

## Benefits Counseling

*The service definition and limits outlined below do not include all details and requirements. For the service standards, limitations, provider types and qualifications, and reimbursement information, refer to the appropriate Medicaid HCBS DD Waiver.*

### Waiver Availability

Developmental Disabilities Adult Day (DDAD) Waiver  
Comprehensive Developmental Disabilities (CDD) Waiver

### NFOCUS Service Codes

**Benefits Counseling 6104**

### Service Definition

Benefits Counseling is a service designed to inform the participant of their pathways to obtaining individualized integrated employment or self-employment and how employment may impact their current benefits. The goal of this service is to promote self-sufficiency through the use of available work incentives.

### Conditions of Provision

- A. A participant chooses each service based on their needs.
  - 1. Services should increase independence and community integration; and
  - 2. The chosen waiver services and who provides them are documented in the participant's Person-Centered Plan (PCP).
- B. Benefits Counseling includes three service delivery options:
  - 1. Benefits Education
    - a. For participants who are interested in exploring the possibility of competitive integrated employment by providing introductory education and information on their federal, state, and/or local benefits, and an overview of available work incentives.
    - b. Educational information is provided to the participant, their legal guardian, and the payee.
    - c. The outcome of this service is to address any concerns the participant may have or the uncertainty of losing necessary supports and benefits of choosing to work.
  - 2. Benefits Planning
    - a. For participants who are actively seeking employment or advancement opportunities.
    - b. Benefits Planning will provide information to the person and family/supports regarding income reporting requirements for public benefit programs.

- c. The outcome of this service is to develop a plan that promotes the continuation of competitive integrated employment while maintaining needed supports and benefits.
- 3. Benefits Management
  - a. For participants who need assistance due to a change in benefits, income, or resources that require some problem-solving.
  - b. This service involves problem-solving and advocacy support, assistance with accessing additional work incentives, or a revisit of benefits information when a critical milestone has been achieved (transitioning to a different phase of benefits, employment changes, being eligible for a new benefit off own or parent's work record, transitioning to retirement benefits, etc.).
  - c. An updated summary of benefits information and supports provided is completed and provided to the participant and team.
- C. When a portion of this service is delivered virtually, the following conditions apply:
  - 1. This service will be delivered in a way that respects the participant's privacy and is not intended to monitor Activities of Daily Living. Video cameras/monitors are not allowed in bathrooms or bedrooms.
  - 2. The participant must be able to have in-person services when they choose.
- D. The participant's needs must be able to be met with verbal cuing and other support that can be provided virtually.
- E. Benefits Counseling has the following limitations:
  - 1. Benefits Counseling is limited to 20 hours per year with a minimum of 365 days between the services. The 20-hour limit can be applied to any combination of Benefits Education, Benefits Planning, and Benefits Management.
    - a. Up to 10 additional hours may be approved at the discretion of the Service Coordinator for evaluating a competitive integrated employment or self-employment offer or promotion, and problem-solving services to maintain competitive integrated employment or self-employment.
    - b. Authorization beyond 30 hours per year requires Division of Developmental Disabilities Central Office approval.

## Provider Requirements

*The information outlined below does not include all provider requirements. It is intended to be general information about providers of this specific DD service.*

- A. All providers of waiver services must:
  - 1. Be a Medicaid provider;
  - 2. Comply with all applicable licensure standards, Titles of the Nebraska Administrative Code, and Nebraska State Statutes;
  - 3. Adhere to standards as described in the Division of Medicaid and Long-Term Care Service Provider Agreement;
  - 4. Complete Department of Health and Human Services (DHHS) trainings upon request; and
  - 5. Use universal precautions.

- B. Benefits Counseling can be offered by agency providers.
  - 1. An agency provider is a company enrolled as a Medicaid provider and certified by DHHS to provide DD services and is responsible for:
    - a. Hiring and supervising employees who work with the participant;
    - b. Employing staff based on their qualifications, experience, and demonstrated abilities;
    - c. Providing training to ensure staff are qualified to provide the necessary level of care;
    - d. Agreeing to make training plans available to DHHS;
    - e. Ensure adequate availability and quality of service; and
    - f. Other administrative functions.
- C. Benefits Counseling providers must hold a Community Work Incentives Counselor (CWIC), Community Partner Work Incentives Counselor (CPWIC), or Work Incentive Practitioner – Certification (WIP-C) certification that is accepted by the Social Security Administration.
- D. When the provider delivers the service virtually, they are responsible for ensuring technologies used to deliver virtual supports comply with the Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health (HITECH) Act, and 45 CFR sections 164.102 to 164.534.
- E. Benefits Counseling may not be self-directed.
- F. Benefits Counseling may be provided by a relative, but not a Legal Guardian or Legally Responsible Individual. Since this service is only available from agency providers, the relative would need to be an employee of an agency provider.

## Rates

- A. Benefits Counseling must be purchased within a participant's annual individual budget amount.
- B. Benefits Counseling services are reimbursed at an hourly rate.
- C. The cost of transportation is:
  - 1. Not included in the rate during the provision of Benefits Counseling;
  - 2. Not included in the rate to the site where Benefits Counseling begins; and
  - 3. Not included in the rate from the site where Benefits Counseling ends.
- D. DD Rates are listed on the [DD Provider webpage](#).
  - 1. Only one fee schedule is effective at a time.
  - 2. The start date is on each schedule; once a fee schedule is no longer valid, an end date is added.