

A teal-colored banner with a wavy, flowing appearance, containing the word "WELCOME" in white capital letters.

WELCOME

DHHS – PROVIDER MEETING

HCBS Waivers

First Quarter: January 23, 2025

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Agenda

- **ALL HCBS Waivers:**
 - OPR (Onsite Provider Review)
 - Public Comment Period, Proposed Participant Service Changes, and LRI Personal Care
 - Technical Assistance Sessions for Families
 - Legislative Update / Colin
 - Ending the Waitlist Updates
- **DD Waivers:**
 - Waiver Offer Updates
 - Shared Living Service Updates: SLP Home Study Survey and Natural Supports
- **AD & TBI Waivers:**
 - Upcoming Therap Changes
 - Lapse Medicaid Eligibility Impact on the Waiver

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Information for all HCBS Waiver Providers

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Onsite Provider Review (OPR) Pilot Status Update

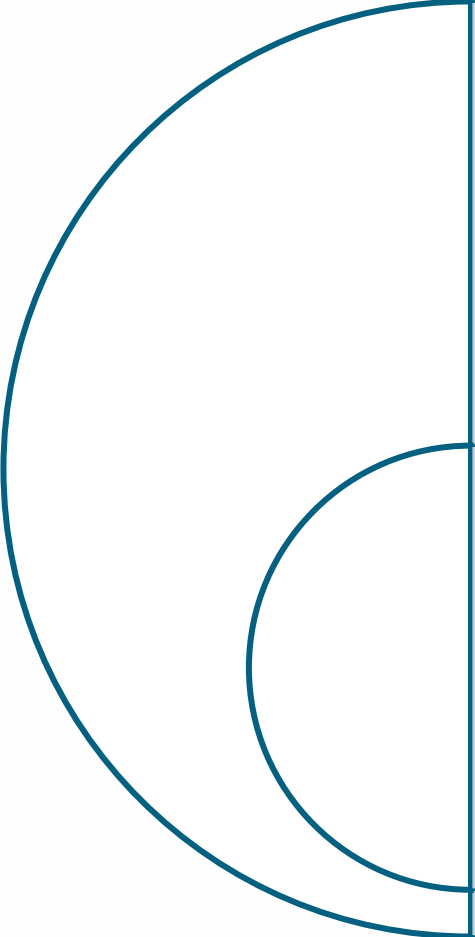
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Onsite Provider Reviews (OPR) – Intent



Ensure providers are advancing quality person-centered supports

Create opportunities for relationship building with providers

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Onsite Provider Reviews (OPR) – Goals

