local school district for the participant. Regular school hours and days apply for a child who receives home schooling.
- Effective March 1, 2017, documentation for any supported employment service must be maintained in the service coordination file for each participant receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 (Vocational Rehabilitation Services).
- 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 a participant's supported employment program.
- Supported Employment-Individual may be provided by a relative but not a legally responsible individual or guardian.

Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E
- Provider managed

Appendix C: Nebraska Lifespan Comprehensive DD Waiver (4154)

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
 Relative
 Legal Guardian

Provider Specifications

Provider Category:

- Agency

Provider Type:

DD Agency

Provider Qualifications

License:

No license is required.

Certificate:

Certification by the Division of Public Health in accordance with applicable state laws and regulations. Neb. Rev. § 83-1201 through 83-1226 – Developmental Disabilities Services Act.

Other standard:

The DD provider agency must be a Medicaid provider, and must comply with all applicable licensure standards, Titles of the Nebraska Administrative Code, and Nebraska State Statutes.

The DD provider agency must adhere to standards, as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.

A provider delivering direct services and supports must:

- Meet and adhere to all applicable employment standards established by the hiring agency;
- Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable or upon request:
 - Abuse, neglect, and exploitation and state law reporting requirements and prevention;
 - Cardiopulmonary resuscitation; and
 - Basic first aid;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian;
- Not be an employee of DHHS; and
- Possess a valid driver's license and insurance as required by Nebraska law, if transportation is provided.

The DD provider agency must have internet access in all settings that are provider operated or controlled for immediate adherence to applicable record-keeping and billing requirements.

Appendix C: Nebraska Lifespan Comprehensive DD Waiver (4154)

Provider Specifications

Provider Category:

Individual

Provider Type:

Independent Individual – Habilitative Services

Provider Qualifications

License:

No license is required.

Certificate:

No certification is required.

Other standard:

All providers of waiver services must be a Medicaid provider as specified in the applicable Nebraska Administrative Codes.

A provider of this service must:

- Complete all provider enrollment requirements;
- Have necessary education and experience, and provide evidence upon request:
 - Have a Bachelor's degree or equivalent coursework/training in: education, psychology, social work, sociology, human services, or a related field; and/or
 - Have four or more years of professional experience in the provision of habilitative services for persons with intellectual or other developmental disabilities or in habilitative program writing and program data collection/analysis;
- Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable, or upon request:
 - Abuse, neglect, and exploitation and state law reporting requirements and prevention;
 - Cardiopulmonary resuscitation; and
 - Basic first aid;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian;
- Not be an employee of DHHS; and
- Possess a valid driver's license and insurance as required by Nebraska law, if transportation is provided.

The provider must have internet access for immediate adherence to applicable record-keeping and billing requirements when the service is delivered in a provider setting.

Verification of Provider Qualifications

Appendix C: Nebraska Lifespan Comprehensive DD Waiver (4154)

Entity Responsible for Verification:

DHHS agency staff in combination with designated provider enrollment broker.

Frequency of Verification:

Direct support staff background check compliance is verified through the annual or biennial survey process. The provider enrollment broker ensures that revalidation of agency is completed every 5 years.

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Appendix C: Nebraska Lifespan Comprehensive DD Waiver (4154)

Service Type:

Other service

Service Title:

ADULT COMPANION SERVICE

HCBS Taxonomy:

Category 1:

08 Home-Based Services

Sub-Category 1:

08040 companion

Service is not included in the approved waiver.

Service Definition (Scope):

Adult Companion Service is a drop-in, habilitative service and includes adaptive skill development, non-medical care, supervision, socialization and assisting a waiver participant in maintaining safety in the home and enhancing independence in self-care and home living skills. Adult Companion Service is provided to the participant in their home.

Adult Companion Service assists a participant to live in a private residence (non-provider operated or controlled), when the participant requires a range of community based support to live as independently as possible. Adult Companion Service provides individually tailored supports that assist with the acquisition, retention, or improvement in skills related to living successfully in the community.

Adult Companion Service includes prompting and supervising the participant in completing tasks including but not limited to, activities of daily living (ADL); health maintenance; meal preparation; laundry; teaching the use of police, fire, and emergency assistance; performing routine household activities to maintain a clean and safe home; and managing personal financial affairs. Adult Companion Service staff do not perform these activities for the participant.

Adult Companion Services may be self-directed.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- Adult Companion Service is available for participants who are 21 years and older.
- This service cannot be authorized in conjunction with Residential Habilitation services.
- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- Adult Companion Services cannot exceed a weekly amount of 25 hours.
- Adult Companion Service is reimbursed at an hourly unit.
- Transportation is not included in the reimbursement rate.

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- Adult Companion Service shall not overlap with, supplant, or duplicate other services provided through Medicaid State plan or HCBS Waiver services.
- This service shall exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA). This includes services not otherwise available through public education programs in the participant's local school district, including after school supervision and daytime services when school is not in session (i.e., summer breaks and/or scheduled school holidays, in-service days, etc.). Services cannot be provided during the school hours set by the local school district for the participant. Regular school hours and days apply for a child who receives home schooling.
- Adult Companion Services may be provided by a relative but not a legally responsible individual or guardian.
- An Adult Companion Service provider or provider staff must be 19 years of age or older to provide services.

Service Delivery Method *(check each that applies):*

- Participant-directed as specified in Appendix E
 Provider managed

Specify whether the service may be provided by *(check each that applies):*

- Legally Responsible Person
 Relative
 Legal Guardian

Provider Specifications

Provider Category:

- Agency

Provider Type:

DD Agency

Provider Qualifications

License:

No license is required.

Certificate:

Certification by the Division of Public Health in accordance with applicable state laws and regulations. Neb. Rev. § 83-1201 through 83-1226 – Developmental Disabilities Services Act.

Other standard:

The DD provider agency must be a Medicaid provider, and must comply with all applicable licensure standards, Titles of the Nebraska Administrative Code, and Nebraska State Statutes.

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The DD provider agency must adhere to standards, as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.

A provider delivering direct services and supports must:

- Meet and adhere to all applicable employment standards established by the hiring agency;
- Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable or upon request:
 - Abuse, neglect, and exploitation and state law reporting requirements and prevention;
 - Cardiopulmonary resuscitation; and
 - Basic first aid;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian;
- Not be an employee of DHHS; and
- Possess a valid driver's license and insurance as required by Nebraska law.

The DD provider agency must have internet access in all settings that are provider operated or controlled for immediate adherence to applicable record-keeping and billing requirements.

Provider Specifications

Provider Category:

Individual

Provider Type:

Independent Individual – Habilitative Services

Provider Qualifications

License:

No license is required.

Certificate:

No certification is required.

Other standard:

All providers of waiver services must be a Medicaid provider as specified in the applicable Nebraska Administrative Codes.

A provider of this service must:

- Complete all provider enrollment requirements;
- Have necessary education and experience, and provide evidence upon request:
 - Have a Bachelor's degree or equivalent coursework/training in: education, psychology, social work, sociology, human services, or a related field; and/or
 - Have four or more years of professional experience in the provision of habilitative services for persons with intellectual or other developmental disabilities or in habilitative program writing and program data collection/analysis;

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- Complete all provider enrollment requirements;
- Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable, or upon request:
 - Abuse, neglect, and exploitation and state law reporting requirements and prevention;
 - Cardiopulmonary resuscitation; and
 - Basic first aid;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian;
- Not be an employee of DHHS; and
- Possess a valid driver's license and insurance as required by Nebraska law, if transportation is provided.

The provider must have internet access for immediate adherence to applicable record-keeping and billing requirements when the service is delivered in a provider setting.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHHS agency staff in combination with designated provider enrollment broker.

Frequency of Verification:

Independent provider background check compliance is completed annually and the provider enrollment broker ensures that revalidation is completed every 5 years.

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Service Type:

Other service

Service Title:

ADULT DAY SERVICES

HCBS Taxonomy:

Category 1:

04 Day Services

Sub-Category 1:

04060 Adult Day Services

Service is not included in the approved waiver.

Service Definition (Scope):

Adult Day Services are non-habilitative services consisting of meaningful day activities. Adult Day Services provide active supports which foster independence, encompassing both health and social services needed to ensure the optimal functioning of the participant. Adult Day Services include assistance with activities of daily living (ADL), health maintenance, and supervision. Participants receiving Adult Day Services are integrated into the community to the greatest extent possible.

Adult Day Services are supervision and support services to keep participants who need the service in a safe, supervised setting that does not require the training goals and strategies of habilitation services. Adult Day Services do not offer as many opportunities for getting participants engaged in their community or participating in community events mainly due to compromised health issues and significant limitations of participants. Providers are not allowed to engage participant in work activities for no pay for which non-participants would be paid a wage. Engaging participants in volunteer activities is within the scope of this service.

Adult Day Services are provided in a non-residential setting. The Adult Day Service provider must be within immediate proximity of the participant to allow staff to provide support and supervision, safety and security, and provide activities to keep the participant engaged in their environment.

Adult Day Services are not self-directed.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- Adult Day services are available for participants who are 21 years and older.
- This service may be authorized in combination with any, or all, of the following services in the same service plan, but not during the same time period: Supported Employment (Individual, Enclave, and Follow-Along), Habilitative Community Inclusion, and/or Habilitative Workshop. The total combined hours for these services may not exceed a weekly amount of 35 hours.

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- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- Adult Day Services are reimbursed at an hourly unit.
- Transportation to and from the participant's private residence, or other provider setting, to the Adult Day Service is not included in the reimbursement rate.
- Adult Day Services shall not overlap with, supplant, or duplicate other services provided through Medicaid State plan or HCBS Waiver services.
- 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.
- An Adult Day Service provider or provider staff must be 19 years of age or older to provide services.

Service Delivery Method *(check each that applies):*

Provider managed

Specify whether the service may be provided by *(check each that applies):*

Legally Responsible Person

Relative

Legal Guardian

Provider Specifications

Provider Category:

Agency

Provider Type:

DD Agency

Provider Qualifications

License:

No license is required.

Certificate:

Certification by the Division of Public Health in accordance with applicable state laws and regulations. Neb. Rev. § 83-1201 through 83-1226 – Developmental Disabilities Services Act.

Other standard:

The Adult Day provider agency must be a Medicaid provider, and must comply with all applicable licensure standards, Titles of the Nebraska Administrative Code, and Nebraska State Statutes. The provider agency must adhere to standards, as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.

A provider delivering direct services and supports must:

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- Meet and adhere to all applicable employment standards established by the hiring agency;
- Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable or upon request:
 - Abuse, neglect, and exploitation and state law reporting requirements and prevention;
 - Cardiopulmonary resuscitation; and
 - Basic first aid;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian; and
- Not be an employee of DHHS.

The DD provider agency must have internet access in all settings that are provider operated or controlled for immediate adherence to applicable record-keeping and billing requirements.

Verification of Provider Qualifications

Entity Responsible for Verification:

Division of Public Health (DPH)

Frequency of Verification:

Direct support staff background check compliance is verified through the annual or biennial survey process. The provider enrollment broker ensures that revalidation of agency is completed every 5 years.

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Service Type:

Other service

Service Title:

ASSISTIVE TECHNOLOGY

HCBS Taxonomy:

Category 1:

14 Equipment, Technology and Modifications

Sub-Category 1:

14031 equipment and technology

Service is not included in approved waiver.

Service Definition (Scope):

Assistive Technology is equipment or a product system such as devices, controls, or appliances, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of participants and be necessary to ensure participants health, welfare and safety. The use of assistive technology enables participants who reside in their own homes to increase their abilities to perform activities of daily living in their home, or to perceive, control, or communicate with the environment they live in, thereby decreasing their need for assistance from others as a result of limitations due to disability.

All devices and adaptations must be provided in accordance with applicable State or local building codes and/or applicable standards of manufacturing, design, and installation.

Assistive Technology includes the equipment or product system as well as:

- a. Services consisting of purchasing or leasing assistive technology devices for participants.
- b. Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices.
- c. Coordination and use of necessary therapies, interventions, or services with assistive technology devices, such as therapies, interventions, or services associated with other services in the service plan.
- d. Training or technical assistance for the participant, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant.
- e. Training or technical assistance for professionals or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of participants.

Assistive Technology may be self-directed.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

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- Assistive Technology has a participant annual budget cap of \$2,500.
- The Division may require an on-site assessment of the environmental concern including an evaluation of functional necessity with appropriate Medicaid enrolled professional providers. The Division may use a third party to assess the proposed modification and need for the modification to ensure cost effectiveness and quality of product. This assessment will be funded by the Environmental Modification Assessment service; as such, it will be reimbursed separately. The cost of the Environmental Modification Assessment is not included in the \$2,500 cap on Assistive Technology.
- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- Assistive Technology is reimbursed per item directly to vendor or provider of services.
- This service shall not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services, or Nebraska DHHS Economic Support program services.
- Providers shall not exceed their charges to the general public when billing the waiver. A provider who offers a discount to certain individuals (for example, students, senior citizens, etc.) shall apply the same discount to the participants who would otherwise qualify for the discount.
- For items over \$500 insurance or an extended warranty is required.
- Damaged, stolen or lost items not covered by insurance or warranty may be replaced once every two years.

Service Delivery Method *(check each that applies):*

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by *(check each that applies):*

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications

Provider Category:

- Agency

Provider Type:

Independent Agency – Non-Habilitative

Provider Qualifications

License:

As applicable, vendors must meet all applicable federal, state, and local laws and regulations, including maintaining appropriate license.

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Certificate:

As applicable, vendors must meet all applicable federal, state, and local laws and regulations, including maintaining appropriate certifications.

Other standard:

All providers of waiver services must be a Medicaid provider as specified in the applicable Nebraska Administrative Codes.

A provider of this service must:

- Complete all provider enrollment requirements;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian; and
- Not be an employee of DHHS.

The provider must have internet access for immediate adherence to applicable record-keeping and billing requirements when the service is delivered in a provider setting.

Provider Specifications

Provider Category:

Individual

Provider Type:

Independent Individual – Non-Habilitative

Provider Qualifications

License:

As applicable, vendors must meet all applicable federal, state, and local laws and regulations, including maintaining appropriate license.

Certificate:

As applicable, vendors must meet all applicable federal, state, and local laws and regulations, including maintaining appropriate certifications.

Other standard:

All providers of waiver services must be a Medicaid provider as specified in the applicable Nebraska Administrative Codes.

A provider of this service must:

- Complete all provider enrollment requirements;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian; and
- Not be an employee of DHHS.

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The provider must have internet access for immediate adherence to applicable record-keeping and billing requirements when the service is delivered in a provider setting.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHHS agency staff in combination with designated provider enrollment broker.

Frequency of Verification:

Independent provider background check compliance is completed annually and the provider enrollment broker ensures that revalidation is completed every 5 years.

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Service Type:

Other service

Service Title:

BEHAVIORAL RISK SERVICES

HCBS Taxonomy:

Category 1:

10 Other Mental Health and Behavioral Services

Sub-Category 1:

10040 behavior support

Service is included in approved waiver. The service specifications have been modified.

Service Definition (Scope):

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

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

A risk assessment identifies, evaluates, and prioritizes interventions to implement or attempt to manage/reduce risk. The risk assessment will include the following: description, likelihood, frequency, duration, intensity, imminence, and incapacitation. Additionally, it includes an examination of the function of violence, for example, perceptual distortions, antisocial attitudes, irrational beliefs, labile affect, or interpersonal stressors. A risk assessment will also evaluate "buffering" conditions that reduce the likelihood of risk, for example, residential and day habilitation (teaching and supporting) services, non-DD therapeutic services, a participant's personal strengths (e.g., motivation), support system (e.g., family and friends), ability to establish pro-social judgment, and history of adverse life events.

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If DDD central office staff concludes a participant presents a moderate to high risk of harm to oneself and/or others, the participant will be eligible for behavioral risk services. Should a participant present with a dual diagnosis of DD and MI and their risk is a result of issues stemming from Axis I, primary diagnosis of severe persistent mental illness, then the participant will be referred for behavioral health services. Behavioral risk services are not intended to supplant other behavioral health services such as, but not limited to psychiatry, counseling, or individual or group therapy.

Behavioral risk services are provided 24/7 and are considered to be continuous services. This service is an all-inclusive daily rate service that includes residential habilitation (teaching and supporting) services, day habilitation (teaching and supporting) services, transportation, intensive behavioral supports, ongoing safety supervision, and ongoing clinical supports. Because behavioral risk services are all-inclusive, a participant cannot receive these services in combination with another DD waiver service. When behavioral risk service is delivered where the participant lives, where the participant works, where the participant is recreating and socializing, or where the participant participates in day services, the service is billed as Behavioral Risk service, and is not billed as a separate residential habilitation service or a separate day habilitation services.

The provision of behavioral risk services will be under the direction of a supervising mental health practitioner. Behavioral risk services are furnished as specified in the service plan. Staffing ratios are flexible and commensurate to meeting the needs of the participants.

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

Residential habilitation (teaching and supporting) services under this service can be delivered in a variety of home settings. Residential habilitation (teaching and supporting) services delivered as an inclusive component of this service include formalized training and staff supports for the acquisition, retention, or improvement in skills related to living in the community. A participant cannot be authorized for another residential habilitation service and behavioral risk services at the same time. Formalized training, intensive behavioral supports, and staff supports include adaptive skill development of daily living activities, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, community inclusion, transportation, and the social and leisure skill development necessary to enable the participant to live in the most integrated setting appropriate to his/her needs. The method by which the costs of room and board are excluded from payment for residential habilitation is specified in Appendix I-5.

