

Public Input Tracker
AD Waiver Renewal

	Date	Stakeholder (Agency Name and Person Name)	Venue	Question / Comment	Answer	Additional Clarification	Changes to Application	Rationale if no change
1	3/2/2016	Maxim - Ryan Beethe	Phone	Summary of changes requested.	Email sent with attachment and a link to summary on public site.	None needed.	N/A	N/A
2	3/2/2016	Good Samaritan - Melissa Murphy	E-mail mmurphy1@good-sam.com	Who should attend that are lifeline clients?	Email with work groups and soliciting any input she would like to give and can call us if she would like.	None needed.	N/A	N/A
3	3/2/2016	MLTC Supervisor - Colleen Fiegenger	E-mail colleen.fiegenger@nebraska.gov	Which meetings/workgroups should her SC's attend, if any?	Email sent with Administrator's response that anyone can go to the workgroup meetings as participation is highly encouraged.	None needed.	N/A	N/A
4	3/4/2016	Webinar Stakeholder Meeting, Julie Kaminski	Webinar	Will PowerPoint slides be available?	Yes	None needed.	N/A	N/A
5	3/4/2016	Webinar Stakeholder Meeting, Kim Roth	Webinar	When will we know amounts for ATP? Van adaptation can cost \$12,000. Criteria for the age of the van can prevent families from being able to have van adapted. In favor of removal of maximum lid of \$5,000. Process needing clarification.	No amount caps will be added. Amounts are based off the need of the client. ATP currently uses 2 assessment form to determine what the client really needs to to ensure the health, welfare and safety of the client or that enable the client to function with greater independence in the home. Once the need is determined then the cost of that need is covered.	The Department will continue to work with ATP for further development of the process.	N/A	N/A
6	3/4/2016	Webinar Stakeholder Meeting, Kim Roth	Webinar	What about the changes on the Service Plan?	Those are all things that are current expectations, but were not clearly written in the waiver application.	None needed.	N/A	N/A
7	3/7/2016	Cheryl Henkenius, Public	Phone Call	Would like a copy of Waiver application	Mailed to person.	None needed.	N/A	N/A
8	3/8/2016	Quality Council Stakeholder Meeting	Stakeholder Meeting / QA Council	Suggestion :in the performance measure regarding web-based training for SC and RD staff, it was recommended that the word "all" be added to the beginning of the phrase "newly hired SC and RD staff" to make it clear the measure is for ALL staff.	Thank you for this suggestion.	None needed.	Change will be added to include the word "all" to the beginning of the phrase "newly hired SC and RD staff" to make it clear the measure is for ALL	N/A
9	3/9/2016	Quality Council Stakeholder Meeting, Mark Smith	E-mail	Are reviews of complaints and incident reports done annually?	The current practice speaks to the aggregation of data annually. Please note the difference in aggregating annually, however, that does not mean incidents and complaints are only looked at annually. All incidents and complaints are reviewed individually by HCBS Waiver office staff as they occur. HCBS staff finalize all incidents and do not do so until appropriate action has been taken. Local Level staff finalize all the Local Level complaints. They are also sent to waiver staff to be reviewed as well.	None needed.	N/A	N/A
10	3/9/2016	Stakeholder Meeting in Norfolk	In Person	Proposed changes to Home Delivered Meals: Will the senior centers be able to do frozen meals and use those for clients? Will senior centers be able to prepare meals for the weekend and put them in clients refrigerator?	Senior Centers should continue to offer meals as they are now. The opportunity for individuals who do not have access to senior centers is available. The current regulations indicate the provider must maintain proper food temperatures and meet nutritional needs.	None needed.	N/A	N/A
11	3/9/2016	Stakeholder Meeting in Norfolk	In Person	For ATP, are we saying that it is going to be on a Need basis instead of the \$5000 limit we currently use? Still just one instance per year, or if they need a bathroom remodel, and an outside ramp, how do we determine which is most needed?	This would be based on need and what modifications are needed to keep the individual in the community.	None needed.	N/A	N/A
12	3/9/2016	Stakeholder Meeting in Norfolk	In Person	Were the workgroups with DD for Stakeholder input due to Waiver renewals?	Yes. The Department is working to create more continuity between all Waivers and establish stability. The workgroups are part of this effort.	None needed.	N/A	N/A
13	3/9/2016	Joni Thomas, Independence Rising	MLTC-HCBS Mailbox	I am confused by language: "or as needed at the discretion of the department".	This phrase was added to clarify that surveys would not be limited to every three years. They can be done more often if the department determines a need.	None needed.	N/A	N/A
14	3/9/2016	Joni Thomas, Independence Rising	MLTC-HCBS Mailbox	She likes the criteria for precluding school attendance by the parent/guardian as a reason for the child care to be authorized were updated from post-graduate to graduate studies.	Thank you for your feedback.	None needed.	N/A	N/A

