

## Family and Peer Mentoring

*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

Family Support Waiver (FSW)

### NFOCUS Service Codes

Family and Peer Mentoring 8490

### Service Definition

Family and Peer Mentoring service provides a mentor(s) who have shared experiences with the participant, the family, or both, that will provide support and guidance by sharing experiences, strategies, and resources. The mentor explains community services and resources, programs, and strategies beyond those offered through the waiver.

### 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 Individual Support Plan (ISP).
- B. Family and Peer Mentoring is to support the participant, the family, or both in enhancing their knowledge and skills in understanding of available resources found in their local or surrounding community and how to access those resources.
- C. Knowing how to navigate available resources will assist the participant and their family in reaching the participant's goals and outcomes they have set for themselves.
- D. Family and Peer Mentoring has the following limitations:
  1. Family and Peer Mentoring cannot include any service or part of a service available through public education, including:
    - a. Programs in the participant's local school district, including after-school supervision and daytime services when school is not in session such as summer breaks, scheduled school holidays, and teacher in-service days; and
    - b. During the school hours set by the local school district for the participant regardless of school chosen (public, private, or home).
  2. Family and Peer Mentoring cannot overlap with, replace, or duplicate other similar services provided through Medicaid, including Early and Periodic Screening, Diagnosis, and Treatment (EPSDT).

### 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 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 DHHS trainings upon request; and
  - 5. Use universal precautions.
- B. Family and Peer Mentoring can be offered by an Independent Agency.
- C. Family and Peer Mentoring may not be self-directed.
- D. Providers of this service cannot mentor their own family members.
- E. Providers of this service cannot mentor other unpaid caregivers who reside in the family home.

## Rates

- A. Family and Peer Mentoring is billed at an hourly rate.
- B. Transportation during the provision of Family and Peer Mentoring is included in the rate.
  - 1. Non-medical transportation to the site at which Family and Peer Mentoring begins is not included in the rate.
  - 2. Non-medical transportation from the site at which Family and Peer Mentoring ends is not included in the rate.
- C. 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.