Strengthen person-centered services

Identify and celebrate provider strengths

Pinpoint growth opportunities

Obtain feedback from providers and participants on service delivery

Discern any educational needs of providers and staff

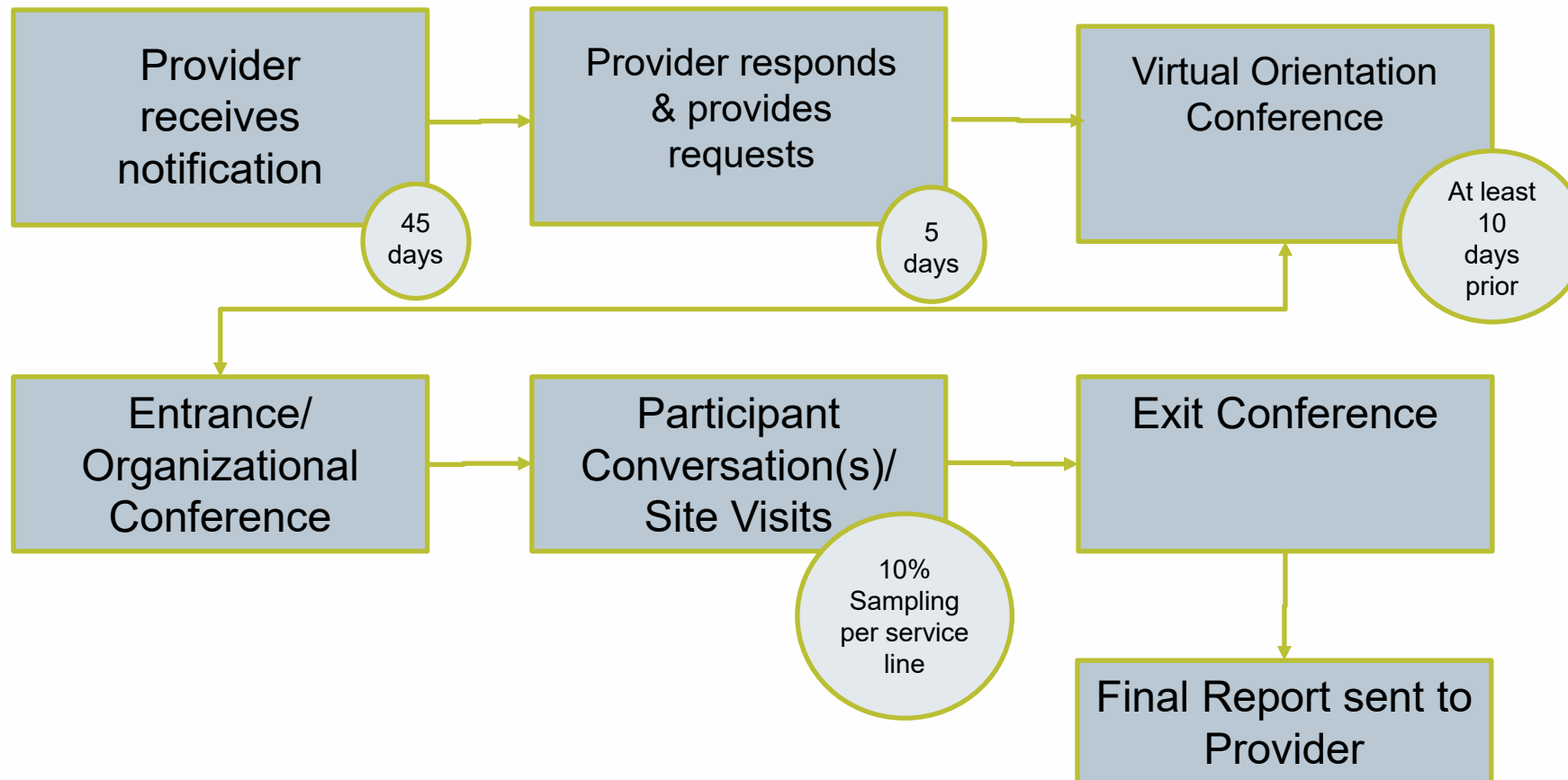
Improve efficiency and effectiveness in assessing the CMS Final Settings Rule

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Onsite Provider Reviews (OPR) – Process



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Pilot Status as of January 15, 2025

Waiver	Agency	Status
DD	Caretech	Scheduled week of Jan 20, 2025
DD	Community Support Network	Completed
DD	Goodwill Industries of Greater Nebraska	Completed, awaiting data
DD	Integrated Life Choices Central/Wester	Central completed, Western completed and awaiting data
DD	Madonna School and Community Based Services	Scheduled week of Jan 27, 2025
DD	Vodec	Completed, awaiting data
AD	Immanuel Assisted Living Facility	Scheduled week of Jan 27, 2025
AD	The Lexington Assisted Living Facility	Completed
AD	Stayhome.care	Completed

Summary

Complete – 4

Awaiting Data – 3

Not Complete – 4

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New DD-Waiver Provider Self-Assessment Tool

New tool is now ready to use.

Use one link to access both Residential and Non-Residential surveys.

Access using link on DDD webpage

<https://dhhs.ne.gov/Pages/HCBS-Statewide-Transition-Plan.aspx>

Or directly using

<https://forms.monday.com/forms/78b4af0f3b93879cf5c72d9a0baa7b11?r=use1>

Public Comment Period, Proposed Participant Service Changes, & LRI Personal Care

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Public Comment Period

- DDD plans to amend HCBS Waivers:
 - DD Waivers: Comprehensive, Adult Day, and Family Support
 - Aged and Disabled Waiver
- 30-Day Public Comment Period is **January 13 – February 13, 2025.**
- Comments on the proposed waiver can be emailed to:
DHHS.HCBSPublicComments@nebraska.gov
- Public Comment information, including copies of HCBS applications, on the DDD website:



<https://dhhs.ne.gov/Pages/DD-Public-Comment.aspx>

Appendix C: Participant Services

- Unbundling Residential Habilitation (CDD Only)
- New Services to support Participant Independence
- New and Updated Services to support Participant Employment
- Legally Responsible and Guardian Payments
- General Updates

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Appendix C: Participant Services (All Waivers)

Legally Responsible Individual – Personal Care (1/3)

- LRI – Personal Care would provide for support for the exceptional needs of the participant by supporting Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs).
- LRI would be required to work for an Agency Provider to provide monitoring and support, except in limited cases where an Agency Provider was not available due to geographic remoteness or lack of providers willing to serve as an employer.