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15	3/9/2016	Joni Thomas, Independence Rising	MLTC-HCBS Mailbox	Why was the requirement for home delivered meals removed from General Service Specifications?	The word daily was removed to provide people with more options in a delivery schedule. Allowing the flexibility for meals to be delivered multiple times in a day or several in a single delivery for those that may not have access to a Senior Center or Meals on wheels delivery option.	None needed.	N/A	N/A
16	3/9/2016	Joni Thomas, Independence Rising	MLTC-HCBS Mailbox	The list of crimes that would disqualify a person from being a provider was removed. So is no one disqualified or everyone with a criminal history disqualified?	This was removed as it was felt that some interpreted that these were the only criminal history violations implied. It was seen as not necessary to be prescriptive here. Regulations 480 NAC 5 AND 471 NAC 2 provide guidance regarding Provider Screening and Enrollment.	None needed.	N/A	N/A
17	3/9/2016	Joni Thomas, Independence Rising	MLTC-HCBS Mailbox	"Assistive Technology and Support previously identified a \$5,000 cap for assistive technology supports and home modifications. This amount was set in 1998 and restricts modifications to return home. This has been removed and replaced with the State establishes an annual maximum for each of the two service components for Assistive Technology Supports and Home Modifications." I like the possibility that this amount could be raised. However, how will they determine the annual	It is based off the need of the client at that time. Example: if the client needs a ramp for accessibility and a bathroom modified to safely stay in their home then this may be approved. Another client may only need a door widened, then that is the need that will be identified and resolved.	None needed.	N/A	N/A
18	3/10/2016	Mother of son who needs ATP van help. Julie, no last name given.	E-mail	How to get funding for a new van.	Email sent to Julie regarding the age of the van and ATP guidelines for adding vehicle modifications based on age of vehicles.	Further emails noted this parent is in favor of the maximum \$5,000 lid for two services be	N/A	N/A
19	3/14/2016	Lisa Gennaro Owner/President Newstyle Medical Suplier	MLTC-HCBS Mailbox	Do we need to renew and if so, where do I fill out the application to Renew our Waiver?	Responded with Email and contact information.	None needed.	N/A	N/A
20	3/16/2016	Stakeholder Meeting in Northplatte, Cathy Staroska.	In Person	For Home Delivered Meal, does it have to be a hot meal?	The current regulations indicate the provider must maintain proper food temperatures. It does not directly indicate that they have to be hot.	None needed.	NA	NA
21	3/16/2016	Stakeholder Meeting in Northplatte, Cathy Staroska.	In Person	What does the removal of crimes mean from provider enrollment?	No change in practice / provider screening and enrollment. The list in the waiver application appeared to indicate only the listed crimes would disqualify which is not the case.	None needed.	N/A	
22	3/16/2016	Stakeholder Meeting in Gering, Carol Sinner	In Person	Home Delivered Meals: Could it include going to a congregate meal so to have opportunity to socialize and participate in activities?	Day Services would provide a meal. Home Delivered Meals would not pay for a congregate meal.	None needed.	N/A	N/A
23	3/16/2016	Stakeholder Meeting in Gering, Lisa Blanton	In Person	Section C removed bulleted list of identified crimes. Why is this?	The list of bulleted crimes is only found in 471 NAC 15. As that regulation is specific to PAS services it should not be included. 471 NAC 2 and 480 NAC 5 give guidance regarding provider approval and denial as it relates to providers of AD Waiver services.	None needed.	N/A	N/A
24	3/16/2016	Stakeholder Meeting in Gering, Steve Trickler, Carol Sinner	In Person	Concern was expressed for difficulties related to the modification process. Clients often have to go out of town to get modifications completed resulting in additional client cost for meals and lodging related to the time it takes for completion of the modification.	This information will be shared with Assistive Technology Partnership for further discussions.	Further discussion needed.	Further Discussion and if any changes occur an amendment to the waiver may occur.	N/A
25	3/16/2016	Stakeholder Meeting in Gering, Karen Robinson	In Person	Provider previously took care of client in client's home. Client moved to Nursing Facility. Provider visited client at Nursing Facility for 3-4 hours and saw no staff.	AAA will get information to her about APS, Local ombudsman, licensure for reporting concern.	None needed.	N/A	N/A