Day habilitation (teaching and supporting) services delivered as an inclusive component of this service include formalized training and staff supports which focus on the acquisition of work skills and appropriate work behavior. Day habilitation services that are provided as part of this all-inclusive service are provided in non-residential settings in the community. A participant cannot be authorized for another day habilitation service and behavioral risk services at the same time. Behavioral risk day habilitation (teaching and supporting) also includes intensive behavioral supports that focus on the behavioral and adaptive skills necessary to enable the participant to

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attain or maintain his or her maximum integration, inclusion, and personal accomplishment in the working community. Day habilitation (teaching and supporting) services, such as day habilitation service activities, workstations, vocational planning service, or integrated community employment are provided away from the home, in a non-residential setting, during typical working hours. Discreet habilitation (teaching and supporting) in preparation for leaving the residential setting during typical working hours is allowed.

Intervention strategies for the delivery of habilitation (teaching and supporting), intensive behavioral supports, ongoing safety supervision, and ongoing supports are determined by the service plan team in conjunction with the supervising mental health practitioner and must be documented in the service plan. Interventions will be based on the participant's assessed needs and, as applicable, will include the following: staff objectives/ safety plans for preventing and/or stopping behaviors that are harmful to the participant or others; habilitation (teaching and supporting) to address acceptable communication of needs and preferences, coping, social, and problem-solving skills; residential and vocational settings, environmental and architectural factors, and location of service delivery; collaboration with behavioral health efforts to meet mental health needs (e.g., counseling, individual/ group psychotherapy, psychotropic medications); and supervision and monitoring strategies, including the type and amount of supervision, law enforcement contacts, provider monitoring responsibilities, and service coordination responsibilities. Restrictive interventions to ensure the safety of the participant and others must be reviewed at every service plan meeting. When applicable, a plan to reduce/eliminate the restriction must be developed, documented in the service plan, and upon request provided to DDD central office.

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

Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day). Because Behavioral Risk service is an all-inclusive service, the cost of transportation is included in the rate paid to providers of Behavioral Risk service. The time when a participant is transported by a provider may be billed. The participant must be with the provider staff in order for transportation time to be claimed.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This service is only available under this waiver until May 31, 2017 and at such time this service will end and cannot be offered. Behavioral Risk services offered in this waiver are available to current waiver participants only, until the waiver participant transitions to new services offered under this waiver. New waiver participants cannot choose Behavioral Risk services and current waiver participants cannot choose this service at their next annual, semi-annual or special ISP meeting.

The amount of authorized services is the participant's approved annual budget and is provided based on the participant's preferences to the extent possible, and as documented in the service

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plan. Each waiver service must be prior-authorized to avoid duplicative billing with other waiver 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.

Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E
 Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
 Relative
 Legal Guardian

Provider Specifications

Provider Category:

- Agency

Provider Type:

DD Agency

Provider Qualifications

License:

Mental health practitioners require a license and must hold the license in accordance with applicable state laws.

Neb. Rev. § 38-2121 through 38-2123

Neb. Rev. § 38-3115 through 38-3120

Certificate:

Certification by the Division of Public Health in accordance with applicable state laws and regulations. Neb. Rev. § 83-1201 through 83-1226 – Developmental Disabilities Services Act.

Other standard:

The DD provider agency must be a Medicaid provider, and must comply with all applicable licensure standards, Titles of the Nebraska Administrative Code, and Nebraska State Statutes.

The DD provider agency must adhere to standards, as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.

A provider delivering direct services and supports must:

- Meet and adhere to all applicable employment standards established by the hiring agency;

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- Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable or upon request:
 - Abuse, neglect, and exploitation and state law reporting requirements and prevention;
 - Cardiopulmonary resuscitation; and
 - Basic first aid;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible participant or guardian; and
- Not be an employee of DHHS.

The DD provider agency must have internet access in all settings that are provider operated or controlled for immediate adherence to applicable record-keeping and billing requirements.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHHS agency staff in combination with designated provider enrollment broker.

Frequency of Verification:

Direct support staff background check compliance is verified through the annual or biennial survey process. The provider enrollment broker ensures that revalidation of agency is completed every 5 years.

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Service Type:

- Statutory service
 Other service

Service Title:

COMMUNITY LIVING AND DAY SUPPORTS

HCBS Taxonomy:

Category 1:

17 Other Services

Sub-Category 1:

17990 other

- Service is included in approved waiver. The service specifications have been modified.

Service Definition (Scope):

Community Living and Day Supports (CLDS) provides the necessary assistance and supports to meet the daily needs and preferences of the participant. CLDS is provided with the participant present to ensure adequate functioning in the participant's home, as well as assisting the participant to participate in a wide range of activities outside the home. CLDS may also provide the necessary assistance and supports to meet the employment and/or day service needs of the participant in integrated, community settings.

The Community Living and Day Supports service includes the following components:

- Individual assistance with hygiene, bathing, eating, dressing, grooming, toileting, transferring, or basic first aid.
- Supervision and monitoring for the purpose of ensuring the participant's health and safety.
- Supports to enable the participant to access the community. This may include someone hired to accompany and support the participant in all types of community settings.
- Supports to assist the participant to develop self-advocacy skills, exercise rights as a citizen, and acquire skills needed to exercise control and responsibility over other support services, including managing generic community resources and informal supports.
- Supports to assist the participant in identifying and sustaining a personal support network of family, friends, and associates.
- Household activities necessary to maintain a home living environment on a day-to-day basis, such as meal preparation, shopping, cleaning, and laundry.
- Home maintenance activities needed to maintain the home in a clean, sanitary, and safe environment.
- Supports to enable the participant to maintain or obtain employment. This may include someone hired to accompany and support the participant in an integrated work setting. Integrated settings are those considered as available to all members of the community. The employment supports are delivered informally. That is, the provider is not required to write formal training programs with long term goals, short term objectives, strategies, and data collection methodology. The supports delivered under CLDS are considered "natural teaching moments".

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- Supports to enable the participant to access services and opportunities available in community settings. This may include accompanying the participant to and facilitating participation in general community activities, community volunteer work, and services provided in community settings such as senior centers and adult day centers. CLDS must not be duplicative or replace other supports available to the participant. The services provided under CLDS are different from those provided under Targeted Case Management (DD service coordination) in that the CLDS provider supports the participant by providing transportation if necessary and remaining with the participant during receipt of the services and community activities. Nebraska service coordinators do not provide direct services and supports.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This service is only available under this waiver until May 31, 2017 and at such time this service will end and cannot be offered. CLDS offered in this waiver are available to current waiver participants only, until the waiver participant transitions to new services offered under this waiver. New waiver participants cannot choose CLDS and current waiver participants cannot choose this service at their next annual, semi-annual or special ISP meeting.

CLDS cannot be provided by the usual caregiver. The term “usual caregiver” means a person(s) who resides with the child, is not paid to provide services, and is responsible for the care and supervision of the child on a 24-hour basis.

Payment for CLDS does not include payments made, directly or indirectly to members of the participant'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.

Assistance with personal care needs or household activities is available only to those participants who live with an unpaid caregiver.

CLDS is not intended to duplicate or replace other supports available to the participant, including natural supports and state or federally funded services. Each waiver service must be prior-authorized to avoid duplicative billing with other waiver services.

Household activities and home maintenance activities are for the purpose of fulfilling duties the participant would be expected to do to contribute to the operation of the household, if it were not for the participant's disability.

Homemaker services cannot be authorized when a participant receives Community Living and Day Supports.

Routine health care supports may be furnished to the extent permitted under Nebraska state law.

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Individual assistance with money management and personal finances may be provided, but the provider cannot act as the representative payee.

In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement and as required by law, will be examined prior to any authorization of home maintenance services under CLDS.

The participant must supply necessary cleaning products and equipment when a provider cleans or cares for household equipment, appliances, or furnishings in the participant's home.

The participant must supply necessary cleaning products and equipment or money for a Laundromat when a provider cleans or cares for the participant's clothing.

Payment for the work performed by the staff is the responsibility of the employer. Covered services do not include those provided in specialized developmental disability provider settings, workstations, or supported employment services.

Supports provided under CLDS must be those that are above and beyond the usual services provided in such a setting and not duplicate services expected to be the responsibility of immediate household members, a senior center, adult day center, or employer.

This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services. CLDS cannot be delivered at the same time as the delivery of Group Home residential habilitation services, Companion Home Residential Habilitation services, Extended Family Home Residential Habilitation services, In-Home Residential Habilitation services, Workstation Habilitation services, Day Habilitation services, Vocational Planning Habilitation services, Integrated Community Employment services, or Respite services.

Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications

Provider Category:

- Individual

Provider Type:

Independent Individual – Non-Habilitative Services

Provider Qualifications

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License:

Not required.

Certificate:

Not required.

Other standard:

All providers of waiver services must be a Medicaid provider as specified in the applicable Nebraska Administrative Codes.

A provider of this service must:

- Complete all provider enrollment requirements;
- Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable, or upon request:
 - Abuse, neglect, and exploitation and state law reporting requirements and prevention;
 - Cardiopulmonary resuscitation; and
 - Basic first aid;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian;
- Not be an employee of DHHS; and
- Possess a valid driver's license and insurance as required by Nebraska law, if transportation is provided.

The provider must have internet access for immediate adherence to applicable record-keeping and billing requirements when the service is delivered in a provider setting.

Verification of Provider Qualifications**Entity Responsible for Verification:**

DHHS agency staff in combination with designated provider enrollment broker.

Frequency of Verification:

Independent provider background check compliance is completed annually and the provider enrollment broker ensures that revalidation is completed every 5 years.

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Service Type:

Other service

Service Title:

COMPANION HOME RESIDENTIAL HABILITATION

Category 1:

08 Home-Based Services

Sub-Category 1:

08010 home-based habilitation

Service is included in approved waiver. The service specifications have been modified.

Service Definition (Scope):

Companion home services consist of residential habilitation (teaching and supporting) services 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 participant to live in the most integrated setting appropriate to his/her needs. Companion home services may also include personal care, protective oversight, and supervision as applicable to the participant when provider staff is present. Training or teaching and staff supports (habilitation) are delivered face-to-face in the participant's home and in the community.

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

Companion home residential habilitation (teaching and supporting) services may be provided to no more than two other individuals in a residence that is under the control and direction of the individual(s) and can be delivered intermittently or continuously. A companion home may be an apartment, a house, a condominium, or a townhouse which the participant owns or rents. The provider of residential habilitation (teaching and supporting) services in a companion home must be able to document that the participant has freely chosen their residential setting and housemates and that the lease or mortgage is under the control of the individual.

For continuous companion home residential habilitation (teaching and supporting) services, the provider staff must be present and awake during the times that participants are present and awake. The need for and intensity of direct staff support during overnight hours is commensurate with the

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needs of the participant. The need for asleep overnight staff, awake overnight staff, or no overnight staff must be documented in the service plan. As applicable, the type of awake overnight supervision or assistance that is required must be documented in the service plan. As applicable, when the participant 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 participants' needs and emergencies. Overnight staffing may or may not provide formal training or intervention when the participant awakens during the night. The need for formal training or interventions during overnight hours is based on the participant'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. 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. Daily rates are available for EFH residential services when the participant receives this service for four or more hours. An hour of service equates to one clock hour. Services may be billed in half and quarter hours (.25, .50, and .75).

Companion home residential habilitation (teaching and supporting) services may be delivered intermittently. Intermittent services imply that community based DD provider staff support is provided when the services and supports are needed and are delivered face-to-face intermittently available to deliver habilitation (teaching and supporting) to the participant in the family home or in the community. Intermittent companion home residential habilitation (teaching and supporting) services are based on the participant's preferences and assessed needs, and must be documented in the service plan. Intermittent residential services are delivered in accordance with the needs and preferences of the participant, and must be documented in the service plan. Intermittent residential services are billed in hourly rates and an hour of service equates to one clock hour. Services may be billed in half and quarter hours (.25, .50, and .75).

Continuous AND intermittent residential services cannot be billed on the same day when the provider is going to bill the daily rate.

Transportation is only provided to the participant, between the participant's companion home and other service sites and places in the community is provided as a component of companion home residential habilitation (teaching and supporting) services. The cost of this transportation is included in the rate paid to providers of companion home residential habilitation services. The time when a participant is transported by a provider may be billed. The participant must be with the provider staff in order for transportation time to be claimed. Transportation for the provider to and from the participant's home is not included as a component of this services and cannot be claimed.

When the unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the participant, the participant has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant laws of the state, county, city, or other designated entity. When the setting in which the landlord tenant laws do not apply, a lease, residency agreement or other form of written agreement will be in place

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for each participant, and the document must provide protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This service is only available under this waiver until May 31, 2017 and at such time this service will end and cannot be offered. Companion home residential habilitation offered in this waiver are available to current waiver participants only, until the waiver participant transitions to new services offered under this waiver. New waiver participants cannot choose Companion home residential habilitation and current waiver participants cannot choose this service at their next annual, semi-annual or special ISP meeting.

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

Payment for companion home residential habilitation does not include payments made, directly or indirectly to members of the participant'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 participant's approved annual budget and is provided based on the participant'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. Each waiver service must be prior-authorized to avoid duplicative billing with other waiver services.

Service Delivery Method *(check each that applies):*

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications

Provider Category:

- Agency

Provider Type:

DD Agency

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Provider Qualifications

License:

No license is required.

Certificate:

Certification by the Division of Public Health in accordance with applicable state laws and regulations. Neb. Rev. § 83-1201 through 83-1226 – Developmental Disabilities Services Act.

Other standard:

The DD provider agency must be a Medicaid provider, and must comply with all applicable licensure standards, Titles of the Nebraska Administrative Code, and Nebraska State Statutes.

The DD provider agency must adhere to standards, as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.

A provider delivering direct services and supports must:

- Meet and adhere to all applicable employment standards established by the hiring agency;
- Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable or upon request:
 - Abuse, neglect, and exploitation and state law reporting requirements and prevention;
 - Cardiopulmonary resuscitation; and
 - Basic first aid;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian; and
- Not be an employee of DHHS.

The DD provider agency must have internet access in all settings that are provider operated or controlled for immediate adherence to applicable record-keeping and billing requirements.

Provider Specifications

Provider Category:

Individual

Provider Type:

Independent Individual – Non-Habilitative Services

Provider Qualifications

License:

Not required.

Certificate:

Not required.

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Other standard:

All providers of waiver services must be a Medicaid provider as specified in the applicable Nebraska Administrative Codes.

A provider of this service must:

- Complete all provider enrollment requirements;
- Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable, or upon request:
 - Abuse, neglect, and exploitation and state law reporting requirements and prevention;
 - Cardiopulmonary resuscitation; and
 - Basic first aid;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian;
- Not be an employee of DHHS; and
- Possess a valid driver's license and insurance as required by Nebraska law, if transportation is provided.

The provider must have internet access for immediate adherence to applicable record-keeping and billing requirements when the service is delivered in a provider setting.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHHS agency staff in combination with designated provider enrollment broker.

Frequency of Verification:

Direct support staff background check compliance is verified through the annual or biennial survey process. The provider enrollment broker ensures that revalidation of agency is completed every 5 years.

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Service Type:

Other service

Service Title:

CONSULTATIVE ASSESSMENT SERVICE

HCBS Taxonomy:

Category 1:

10 Other Mental Health and Behavioral Services

Sub-Category 1:

10040 behavior support

Service is not included in the approved waiver.

Service Definition (Scope):

Consultative Assessment Service are provided when a behavior support plan is developed and implemented to assist participants in maintaining their current living environment while ensuring their safety and the safety of others. Consultative Assessment Service is necessary to improve the participant's independence and inclusion in their community. Consultative Assessment Service activities include assessment and habilitation plan development and implementation, and are provided at the direction of a Licensed Independent Mental Health Practitioner (LIMHP), Licensed Psychologist, or Advanced Practice Registered Nurse (APRN).

A functional behavioral assessment including level of risk is necessary in order to address problematic behaviors in functioning that are attributed to developmental, cognitive and or communication impairments. Observations where the participant lives, and/or takes part in day services or other activities are conducted at any time of the day or night in person or by Telehealth, depending upon when and where the specific problematic behaviors are shown. The current interventions are documented, and efficacy assessed. Best practices in intervention strategies, medical and psychological conditions, and/or environmental impact to service delivery are provided to the participant's team. Behavioral interventions are developed, piloted, evaluated, and revised, as necessary. The purpose is to provide support to the participant, using positive behavior support and non-physical crisis intervention that can keep the participant safe.

Consultative Assessment Service is self-directed.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- Participants in need of this service who are under 21 will receive it through state plan services under EPSDT.
- The amount of prior authorized services is based on the participant's need as documented in the service plan and is within the participant's approved annual budget.
- Consultative Assessment Service is billed at an hourly unit for up to 5 hours per month.
- Transportation and lodging is included in the reimbursement rate.