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Appendix C: Participant Services (All Waivers)

Legally Responsible Individual – Personal Care (2/3)

- Participants must require Extraordinary Care, defined as hands-on assistance with Activities of Daily Living (ADLs) and Incidental Activities of Daily Living (IADLs) care that exceeds the range of activities a parent or spouse would ordinarily perform in the household on behalf of a person without a disability or chronic illness of the same age to be eligible to receive the service.
- DDD will develop an Extraordinary Care Tool where a participant will need to “Always Require Physical Support” in at least three ADLs or IADLs such as bathing, dressing, turning/positioning, feeding, toileting, or ambulation. Participants will then only be eligible to receive support for areas where they need verbal or physical supports for ADLs or IADLs.

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Appendix C: Participant Services (All Waivers)

Legally Responsible Individual – Personal Care (3/3)

NEBRASKA EXTRAORDINARY CARE INSTRUMENT			
INSTRUCTIONS			
Use the scale below to assign a value that indicates the greatest level of support needed by the participant to meet each need or prevent unsafe behavior. Please note that there is an age range identified as not applicable for some needs. For those needs, score as a (0). Only one value may be assigned for each need.			
RATING SCALE			
Independent or N/A (0)		Requires Assistive Device (1)	
Sometimes Requires Physical/Verbal Support (2)		Always Requires Physical Support (3)	
NEED	Score	NEED	Score
Turning/Positioning Enter (0) for ages birth - 9 months		Ambulation Enter (0) for ages birth - 18 months	
Transfer Assistance Enter (0) for ages birth - 18 months		Oral Hygiene Enter (0) for ages 0-5 years	
Bathing Enter (0) for ages 0-5 years		Toileting Enter (0) for ages 0-5 years	
Dressing Enter (0) for ages 0-5 years		Communication Enter (0) for ages 0-16 years	
Hair, Nail, and Skin Care Enter (0) for ages 0-10 years		Basic Meal Preparation Enter (0) for ages 0-16 years	
Basic Purchases Enter (0) for ages 0-16 years		Respiratory/Pulmonary Care	
Basic Household Chores Enter (0) for ages 0-16 years		Catheter or Ostomy Care	
Accessing Transportation Enter (0) for ages 0-16 years		Medication Administration Enter (0) for ages 0-18 years	
Feeding Assistance		Seizure Protocol	
If the participant scores a (3) in <u>at least three</u> of the items above, then the participant meets the standard of Extraordinary Care.			
Does the Participant meet the standard of Extraordinary Care?			

SERVICE NEEDS ASSESSMENT				
INSTRUCTIONS				
LRI Personal Care Services will ONLY be authorized for ADL and IADL needs that are scored as a 2 or 3 in Section II of this document. Each ADL and IADL need will be broken down into specific tasks and each task will have an allocated time for completion and a frequency of occurrence. This will be calculated in the table below. When authoring services for "accompany to appointment" only one category should be selected and authorized.				
LRI Personal Care Services cannot exceed 40 hours per week.				
NEED CATEGORY	x / day week	Average Time for Task	Participant Time for Task	Total Time
<i>Ex: Shampoo</i>	<i>3x/week</i>	<i>10 minutes</i>		<i>30 minutes</i>
TURNING/POSITIONING				
Turn & Position in Bed	___ x/day	15 – 30 minutes		
TRANSFER ASSISTANCE IN HOME OR COMMUNITY				
Transfer with or without an Assistive Device	___ x/day	15 – 30 minutes		
Assist On/Off Toilet	___ x/day	15 – 30 minutes		
BATHING				
Bath/Shower	___ x/week	15 – 30 minutes		
Shampoo	___ x/week	10 minutes		
DRESSING				
Assist with TED hose	___ x/day	10 – 15 minutes		
Dressing	___ x/day	15 – 20 minutes		

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Appendix C: Participant Services (DD Waivers)

Payments to Guardians

- We are considering expanding allowable payments to relative guardians within existing services as allowed under Nebraska Revised Statute § 30-2627: *“Nothing in this subsection shall prevent the **spouse, adult child, parent, or other relative** of the person alleged to be incapacitated from being appointed guardian...”*
- Relative guardians would be required to work for an Agency Provider to provide monitoring and support, except in limited cases where an Agency Provider was not available due to geographic remoteness or lack of providers willing to serve as an employer.