26	3/17/2016	Stakeholder Meeting in Kearney, Hayley Jelinek	In Person	Discussion about the removal of the word "daily" from the home delivered meals section of the application resulted in a general discussion about healthy meals. There was general concern that without daily home delivered meals, clients would consume TV dinners which are high in sodium and bad for edeman and other health concerns.	The word daily was removed to provide people with more options in a delivery schedule. Allowing the flexibility for meals to be delivered multiple times in a day or for several days in a single delivery.	None needed.	N/A	N/A
27	3/17/2016	Stakeholder Meeting in Kearney	In Person	Statement: CMS added sub-assurances related to restrictions and health.	None Needed	None needed.	N/A	N/A

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28	3/17/2016	Stakeholder Meeting in Hastings, Cindy Beck	In Person	Discussion about the removal of the word "daily" from the home delivered meals section of the application resulted in a question about whether or not frozen meals could be delivered.	The service is intended for the client to get a meal that will meet 1/3 of the daily nutrition value and meet dietary needs. The change allows clients to order multiple meals to meet their needs over weekends or other meal times when a Chore provider is not available.	None needed.	NA	NA
29	3/17/2016	Stakeholder Meeting in Hastings, Cindy Beck	In Person	Weekends there are no options for having food delivered.	This is not limited by the Application, more so by the provider. Removal of the daily limitation increases provider options.	None needed.	N/A	N/A
30	3/21/2016	Jackie Rapier, ATP, Assitive Technology	E-mail	A clarification From Jackie, Home Modifications are the physical adaptations to the private residence of the client or client's family that are necessary to ensure the health, welfare and safety of the client or that enable the client to function with greater independence in the home. Per my perspective, primary residence may provide a clarification that only one residence can be modified (this situation would be applicable for parents who go through a divorce after their home has been modified to meet the needs of their child).	Suggestion is being submitted for possible change in waiver application.	None at this time.	CHANGE private to primary residence of client.	Support change to say primary residence of client.
31	3/22/2016	Kathy Hoell, NE Statewide Independent Living Council	Written paper via email	Appendix A There are delays with Maximus, the Provider Enrollment Broker, and this has a negative impact on the individual receiving services, the providers are required to meet deadlines when submitting their required paperwork but Maximus is not required to respond in a timely manner with authorization of a provider. The impact is that a provider works with no guarantee of payment or the consumer loses their provider of choice. Recommended Language: The Provider Enrollment Broker will execute the Medicaid Provider Agreement within 30 (thirty) days of the submission deadline or be assessed a penalty.	Provided a written note regarding this recommendation. The Provider Enrollment Broker is following the guidance that was provided by Program Integrity as well as by guidelines outlined by CMS. Further clarification regarding what they would like remediated is needed to provide a complete answer. Medicaid cannot add wording that limits the number of days for processing because some of the time frame is dependent upon the length of time APS/CPS takes to complete their checks. We cannot hold the broker to a timeline for work they do not complete themselves.	None needed.	N/A	N/A
32	3/22/2016	Kathy Hoell, NE Statewide Independent Living Council	Written paper via email	We are also concerned with the fact that the Provider Enrollment Broker does not seem to be consistent in what levels of background checks must be completed. Our main concern is the welfare of the consumer. We want to know what remediation is available? 1. Data aggregation and analysis for Local Level Complaints and Local Level Incident Reports has been changed from quarterly to annually.	The statement that was changed in Appendix A regarding complaints and incidents is a statement that briefly addresses complaints and incidents. The majority of the information about complaints and incidents is actually in Appendix F and Appendix G. While Appendix A of the current application does indicate data is aggregated quarterly, the current performance measure in Appendix G which specifically addresses incidents states that data is collected "continuously and ongoing", but aggregated annually. The statement in Appendix A was changed so that it did not contradict the data aggregation and analysis section for the performance measure. Specific information about the Local Level Complaint process is located in Appendix F-3:c. It indicates that although the Local Level Agency staff finalize the Local Level Complaints, each complaint is e-mailed to the HCBS Waiver Unit and reviewed by HCBS Waiver staff who follow up with Local Level Agency staff as necessary. Similarly, Local Level Incidents are also e-mailed to the HCBS Waiver Unit as described in Appendix G-1.b., and are all reviewed by HCBS Waiver Unit staff to ensure appropriate actions have been taken. HCBS Waiver Unit staff finalize all incidents and	None needed.	N/A	N/A