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- Consultative Assessment Services shall not overlap with, supplant, or duplicate other services provided through Medicaid State plan or HCBS Waiver services.
- The provision of Consultative Assessment Services will be provided by a Licensed Independent Mental Health Practitioner, licensed psychologist or Advanced Practice Registered Nurse.
- This service is a team approach in which the service will include a functional behavior assessment including risk levels, the development of a behavior support plan, development of other habilitative plans, training and technical assistance to carry out the plan and treatment integrity support to the participant and the provider in the ongoing implementation of the plan.
- Behavior support plan data with analysis must be documented and accessible in the web-based case management system or submitted to the service coordinator and Division at the frequency approved in the service plan.
- Consultants providing this service must attend either via telecommunication (phone or Telehealth) or in person a minimum of two service plan meetings per ISP year. More frequent attendance may be necessary based on frequency of High General Event Record (GER) reporting.

Service Delivery Method *(check each that applies):*

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by *(check each that applies):*

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications

Provider Category:

- Individual
- Agency

License:

Licensed in good standing with the Division of Public Health and functioning within their scope of practice, i.e. LIMHP, licensed clinical psychologist or APRN.

Neb. Rev. § 38-2121 through 38-2123

Neb. Rev. § 38-3115 through 38-3120

Certificate:

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

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Other standard:

The Medicaid enrolled provider specializing in Developmental Disabilities must adhere to standards, as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.

A provider delivering direct services and supports must:

- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian of the waiver participant; and
- Not be an employee of DHHS.

The provider must have internet access for immediate adherence to applicable record-keeping and billing requirements when the service is delivered in a provider setting.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHHS agency staff in combination with designated provider enrollment broker.

Frequency of Verification:

Independent provider background check compliance is completed annually and the provider enrollment broker ensures that revalidation is completed every 5 years.

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Service Type:

Other service

Service Title:

CRISIS INTERVENTION SUPPORT

HCBS Taxonomy:

Category 1:

10 Other Mental Health and Behavioral Services

Sub-Category 1:

10030 crisis intervention

Service is not included in the approved waiver.

Service Definition (Scope):

Crisis Intervention Support is an immediate, intensive, and short-term habilitative service that may be added to a participant's plan when a participant's tier level may not sufficiently address temporary increased or severe occurrences of behaviors. The provision of Crisis Intervention Support will be under the direction of a Licensed Independent Mental Health Practitioner (LIMHP), Licensed Psychologist or Advanced Practice Registered Nurse.

This service will include the development of a behavior support plan, development of other habilitative strategies, training and technical assistance to carry out the plan and treatment integrity support to the participant and the provider in the ongoing implementation of the service plan. Crisis Intervention Support is carried out in accordance with functional behavioral assessments and direction of the Consultative Assessment Service provider. Direct support staff with Bachelor degree who may not have clinical experience can implement positive behavior supports, behavioral interventions, and habilitative strategies. This service may be delivered in the participant's home or in the community.

Crisis Intervention Support is not self-directed.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- Crisis Intervention Support is available for any adult participant. For a participant under 21, like services will be provided under the State Plan under EPSDT.
- The amount of authorized services is based on the participant's need as documented in the service plan, and is not limited by the amount approved for the participant's annual budget.
- Crisis Intervention Support must be implemented within 48 hours of request.
- Crisis Intervention Support is reimbursed at an hourly unit for up to 200 hours in a 60 day period.
- Crisis Intervention Support cannot exceed 5 occurrences, defined as a 60-day period, per twelve months.

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- Crisis Intervention Support shall not overlap with, supplant, or duplicate other services provided through Medicaid State plan or HCBS Waiver services.
- Behavior support plan data with analysis must be submitted to the Division of Developmental Disabilities at the frequency approved in the service plan.
- The amount of service will be approved by the Clinical Review Team and shall be based on verified need, evidence of the diagnosis or condition requiring this service. The amount of service is subject to approval by the DDD and is based on available waiver funding.
- Transportation and lodging is included in the reimbursement rate.

Service Delivery Method *(check each that applies):*

Provider managed

Specify whether the service may be provided by *(check each that applies):*

Legally Responsible Person

Relative

Legal Guardian

Provider Specifications

Provider Category:

DD Agency

License:

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

Certificate:

Certification by the Division of Public Health in accordance with applicable state laws and regulations. Neb. Rev. § 83-1201 through 83-1226 – Developmental Disabilities Services Act.

Other standard:

The DD provider agency must be a Medicaid provider, and must comply with all applicable licensure standards, Titles of the Nebraska Administrative Code, and Nebraska State Statutes.

The DD provider agency must adhere to standards, as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.

A provider delivering direct services and supports must:

- Meet and adhere to all applicable employment standards established by the hiring agency;
- Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable or upon request:
 - Abuse, neglect, and exploitation and state law reporting requirements and prevention;
 - Cardiopulmonary resuscitation; and

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- Basic first aid;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian; and
- Not be an employee of DHHS.

The DD provider agency must have internet access in all settings that are provider operated or controlled for immediate adherence to applicable record-keeping and billing requirements.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHHS agency staff in combination with designated provider enrollment broker.

Frequency of Verification:

Direct support staff background check compliance is verified through the annual or bi-annual survey process. The provider enrollment broker ensures that revalidation of agency is completed every 5 years.

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Service Type:

Other service

Service Title:

ENVIRONMENTAL MODIFICATION ASSESSMENT

HCBS Taxonomy:

Category 1:

17 Other Services

Sub-Category 1:

17990 other

Service is not included in the approved waiver.

Service Definition (Scope):

An Environmental Modification Assessment is a functional evaluation with the participant to ensure the health, welfare and safety of the participant or that enable the participant to integrate more fully into the community, and function in the participant's private home (not provider operated or controlled), or in the participant's family's home, if living with his/her family.

The on-site assessment of the environmental concern includes an evaluation of functional necessity, the determination of the provision of appropriate assistive technology, home, or vehicle modification for the participant, and the need for the modification to ensure cost effectiveness.

Environmental Modification Assessment is self-directed.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- Participant's annual budget cap for Environmental Modification Assessments is \$1,000. A critical health or safety service request that exceeds the annual cap is subject to available waiver funding and approval by the Division.
- The amount of prior authorized services is based on the participant's need as documented in the participant's service plan, and within the participant's approved annual budget.
- Billing unit is per assessment.
- This service shall not overlap with, supplant, or duplicate other services provided through the Medicaid State plan services.
- Providers shall not exceed their charges to the general public when billing the waiver. A provider who offers a discount to certain individuals (for example, students, senior citizens, etc.) shall apply the same discount to the participants who would otherwise qualify for the discount.

Service Delivery Method (check each that applies):

Participant-directed as specified in Appendix E

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Provider managed

Specify whether the service may be provided by (check each that applies):

Legally Responsible Person

Relative

Legal Guardian

Provider Specifications

Provider Category:

Agency

Provider Type:

Independent Agency

Provider Qualifications

License:

No license is required.

Certificate:

No certification is required.

Other standard:

All providers of waiver services must be a Medicaid provider as specified in the applicable Nebraska Administrative Codes.

A provider of this service must:

- Complete all provider enrollment requirements;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian; and
- Not be an employee of DHHS.

A provider of this service must:

- Ensure that all items and assistive equipment recommended or provided meet the applicable standards of manufacture, design, and installation.
- Obtain, at a minimum, three bids/cost proposals to ensure cost effectiveness.

The provider must have internet access for immediate adherence to applicable record-keeping and billing requirements when the service is delivered in a provider setting.

Provider Specifications

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Provider Category:

Individual

Provider Type:

Independent Individual

Provider Qualifications

License:

No license is required.

Certificate:

No certification is required.

Other standard:

All providers of waiver services must be a Medicaid provider as specified in the applicable Nebraska Administrative Codes.

A provider of this service must:

- Complete all provider enrollment requirements;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian; and
- Not be an employee of DHHS.

A provider of this service must:

- Ensure that all items and assistive equipment recommended or provided meet the applicable standards of manufacture, design, and installation.
- Obtain, at a minimum, three bids/cost proposals to ensure cost effectiveness.

The provider must have internet access for immediate adherence to applicable record-keeping and billing requirements when the service is delivered in a provider setting.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHHS agency staff in combination with designated provider enrollment broker.

Frequency of Verification:

Independent provider background check compliance is completed annually and the provider enrollment broker ensures that revalidation is completed every 5 years.

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Service Type:

Other service

Service Title:

EXTENDED FAMILY HOME RESIDENTIAL HABILITATION

Category 1:

08 Home-Based Services

Sub-Category 1:

08010 home-based habilitation

Service is included in approved waiver. The service specifications have been modified.

Service Definition (Scope):

Extended family home residential habilitation (teaching and supporting) 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, laundry, 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 participant to live in the most integrated setting appropriate to his/her needs. This service also includes the provision of personal care, health maintenance activities, and protective oversight when applicable to the participant, as well as supervision. In addition, the intensity of supervision will also be outlined in the service plan.

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

Residential habilitation (teaching and supporting) services provided in a single family home setting are called extended family home (EFH) residential habilitation (teaching and supporting) services. The home is not owned by the participant and is rented or owned by the employee or sub-contractor of the DD provider agency. EFH residential habilitation (teaching and supporting) services are delivered by an employee of the DD provider agency or under a subcontract with a DD provider agency and are continuous services. Continuous residential services are expected to be available for no less than eleven hours. Generally, residential services will begin at 6:00 am each day. Daily rates are available for EFH residential services when the participant receives this service for four or more hours. An hour of service equates to one clock hour. Services may be billed in half and quarter hours (.25, .50, and .75).

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EFH residential habilitation (teaching and supporting) services are services provided in a setting where the participant and the EFH provider reside and the EFH provider is on-site and immediately available at all times to the participant receiving services, including during the participant's sleep time. The EFH provider must be present and awake during the times the participant is present and awake.

Six hours of overnight staffing are built into the overnight awake and overnight asleep rate for EFH residential habilitation (teaching and supporting) services. The EFH provider may be sleeping, unless awake overnight supervision or assistance is required as documented in the service plan, and must be present to respond immediately to participants' needs and emergencies. Overnight staffing may or may not provide formal training or intervention when the participant awakens during the night. The need for formal training or interventions during overnight hours is based on the participant'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.

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 EFH residential habilitation (teaching and supporting) services and the cost of this transportation is included in the rate paid to providers of residential habilitation (teaching and supporting) services. The time when a participant is transported by a provider may be billed. The participant must be with the provider staff in order for transportation time to be claimed.

When the unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the participant, the participant has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant laws of the state, county, city, or other designated entity. When the setting in which the landlord tenant laws do not apply, a lease, residency agreement or other form of written agreement will be in place for each participant, and the document must provide protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This service is only available under this waiver until May 31, 2017 and at such time this service will end and cannot be offered. Extended family home residential habilitation offered in this waiver are available to current waiver participants only, until the waiver participant transitions to new services offered under this waiver. New waiver participants cannot choose Extended family home residential habilitation and current waiver participants cannot choose this service at their next annual, semi-annual or special ISP meeting.

A maximum of three s with DD may live in the residence.

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Payments for EFH residential habilitation (teaching and supporting) services are not made for room and board, the cost of facility maintenance, upkeep and improvement.

Payment for EFH residential habilitation (teaching and supporting) services does not include payments made, directly or indirectly to members of the participant'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 participant's approved annual budget and is provided based on the participant's preferences to the extent possible, and as documented in the service plan.

The provision of EFH residential habilitation (teaching and supporting) services cannot overlap with or supplant other state or federally funded services such as, but not limited to respite services, Vocational Rehabilitation services, day habilitation (teaching and supporting) services, or Medicaid State Plan services. Residential habilitation (teaching and supporting) services will not duplicate other services provided through this waiver. Each waiver service must be prior-authorized to avoid duplicative billing with other waiver services.

Service Delivery Method *(check each that applies):*

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by *(check each that applies):*

- Legally Responsible Person
- Relative
- Legal Guardian

Service Delivery Method *(check each that applies):*

- Provider managed

Specify whether the service may be provided by *(check each that applies):*

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications

Provider Category:

- Agency

Provider Type:

DD Agency

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Provider Qualifications

License:

No license is required.

Certificate:

Certification by the Division of Public Health in accordance with applicable state laws and regulations. Neb. Rev. § 83-1201 through 83-1226 – Developmental Disabilities Services Act.

Other standard:

The DD provider agency must be a Medicaid provider, and must comply with all applicable licensure standards, Titles of the Nebraska Administrative Code, and Nebraska State Statutes.

The DD provider agency must adhere to standards, as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.

A provider delivering direct services and supports must:

- Meet and adhere to all applicable employment standards established by the hiring agency;
- Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable or upon request:
 - Abuse, neglect, and exploitation and state law reporting requirements and prevention;
 - Cardiopulmonary resuscitation; and
 - Basic first aid;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian; and
- Not be an employee of DHHS.

The DD provider agency must have internet access in all settings that are provider operated or controlled for immediate adherence to applicable record-keeping and billing requirements.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHHS agency staff in combination with designated provider enrollment broker.

Frequency of Verification:

Direct support staff background check compliance is verified through the annual or biennial survey process. The provider enrollment broker ensures that revalidation of agency is completed every 5 years.

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Service Type:

Other service

Service Title:

GROUP HOME RESIDENTIAL HABILITATION

Category 1:

08 Home-Based Services

Sub-Category 1:

08010 home-based habilitation

Service is included in approved waiver. The service specifications have been modified.

Service Definition (Scope):

Group home residential habilitation (teaching and supporting) 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, laundry, 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 participant to live in the most integrated setting appropriate to his/her needs. Group home residential services also includes personal care, health maintenance activities, and protective oversight when applicable to the participant, as well as supervision. In addition, the intensity of supervision will also be outlined in the service plan.

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. 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 (teaching and supporting) 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. When there is a rental agreement with, and payment for, room and board to a DD provider or whoever owns the property, those must be treated as landlord-tenant agreements and all applicable state and local laws must be followed.

Staff support is continuous, that is, staff must be present and awake during the times that participants are present and awake. Continuous residential services are expected to be available for no less than eleven hours. Generally, residential services will begin at 6:00 am each day. Daily rates are available for Group home residential services when the participant receives this service for four or more hours. An hour of service equates to one clock hour. Services may be billed in

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half and quarter hours (.25, .50, and .75). The need for and intensity of direct staff support during overnight hours is commensurate with the needs of the participant. The need for asleep overnight staff, awake overnight staff, or no overnight staff must be documented in the service plan. As applicable, the type of awake overnight supervision or assistance that is required must be documented in the service plan. As applicable, when the participant 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 participants' needs and emergencies. Overnight staffing may or may not provide formal training or intervention when the participant awakens during the night. The need for formal training or interventions during overnight hours is based on the participant'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 group home residential habilitation (teaching and supporting) services 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 group home residential habilitation (teaching and supporting) services and the cost of this transportation is included in the rate paid to providers of residential habilitation (teaching and supporting) services. The time when a participant is transported by a provider may be billed. The participant must be with the provider staff in order for transportation time to be claimed.

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

When the unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the participant, the participant has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant laws of the state, county, city, or other designated entity. When the setting in which the landlord tenant laws do not apply, a lease, residency agreement or other form of written agreement will be in place for each participant, and the document must provide protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This service is only available under this waiver until May 31, 2017 and at such time this service will end and cannot be offered. Group Home Residential Habilitation offered in this waiver are available to current waiver participants only, until the participant transitions to new services offered under this waiver. New waiver participants cannot choose Group Home Residential

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Habilitation and current waiver participants cannot choose this service at their next annual, semi-annual or special ISP meeting.

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 participant'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 participant's approved annual budget and is provided based on the participant'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. Each waiver service must be prior-authorized to avoid duplicative billing with other waiver services.

Service Delivery Method (*check each that applies*):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (*check each that applies*):

- Legally Responsible Person
- Relative
- Legal Guardian

Service Delivery Method (*check each that applies*):

- Provider managed

Specify whether the service may be provided by (*check each that applies*):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications

Provider Category:

- Agency

Provider Type:

DD Agency

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Provider Qualifications

License:

No license is required.

Certificate:

Certification by the Division of Public Health in accordance with applicable state laws and regulations. Neb. Rev. § 83-1201 through 83-1226 – Developmental Disabilities Services Act.

Other standard:

The DD provider agency must be a Medicaid provider, and must comply with all applicable licensure standards, Titles of the Nebraska Administrative Code, and Nebraska State Statutes.

The DD provider agency must adhere to standards, as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.

A provider delivering direct services and supports must:

- Meet and adhere to all applicable employment standards established by the hiring agency;
- Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable or upon request:
 - Abuse, neglect, and exploitation and state law reporting requirements and prevention;
 - Cardiopulmonary resuscitation; and
 - Basic first aid;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian;
- Not be an employee of DHHS; and
- Possess a valid driver's license and insurance as required by Nebraska law, if transportation is provided.

The DD provider agency must have internet access in all settings that are provider operated or controlled for immediate adherence to applicable record-keeping and billing requirements.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHHS agency staff in combination with designated provider enrollment broker.

Frequency of Verification:

Direct support staff background check compliance is verified through the annual or biennial survey process. The provider enrollment broker ensures that revalidation of agency is completed every 5 years.

Appendix C: Nebraska Lifespan Comprehensive DD Waiver (4154)

Service Type:

Other service

Service Title:

HABILITATIVE CHILD CARE

Category 1:

17 Other Services

Sub-Category 1:

17990 other

Service is included in approved waiver. The service specifications have been modified.