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Appendix C: Participant Services (AD Waiver)

Payments to Guardians

- **Currently, Guardians may provide direct support services to individuals on the AD Waiver.**
- DDD is setting a new provider requirement that Guardians could only provide services if **related to the participant (relative guardian)** and would be **required to work for an Agency Provider** except in limited circumstances such as geographic remoteness or lack of providers willing to serve as an employer.
- **This would not impact current (Guardian) providers and only apply to future providers of AD Waiver services.**

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Technical Support Sessions for Families

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Meeting the Needs of Families

Purpose of the Sessions

The goal is to provide families with direct access to DDD experts for assistance with:

- Eligibility
- Waivers
- Service Coordination

What Families Can Expect

Sessions will include:

- A brief introduction.
- A discussion of the family's questions and needs.
- Tailored resource sharing to support their next steps.

Information about sessions will be shared publicly on the DDD website and social media platforms.

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Registration, Scheduling, and Follow-Up

Registration Period

Information to register on the DDD public webpage starting January 21.

Registration will close on February 5.

Session Dates

Sessions will take place **February 10-14.**

Feedback Collection

Feedback will be collected after the sessions to improve future engagement efforts.

Flexible Scheduling

Families can select the day and general time frame (morning or afternoon) that works best for their schedule.

After Form Submission

Families will be contacted to:

- Confirm the meeting.
- Gather additional details.
- Match with a DDD subject matter expert based on their specific needs.

Stakeholder Collaboration

We encourage providers to share registration details with families who may benefit from this opportunity.

Legislative Update

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Introduced Legislation the Division is Tracking (1/2)

- LB17- Prohibit certain fees by residential landlords and require notices and disclosures of consumer reports.
- LB26- Include certain hospital and health clinic employees within statutes protecting health care professionals from assault.
- LB29- Create a review process for agency rules and regulations.
- LB42- Provide for employment of nurse aides in intellectual and developmental disability facilities.
- LB54- State intent regarding appropriations for providers of developmental disability services.
- LB57- State intent regarding appropriations for Medicaid assisted-living facilities.
- LB61- Require the Department of Health and Human Services to file a Medicaid waiver amendment for memory care rates.
- LB66- Adopt the Uniform Health-Care Decisions Act.

Introduced Legislation the Division is Tracking (2/2)

- LB71- Change requirements for child care reimbursement rates.
- LB220- Provide for developmental and intellectual disability impact notes for legislation.
- LB221- Provide a procedure to fill unfilled gubernatorial appointments.
- LB227- Change provisions relating to authorization to operate for certain motor carriers.
- LB261- Appropriate funds for the expenses of Nebraska State Government for the biennium ending June 30, 2027, and appropriate Federal Funds allocated to the State of Nebraska pursuant to the federal American Rescue Plan Act of 2021.
- LB268- Require the Department of Health and Human Services to implement a provider rate increase for developmental disability services.