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33	3/22/2016	Kathy Hoell, NE Statewide Independent Living Council	Written paper via email	<p>HCBS Coalition Comments: People with disabilities have some of the highest rates of abuse and neglect, and thus, we are concerned about decreasing the frequency of aggregation of complaints and analysis of incidents and ask that the state clearly identify the process for insuring safety and quality within the HCBS Waivers. Further, we ask that you also incorporate and reinforce these processes within the state's transition plan for Home and Community Based Services.</p> <p>1. The current waiver application states participant/family surveys are conducted on a 3 year cycle and does not specify the reason for the surveys. The new waiver application indicates the surveys will be completed to measure satisfaction and outcome needs. The 3 year cycle was changed to "every 3 years or as needed at the discretion of the department".</p>	<p>The QI Workgroup and Quality Council will be looking at further development of participant/family surveys.</p> <p>Will propose to adopt.</p> <p>"every 3 years or increased at the discretion of the department."</p>	None needed.	Will propose to adopt. "every 3 years or increased at the discretion of the department."	N/A
34	3/22/2016	Kathy Hoell, NE Statewide Independent Living Council	Written paper via email	<p>HCBS Coalition Comments: We like that the reason for the survey be for satisfaction and outcome needs. One of the basic tenets of the Disability Community is "Nothing About Us Without Us," therefore, we suggest that there be language stating that the survey will be developed and results evaluated by individuals who receive waiver services and their families. Further, we suggest the 3 year cycle be changed to read "every 3 years or increased at the discretion of the department."</p> <p>2. "Continuous and ongoing monitoring of execution of Medicaid provider agreements" changed to "continuous and ongoing monitoring of participant enrollment" to reflect the changes made in regard to use of a Provider Enrollment Broker.</p>	<p>Team discussion to adopt stakeholder feedback, "every 3 years or increased at the discretion of the department."</p>	None needed.	Adopting, "every 3 years or increased at the discretion of the department."	N/A
35	3/22/2016	Kathy Hoell, NE Statewide Independent Living Council	Written paper via email	<p>HCBS Coalition Comments: Again, as we identified in item 1, we would like to see further language and clarification about the Enrollment Broker, specifically, if enrollment is negatively impacting the individual receiving services and what the remediation process would look like.</p> <p>7. A performance measure to address compliance with HCBS setting requirements was added.</p> <p>HCBS Coalition Comments: We compliment the administration for planning for and incorporating changes related CMS' rule for HCBS.</p>	<p>Parameters for what constitutes negative impact would first need to be developed.</p>	None needed.	N/A	N/A
36	3/22/2016	Kathy Hoell, NE Statewide Independent Living Council	Written paper via email	<p>Appendix C</p> <p>1. Assistive Technology and Support previously identified a \$5,000 cap for assistive technology supports and home modifications. This amount was set in 1998 and restricts modifications to return home. This has been removed and replaced with the State establishes an annual maximum for each of the two service components for Assistive Technology Supports and Home Modifications.HCBS Coalition Comments: We are pleased that the current cap for home modification and assistive technology is being eliminated to recognize increases in costs since 1998. However, we have concerns that not setting an amount is not transparent and removes the knowledge base of individuals receiving services to know what both the home modification and assistive technology amounts would be. The language we would suggest is: Recommended Language: The Department will meet with Assistive Technology Partnership (ATP) at least annually to negotiate the cap for home modification and assistive technology to be reflective of the market and not going below the average of the total costs for waiver projects for the previous 12 (twelve) months.Further, we would like to add that ATP funding is critical to individuals in need of long-term services and supports and that the current eligibility levels for Nebraska's Waivers do not meet the needs of many individuals who need ATP services. Further analysis of this is needed in the state's redesign to prevent institutionalization and promote home and community based services and remove ATP's waiting list.</p>	<p>Putting a cap on this would restrict what an individual can have done. For example: An individual needs both a bathroom mod and a door widened. Previously, they would have had to pick which one they needed more due to the cap. Now they can have both done at the same time.</p>	None needed.	N/A	N/A