Service Definition (Scope):

Habilitative child care is child care provided for less than 12 hours per day and may be provided in the child's natural home or in a setting approved, registered, or licensed by the Nebraska Health and Human Services.

Habilitative child care is habilitative (teaching and supporting) in nature and not typical of child care provided to a child without a disability. Habilitation (teaching and supporting) is formal, planned training and supports and is a component of habilitative child care. Training and supports provided in Habilitative child care include adaptive skill development of daily living activities, such as eating, personal grooming, and cleanliness, and social and leisure skill development.

Habilitative child care is a coordinated effort of interventions and strategies by all service providers. Habilitation (teaching and supporting) provided by the habilitative child care provider will be documented in the IFSP, be coordinated with the habilitation (teaching and supporting) provided by the habilitation services provider, and monitored by the state DD service coordinator. The strategies and interventions utilized by the habilitative child care provider, such as positive behavioral supports, safety interventions, feeding techniques, etc. are not done in isolation or contrary to those utilized by the habilitation service provider or the educational provider. The habilitative child care provider must have training or experience in the performance of the service(s) being provided and be able to perform the tasks required for the participant's needs.

Habilitative child care is available to children that live in their family home. This service may be prior authorized when both parents/guardians are working at the same time. This service does not include the cost of routine child care for the care and supervision of the client, normally provided by parents/guardians in their own home.

Habilitative child care cannot be delivered at the same time as the delivery of Community Living and Day Supports, In-Home Residential Habilitation services, Day Habilitation services, Workstation Habilitation services, Vocational Planning Habilitation services, Integrated Community Employment services, or Respite services.

Appendix C: Nebraska Lifespan Comprehensive DD Waiver (4154)

Habilitative child care is not available to participants receiving Group Home residential habilitation services, Companion Home Residential Habilitation services, and Extended Family Home Residential 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.).

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This service is only available under this waiver until May 31, 2017 and at such time this service will end and cannot be offered. Habilitative child care offered in this waiver are available to current waiver participants only, until the waiver participant transitions to new services offered under this waiver. New waiver participants cannot choose Habilitative child care and current waiver participants cannot choose this service at their next annual, semi-annual or special ISP meeting.

Habilitative child care cannot be provided by the usual caregiver. The term “usual caregiver” means a person(s) who resides with the child, is not paid to provide services, and is responsible for the care and supervision of the child on a 24-hour basis.

Habilitative child care is available only to children residing in their family home.

Payment for habilitative child care does not include payments made, directly or indirectly to members of the participant's immediate family, defined as parent (biological, step, or adoptive), spouse, or child (biological, step, or adopted).

Habilitative child care cannot be provided by members of the participant’s immediate household. Habilitative child care cannot be provided by the legal guardian.

Habilitation and child care needs will be addressed in this service as specified in the IFSP.

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

Each waiver service must be prior-authorized to avoid duplicative billing with other waiver 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.

Waiver services will not be furnished to a child while s/he is an inpatient of a hospital, nursing facility, or ICF/DD. Room and board is not included as a cost that is reimbursed under the children’s waiver.

Appendix C: Nebraska Lifespan Comprehensive DD Waiver (4154)

Service Delivery Method *(check each that applies):*

- Participant-directed as specified in Appendix E
 Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
 Relative
 Legal Guardian

Provider Specifications

Provider Category:

- Individual

Provider Type:

Independent Individual – Non-Habilitative Services

Provider Qualifications

License:

Not required.

Certificate:

Not required.

Other standard:

All providers of waiver services must be a Medicaid provider as specified in the applicable Nebraska Administrative Codes.

A provider of this service must:

- Complete all provider enrollment requirements;
- Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable, or upon request:
 - Abuse, neglect, and exploitation and state law reporting requirements and prevention;
 - Cardiopulmonary resuscitation; and
 - Basic first aid;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian;
- Not be an employee of DHHS; and
- Possess a valid driver's license and insurance as required by Nebraska law, if transportation is provided.

The provider must have internet access for immediate adherence to applicable record-keeping and billing requirements when the service is delivered in a provider setting.

Appendix C: Nebraska Lifespan Comprehensive DD Waiver (4154)

Verification of Provider Qualifications

Entity Responsible for Verification:

DHHS agency staff in combination with designated provider enrollment broker.

Frequency of Verification:

Direct support staff background check compliance is verified through the annual or biennial survey process. The provider enrollment broker ensures that revalidation of agency is completed every 5 years.

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Appendix C: Nebraska Lifespan Comprehensive DD Waiver (4154)

Service Type:

Other service

Service Title:

HABILITATIVE COMMUNITY INCLUSION

HCBS Taxonomy:

Category 1:

04 Day Services

Sub-Category 1:

04020 day habilitation

Service is not included in the approved waiver.

Service Definition (Scope):

Habilitative Community Inclusion services offer habilitative training and staff supports for the acquisition, retention, or improvement in self-help, and behavioral, socialization, and adaptive skills which take place in the community in a non-residential setting, separate from the participant's private residence or other residential living arrangement. Habilitative Community Inclusion services are furnished in any of a variety of settings in the community.

Habilitative activities are designed to foster greater independence, community networking, and personal choice. Making connections with community members is a strong component of this service provision. Participants may not perform work activities, either paid or unpaid, while receiving this service.

Habilitative Community Inclusion services provide an opportunity for the participant to practice skills taught in therapies, counseling sessions, or other settings to plan and participate in regularly scheduled community activities. Services also include the provision of supplementary staffing necessary to meet the child's exceptional care needs in a day care setting.

Habilitative Community Inclusion services must be furnished consistent with the participant's service plan and include options and opportunities for community integration, relationship-building, and an increased presence in one's community. Habilitative Community Inclusion services include assisting with the common use of the community's transportation system as well as building and maintaining interpersonal relationships. Habilitative Community Inclusion services may include facilitation of inclusion of the participant within a community group or volunteer organization; opportunities for the participant to join formal/informal associations and community groups; opportunities for inclusion in a broad range of community settings including opportunities to pursue social and cultural interests, and choice making. Habilitative Community Inclusion services include assistance with activities of daily living (ADL), health maintenance, and supervision. Sixty percent of services must occur in community integrated activities.

Habilitative Community Inclusion services may be self-directed.

Appendix C: Nebraska Lifespan Comprehensive DD Waiver (4154)

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- This service may be authorized in combination with any, or all, of the following services in the same service plan, but not during the same time period: Adult Day Services, Supported Employment (Individual, Enclave, and Follow-Along), and/or Habilitative Workshop. The total combined hours for these services may not exceed a weekly amount of 35 hours.
- The rate for this service does not include the basic cost of childcare unrelated to a child's disability. The "basic cost of child care" means the rate charged by and paid to a childcare center or individual provider for children who do not have special needs.
- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- Habilitative Community Inclusion is reimbursed at an hourly unit.
- The rate tier for this service is determined based upon needs identified in the Objective Assessment Process.
- Transportation to and from the participant's private residence, or other provider setting, to settings in the community for Habilitative Community Inclusion services is included in the reimbursement rate.
- Habilitative Community Inclusion shall not overlap with, supplant, or duplicate other services provided through Medicaid State plan or HCBS Waiver services.
- This service shall exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA). This includes services not otherwise available through public education programs in the participant's local school district, including after school supervision and daytime services when school is not in session (i.e., summer breaks and/or scheduled school holidays, in-service days, etc.). Services cannot be provided during the school hours set by the local school district for the participant. Regular school hours and days apply for a child who receives home schooling.
- Habilitative Community Inclusion Services may be provided by a relative but not a legally responsible individual or guardian.
- An individual service provider or agency provider staff shall not provide Habilitative Community Inclusion services to adults and children at the same time. Participants 18 years of age may receive Habilitative Community Inclusion services with adults.
- A Habilitative Community Inclusion service provider or provider staff must be 19 years of age or older.

Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
- Relative
- Legal Guardian

Appendix C: Nebraska Lifespan Comprehensive DD Waiver (4154)

Provider Specifications

Provider Category:

Agency

Provider Type:

DD Agency

Provider Qualifications

License:

No license is required.

Certificate:

Certification by the Division of Public Health in accordance with applicable state laws and regulations. Neb. Rev. § 83-1201 through 83-1226 – Developmental Disabilities Services Act.

Other standard:

The DD provider agency must be a Medicaid provider, and must comply with all applicable licensure standards, Titles of the Nebraska Administrative Code, and Nebraska State Statutes.

The DD provider agency must adhere to standards, as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.

A provider delivering direct services and supports must:

- Meet and adhere to all applicable employment standards established by the hiring agency;
- Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable or upon request:
 - Abuse, neglect, and exploitation and state law reporting requirements and prevention;
 - Cardiopulmonary resuscitation; and
 - Basic first aid;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian;
- Not be an employee of DHHS; and
- Possess a valid driver's license and insurance as required by Nebraska law, if transportation is provided.

The DD provider agency must have internet access in all settings that are provider operated or controlled for immediate adherence to applicable record-keeping and billing requirements.

Provider Specifications

Provider Category:

Individual

Provider Type:

Appendix C: Nebraska Lifespan Comprehensive DD Waiver (4154)

Independent Individual – Habilitative Services

Provider Qualifications

License:

No license is required.

Certificate:

No certification is required.

Other standard:

All providers of waiver services must be a Medicaid provider as specified in the applicable Nebraska Administrative Codes.

A provider of this service must:

- Complete all provider enrollment requirements;
- Have necessary education and experience, and provide evidence upon request:
 - Have a Bachelor's degree or equivalent coursework/training in: education, psychology, social work, sociology, human services, or a related field; and/or
 - Have four or more years of professional experience in the provision of habilitative services for persons with intellectual or other developmental disabilities or in habilitative program writing and program data collection/analysis;
- Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable, or upon request:
 - Abuse, neglect, and exploitation and state law reporting requirements and prevention;
 - Cardiopulmonary resuscitation; and
 - Basic first aid;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian;
- Not be an employee of DHHS; and
- Possess a valid driver's license and insurance as required by Nebraska law, if transportation is provided.

The provider must have internet access for immediate adherence to applicable record-keeping and billing requirements when the service is delivered in a provider setting.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHHS agency staff in combination with designated provider enrollment broker.

Frequency of Verification:

Independent provider background check compliance is completed annually and the provider enrollment broker ensures that revalidation is completed every 5 years.

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Direct support staff background check compliance is verified through the annual or biennial survey process. The provider enrollment broker ensures that revalidation of agency is completed every 5 years.

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Appendix C: Nebraska Lifespan Comprehensive DD Waiver (4154)

Service Type:

Other service

Service Title:

HABILITATIVE WORKSHOP

HCBS Taxonomy:

Category 1:

04 Day Services

Sub-Category 1:

04020 day habilitation

Service is not included in the approved waiver.

Service Definition (Scope):

Habilitative Workshop services are habilitative services that offer a provision of regularly scheduled activities in a provider owned or controlled non-residential setting. Habilitative Workshop services are regularly 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, and community living. Activities and environments are designed to foster the acquisition of skills, building positive social behavior and interpersonal competence, greater independence and personal choice. This service is provided to participants that do not have a clear plan for employment and are therefore not currently seeking to join the general work force. Services are not job-task oriented, but aimed at generalized results.

Habilitative Workshop services will focus on enabling the participant 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, the services and supports may reinforce but not replace skills taught in therapy, counseling sessions, or other settings. This service also includes the provision of personal care, health maintenance and supervision.

Habilitative Workshop is not self-directed.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- This service may be authorized in combination with any, or all, of the following services in the same service plan, but not during the same time period: Adult Day Services, Supported Employment (Individual, Enclave, and Follow-Along), and/or Habilitative Community Inclusion. The total combined hours for these services may not exceed a weekly amount of 35 hours.
- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- Habilitative Workshop is reimbursed at an hourly unit.

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- The rate tier for this service is determined based upon needs identified in the Objective Assessment Process.
- Transportation to and from the participant's private residence, or other provider setting, to a Habilitative Workshop setting is not included in the reimbursement rate.
- Transportation to and from the Habilitative Workshop setting to integrated community activities during the Habilitative Workshop service hours is included in the rate.
- Habilitative Workshop shall not overlap with, supplant, or duplicate other services provided through Medicaid State Plan or HCBS Waiver services, or Vocational Rehabilitation programs.
- This service shall exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA). This includes services not otherwise available through public education programs in the participant's local school district, including after school supervision and daytime services when school is not in session (i.e., summer breaks and/or scheduled school holidays, in-service days, etc.). Services cannot be provided during the school hours set by the local school district for the participant. Regular school hours and days apply for a child who receives home schooling.
- Effective March 1, 2017, documentation for any supported employment service must be maintained in the service coordination file for each participant receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 (Vocational Rehabilitation Services).

Service Delivery Method *(check each that applies):*

Provider managed

Specify whether the service may be provided by *(check each that applies):*

Legally Responsible Person

Relative

Legal Guardian

Provider Specifications

Provider Category:

Agency

Provider Type:

DD Agency

Provider Qualifications

License:

No license is required.

Certificate:

Certification by the Division of Public Health in accordance with applicable state laws and regulations. Neb. Rev. § 83-1201 through 83-1226 – Developmental Disabilities Services Act.

Appendix C: Nebraska Lifespan Comprehensive DD Waiver (4154)

Other standard:

The DD provider agency must be a Medicaid provider, and must comply with all applicable licensure standards, Titles of the Nebraska Administrative Code, and Nebraska State Statutes.

The DD provider agency must adhere to standards, as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.

A provider delivering direct services and supports must:

- Meet and adhere to all applicable employment standards established by the hiring agency;
- Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable or upon request:
 - Abuse, neglect, and exploitation and state law reporting requirements and prevention;
 - Cardiopulmonary resuscitation; and
 - Basic first aid;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian;
- Not be an employee of DHHS; and
- Possess a valid driver's license and insurance as required by Nebraska law, if transportation is provided.

The DD provider agency must have internet access in all settings that are provider operated or controlled for immediate adherence to applicable record-keeping and billing requirements.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHHS agency staff in combination with designated provider enrollment broker.

Frequency of Verification:

Direct support staff background check compliance is verified through the annual or biennial survey process. The provider enrollment broker ensures that revalidation of agency is completed every 5 years.

Appendix C: Nebraska Lifespan Comprehensive DD Waiver (4154)

Service Type:

Other service

Service Title:

HOME MODIFICATION

HCBS Taxonomy:

Category 1:

14 Equipment, Technology and Modification

Sub-Category 1:

14020 home and/or vehicle accessibility adaptations

Service is included in approved waiver. The service specifications have been modified.

Service Definition (Scope):

Home Modifications are those physical adaptations to the private residence of the participant or the participant's family that are necessary to ensure the health, welfare, and safety of the participant, and/or are necessary to enable the participant to function with greater independence in their own participant-directed private home (not provider operated or controlled) or in the family's home, if living with his/her family.

Home Modifications are provided within the current foundation of the residence. Such modifications include the installation of ramps, widening of doorways, modification of bathroom facilities, or the installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the participant. Adaptations that add to the total square footage of the home are excluded except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair). Approvable adaptations do not include adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the participant. The participant's home must not present a health and safety risk to the participant other than that corrected by the approved home adaptations. Home Modifications will not be approved to adapt living arrangements for a residence that is operated or controlled by a provider of waiver services.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- Home Modification has a budget cap of \$10,000 per five year period.
- A critical health or safety service request that exceeds the cap is subject to available waiver funding and approval by the Division.
- The Division of Developmental Disabilities may require an on-site assessment of the environmental concern including an evaluation of functional necessity with appropriate Medicaid enrolled professional providers. The DDD may use a third party to assess the proposed modification and need for the adaptation to ensure cost effectiveness and quality of product. This assessment will be funded by the Environmental Modification

Appendix C: Nebraska Lifespan Comprehensive DD Waiver (4154)

Assessment service, and will be reimbursed separately. The cost of the Environmental Modification Assessment is not included in the \$10,000 budget cap for Home Modification.

- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- Home Modifications shall not overlap with, supplant, or duplicate other services provided through Medicaid State plan services.
- Proof of renter's insurance or homeowner's insurance may be requested.
- Evidence of application to secure government-subsidized housing through U.S. Department of Housing and Urban Development or other Economic Assistance programs may be requested.
- Providers shall not exceed their charges to the general public when billing the waiver. A provider who offers a discount to certain individuals (for example, students, senior citizens, etc.) shall apply the same discount to the participants who would otherwise qualify for the discount.

Service Delivery Method *(check each that applies):*

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by *(check each that applies):*

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications

Provider Category:

- Individual

Provider Type:

Independent Individual – Non-Habilitative

Provider Qualifications

License:

All general contractors or vendors must meet all applicable federal, state, and local laws and regulations, including maintaining appropriate license.

Certificate:

All general contractors or vendors must meet all applicable federal, state, and local laws and regulations, including maintaining appropriate certifications.

Other standard:

Appendix C: Nebraska Lifespan Comprehensive DD Waiver (4154)

All providers of waiver services must be a Medicaid provider as specified in the applicable Nebraska Administrative Codes.

A provider of this service must ensure that all items and assistive equipment provided meet the applicable standards of manufacture, design, and installation. Appropriately licensed/certified persons shall make or oversee all modifications.