Eliminating the Waitlist Updates

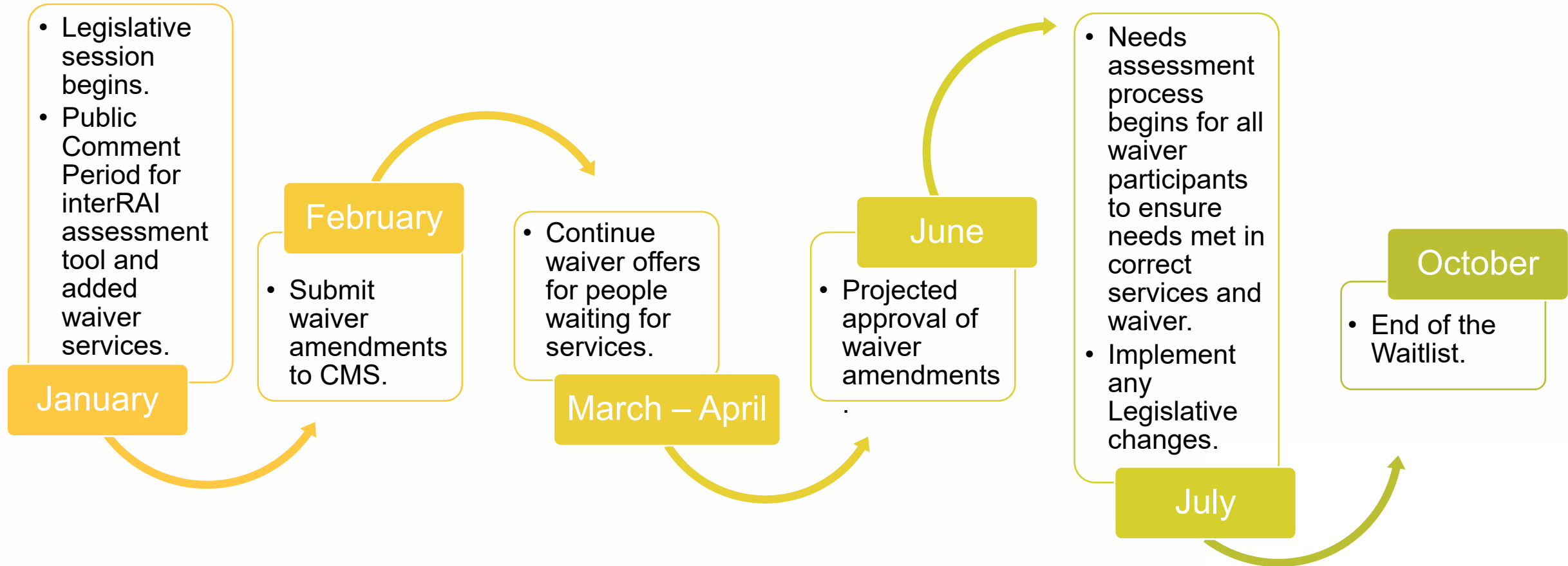
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Elimination of the Waitlist Timeline



Elimination of Waitlist Resources and Information

<https://dhhs.ne.gov/Pages/DD-Wait-List.aspx>

- Waitlist Dashboard
- Timeline
- Cost Estimates
- Presentations
- Resources
- Frequently Asked Questions (FAQs)



QR code to Waitlist Elimination
webpage

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Information for DD Waiver Providers

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Waiver Offer Updates

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Waiver Offers March 2024 – January 2, 2025

A total of 1,669 offers have been made.

Family Support Waiver (FSW)

Accepted	637
Denied	375
Pending	163
Total	1175

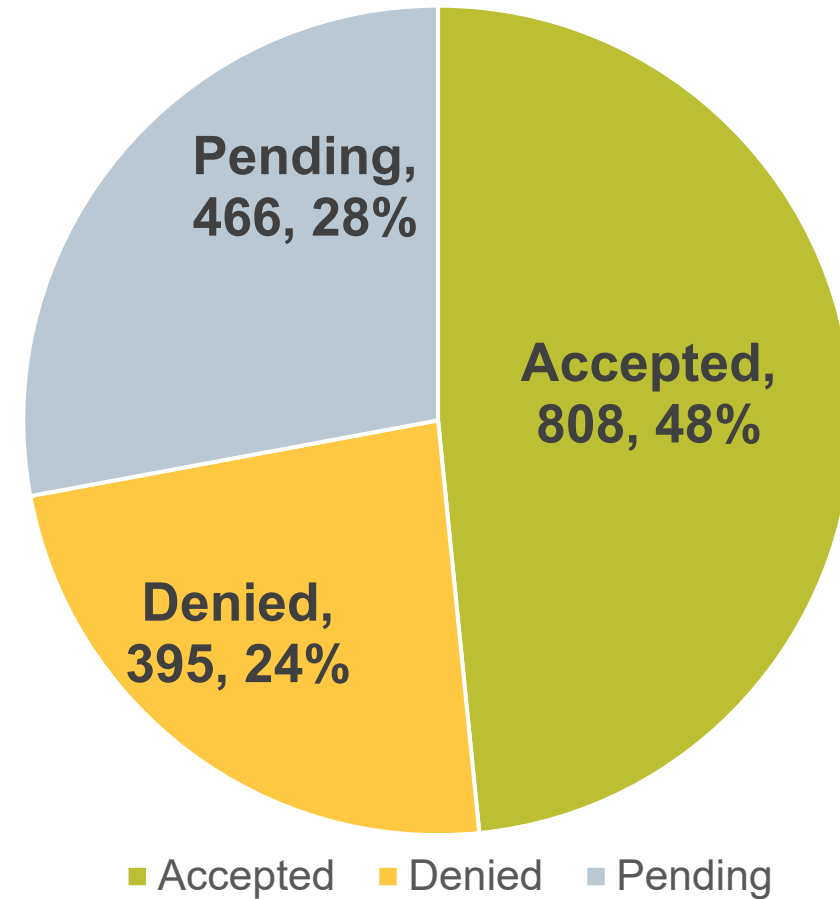
Comprehensive Developmental Disabilities Waiver (CDD)