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37	3/22/2016	Kathy Hoell, NE Statewide Independent Living Council	Written paper via email	2.) Criteria for precluding school attendance by the parent(s)/guardian as a reason for child care to be authorized were updated from post-graduate to graduate studies. HCBS Coalition Comments: This is very nice. Thank you!		None needed.	N/A	N/A
38	3/22/2016	Kathy Hoell, NE Statewide Independent Living Council	Written paper via email	3.) The requirement for meals to be delivered daily was removed from the General Service Specifications for Home Delivered Meals. HCBS Coalition Comments: We have some real concerns about this. Specifically, how the nutritional needs of people with disabilities will be met with this change? Will meals still be delivered on the weekends? Will individuals who need assistance with meal preparation have the supports they need? Please clarify the changes.	The intent with removing daily as a delivery requirement was/is to expand the options for clients. Clients have only been able to get a noon meal to date, and for many areas, none on weekends. This has forced clients to model chore hours to ensure a provider can come prep a meal for them. By removing the daily requirement it opens the opportunity for clients to exert better choice over how they use their chore hours and if they choose to have a breakfast or evening meal delivered. Client dietary needs still have to be met by the provider however, this allows a provider to deliver for more than one day at a time. Removing the daily requirement does not change the fact that meal prep may still be a service a client needs and has a chore provider authorized to perform for them however the chore provider would prep a whole meal as opposed to warming one already prepped.	None needed.	N/A	N/A
39	3/22/2016	Kathy Hoell, NE Statewide Independent Living Council	Written paper via email	4.) The bulleted list of crimes that would disqualify a person from being a provider was removed. HCBS Coalition Comments: Please describe the process of screening for providers. How will the state determine what crimes disqualify a person from being a provider versus crimes committed where they could still be a provider? Is there a statute of limitations that the state uses? We believe that the bulleted list should be updated by remain to protect the individual receiving services from between crimes of violence /safety and financial exploitation.	The current process dictates that any criminal information that returns on a background check to the Broker is then referred to DHHS for review to determine compliance with current regulations. There is no statute of limitations the State currently uses as guideline. The bulleted list is only found in regulations for PAS services. As PAS services are not covered under 1915c it was inappropriate to keep the list 471 regulations provide guidance and 480 Regulations provide guidance regarding denial and termination of provider agreements.	None needed.	N/A	N/A
40	3/22/2016	Kathy Hoell, NE Statewide Independent Living Council	Written paper via email	Appendix G: 1.) APS Information was updated to reflect current APS/CPS regulations, policies and practices. HCBS Coalition Comments: Please provide additional information about the updates with APS/CPS. Nebraska has historically had the highest national rates out of home placements in foster care and we know that individuals with disabilities are at a high risk of abuse and neglect. Additionally, if programs/medical supplies are too costly for families to afford, is their training for APS and CPS to recognize the difference? • Specifically, does Medicaid or other Divisions within DHHS, do training to APS/CPS workers on the waiver programs? How does Adult Protective Services and Child Protective Services collaborate with the Division of Medicaid –specifically within the Waiver programs?	The APS/CPS regulations changed since the previous Waiver application as approved and the removal of information pertaining to “Priority” no longer exist so all of that information needed to be removed from the Waiver application. There are no current trainings offered to APS and CPS.	None needed.	N/A	N/A
41	3/22/2016	Kathy Hoell, NE Statewide Independent Living Council	Written paper via email	2.) The performance measure regarding Participant/Family Experience Surveys was deleted due to reliability issues with data. HCBS Coalition Comments: If the Participant/Family Experience Survey was eliminated, what was replaced to insure that the involvement of individuals who receive waiver services and their families remain?	The Participant/Family Experience Survey was not deleted. The performance measure regarding the surveys was deleted. Surveys will continue to be completed. Data will continue to be aggregated, but since the performance measure is being deleted, the data will not need to be reported to CMS.	None needed.	N/A	N/A