A provider of this service must:

- Complete all provider enrollment requirements;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian; and
- Not be an employee of DHHS.

The provider must have internet access for immediate adherence to applicable record-keeping and billing requirements when the service is delivered in a provider setting.

Provider Specifications

Provider Category:

Agency

Provider Type:

Independent Agency, Department of Education, Companies for Specialized Equipment, supplies, home repair.

Provider Qualifications

License:

All general contractors or vendors must meet all applicable federal, state, and local laws and regulations, including maintaining appropriate license.

Certificate:

All general contractors or vendors must meet all applicable federal, state, and local laws and regulations, including maintaining appropriate certifications.

Other standard:

All providers of waiver services must be a Medicaid provider as specified in the applicable Nebraska Administrative Codes.

A provider of this service must ensure that all items and assistive equipment provided meet the applicable standards of manufacture, design, and installation. Appropriately licensed/certified persons shall make or oversee all modifications.

A provider of this service must:

- Complete all provider enrollment requirements;
- Be age 19 or older and authorized to work in the United States;

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- Not be a legally responsible individual or guardian; and
- Not be an employee of DHHS.

The provider must have internet access for immediate adherence to applicable record-keeping and billing requirements when the service is delivered in a provider setting.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHHS agency staff in combination with designated provider enrollment broker.

Frequency of Verification:

Independent provider background check compliance is completed annually and the provider enrollment broker ensures that revalidation is completed every 5 years.

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Appendix C: Nebraska Lifespan Comprehensive DD Waiver (4154)

Service Type:

Other service

Service Title:

HOMEMAKER

HCBS Taxonomy:

Category 1:

08 Home-Based Services

Sub-Category 1:

08050 homemaker

Service is included in approved waiver. The service specifications have been modified.

Service Definition (Scope):

Homemaker services are the performance of the general household activities, such as meal preparation, laundry services, errands, and routine household care, when the participant regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home. This service does not include direct care or supervision.

Homemaker services may be self-directed.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- Homemaker services have an annual cap of 520 hours.
- Homemaker services are available only to participants residing in their family homes.
- Homemaker services cannot duplicate or replace other supports available to the participant, including natural supports.
- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- Homemaker services are reimbursed at an hourly unit.
- Transportation is not included in the reimbursement rate.
- Homemaker services shall not overlap with, supplant, or duplicate other services provided through Medicaid State plan or HCBS Waiver services.
- Homemaker services cannot be provided by any individual provider or agency staff member that lives in the same private residence as the participant, or is a legally responsible individual or guardian of the participant.

Service Delivery Method (*check each that applies*):

Participant-directed as specified in Appendix E

Specify whether the service may be provided by (check each that applies):

Legally Responsible Person

Relative

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Legal Guardian

Provider Specifications

Provider Category:

Agency

Provider Type:

Independent Agency/Company

Provider Qualifications

License:

Not required.

Certificate:

No

Other standard:

All providers of waiver services must be a Medicaid provider as specified in the applicable Nebraska Administrative Code.

A provider of this service must:

- Complete all provider enrollment requirements;
- Be age 19 or older and authorized to work in the United States;
- Not be an individual provider or agency staff member that lives in the same private residence as the participant;
- Not be the legally responsible individual or guardian; and
- Not be an employee of DHHS.

The provider must have internet access for immediate adherence to applicable record-keeping and billing requirements when the service is delivered in a provider setting.

Provider Specifications

Provider Category:

Individual

Provider Type:

Independent Individual

Provider Qualifications

License:

Not required.

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Certificate:

No

Other standard:

All providers of waiver services must be a Medicaid provider as specified in the applicable Nebraska Administrative Code.

A provider of this service must:

- Complete all provider enrollment requirements;
- Be age 19 or older and authorized to work in the United States;
- Not be an individual provider or agency staff member that lives in the same private residence as the participant;
- Not be the legally responsible individual or guardian; and
- Not be an employee of DHHS.

The provider must have internet access for immediate adherence to applicable record-keeping and billing requirements when the service is delivered in a provider setting.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHHS agency staff in combination with designated provider enrollment broker.

Frequency of Verification:

Independent provider background check compliance is completed annually and the provider enrollment broker ensures that revalidation is completed every 5 years.

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Service Type:

Other service

Service Title:

IN-HOME RESIDENTIAL HABILITATION

HCBS Taxonomy:

Category 1:

08 Home-Based Services

Sub-Category 1:

08010 home-based habilitation

Service is included in approved waiver. The service specifications have been modified.

Service Definition (Scope):

In-Home Residential Habilitation service is individually-tailored supports for a waiver participant that assists with the acquisition, retention, or improvement in skills related to living in the community. These supports include adaptive skill development, assistance with activities of daily living, habilitative community inclusion, transportation, opportunities for practicing skills taught in therapies, counseling sessions, or other settings, social and leisure skill development, that assist the participant to reside in the most integrated setting appropriate to his/her needs. In-Home Residential Habilitation includes personal care, protective oversight and supervision.

In-Home Residential Habilitation Service may be self-directed.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- In-Home Residential Habilitation service may be provided in the participant's home or integrated settings with persons who do not have disabilities.
- This service cannot be provided in conjunction with Habilitative Community Inclusion and Adult Companion service.
- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- In-Home Residential Habilitation service is reimbursed at an hourly or daily rate.
- Transportation is included in the rate.
- In-Home Residential Habilitation service shall not overlap with, supplant, or duplicate other services provided through the Medicaid state Plan or HCBS Waiver services.
- This service shall exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA). This includes services not otherwise available through public education programs in the participant's local school district, including after school supervision and daytime services when school is not in session (i.e., summer breaks and/or scheduled school holidays, in-service days, etc.). Services cannot be provided during the school hours set by the local school district for the participant. Regular school hours and days apply for a child who receives home schooling.

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- In-Home Residential Habilitation Service may be provided by a relative but not a legally responsible individual or guardian.

Service Delivery Method *(check each that applies):*

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications

Provider Category:

- Agency

Provider Type:

DD Agency

Provider Qualifications

License:

No license is required.

Certificate:

Certification by the Division of Public Health in accordance with applicable state laws and regulations. Neb. Rev. § 83-1201 through 83-1226 – Developmental Disabilities Services Act.

Other standard:

The DD provider agency must be a Medicaid provider, and must comply with all applicable licensure standards, Titles of the Nebraska Administrative Code, and Nebraska State Statutes.

The DD provider agency must adhere to standards, as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.

A provider delivering direct services and supports must:

- Meet and adhere to all applicable employment standards established by the hiring agency;
- Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable or upon request:
 - Abuse, neglect, and exploitation and state law reporting requirements and prevention;
 - Cardiopulmonary resuscitation; and
 - Basic first aid;
- Be age 19 or older and authorized to work in the United States;

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- Not be a legally responsible individual or guardian;
- Not be an employee of DHHS; and
- Possess a valid driver's license and insurance as required by Nebraska law, if transportation is provided.

The provider must have internet access for immediate adherence to applicable record-keeping and billing requirements when the service is delivered in a provider setting.

Provider Specifications

Provider Category:

Individual

Provider Type:

Independent Individual – Habilitative Services

Provider Qualifications

License:

No license is required.

Certificate:

No certification is required.

Other standard:

All providers of waiver services must be a Medicaid provider as specified in the applicable Nebraska Administrative Codes.

A provider of this service must:

- Complete all provider enrollment requirements;
- Have necessary education and experience, and provide evidence upon request:
 - Have a Bachelor's degree or equivalent coursework/training in: education, psychology, social work, sociology, human services, or a related field; and/or
 - Have four or more years of professional experience in the provision of habilitative services for persons with intellectual or other developmental disabilities or in habilitative program writing and program data collection/analysis;
- Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable, or upon request:
 - Abuse, neglect, and exploitation and state law reporting requirements and prevention;
 - Cardiopulmonary resuscitation; and
 - Basic first aid;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian;
- Not be an employee of DHHS; and

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- Possess a valid driver's license and insurance as required by Nebraska law, if transportation is provided.

The provider must have internet access for immediate adherence to applicable record-keeping and billing requirements when the service is delivered in a provider setting.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHHS agency staff in combination with designated provider enrollment broker.

Frequency of Verification:

Direct support staff background check compliance is verified through the annual or biennial survey process. The provider enrollment broker ensures that revalidation of agency is completed every 5 years.

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Service Type:

Other service

Service Title:

MEDICAL RISK SERVICES

HCBS Taxonomy:

Category 1:

02 Round-the-Clock Services

Sub-Category 1:

02023 shared living, other

Service is included in approved waiver. The service specifications have been modified.

Service Definition (Scope):

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

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

The need for medical risk services will be determined by designated staff at Division of Developmental Disabilities (DDD) central office. A referral is completed by the participant's ISP team to assist the team in planning, as a guide in giving adequate consideration to health and medical factors, or at the request of DDD central office. When the team, which may include the participant's physician, believes that the participant's needs require medical risk services, the participant may be referred to DD central office for a formal health assessment.

Medical risk services are provided 24/7 and are considered to be continuous services. This service is an all-inclusive service that includes residential and day habilitation (teaching and supporting), health maintenance activities, routine complex medical treatments, ongoing health and safety supervision, and ongoing clinical supports. The provision of medical risk services will be under the direction of a registered nurse. A participant cannot be authorized for another residential

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habilitation service and medical risk services at the same time. Physical nutritional management plans must be implemented as applicable Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day).

The residential habilitation (teaching and supporting) under this service can be delivered in a variety of home settings. The residential habilitation component is formalized training and staff supports for the acquisition, retention, or improvement in skills related to living in the community. Medical risk services are all-inclusive, meaning that a participant cannot receive these services in combination with another DD waiver service. 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 participant to live in the most integrated setting appropriate to his/her needs. Residential habilitation (teaching and supporting) also includes personal care and protective oversight when applicable as well as supervision.

The day habilitation (teaching and supporting) service component, is provided away from the home, unless prescribed to be medically necessary by the participant's physician and approved by DDD central office, and is provided during typical working hours to increase the person's independence, integration, inclusion, personal accomplishment, and employment objectives, as applicable. Day habilitation services that are provided as part of this all-inclusive service are provided in non-residential settings in the community. A participant cannot be authorized for another day habilitation service and medical risk services at the same time. The habilitation (teaching and supporting) services are formalized training and supports, which focus on enabling the participant to attain or maintain his or her maximum functional level and must be coordinated with but may not supplant any physical, occupational, or speech therapies in the ISP. The habilitative training and supports may include workplace training, increasing socialization and recreational skills and abilities in the community, and skills to assist in access to and integration in their community. The day habilitation (teaching and supporting) component also includes personal care and protective oversight when applicable as well as supervision.

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

Assistance with personal needs may include toileting, transfer and ambulation, skin care, bathing, dressing, grooming, meal preparation, eating, extension of therapies and exercise, and routine care of adaptive equipment primarily involving cleaning as needed.

Treatments or interventions to meet complex medical needs or address degenerative conditions are outlined in a nursing plan and included in the participant's service plan. Health and safety factors including the type and amount of supervision, environmental conditions, weather conditions,

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architectural conditions, special diets, and safe evacuation plans are included in the service plan as applicable to the participant.

Medical risk providers must have a sufficient number of Registered Nurses on staff or under contract to develop nursing plans, provide complex medical treatments, train unlicensed direct support professionals, and oversee delegation of health maintenance activities to the extent permitted under applicable state laws.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This service is only available under this waiver until May 31, 2017 and at such time this service will end and cannot be offered. Medical Risk Services offered in this waiver are available to current waiver participants only, until the waiver participant transitions to new services offered under this waiver. New waiver participants cannot choose Medical Risk Services and current waiver participants cannot choose this service at their next annual, semi-annual or special ISP meeting.

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

Complex medical treatments require ongoing assessment, professional judgment, and treatment based on ongoing assessment and can only be delegated to unlicensed direct support professionals to the extent permitted under Neb. Rev. Statute § 71-1, 132.30.

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

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

The provision of medical risk services cannot overlap with or supplant other state or federally funded services such as, but not limited to respite services, Vocational Rehabilitation services, or Medicaid State Plan services. Medical risk services will not duplicate other services provided through this waiver. Medical risk services are all-inclusive, meaning that a participant cannot receive these services in combination with another DD waiver service. Each waiver service must be prior-authorized to avoid duplicative billing with other waiver services.

Service Delivery Method *(check each that applies):*

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (check each that applies):

Appendix C: Nebraska Lifespan Comprehensive DD Waiver (4154)

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications

Provider Category:

- Agency

Provider Type:

DD Agency

Provider Qualifications

License:

Registered Nurses that provide a complex medical treatment or intervention or that delegate non-complex treatments to direct support staff must be licensed in accordance with applicable state laws and regulations. Neb. Rev. § 38-2201

Certificate:

Certification by the Division of Public Health in accordance with applicable state laws and regulations. Neb. Rev. § 83-1201 through 83-1226 – Developmental Disabilities Services Act.

Other standard:

The DD provider agency must be a Medicaid provider, and must comply with all applicable licensure standards, Titles of the Nebraska Administrative Code, and Nebraska State Statutes.

The DD provider agency must adhere to standards, as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.

A provider delivering direct services and supports must:

- Meet and adhere to all applicable employment standards established by the hiring agency;
- Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable or upon request:
 - Abuse, neglect, and exploitation and state law reporting requirements and prevention;
 - Cardiopulmonary resuscitation; and
 - Basic first aid;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian; and
- Not be an employee of DHHS.

The DD provider agency must have internet access in all settings that are provider operated or controlled for immediate adherence to applicable record-keeping and billing requirements.

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Verification of Provider Qualifications

Entity Responsible for Verification:

DHHS agency staff in combination with designated provider enrollment broker.

Frequency of Verification:

Direct support staff background check compliance is verified through the annual or biennial survey process. The provider enrollment broker ensures that revalidation of agency is completed every 5 years.

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Service Type:

Other service

Service Title:

PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)

HCBS Taxonomy:

Category 1:

14 Equipment, Technology and Modification

Sub-Category 1:

14010 personal emergency response system (PERS)

Service is included in approved waiver. The service specifications have been modified.

Service Definition (Scope):

PERS is an electronic device which enables participants to secure help in an emergency. The participant may also wear a portable PERS button to allow for mobility. The system is connected to the participant's telephone and programmed to signal a response center once a PERS button is activated.

The provision of PERS includes:

1. Instruction to the participant about how to use the PERS device;
2. Obtaining the participant's or authorized representative's signature verifying receipt of the PERS unit;
3. Ensuring that response to device signals (where appropriate to the device) will be provided 24 hours per day, 7 days per week;
4. Furnishing a replacement PERS unit when needed to the participant within 24 hours of notification of malfunction of the original unit while it is being repaired;
5. Updating a list of responder and contact names at a minimum semi-annually to ensure accurate and correct information;
6. Ensuring monthly testing of the PERS unit; and
7. Furnishing ongoing assistance when needed to evaluate and adjust the PERS device or to instruct the participant in the use of PERS devices, as well as to provide for system performance checks.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- PERS is limited to participants who live alone or who are alone for significant parts of the day and have no regular unpaid caregiver or provider for extended periods of time.
- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- PERS is reimbursed as a monthly rental fee or as a one-time installation fee.

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Service Delivery Method *(check each that applies):*

Provider managed

Specify whether the service may be provided by (check each that applies):

Legally Responsible Person

Relative

Legal Guardian

Provider Specifications

Provider Category:

Agency

Provider Type:

Independent Agency.

Provider Qualifications

License:

No license is required.

Certificate:

No certificate is required.

Other standard:

All providers of waiver services must be a Medicaid provider as specified in the applicable Nebraska Administrative Codes.

A provider of this service must ensure that all items and assistive equipment provided meet the applicable standards of manufacture, design, and installation.

A provider of this service must:

- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian; and
- Not be an employee of DHHS.

A provider of this service must:

- Complete all provider enrollment requirements;
- Ensure response is provided 24 hours per day, 7 days per week;
- Furnish replacement PERS unit within 24 hours of malfunction of original unit;
- Ensure monthly testing of PERS unit; and
- Update responder contacts semi-annually.

The provider must have internet access for immediate adherence to applicable record-keeping and billing requirements when the service is delivered in a provider setting.

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Verification of Provider Qualifications

Entity Responsible for Verification:

DHHS agency staff in combination with designated provider enrollment broker.

Frequency of Verification:

Independent provider background check compliance is completed annually and the provider enrollment broker ensures that revalidation is completed every 5 years.

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Service Type:

Other service

Service Title:

TEAM BEHAVIORAL CONSULTATION

HCBS Taxonomy:

Category 1:

10 Other Mental Health and Behavioral Services

Sub-Category 1:

10040 behavior support

Service is included in approved waiver. The service specifications have been modified.

Service Definition (Scope):

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

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

The service begins with submission of a referral to DDD central office to log and forward to the assigned TBC team. The TBC team contacts the participant's service coordinator (SC) to schedule a consultation visit and the SC submits informational packet to the TBC team for review prior to the scheduled visit. The on-site consultation begins with an initial meeting of the ISP team, the participant, legal representative and/or parent, service coordinator, staff from habilitation service components delivered to the participant (day services, residential services, or both day and residential services), other professionals serving the participant in the community, as well as TBC service staff.