Accepted	56
Denied	0
Pending	0
Total	56

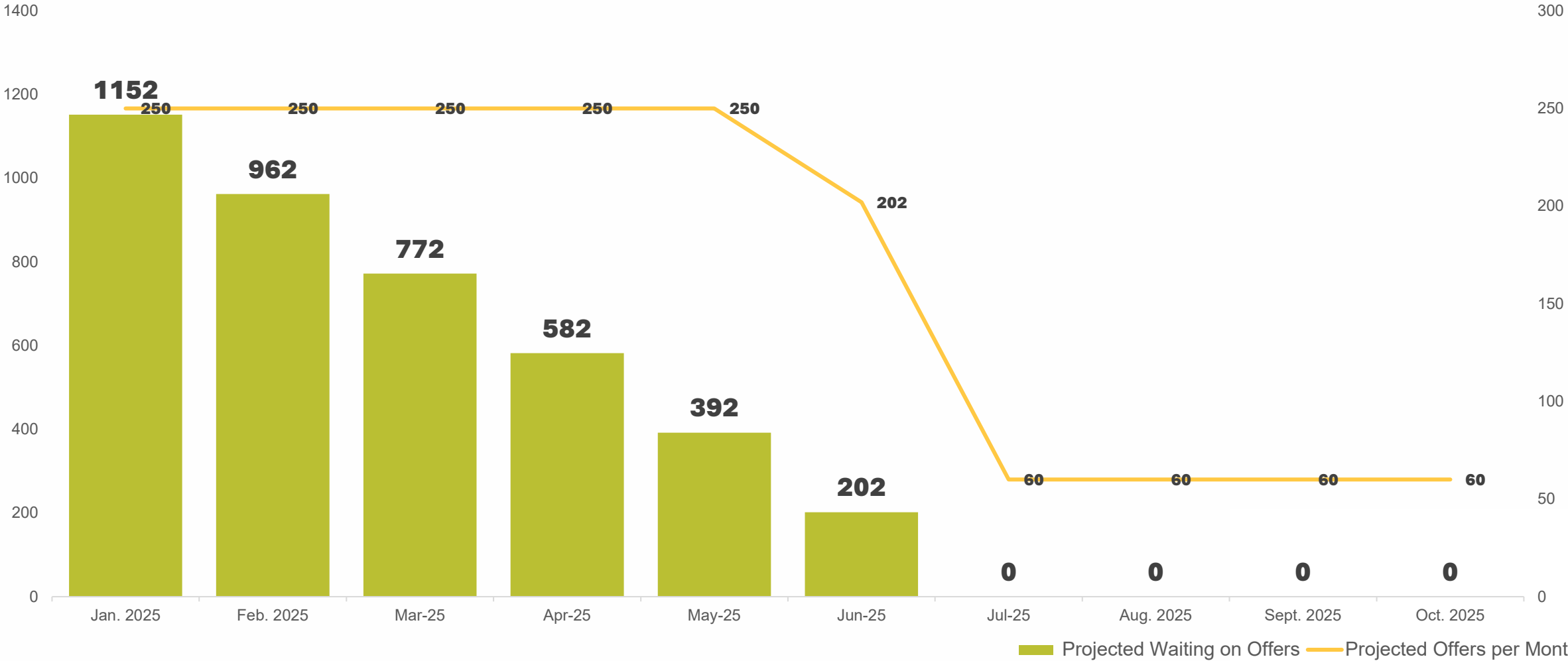
Developmental Disabilities Adult Day Waiver (DDAD)