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42	3/22/2016	Kathy Hoell, NE Statewide Independent Living Council	Written paper via email	<ul style="list-style-type: none"> We ask the department to clarify the process for determining a child who has previously been eligible for the A & D Waiver to be found ineligible for A& D Waiver services. 1. Many concerns have been shared by families who have children that are on a 'G-button' and are being tube fed to insure proper nutrition, that once they hit a certain level of oral intake that they are no longer eligible for the A&D Waiver. We understand that children can improve to the point of not requiring the Waiver, but we also want to insure that they are stable enough and have enough time to demonstrate stability of their oral intake. Does the Department take this into consideration? If so, please describe. 2. The A & D Waiver also provides coverage of the intensive therapies required to help improve the child's growth and development. 3. Once the child loses coverage of the A & D Waiver, they also lose coverage of the corresponding services and are at risk for regression and failure to thrive. How does the Department and the state Medicaid system provide other services and treatments to insure the health and well-being of the child when the child who previously was eligible for the A & D Waiver is found ineligible? 4. How does the A & D Waiver support the requirements of Early Periodic Screening Diagnostic and Treatment (EPSDT)? 	<p>LOC criteria is not part of waiver app</p> <ol style="list-style-type: none"> Children must have a disability determination via SSI or the State Review Team every 3 years and meet AD Waiver level of care criteria annually. Service Coordinators are required to report significant changes affecting the level of care. This is a Medicaid eligibility question. AD does not provide intensive services. Therapies and other medical treatments are provided for through EPSDT. The Plan of Services and Supports addresses all Waiver and non-Waiver needs. AD Waiver supports EPSDT by providing for services that are not covered under State Plan Services for eligible participants. 	None needed.	N/A	N/A
43	3/22/2016	Kathy Hoell, NE Statewide Independent Living Council	Written paper via email	<ul style="list-style-type: none"> Currently Nebraska does not allow for personal assistance supports (PAS) to be paid when an individual on the A&D Waiver is in the hospital. We are concerned that this places the individual who needs assistance in danger as hospital nurses are not always and immediately available. Please respond to the feasibility of providing reimbursement for PAS during hospitalizations 	<p>While a client is admitted to a hospital they are then receiving a Medicaid service from the Medicaid benefits package. To pay for a PAS provider to care for a client while in the hospital would be a duplication of Medicaid service which is Medicaid fraud.</p>	None needed.	N/A	N/A
44	3/22/2016	Kathy Hoell, NE Statewide Independent Living Council	Written paper via email	<ul style="list-style-type: none"> Please clarify the timelines and processes for collaboration within the Nebraska Department of Education and Vocational Rehabilitation and who supports a youth on the A & D Waiver as they transition from school. 1.If the child is eligible for special education is he/she required to remain in the school-supported transition program until age 21? 2.If the child graduates at 18, can the A& D Waiver support the youth as he enters employment and/or college? 3.Can a child on the A & D Waiver, move into the DD Waivers? 4. How does the A & D Waiver support socialization and inclusion for youth/young adults? 	<p>AD Waiver services are client directed and timelines are determined by the client. The client's plan is directed and developed by the individual and their identified supports. Any needs on the assessment would be addressed in the plan.</p> <ol style="list-style-type: none"> AD Waiver cannot pay for services the school system is required to provide to the client. AD Waiver supports eligible clients by ensuring their personal care needs are met whatever setting they choose to be in. Eligibility does not transfer from one Waiver to another. Clients must apply for and meet eligibility criteria for the Waiver they wish to be on. Annual assessments are completed for all waiver clients of all ages. The assessments identify support needs, including socialization and inclusion, which are then addressed in the Plan of Services and Supports. 	None needed.	N/A	N/A
45	3/22/2016	Kathy Hoell, NE Statewide Independent Living Council	Written paper via email	<ul style="list-style-type: none"> Please clarify the difference and similarities between independent skills training, adult day services and habilitation within and between the A & D Waiver and the DD Waivers. 	<p>Aged and Disabled Waiver provides for Adult Day Health services and Independence Skills Management. Independent Skills management helps persons to adapt to their environment for a skill they already had. The person is not gaining a new skill. DD teaches persons skills they may have never had.</p>	None needed.	N/A	N/A