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

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

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

If at any time the TBC team identifies a need for a referral as a result of the review of the case file, observations, interviews, and/or completion of assessments, the TBC will notify the participant's DDD service coordinator to recommend/direct that a referral be made for needs such as, but not limited to a medication review, dental work, medical evaluation, or nutritional evaluation. Such referral recommendations are documented in the TBC report.

Follow-up begins after the TBC staff has left the community site. It includes all revisions to the recommendations package, and phone, e-mail, and on-site contact with the participant's ISP team in the community. Weekly contact with the ISP team is conducted by telephone or e-mail to provide support and additional recommendations, as needed. Behavioral data and Treatment Integrity checklists are reviewed on an on-going basis, with on-site follow-up conducted if problem behaviors continue to be resistant in spite of consistently applied efforts. Continued follow-up is provided after each successive on-site visit. The TBC file is closed when there is agreement to do so by TBC staff and the participant's ISP team.

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

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This service is only available under this waiver until May 31, 2017 and at such time this service will end and cannot be offered. Team Behavioral Consultation offered in this waiver are available to current waiver participants only, until the waiver participant transitions to new services offered under this waiver. New waiver participants cannot choose Team Behavioral Consultation and current waiver participants cannot choose this service at their next annual, semi-annual or special ISP meeting.

Team behavioral consultation is only available to participants receiving services from a certified DD agency provider. TBC will not be available to participants that receive behavioral risk services or retirement services.

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

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

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

The authorized amount of team behavioral consultation is not determined using the objective assessment process. The funding amount and duration of the service is set by DDD and is not based on the objective assessment process described in I-2-a.

Service Delivery Method (*check each that applies*):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (*check each that applies*):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications

Provider Category:

- Agency

Provider Type:

DD Agency

Provider Qualifications

License:

Team behavioral consultation staff that is a psychologist, medical staff, or a mental health practitioner are required to be licensed in accordance with applicable state laws and regulations.

Neb. Rev. § 38-2121 through 38-2123

Neb. Rev. § 38-3115 through 38-3120

Certificate:

Certification by the Division of Public Health in accordance with applicable state laws and regulations. Neb. Rev. § 83-1201 through 83-1226 – Developmental Disabilities Services Act.

Other standard:

The DD provider agency must be a Medicaid provider, and must comply with all applicable licensure standards, Titles of the Nebraska Administrative Code, and Nebraska State Statutes.

The DD provider agency must adhere to standards, as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.

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A provider delivering direct services and supports must:

- Meet and adhere to all applicable employment standards established by the hiring agency;
- Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable or upon request:
 - Abuse, neglect, and exploitation and state law reporting requirements and prevention;
 - Cardiopulmonary resuscitation; and
 - Basic first aid;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian; and
- Not be an employee of DHHS.

The DD provider agency must have internet access in all settings that are provider operated or controlled for immediate adherence to applicable record-keeping and billing requirements.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHHS agency staff in combination with designated provider enrollment broker.

Frequency of Verification:

Direct support staff background check compliance is verified through the annual or biennial survey process. The provider enrollment broker ensures that revalidation of agency is completed every 5 years.

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Service Type:

Other service

Service Title:

TRANSITIONAL SERVICES

HCBS Taxonomy:

Category 1:

16 Community Transition Services

Sub-Category 1:

16010 community transition

Service is not included in the approved waiver.

Service Definition (Scope):

Transitional Services are services and household set-up expenses not otherwise provided through this waiver or through the Medicaid State Plan that enables a participant to have opportunities for full membership in home and community based services.

Transitional Services are non-recurring basic household set-up expenses needed for participants transitioning from an institution to a private residence that remove the identified barriers or risks for the success of the transition. Transitional Services may include essential furniture, furnishings, household supplies, security deposits, basic utility (i.e., water, gas, and electricity) fees or deposits, or moving expenses. Funds may not be used to pay a rental deposit or rent. Transitional Services may be approved when the participant does not have the funds to purchase the item or service or the item or service is not available through another source, including relatives, friends, or any other source. Transitional Services will not be approved for a residence that is owned or leased by a provider of waiver services.

Transitional Services may be self-directed.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- Transitional Services have a participant budget cap of \$1,500. A critical health or safety service request that exceeds the limit is subject to available waiver funding and approval by the Division of Developmental Disabilities.
- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- Transitional Services are authorized for direct reimbursement to the vendor.
- Medicaid funds may not be used to pay rent.
- An application must be submitted to Department of Health and Human Services Division of Children & Family Services Economic Support Unit for assistance prior to utilization of this service.

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- Transitional Services cannot be used for personal care items (toiletries or things used for daily hygiene), food, or clothing, or items and services which are not essential to supporting the move or ensuring a successful transition.
- Transitional Services shall not overlap with, supplant, or duplicate other services provided through Medicaid State plan services, Money Follows the Person, or Nebraska DHHS Economic Support programs.
- Providers shall not exceed their charges to the general public when billing the waiver. A provider who offers a discount to certain individuals (for example, students, senior citizens, etc.) shall apply the same discount to the participants who would otherwise qualify for the discount.

Service Delivery Method *(check each that applies):*

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by *(check each that applies):*

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications

Provider Category:

- Agency
- Individual

Provider Type:

Independent Individual, Independent Agency/Company – Non-Habilitative

Provider Qualifications

License:

Not required.

Certificate:

Not required.

Other standard:

All providers of waiver services must be a Medicaid provider as specified in the applicable Nebraska Administrative Codes.

A provider of this service must ensure that all items and assistive equipment provided meet the applicable standards of manufacture, design, and installation. Appropriately licensed/certified persons shall make or oversee all modifications.

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A provider of this service must:

- Complete all provider enrollment requirements;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian; and
- Not be an employee of DHHS.

The provider must have internet access for immediate adherence to applicable record-keeping and billing requirements when the service is delivered in a provider setting.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHHS agency staff in combination with designated provider enrollment broker.

Frequency of Verification:

Independent provider background check compliance is completed annually and the provider enrollment broker ensures that revalidation is completed every 5 years.

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Service Type:

Other service

Service Title:

TRANSPORTATION

HCBS Taxonomy:

Category 1:

15 Non-Medical Transportation

Sub-Category 1:

15010 non-medical transportation

Service is not included in the approved waiver.

Service Definition (Scope):

Transportation is a service designed to foster greater independence and personal choice. Transportation services enable participants to gain access to waiver services, community activities, and resources as specified by the participant's service plan. Transportation services are not intended to replace formal or informal transportation options, like the use of natural supports.

Transportation Services may be self-directed.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- This service does not include transportation to medical appointments that is available under the Medicaid State plan or other federal and state transportation programs.
- Transportation is provided for a waiver participant to get to and from a location only.
- Participant's annual budget cap for Transportation service is \$5,000. A critical health or safety service request that exceeds the annual cap is subject to available waiver funding and approval by the Division of Developmental Disabilities.
- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- Transportation is reimbursed per mile or cost of a bus pass.
- Transportation shall not overlap with, supplant, or duplicate other services provided through Medicaid State plan or HCBS Waiver services.
- Transportation services may be provided by a relative but not a legally responsible individual or guardian.
- Agency provider mileage rate shall not exceed the rate of reimbursement pursuant to Neb. Rev. Stat. §81-1176 multiplied by three.
- Individual provider mileage rate shall be paid at the mileage rate of reimbursement pursuant to Neb. Rev. Stat. §81-1176.
- The public transportation rate shall not exceed purchase price by the general public.

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Service Delivery Method *(check each that applies):*

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications

Provider Category:

- Agency

Provider Type:

Agency – Certified Commercial Carrier/Common Carrier

Provider Qualifications

License:

No license is required.

Certificate:

Certificate of Authority issued by the Nebraska Public Service Commission

Other standard:

All providers of waiver services must be a Medicaid provider as specified in the applicable Nebraska Administrative Codes.

A provider of this service must:

- Complete all provider enrollment requirements;
- Ensure drivers possess a current and valid driver's license;
- Maintain the minimum vehicle insurance coverage as required by state law;
- Ensure drivers have not had his/her driver/chauffeur's license revoked within the past three years
- Meet and adhere to all applicable employment standards established by the hiring agency; and
- Be age 19 or older and authorized to work in the United States.

Provider Specifications

Provider Category:

- Agency

Provider Type:

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Agency - Public Service Commission Exempt Transportation Provider

Provider Qualifications

License:

No license is required.

Certificate:

Certificate to operate as a public transit authority issued by the Nebraska Department of Roads

Other standard:

All providers of waiver services must be a Medicaid provider as specified in the applicable Nebraska Administrative Codes.

A provider of this service must:

- Complete all provider enrollment requirements;
- Ensure drivers possess a current and valid driver's license;
- Maintain the minimum vehicle insurance coverage as required by state law;
- Ensure drivers have not had his/her driver/chauffeur's license revoked within the past three years;
- Meet and adhere to all applicable employment standards established by the hiring agency; and
- Be age 19 or older and authorized to work in the United States.

Provider Specifications

Provider Category:

Individual

Provider Type:

Individual – Individual Transportation Provider

Provider Qualifications

License:

Provider must have a valid driver's license.

Certificate:

No certificate is required.

Other standard:

All providers of waiver services must be a Medicaid provider as specified in the applicable Nebraska Administrative Code.

A provider of this service must:

- Complete all provider enrollment requirements;
- Use their own personally registered vehicle to transport;

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- Maintain the minimum vehicle insurance coverage as required by state law;
- Ensure drivers have not had his/her driver/chauffeur's license revoked within the past three years;
- Be age 19 or older and authorized to work in the United States; and
- Not be an employee of DHHS.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHHS agency staff in combination with designated provider enrollment broker.

Frequency of Verification:

Independent provider background check compliance is completed annually and the provider enrollment broker ensures that revalidation is completed every 5 years.

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Service Type:

Other service

Service Title:

VEHICLE MODIFICATION

HCBS Taxonomy:

Category 1:

14 Equipment, Technology and Modification

Sub-Category 1:

14020 home and/or vehicle accessibility adaptations

Service is not included in approved waiver.

Service Definition (Scope):

Vehicle Modifications are adaptations or alterations to an automobile or van that is the participant's primary means of transportation in order to accommodate the special needs of the participant. Vehicle Modifications are specified by the service plan as necessary to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant.

The following are specifically excluded:

1. Adaptations or improvements to the vehicle that are of general utility, and are not of direct medical or remedial benefit to the participant.
2. Purchase or lease of a vehicle.
3. Purchase of existing adaptations or adaptations in process.
4. Regularly scheduled upkeep and maintenance of a vehicle except upkeep and maintenance of the modifications.
5. Vehicle Modifications will not be approved to adapt automobiles or vans that are owned or leased by providers of waiver services.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- Vehicle Modification services has a budget cap of \$10,000 per five year period.
- A critical health or safety service request that exceeds the cap is subject to available waiver funding and approval by the Division of Developmental Disabilities.
- The Division may require an on-site assessment of the environmental concern including an evaluation of functional necessity with appropriate Medicaid enrolled professional providers. The Division may use a third party to assess the proposed modification and need for the modification to ensure cost effectiveness and quality of product. This assessment will be funded by the Environmental Modification Assessment service, and will be reimbursed separately. The cost of the Environmental Modification Assessment is not included in the \$10,000 budget cap for Vehicle Modification.

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- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- Proof of vehicle insurance may be requested.
- Vehicle Modifications shall not overlap with, supplant, or duplicate other services provided through Medicaid State plan or HCBS Waiver services.
- Providers shall not exceed their charges to the general public when billing the waiver. A provider who offers a discount to certain individuals (for example, students, senior citizens, etc.) shall apply the same discount to the participants who would otherwise qualify for the discount.
- If the vehicle is leased, the modification is transferrable to the next vehicle.

Service Delivery Method *(check each that applies):*

Provider managed

Specify whether the service may be provided by (check each that applies):

Legally Responsible Person

Relative

Legal Guardian

Provider Specifications

Provider Category:

Agency

Provider Type:

Independent Agency/Business; Department of Education Vocational Rehabilitation Assistive Technology Partnership; Companies for Specialized Equipment; Businesses for Vehicle adaptations.

Provider Qualifications

License:

All vendors must meet all applicable federal, state, and local laws and regulations, including maintaining appropriate license.

Certificate:

All vendors must meet all applicable federal, state, and local laws and regulations, including maintaining appropriate certifications.

Other standard:

All providers of waiver services must be a Medicaid provider as specified in the applicable Nebraska Administrative Codes.

A provider of this service must ensure that all items and assistive equipment provided meet the applicable standards of manufacture, design, and installation. Appropriately licensed/certified persons shall make or oversee all modifications.

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A provider of this service must:

- Complete all provider enrollment requirements;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian; and
- Not be an employee of DHHS.

The provider must have internet access for immediate adherence to applicable record-keeping and billing requirements when the service is delivered in a provider setting.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHHS agency staff in combination with designated provider enrollment broker.

Frequency of Verification:

Independent provider background check compliance is completed annually and the provider enrollment broker ensures that revalidation is completed every 5 years.

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Service Type:

Other service

Service Title:

Vocational Planning Habilitation Services

HCBS Taxonomy:

Category 1:

04 Day Services

Sub-Category 1:

04010 prevocational services

Service is included in approved waiver. The service specifications have been modified.

Service Definition (Scope):

Vocational Planning habilitation (teaching and supporting) service is a prevocational service with focus on enabling the participant 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 and are delivered intermittently. Intermittent services imply that staff support is provided when the services and supports are needed. Vocational Planning services can only be billed in half, quarter, or full hour increments. An hour of service equates to one clock hour.

Vocational Planning habilitation (teaching and supporting) services are formalized training and staff supports which take place during typical working hours, in a non-residential setting, separate from the participant's private residence or other residential living arrangement, such as within a business or a community setting not owned or controlled by a DD provider, where individuals without disabilities work or meet together. Discreet habilitation (teaching and supporting) during typical working hours is allowed in preparation for leaving the place where the participant lives. Direct training or teaching and supports will be designed to provide the participant with face to face instruction necessary to learn work-related responsibilities, work skills, and appropriate work behavior.

Vocational Planning habilitation (teaching and supporting) services focus on the acquisition of work skills, appropriate work behavior, and the behavioral and adaptive skills necessary to enable the participant to attain or maintain his or her maximum inclusion and personal accomplishment in the working community. Habilitation (teaching and supporting) 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 (teaching and supporting) services also includes the provision of personal care and protective oversight and supervision when applicable to the participant. The teaching, activities, services, supports, and strategies are documented in the service plan and delivered based on the service plan.

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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 (teaching and supporting) services may include career planning that is person-centered and team supported to address the participant's particular needs to prepare for, obtain, maintain or advance employment. Habilitation (teaching and supporting) 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 a participant in identifying a career direction and developing a plan for achieving integrated community employment at or above the state's minimum wage, but not less than the customary wage and level of benefits paid by the employer of the same or similar work performed by individuals without disabilities. The documented outcome is the 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 (teaching and supporting) services with focus on career planning and strategies for implementing career goals may involve assisting the participant 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 (teaching and supporting) services may include job searching designed to assist the participant, or on behalf of the participant, to locate a job or development of a work experience on behalf of the participant. Job searching may take place in the participant's 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 (teaching and supporting) services. Job searching with the participant will be provided on a one to one basis to achieve the outcome of this service.

Vocational Planning habilitation (teaching and supporting) services may include work experiences that are paid or unpaid, 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 participant's private residence or other residential living arrangement, with the focus on attaining the outcome of integrated community employment. Habilitation (teaching and supporting) provided during a work experience may include teaching such concepts as self-direction, 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 may be provided between the participant's place of residence and the vocational planning habilitation (teaching and supporting) services or between habilitation (teaching and supporting) service sites (in cases where the participant receives habilitation services in more than one place). The cost of transportation is included in the rate paid to providers of the appropriate type of habilitation (teaching and

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supporting) services. The cost of transportation between vocational planning habilitation and day habilitation, workstation habilitation and integrated community employment should be billed under those waiver services and not this service.

Vocational Planning habilitation (teaching and supporting) services may take place in conjunction with Integrated Community Employment services, Workstation habilitation (teaching and supporting) services, Day Habilitation service, or other day activities but may not be billed at the same time during a given day.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This service is only available under this waiver until May 31, 2017 and at such time this service will end and cannot be offered. Vocational Planning Habilitation services offered in this waiver are available to current waiver participants only, until the waiver participant transitions to new services offered under this waiver. New waiver participants cannot choose Vocational Planning Habilitation services and current waiver participants cannot choose this service at their next annual, semi-annual or special ISP meeting.

The amount of authorized services is the participant's approved annual budget and is provided based on the participant'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.

Each waiver service must be prior-authorized to avoid duplicative billing with other waiver services.

Some components of Vocational Planning habilitation (teaching and supporting) 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.

Service Delivery Method (*check each that applies*):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications

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Provider Category:

Agency

Provider Type:

DD Agency

Provider Qualifications

License:

No license is required.

Certificate:

Certification by the Division of Public Health in accordance with applicable state laws and regulations. Neb. Rev. § 83-1201 through 83-1226 – Developmental Disabilities Services Act.

Other standard:

The DD provider agency must be a Medicaid provider, and must comply with all applicable licensure standards, Titles of the Nebraska Administrative Code, and Nebraska State Statutes.

The DD provider agency must adhere to standards, as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.