Accepted	115
Denied	20
Pending	303
Total	438

Status of Total DD Waiver Offers



Specialized Service Offer Projections



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Shared Living Service Updates: Natural Supports & SLP Home Study Survey

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Home Study Survey Updates

- Moving the survey from Red Cap to Monday.com.
- In final stages of the change.
- Don't be alarmed if you log in and it looks different!
- The same questions, just a different format.

Monthly Agency Provider On-Site Visits

How are these going?

Basic-High tier:

- Requires one visit per month
- Every three months: 2 unscheduled visits

Advanced-Risk tier:

- Requires two visits per month
- Every three months: 4 unscheduled visits

Back-Up and Support Staff

Back-up Staff

- Used when the Host Home employee or SLP is not in the home or awake to provide the Shared Living waiver service.
- Chosen by the participant.
- Documented in the participant's person-centered plan
- Deliver the same habilitative services to the participant in their home, following the participant's usual schedule.
- Meet all provider qualifications.
- Agency provider required to maintain a record of use and communicate to SC.
- Maximum of 360 back-up hours per IBA year.

Support Staff

- Work at the same time as the Host Home employee or SLP.
- *Cannot provide services without the Host Home employee or SLP present.*
- Chosen by the participant.
- Documented in the participant's person-centered plan.
- Deliver the same habilitative services to the participant, following the participant's usual schedule.
- Meet all provider qualifications.
- Agency provider required to maintain a record of use and communicate to SC.
- Cannot be used for a continuous, 24-hour period.

Natural Supports

Agencies should review Shared Living homes when they are billing the entire day, but the SLP is not with the participant for the whole day.

- Are back-up staff being used?
 - Are they working with the agency provider for training and background checks?
- Are natural supports being used?
 - Are they trained, have background checks, and counted in the use of back-up staff?

Natural Supports

- Person with a long-standing relationship with the participant, often established before waiver services.
- Not used to avoid using back-up or support staff.
- Division will develop guidance on the use of natural supports when a provider is billing for services.

Information for AD & TBI Waiver Providers

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Upcoming Therap Changes

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AD and TBI Single Case Management System

Late Spring 2025

- Therap accounts available for providers.
- All Service Authorizations in Therap.
- Mandatory claim submission in Therap (except EVV).
- Therap available as an alternative EVV vendor for documenting visits. (Actions still required in Netsmart.)

Communication and training opportunities will be shared in upcoming months.

Timelines for Assisted Living Facility changes may vary from other services.

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AD and TBI Single Case Management System

Provider Benefits

- Access to Service Authorizations electronically.
- Electronic submission of claims.
- Electronic Explanation of Payments.
- View share of cost for participants when assigned to receive share of cost.
- Secure Communication capabilities.
- Available for providers to document for waiver participants at no cost.

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AD and TBI Single Case Management System

Impact for Providers

- Assisted Living Facilities (ALF) will need to establish Therap as their trading partner with the EDI gateway.
 - Timelines announced later.
 - Discussions about existing Clearing Houses agreements will occur and be honored in some instances when the ALF is bound by a contract.
- Paper claims no longer accepted after a designated date.
- Except for existing EVV claim submission, all claims will be submitted through Therap.
- Benefits from the ability to access information.
- Oversight of a Therap account.

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Lapse Medicaid Eligibility Impact on AD and TBI Waivers

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Trending Concern – Lost of Eligibility

- AD and TBI Waiver participants may lose waiver eligibility when:
 - Medicaid renewal was not completed (including submission and review of documents);
 - Waiver participant does not participate in annual Nursing Facility Level of Care evaluation; or
 - Other reasons outlined in regulations.
- The participant receives Notice of Action from Medicaid and/or Waiver with the effective date of closure.
 - Waiver participants can work to resolve the issue.
 - When the missing information or action steps are resolved before the close effective date, waiver services can continue.
 - When the closure is not resolved until after the close effective date, the waiver participant will be treated like a new referral.
 - We are working on solutions to identify participants who closed and are trying to get reopened.

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THANK YOU

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