46	3/22/2016	Kathy Hoell, NE Statewide Independent Living Council	Written paper via email	<ul style="list-style-type: none"> How will the Department advertise and promote future Waiver renewals and amendments? 	<p>The Department will continue to comply with CMS expectations to provide a 30-day comment period and provide notice of this period of time by posting information on our webpage, sharing the information directly with stakeholders, webinars, and publishing in alternative methods including but not limited to newspapers, flyers in local offices, and community centers.</p>	None needed.	N/A	N/A
47	3/22/2016	Kathy Hoell, NE Statewide Independent Living Council	Written paper via email	<ul style="list-style-type: none"> Has the Department considered offering a stipend to individuals and families who participate in the stakeholder process or quality assurance processes? 	<p>At this point the Department has no plans to offer stipends for stakeholder participation.</p>	None needed.	N/A	N/A

	Date	Stakeholder (Agency Name and Person Name)	Venue	Question / Comment	Answer	Additional Clarification	Changes to Application	Rationale if no change
48	3/23/2016	Dawn Williams	MLTC-HCBS Mailbox	<p>My husband is 100% disabled. I have a couple of questions.</p> <p>1) Can I get paid for being his personal caretaker and aide?</p> <p>2) What do I have to do to get certified by Nebraska for this?</p> <p>3) What if any change to his is current assistants programs after we are married?</p> <p>4) After getting married ; will I still get paid for his personal caretaker?</p>	<p>Generally speaking, significant others (not spouses) can be authorized to provide care. It is possible that criteria may not be met to become a paid provider. Services are authorized only for the client so cleaning for shared areas of the home, shared meal preparation, or completion of laundry for the household would not be authorized. All services are authorized based on client needs so an assessment would need to be completed to determine first eligibility for services, secondly, to determine what needs exist that you do not provide for in your shared household. If you are interested in becoming a provider you would need to contact a League of Human Dignity office or Area Agency on Aging office and they could assist you with signing up to become a provider. If you meet the criteria to become a provider all your information will process and you will be assigned a provider ID number. Once you are married you would not be eligible to provide services to your spouse but could provide services to other people. Depending on the program or service, there may be a different person to contact for program or service guidance. Per the regulations for A&D Waiver, spouses are considered legally responsible relatives and cannot be authorized as paid caregivers for an A&D Waiver client.</p>	None needed.	N/A	N/A
49		Rick Henley Seniorlink Caregiver Homes Phone: 985-687-1161 Email: rhenley@seniorlink.com	Email	<p>On behalf of Caregiver Homes, a division of Seniorlink, I am pleased to submit these comments regarding the above-referenced Waiver, which I understand is up for renewal this year in June 2016.</p> <p>Caregiver Homes works to enhance states' HCBS systems by promoting opportunities for supporting family caregivers who are willing to make a full-time commitment to supporting their loved ones at home. Caregiver Homes delivers Structured Family Caregiving (SFC) to more than 3,200 consumers across six states (CT, IN, LA, MA, OH, RI) and will begin providing services through Texas' STAR+PLUS managed care plans. SFC services are utilized by states and their managed care plans to support elders and younger adults with disabilities to live independently. We are supporting individuals - who would otherwise need services in more restrictive and expensive settings - to receive needed supports at home. SFC works by combining a full-time caregiver who lives at home with a waiver consumer, with a professional support team consisting of a nurse and care manager that is employed by a SFC agency.</p> <p>As caregivers typically have no medical training or education, the care team's involvement is critical to ensuring that caregivers are supported to manage complex mental health issues, medical conditions, multiple medications, and engagement with involved health care professionals and suppliers. The caregiver submits a daily electronic note to the provider's electronic case management system that is reviewed by the nurse and care manager. Through this information exchange and at least monthly home visits by the nurse and care manager, the SFC model is able to demonstrate important health care and quality of life outcomes for consumers and has been shown to delay nursing facility admission by up to two years.