A provider delivering direct services and supports must:

- Meet and adhere to all applicable employment standards established by the hiring agency;
- Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable or upon request:
 - Abuse, neglect, and exploitation and state law reporting requirements and prevention;
 - Cardiopulmonary resuscitation; and
 - Basic first aid;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian; and
- Not be an employee of DHHS.

The DD provider agency must have internet access in all settings that are provider operated or controlled for immediate adherence to applicable record-keeping and billing requirements.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHHS agency staff in combination with designated provider enrollment broker.

Frequency of Verification:

Direct support staff background check compliance is verified through the annual or biennial survey process. The provider enrollment broker ensures that revalidation of agency is completed every 5 years.

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Service Type:

Other service

Service Title:

Workstation Habilitation Services

HCBS Taxonomy:

Category 1:

04 Day Services

Sub-Category 1:

04020 day habilitation

Service is included in approved waiver. The service specifications have been modified.

Service Definition (Scope):

Workstation habilitation (teaching and supporting) services are 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. Workstation habilitation (teaching and supporting) services take place during typical working hours, in a non-residential setting, separate from the participant'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 training activities and supports during typical working hours is allowed in preparation for leaving the place where the participant lives.

Workstation habilitation (teaching and supporting) services focus on the acquisition of work skills, appropriate work behavior, and the behavioral and adaptive skills necessary to enable the participant to attain or maintain his or her maximum inclusion, inclusion, and personal accomplishment in the working community. Training activities may include teaching such concepts as self-direction, attendance, task completion, problem solving, and safety as well as accessing transportation independently and explicit employment objectives.

This service also includes the provision of personal care, health maintenance activities, and protective oversight when applicable to the participant, as well as supervision at the workstation setting. In addition, the intensity of supervision will also be outlined in the service plan. 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 service plan and delivered based on the service plan.

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Workstation habilitation (teaching and supporting) services are delivered continuously and provide paid work experiences in preparation for competitive employment. Generally, this service is provided between the hours of 7:00 am and 5:00 pm, or can be delivered in an alternate schedule, as documented in a participant's service plan. Staff support is continuous, that is, staff are present at all times the participant is present. Daily rates are available for workstation habilitation services when the participant receives this service for four or more consecutive hours. Hourly rates are also available for times when the participant might be in this 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). When this service is not delivered continuously/consecutively for four or more hours, it must be billed at an hourly rate.

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 participant's place of residence and the workstation habilitation (teaching and supporting) services or between habilitation (teaching and supporting) service sites (in cases where the participant receives habilitation services in more than one place). The cost of transportation is included in the rate paid to providers of the appropriate type of habilitation (teaching and supporting) services. The cost of transportation between workstation habilitation and other habilitation service sites should be billed under those waiver services and not this service.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This service is only available under this waiver until May 31, 2017 and at such time this service will end and cannot be offered. Workstation Habilitation services offered in this waiver are available to current waiver participants only, until the waiver participant transitions to new services offered under this waiver. New waiver participants cannot choose Workstation Habilitation services and current waiver participants cannot choose this service at their next annual, semi-annual or special ISP meeting.

The amount of authorized services is the participant's approved annual budget and is provided based on the participant'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.

Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
- Relative

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Legal Guardian

Provider Specifications

Provider Category:

Agency

Provider Type:

DD Agency

Provider Qualifications

License:

No license is required.

Certificate:

Certification by the Division of Public Health in accordance with applicable state laws and regulations. Neb. Rev. § 83-1201 through 83-1226 – Developmental Disabilities Services Act.

Other standard:

The DD provider agency must be a Medicaid provider, and must comply with all applicable licensure standards, Titles of the Nebraska Administrative Code, and Nebraska State Statutes.

The DD provider agency must adhere to standards, as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.

A provider delivering direct services and supports must:

- Meet and adhere to all applicable employment standards established by the hiring agency;
- Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable or upon request:
 - Abuse, neglect, and exploitation and state law reporting requirements and prevention;
 - Cardiopulmonary resuscitation; and
 - Basic first aid;
- Be age 19 or older and authorized to work in the United States;
- Not be a legally responsible individual or guardian; and
- Not be an employee of DHHS.

The DD provider agency must have internet access in all settings that are provider operated or controlled for immediate adherence to applicable record-keeping and billing requirements.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHHS agency staff in combination with designated provider enrollment broker.

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Frequency of Verification:

Direct support staff background check compliance is verified through the annual or biennial survey process. The provider enrollment broker ensures that revalidation of agency is completed every 5 years.

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C-2 General Service Specifications (1 of 3)

- a. **Criminal History and/or Background Investigations.** Specify the State's policies concerning the conduct of criminal history and/or background investigations of individuals who provide waiver services (select one):

Yes. Criminal history and/or background investigations are required.

Specify: (a) the types of positions (e.g., personal assistants, attendants) for which such investigations must be conducted; (b) the scope of such investigations (e.g., state, national); and, (c) the process for ensuring that mandatory investigations have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid or the operating agency (if applicable):

The requirement of obtaining background and/or criminal history is outlined in Neb. Rev. Statute 83-1217.01 and below.

a) The types of positions for which such investigations must be conducted.
Certified DD agency providers must complete annual background and/or criminal history checks on each agency provider staff person or individual provider associated with an agency that has direct contact with participants served by the agency

b) The scope of such investigations. The state and federal background and/or criminal history checks consist of a review of the following:

NDEN - Nebraska Data Exchange Network for state and federal law enforcement history.

SOR - Nebraska State Patrol Sex Offender Registry.

DHHS APS and CPS Central Registries for any substantiated reports of adult or child exploitation, neglect, and abuse (physical, verbal, psychological or sexual), and if applicable, verification from other states they have lived in of their criminal history including any APS/CPS registry information from the other states.

OIG LEIE - Office of Inspector General List of Excluded Individuals and Entities.

SAM - System for Award Management, formerly the Excluded Parties List System (EPLS).

SSDMF - Social Security Death Master File.

NPPES - National Plan and Provider Enumeration System.

MCSIS - Medicaid and CHIP Information Sharing System.

PECOS - Provider Enrollment, Chain, and Ownership System.

SAVE - Systematic Alien Verification for Entitlements Program.

NMEP - Nebraska list of excluded parties.

Certified DD agency providers must complete annual background and/or criminal history checks on each agency provider staff person or individual provider associated with an agency that has direct contact with participants served by the agency. Initial background checks must be conducted by providers within ten calendar days of their employment and annually thereafter to verify a staff person or associated individual provider is not on the registries. Employees

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who provide direct support services may not work alone with participants until the results of the registry checks and background and/or criminal history checks are reviewed by the provider.

c) The process for ensuring that mandatory investigations have been conducted. On-site certification review activities conducted annually or biennially by Division of Public Health (DPH) staff ensure that required background and/or criminal history checks have been conducted by the DD provider agency. Provider management personnel are interviewed and records are reviewed to confirm that employee and associated individual provider background and/or criminal history checks were completed. In addition, DPH staff review documentation of provider hiring decisions to verify adherence to applicable state regulations. Annual or biennial on-site certification review activities are the same activities and the frequency is based on the provider's certification status, which is either a one-year certification or a two-year certification.

Once the background and/or criminal history checks are completed on potential providers, the contracted vendor notifies DHHS staff by e-mail and electronically transfers the enrollment data. The vendor will notify DHHS if a potential provider fails a screening or background check and designated DHHS staff will issue a denial letter to the potential provider. The electronic enrollment data contains the verification and dates that the background and/or criminal history checks were completed and is stored in perpetuity.

In addition, DHP staff review records to ensure that certified providers are in compliance with state laws that apply to using non-licensed persons providing medications and providing non-complex nursing interventions as delegated through the Nurse Practice Act to ensure their competency.

b. Abuse Registry Screening. Specify whether the State requires the screening of individuals who provide waiver services through a State-maintained abuse registry (select one):

- No. The State does not conduct abuse registry screening.
- Yes. The State maintains an abuse registry and requires the screening of individuals through this registry.

Specify: (a) the entity (entities) responsible for maintaining the abuse registry; (b) the types of positions for which abuse registry screenings must be conducted; and, (c) the process for ensuring that mandatory screenings have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

a) The entity (entities) responsible for maintaining the abuse registry.

The DHHS Adult Protective Services (APS) and Child Protective Services (CPS) Central Registries are maintained by employees of DHHS. The registry screenings are conducted by DHHS staff or a vendor under contract with DHHS, and consist of a check of the Nebraska

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State Patrol Sex Offender Registry (SOR), as well as the DHHS Central Registries for any substantiated reports of adult or child exploitation, neglect, and abuse (physical, verbal, psychological or sexual).

b) The types of positions for which abuse registry screenings must be conducted. State Service Coordinators, Community Coordinator Specialists, and all waiver providers who will provide direct contact services and supports, and any member of the provider's household if services will be provided in the provider's home undergo background and/or criminal history checks.

c) The process for ensuring that mandatory screenings have been conducted.

On-site certification review activities conducted by Division of Public Health (DPH) staff ensure that required background and/or criminal history checks have been conducted annually by the DD provider agency. Provider management personnel are interviewed and records are reviewed to confirm that employee and associated individual provider background and/or criminal history checks were completed. In addition, DPH staff review documentation of provider hiring decisions to verify adherence to applicable state regulations. Annual or biennial on-site certification review activities are the same activities and the frequency is based on the provider's certification status, which is either a one-year certification or a two-year certification.

Once the background and/or criminal history checks are completed on potential providers, the contracted vendor notifies DHHS staff by e-mail and electronically transfers the enrollment data. The vendor will notify DHHS if a potential provider fails a screening or background check and designated DHHS staff will issue a denial letter to the potential provider. The electronic enrollment data contains the verification and dates that the background and/or criminal history checks were completed and is stored in perpetuity.

A provider agreement is not issued prior to completion of background and/or criminal history checks. See C-2-a for additional information.

C-2 General Service Specifications (2 of 3)

c. Services in Facilities Subject to §1616(e) of the Social Security Act. States should not complete this section C-2-c.

YES. Home and community-based services are provided in facilities subject to §1616(e) of the Act. The standards that apply to each type of facility where waiver services are provided are available to CMS upon request through the Medicaid agency or the operating agency (if applicable). If a waiver provides services in residential facilities serving four or more unrelated individuals, states should only enter in the text box following Appendix C-2-c-ii: "Required information is contained in response to C-5" and complete Appendix C-5 for all settings that meet the HCB settings requirements.

- i. Types of Facilities Subject to §1616(e). Complete the following table for each type of facility subject to §1616(e) of the Act: NA

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- ii. Larger Facilities: In the case of residential facilities subject to §1616(e) that serve four or more individuals unrelated to the proprietor, describe how a home and community character is maintained in these settings.

Required information is contained in response to C-5

C-2 General Service Specifications (3 of 3)

d. Provision of Personal Care or Similar Services by Legally Responsible Individuals. A legally responsible individual is any person who has a duty under State law to care for another person and typically includes: (a) the parent (biological or adoptive) of a minor child or the guardian of a minor child who must provide care to the child or (b) a spouse of a waiver participant. Except at the option of the State and under extraordinary circumstances specified by the State, payment may not be made to a legally responsible individual for the provision of personal care or similar services that the legally responsible individual would ordinarily perform or be responsible to perform on behalf of a waiver participant. *Select one:*

- No. The State does not make payment to legally responsible individuals for furnishing personal care or similar services.
- Yes. The State makes payment to legally responsible individuals for furnishing personal care or similar services when they are qualified to provide the services

e. Other State Policies Concerning Payment for Waiver Services Furnished by Relatives/Legal Guardians. Specify State policies concerning making payment to relatives/legal guardians for the provision of waiver services over and above the policies addressed in Item C-2-d. *Select one:*

- Relatives/legal guardians may be paid for providing waiver services whenever the relative/legal guardian is qualified to provide services as specified in Appendix C-1/C-3. Specify the controls that are employed to ensure that payments are made only for services rendered.

A legally appointed guardian of a participant may not provide services to a person residing, being under care, receiving treatment, or being housed in any such home, facility, or institution within the State of Nebraska. (Neb. Rev. § 30-2627 Nebraska Probate Code)

A legally responsible relative is the parent of a minor child or the spouse of the waiver participant. There are no limits on the types of non-legally responsible relatives who may furnish services. Any potential provider meeting service standards has the right to be a provider. Non-legally responsible relatives may furnish services as specified in Appendix C in the service definitions, scope and limitations in accordance with provider standards outlined in Appendix C-1/C-3.

Provider agencies may hire relatives to provide waiver services when the relative is qualified and trained to provide the service in accordance with provider standards outlined in Appendix C-1/C-3. Provider agencies must provide supervision and oversight of employees and ensure that claims

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are submitted only for services rendered and for the services, activities and supports specified in the service plan.

The services for which non-legally responsible relative providers may provide include: Transportation, Prevocational service, Supported Employment-Individual, Supported Employment-Follow Along, Adult Companion service, In-Home Residential Habilitation service, Habilitative Community Inclusion, Assistive Technology, Homemaker, Home Modifications, Transitional services, Community Living and Day Supports, and Respite. Community Living and Day Supports will only be available under this waiver until May 31, 2017, and at such time this service will end and cannot be provided.

The State makes payment to non-legally responsible relatives when it is determined the provider meets and maintains all standards and requirements outlined in applicable state regulations.

Payment to any non-legally responsible relative provider shall only be made when the service provided is not a function that the relative would normally provide for the participant without charge as a matter of course in the usual relationship among family members; and, the service would otherwise need to be provided by a qualified provider. The provision of services by the non-legally responsible relative is determined through documented team discussion during the planning process, on a case by case situation by the participant's service plan team. The provision of services is monitored by the participant's state DDD Service Coordinator or Community Coordinator Specialist. The SC/CCS monitors at a minimum, on a semi-annual basis that services are furnished and paid for as specified on the ISP.

To ensure the provision of services is in the best interest of the participant, the service plan shall be developed and monitored by the SC/CCS without a conflict of interest to the relative provider, and the plan shall document that services do not duplicate similar services, natural supports, or services otherwise available to the participant.

Designated DDD staff ensures payments are made only for services rendered by prior authorizing all services based on the client's needs and by reviewing submitted billing documentation.

Determination that the above circumstances apply is determined by the participant and his/her team and verified during enrollment of the potential independent provider.

The State does not make payments:

To members of the participant's immediate household for home modifications, respite and homemaker services; to a legally responsible relative/guardian; or for activities or supervision for which a payment is made by a source other than Medicaid.

There are no additional limitations on the amount of services just because the provider is a relative.

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Waiver services are not intended to duplicate or replace other services or supports (paid or unpaid) that are available to the participant.

The following controls are employed in the web-based case management and authorization system to ensure payments are made only for services rendered:

The need for the service is documented in the service plan;

The provider is a Medicaid provider and enrolled prior to the delivery of waiver services;

DHHS staff have prior authorized each waiver service to be delivered;

At the time that services are delivered, documentation is completed by the provider to support the delivery of the service, such as, but not limited to participant attendance records and agency staff time cards;

A claim and when applicable, supporting documentation, is electronically submitted to DHHS for approval and processing;

An Explanation of Payment is issued electronically; and

Edits are in place in the electronic systems.

- f. **Open Enrollment of Providers.** Specify the processes that are employed to assure that all willing and qualified providers have the opportunity to enroll as waiver service providers as provided in 42 CFR 431.51:

All willing and qualified providers have the opportunity to enroll as waiver service providers. DD services are provided by agencies that successfully completed an enrollment process through two divisions of the Department of Health and Human Services (DHHS); Public Health (PH) Division and Developmental Disabilities (DD) Division and through the contracted enrollment provider broker.

The enrollment and certification requirements and procedures, and established timeframes are readily available to prospective DD agency providers on the DHHS public website.

Information for becoming an independent provider can be obtained from the waiver participant, his/her advocate, his/her legal guardian, or DHHS staff as well as on the DHHS website.

Participants, his/her advocate or his/her legal guardian interview the potential provider to determine whether the amount of experience, knowledge, and education or training will meet their needs. The potential provider is referred to DHHS staff for enrollment. All willing and qualified independent providers can enroll.

DHHS staff and a vendor under contract with DHHS, are responsible for enrolling independent providers as waiver providers. Within two business days of receipt of a referral, DHHS staff enter the referral into the provider data management system for the enrollment process. An application number needed for access to the vendor web portal for enrollment is generated and DHHS staff send a referral packet to the potential provider. The referral cover letter advises the potential provider of the need to provide verification from other states they have lived in of their criminal history including any APS/CPS registry information from the other states. Verification of out of state background checks must be uploaded into the vendor's web portal before the provider can

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enroll. The referral packet includes billing information, an application number and instructions on how to use the contracted vendor's web portal to enroll, as well as a DD provider handbook, which contains general provider standards, specific service provider standards, and DD billing instructions. The potential provider completes the enrollment process with the contracted vendor on line or, if requested, on paper. The vendor notifies the referring DHHS staff by e-mail and electronically transfers the enrollment data to DHHS. Within ten business days, DHHS staff contact the prospective independent service provider to complete and issue a service provider agreement.

C-4: Additional Limits on Amount of Waiver Services

- a. **Additional Limits on Amount of Waiver Services.** Indicate whether the waiver employs any of the following additional limits on the amount of waiver services (*select one*).

Applicable - The State imposes additional limits on the amount of waiver services.