</p> <p>It is clear that Nebraska has a strong history of initiating systemic changes to promote the utilization of community-based services and supports. It is also clear that in doing so, Nebraska places high value on family caregiving and has outlined numerous strategies and objectives that identify the importance of ensuring that family caregivers are supported. Specifically, we note the following recommendations in the Aging Nebraskans Task Force Strategic Plan (Plan):</p> <ul style="list-style-type: none"> - Offering a solution to the workforce shortage by empowering lay caregivers (Workforce Development, p. 11) - Nebraska should give careful consideration to opportunities available to provide home and community-based supports to help caregivers keep their loved ones in the home, and to reimburse family caregivers for specific services." (Workforce Development, p. 18) <p>We believe that the addition of SFC in the HCBS Waiver for the Aged and Adults</p>	<p>The first being, this would add a nursing service and include a Care Manager. Based on the way Nebraska has currently set up the Waiver and Medicaid services it would take quite a bit of work to allow information sharing under HIPAA. Second, adding this service increases costs in Nebraska because we would not only pay the provider, then potentially the service coordinator, resource development for adults, but also we would have to pay this Structured Family Caregiving agency that only provides Case Management services. Adding a layer of persons to work with the client would likely only make the system more convoluted for the client. Third, as we move forward with the Redesign, our services would be absorbed into the MCOs so the client would already get a Case Manager that would have all the needed access to the client's information and make this an obsolete addition because it would be a duplication of services. Fourth, the DOL Homecare Rule requires we pay providers hour-for-hour worked. The wording on this talks about a "stipend" and per diem adult foster care rates. We do not include adult foster care amongst our services and cannot pay a per diem rate per the DOL Homecare Rule. As a rule our clients have access to a home they want to reside in and can access the greater community as their abilities allow and are only missing the Care Manager. Adding this service would result in increased costs and potential over-managing individuals and process.</p>			

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				<p>we believe that the addition of SFC in the HCBS waiver for the Aged and Adults and Children with Disabilities (Waiver) naturally aligns with these goals that support family caregivers. The addition of SFC also directly aligns with the following Plan recommendations:</p> <ul style="list-style-type: none"> – Offers a cost-containment strategy by providing a cost-effective in-home option that utilizes electronic notes for state’s most medically-frail consumers, provides built-in care coordination and care transition support in post-acute settings (Cost-Containment Strategies p. 12) – Provides a service that closes the service gap for Alzheimer’s consumers/consumers with dementia-related conditions as well as “high-utilizers”. (Cost-Containment Strategies, p. 19) – “In order to maintain modest growth in spending in the face of an increasing 65+ population, existing cost containment measures will need to be maintained and new measures will need to be explored.” (Cost Containment Strategies, p. 19) <p>Adding SFC as a Waiver service helps to ensure that Nebraska has a cost-effective, community-based around-the-clock service option that is an alternative to facility-based care, that is fully compliant with CMS’ HCBS Final Rule, and that can support, and manage costs for, consumers with the most complex medical and behavioral health care needs while also supporting all of the above recommendations set forth in the Plan.1</p> <p>Furthermore, we note Nebraska’s interest in expanding its managed care initiative to include long term supports and services. We currently operate as a Medicaid provider in states that have fee-for-service delivery systems and in those with managed care delivery systems, including integrated Medicare-Medicaid demonstrations. It is our experience that, in states that implement managed care, consumers experience enhanced care coordination and look to their managed care plans to help identify needed supports that will allow them to stay at home. It is also our experience, however, that unless a state has defined an HCBS benefit that provides around-the-clock, home-based support, managed care plans do not have sufficient options for helping consumers to stay at home and avoiding unnecessary and costly nursing facility admissions and hospitalizations.</p> <p>Proposed Waiver Language: Service Type: Other Service</p> <p>As provided in 42 CFR 440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute. Service Title: Structured Family Caregiving</p>				