When a limit is employed, specify: (a) the waiver services to which the limit applies; (b) the basis of the limit, including its basis in historical expenditure/utilization patterns and, as applicable, the processes and methodologies that are used to determine the amount of the limit to which a participant's services are subject; (c) how the limit will be adjusted over the course of the waiver period; (d) provisions for adjusting or making exceptions to the limit based on participant health and welfare needs or other factors specified by the state; (e) the safeguards that are in effect when the amount of the limit is insufficient to meet a participant's needs; (f) how participants are notified of the amount of the limit.

Prospective Individual Budget Amount. There is a limit on the maximum dollar amount of waiver services authorized for each specific participant. Furnish the information specified above.

- a) The waiver services to which the limit to the prospective budget amount applies:
The state has developed and implemented a methodology that determines a specific budget amount that is uniquely assigned to each individual waiver participant. The assigned budget amount constitutes a limit on the overall amount of services that may be authorized in the service plan. The limit on the maximum dollar amount of waiver services for each specific participant is individually objectively assessed and is a realistic estimate of the expected amount of services that waiver participants are likely to require. The individual budget amount (IBA) is the total annual funding amount available to the participant per their waiver year and is determined by DDD staff. The amount that is assigned is determined in advance of the development of the participant's service plan. The formula that determines the individual budget amount is open for public inspection. Each participant's budget amount and specific IBA is not disclosed as part of public inspection.
- b) The basis of the limit, including its basis in historical expenditure/utilization patterns and, as applicable, the processes and methodologies that are used to determine the amount of the limit to which a participant's services are subject:
The determination of prospective individual budgets for participants is determined using the 'Objective Assessment Process' or OAP as stated in statute and regulations. Funding

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is assigned based on an objective assessment of each person's abilities, to provide for equitable distribution of funding based on each person's assessed needs. Geographic factors do not affect the budget amount and the participant location is not factored into the objective assessment process.

The assessment to ascertain each participant's skills, abilities, and needs is the Inventory for Client and Agency Planning (ICAP). Division staff complete the ICAP assessment with input from the participant's teachers, para-educators, family members, and provider staff, as appropriate, as well as a review of substantiating documentation to support tabulated responses. Substantiating documentation includes but is not limited to medical reports, psychological evaluations, critical incident data, and programmatic data. The completed ICAP assessment is submitted to the DDD Central Office where it is electronically entered to determine the overall score. The objective assessment process is completed for persons new to services and every two years thereafter.

The participant's service coordinator or community coordinator specialist is informed of the prospective individual budget amount and shares this amount with the participant and their family or legal representative at the time of initiation of DD services and in the development of the service plan via the service budget authorizations.

- c) How the limit will be adjusted over the course of the waiver period:

The prospective individual budget amount is adjusted during the period the waiver is in effect. The limit will be adjusted to take into account cost increases, and the methodology will be periodically re-evaluated in light of changes in utilization patterns or other factors. The participant's IBA will be adjusted when the two-year ICAP assessment score results in a change in the level of service need or sooner if a new ICAP was required by changes in the participant's health and welfare needs.

- d) Provisions for adjusting or making exceptions to the maximum annual budget based on participant health and welfare needs or other factors specified by the state:

An ICAP is completed every two years, or sooner to address concerns in changes in a participant's health and welfare needs, and as approved by the Division. The individual budget amount is adjusted based on the result of the ICAP score. An ICAP may be requested to be completed sooner when a waiver participant's needs have changed and cannot be safely met with funding solely based on the current prospective individual budget amount. Based on input from the participant, provider, and guardian, if applicable, the team may submit a clinical rationale and supporting documentation to request a new ICAP.

Alternative compliance to the funding tier, may be requested when a waiver participant's needs cannot be safely met with funding solely based on the ICAP score. Service coordination staff complete risk screens related to Health, Physical Nutritional Management or Enteral Feeding (as applicable), Spine and Gait, and Behavioral needs. Based on input from the participant, provider, and guardian, if applicable, the team may submit a rationale for consideration to alternative compliance to the participant's ICAP score and identified tier level. A clinical review will be completed based on the alternative compliance request.

- e) The safeguards that are in effect when the amount of the limit is insufficient to meet a participant's needs.

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The State has established the following safeguards to avoid an adverse impact on the participant:

Additional requests for services would be participants evaluated by the Division of Developmental Disabilities to determine if they are a critical health or safety need and is so would be approved based on available waiver funding. If no additional waiver funding is available, that is the expenditures have exceeded cost neutrality for the waiver, the following safeguards would be applied.

The participant is assisted in locating and obtaining other non-waiver services to assist in meeting his/her needs; or

The participant may be referred to apply for another waiver that can accommodate the participant's needs and where more resources may be available. The HCBS waiver for Aged and Adults and Children with Disabilities does not have a waiting list and qualified participants would be served under this waiver.

f) How participants are notified of the amount of the limit:

Participants are notified in writing by DDD staff of their individual budget amount as well as the dollar limits of waiver services at the time of initiation of DD services and in the development of the service plan via the service budget authorizations. The written notice is mailed and includes hearing rights information.

C-5: Home and Community-Based Settings

Explain how residential and non-residential settings in this waiver comply with federal HCB Settings requirements at 42 CFR 441.301(c)(4)-(5) and associated CMS guidance. Include:

1. Description of the settings and how they meet federal HCB Settings requirements, at the time of submission and in the future.
2. Description of the means by which the state Medicaid agency ascertains that all waiver settings meet federal HCB Setting requirements, at the time of this submission and ongoing.

Note instructions at Module 1, Attachment #2, HCBS Settings Waiver Transition Plan for description of settings that do not meet requirements at the time of submission. Do not duplicate that information here.

See Attachment #2 of this waiver renewal for additional information.

Quality Improvement: Qualified Providers

a. Methods for Discovery: Qualified Providers

The state demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

i. **Sub-Assurances:**

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- a. Sub-Assurance: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.

Performance Measures:

1. Number and percent of enrolled licensed, certified providers that initially met provider standards prior to furnishing waiver services. Numerator = number of enrolled licensed, certified providers that initially met provider standards; Denominator = number of newly enrolled licensed, certified providers reviewed.

Data Source:

- Record reviews, off site

Summary of On-Site Certification Activities

Responsible Party of data collection/generation (check each that applies)	Frequency of data collection/generation (check each that applies)	Sampling Approach(check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input checked="" type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample: Confidence Interval=95% confidence interval with +/- 5% margin of error
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified: Describe Group
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> Other (specify)	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that apply)	Frequency of data aggregation and analysis (check each that apply)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Agency	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other: (specify)

2. Number and percent of enrolled certified providers that met provider standards at annual review. Numerator = number of enrolled certified providers that met provider standards at annual review; Denominator =

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number of enrolled certified providers reviewed that have had an annual review.

Data Source:

Record reviews, off site

Summary of On-Site Certification Activities

Responsible Party of data collection/generation <i>(check each that applies)</i>	Frequency of data collection/generation <i>(check each that applies)</i>	Sampling Approach <i>(check each that applies)</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample: Confidence Interval=95% confidence interval with +/- 5% margin of error
<input type="checkbox"/> Other <i>(specify)</i>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified: Describe Group
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other <i>(specify)</i>
	<input type="checkbox"/> Other <i>(specify)</i>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis <i>(check each that apply)</i>	Frequency of data aggregation and analysis <i>(check each that apply)</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Agency	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other <i>(specify)</i>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other: <i>(specify)</i>

b. Sub-Assurance: The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.

Performance Measures:

1. Number and percent of enrolled non-licensed, non-certified providers that initially met required background checks prior to furnishing waiver services. Numerator = number of enrolled non-licensed, non-certified providers that initially met provider standards; Denominator = number of initial enrolled non-licensed, non-certified providers reviewed.

Data Source:

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Record reviews, off site

The Request for Service Provider Approval form of the Provider Background Results form

Responsible Party of data collection/generation (check each that applies)	Frequency of data collection/generation (check each that applies)	Sampling Approach(check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample: Confidence Interval=95% confidence interval with +/- 5% margin of error
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified: Describe Group
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> Other (specify)	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that apply)	Frequency of data aggregation and analysis (check each that apply)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Agency	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other: (specify)

- Number and percent of enrolled non-licensed, non-certified providers that met provider standards at annual review. Numerator = number of enrolled non-licensed, non-certified providers that met provider standards at annual review; Denominator = number of enrolled non-licensed, non-certified providers reviewed that have had an annual review.

Data Source:

Record reviews, off site

Service Authorizations

Responsible Party of data collection/generation (check each that applies)	Frequency of data collection/generation (check each that applies)	Sampling Approach(check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review

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- | | | |
|---|--|--|
| <input type="checkbox"/> Sub-State Entity | <input type="checkbox"/> Quarterly | <input checked="" type="checkbox"/> Representative Sample: Confidence Interval=95% confidence interval with +/- 5% margin of error |
| <input type="checkbox"/> Other (<i>specify</i>) | <input type="checkbox"/> Annually | <input type="checkbox"/> Stratified: Describe Group |
| | <input checked="" type="checkbox"/> Continuously and Ongoing | <input type="checkbox"/> Other (<i>specify</i>) |
| | <input type="checkbox"/> Other (<i>specify</i>) | |

Data Aggregation and Analysis:

- | | |
|--|---|
| Responsible Party for data aggregation and analysis (<i>check each that apply</i>) | Frequency of data aggregation and analysis (<i>check each that apply</i>) |
| <input checked="" type="checkbox"/> State Medicaid Agency | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> Operating Agency | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Sub-State Agency | <input checked="" type="checkbox"/> Quarterly |
| <input type="checkbox"/> Other (<i>specify</i>) | <input type="checkbox"/> Annually |
| | <input type="checkbox"/> Continuously and Ongoing |
| | <input type="checkbox"/> Other: (<i>specify</i>) |

- c. Sub-Assurance: The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.

Performance Measures:

Number and percent of all provider staff enrolled in web-based training who successfully completed the training. Numerator=number of newly enrolled provider staff in web-based training who successfully completed the training; Denominator=number of newly enrolled in web-based training reviewed.

Data Source:

- Record reviews, off site OR Training verification records

Community Supports Service Coordination monitoring database

- | | | |
|--|--|--|
| Responsible Party of data collection/generation (<i>check each that applies</i>) | Frequency of data collection/generation (<i>check each that applies</i>) | Sampling Approach(<i>check each that applies</i>) |
| <input checked="" type="checkbox"/> State Medicaid Agency | <input type="checkbox"/> Weekly | <input type="checkbox"/> 100% Review |
| <input type="checkbox"/> Operating Agency | <input type="checkbox"/> Monthly | <input checked="" type="checkbox"/> Less than 100% Review |
| <input type="checkbox"/> Sub-State Entity | <input type="checkbox"/> Quarterly | <input checked="" type="checkbox"/> Representative Sample: Confidence Interval=95% confidence interval with +/- 5% margin of error |

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- Other (*specify*) Annually Stratified: Describe Group
 Continuously and Ongoing Other (*specify*)
 Other (*specify*)

Data Aggregation and Analysis:

- Responsible Party for data aggregation and analysis (*check each that apply*) Frequency of data aggregation and analysis (*check each that apply*)
- | | |
|---|--|
| <input checked="" type="checkbox"/> State Medicaid Agency | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> Operating Agency | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Sub-State Agency | <input checked="" type="checkbox"/> Quarterly |
| <input type="checkbox"/> Other (<i>specify</i>) | <input type="checkbox"/> Annually |
| | <input type="checkbox"/> Continuously and Ongoing |
| | <input type="checkbox"/> Other: (<i>specify</i>) |

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

The state demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

Activities for the determination of compliance with the above sub-assurances and performance measures are completed by DHHS staff and a vendor under contract with DHHS.

Monitoring of the delivery of services is conducted by the Service Coordinator (SC/CCS) or Community Coordinator Specialist (CCS) with input from the participant and/or representative when applicable.

Enrollment of qualified providers is completed by DHHS staff and the contracted vendor. DHHS has the ultimate responsibility for enrolling qualified providers and the execution of Medicaid provider agreements. Each DD provider agency is certified prior to furnishing waiver services in accordance with state regulations and re-certified on an annual basis.

DDD contracts with certified DD provider agencies for services under this HCBS waiver and enters into a provider agreement with non-certified independent providers. All providers of waiver services must be Medicaid providers, as described in the Title 471 regulations, and adhere to the same general conditions and standards. Failure to meet the regulatory requirements may result in termination or suspension of the provider agreement. Signing the provider agreement does not constitute employment.

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Once DHHS approves the provider (Medicaid provider agreement and authorizations in place), web-based training for the provider is available, based on the provider type (independent or agency) and service type. Once enrolled, each independent provider of participant directed services is trained and directed by the waiver participant and/or their families.

The CBS QI committee meets quarterly and reviews the CBS Quarterly QI Report. The Report is comprised of indicators presented in nine separate categories. Indicators are short reports that measure and evaluate overall service delivery and organizational functions that affect individual outcomes. Indicators incorporate quantitative and qualitative methods to evaluate a number of key focuses developed by the Developmental Disabilities Division (DDD) in the areas of Rights, Habilitation, Financial, Service Needs, Health & Safety, Environment, Service Coordination, Provider Monitoring (General event Reports or GERs), and the Waivers. Recommendations are made for action by appropriate parties, including DDD management, members of the committee, and other DHHS staff. The QI activities of DDD and results of reports are communicated by DHHS to provider organizations, the DDD Advisory Committee, the Nebraska DD Planning Council, and to participants, families, and other interested parties.

b. Methods for Remediation/Fixing Individual Problems

- i.** Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods of problem correction. In addition, provide information on the methods used by the State to document these items.

A number of activities and processes at both the local and state levels have been developed to discover whether the Qualified Providers waiver assurance is being met, to remediate identified problems, and to carry out quality improvement. These processes and activities generate information that are aggregated and analyzed to measure the overall system performance.

The quality management strategies for addressing individual problems related to qualified providers are completed at the local level.

When an issue with performance of an independent provider is identified, a plan to address the issue is discussed by the SC or CCS with the participant and family/advocate or with only the provider, depending on the issues that need to be addressed, and documented by the SC/CCS. The participant may address the provider or may ask their SC/CCS to assist in addressing the concerns or issues with the provider. The SC/CCS will follow through with the participant or on behalf of the participant until the issue is resolved. The issue, discussion, and resolution are documented and retained in a web-based case management system.

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The SC/CCS is responsible for facilitation and development of the service plan and then monitoring the implementation of each service plan in its entirety twice annually in addition to the ongoing monitoring of the service plan which may involve specific areas of the service plan within each monitoring session. The monitoring data are documented and retained in a web-based case management system.

Monitoring mechanisms include:

1. A review of all components of the service plan to ensure delivery of services as specified by the service plan;
2. Initiation of any action necessary to ensure the delivery of services and progress toward achieving outcomes. Necessary action includes reconvening the team if a change in the service plan is necessary; and
3. A semi-annual review of the service plan by the service coordinator and the service plan team. The team reviews progress, implementation of the service plan, and the need for any revisions to the service plan.

The monitoring process is designed to review the implementation of the total plan after both the annual and semi-annual team meetings. Between these full monitorings, the SC/CCS conducts ongoing monitoring in the environment that waiver services are provided when there are reports of abuse or neglect, health and safety concerns, at the request of the parent or guardian, or any other time when the SC/CCS determines it is necessary to monitor the service delivery. This will allow for focused monitoring if issues have been raised or are noted during the time of the monitoring. If utilized, the effectiveness of back up plans for the provision of services is also monitored.

Waiver participants may ask for assistance from their SC/CCS in communicating to their independent providers their expectations, compliments, areas that need improvement, concerns, unacceptable practices, etc. The SC/CCS may increase monitoring activities, participate in discussions with the participant and provider, provide talking points, facilitate revisions to the service plan, or, upon direction from the participant, terminate the authorizations for that provider.

When a pattern of inappropriate or inaccurate claims is detected, a referral is made to the DHHS Program Integrity Unit.

In addition, the SC/CCS monitors the implementation of each service plan in its entirety twice annually in addition to the ongoing monitoring of the service plan which may involve specific areas of the service plan within each monitoring session. The data are entered into a database, summarized, and reviewed by the DDD QI Committee quarterly. The summarized data for the service plan review and implementation data summary are shared with service coordination staff at the local level, providers and DDD Central Office staff.

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The quality management strategies for reviewing qualified providers are completed at the state level. The CBS QI Committee meets on a quarterly basis and reviews aggregate data for local, district, or statewide monitoring and certification to identify trends related to specific individual and agency providers and recommends resolution and/or changes that will support service improvement.

ii. Remediation Data Aggregation:

Remediation-related Data Aggregation and Analysis (including trend identification):

- | Responsible Party for data aggregation and analysis (<i>check each that apply</i>) | Frequency of data aggregation and analysis (<i>check each that apply</i>) |
|--|--|
| <input checked="" type="checkbox"/> State Medicaid Agency | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> Operating Agency | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Sub-State Agency | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Other (<i>specify</i>) | <input type="checkbox"/> Annually |
| | <input type="checkbox"/> Continuously and Ongoing |
| | <input checked="" type="checkbox"/> Other: (<i>specify</i>) Semi-Annually or more frequently as determined by the DDD Director |

c. Timelines:

- No