Department of Health and Human Services Division of Developmental Disabilities AD & TBI Waivers: Service Handbook

Updated July 2024

Personal Care

NFOCUS Service Codes

Personal Care 5761

TBI Personal Care 6222

NEBRASK

Good Life. Great Mission.

Service Definition

Personal Care is a service of the HCBS Waiver for Aged and Adults and Children with Disabilities (AD) and Traumatic Brain Injury (TBI) which provides needed assistance with Activities of Daily Living (ADLs), health-related tasks or Instrumental Activities of Daily Living (IADLs) provided in a participant's home and other community settings. Personal Care offers a range of assistance to enable waiver participants to accomplish tasks a person would do for themselves if they did not have a disability.

Conditions of Provision

- A. The need for each activity under Personal Care must be identified during participant assessment and included in the person-centered plan (PCP).
- B. Providers cannot provide services to more than one participant at a time unless otherwise noted in the participant's PCP.
- C. The participant may be authorized for assistance in one or more of the following areas:
 - 1. Eating: Including assistance with eating and drinking:
 - a. Can include opening packages, cutting food, adding condiments, and other activities the participant is unable to perform for themselves in preparing to eat food.
 - b. When the participant is unable to eat independently, the provider will feed the participant.
 - c. Assistance can include intake of nourishment by other means, such as tube feeding or total parenteral nutrition.
 - 2. Bathing: Including assistance with a full-body bath or shower:
 - a. Transfers in and out of a tub or shower.
 - b. Cleansing each part of the body.
 - c. Participant preferences with respect to their bathing schedule must be taken into consideration by the provider.
 - 3. Dressing: Including putting on and removing clothing from the upper and lower body and help with physician-ordered prosthetic or orthotic devices.
 - 4. Grooming: Including the routine daily personal hygiene of combing hair, brushing teeth, washing, and drying self.
 - 5. Mobility: Including moving from place to place indoors or outside by walking or other locomotion.
 - 6. Toileting: Including using a toilet, commode, bedpan, or urinal:
 - a. Getting to and from the toilet;
 - b. Transfer to and from the toilet;
 - c. Management of clothing;
 - d. Cleansing after toilet use; and

- e. Management of ostomy or catheter.
- 7. Transferring: Including moving from one place to another, such as bed to chair and back, and in and out of a vehicle.
- 8. Continence: Including changing incontinence briefs or pads, cleansing, and disposing of soiled articles.
- 9. Health-related services: Including:
 - a. Observation of changes in participant health and notification of family, doctors, and Service Coordinator;
 - b. Health education and counseling;
 - c. Skilled or nursing care;
 - d. Medication administration, or medication management to the extent permitted by state law.
- 10. Vision/Hearing/Communication: Including assisting the participant to use a phone, computer, or device of the participant's choice for their means of communication and other assistance needed due to assessed vision, hearing, or communication needs.
- C. Assistance provided may take the form of hands-on assistance in which the provider performs a task for the person, or cuing where the provider prompts the participant to perform a task.
- D. Services may be provided on an episodic or continuing basis.
- E. Personal Care is provided to the participant in a way to maintain as much independence and privacy as possible.
- F. General household tasks are limited to those necessary for maintaining and operating the participant's home when they are solely responsible for the home.
- G. Participants are responsible for overseeing and supervising individual providers on an ongoing basis.
- H. At least monthly, the Service Coordinator and participant monitor the participant's PCP, including checking the use or non-use of waiver services.
- I. Personal Care is a service for adults aged 18 years and older.
 - 1. When a participant is a child aged 16 or 17 years old and transitioning to adult services, they may receive Personal Care.
 - 2. Child service is limited to additional services not otherwise covered under the Medicaid state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.
 - 3. Services covered under the Medicaid state plan should be furnished to participants under the age of 21 years old as services required under EPSDT rather than Personal Care.
- J. Personal Care does not include habilitation and does not help the participant acquire, retain, or improve self-help, socialization, or adaptive skills.
- K. Personal Care may include the same supports offered in Companion only when these supports are provided along with assistance with ADLs or health-related tasks.
 - 1. When assistance with ADLs or health-related tasks is not needed, Personal Care will not be authorized.
 - 2. This service cannot duplicate the provisions of Companion or Chore.
- L. Personal Care under the AD and TBI waivers differs in scope and nature from personal care offered under the Medicaid state plan as supervision may be provided. A participant cannot be authorized to receive both services at the same time.
- M. A participant cannot be authorized to receive this service at times that overlap with Companion, Adult Day, Respite, Extra Care for Children with Disabilities, or Non-Medical Transportation Services.

- N. Personal Care can only be provided during overnight sleeping hours when the participant's PCP outlines specific care needs that require assistance overnight.
 - 1. The Service Coordinator will include the specific tasks in the service authorization.
 - 2. These tasks can include, but are not limited to the following:
 - a. Repositioning and turning to prevent pressure sores;
 - b. Attending to participant's incontinence issues; and
 - c. Tracheostomy suctioning.

Provider Requirements

- 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 Statues;
 - 3. Adhere to standards 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. Providers of Personal Care must:
 - 1. Have an operational electronic visit verification (EVV) system which allows the check-in and out of service appointments electronically;
 - 2. Have adequate computer skills and access to the technology for the EVV system; and
 - 3. TBI Waiver providers must complete DHHS-approved TBI training before providing Personal Care.

Rates

- A. Rates are set on an individual provider basis through a negotiation process between the provider and the Resource Developer (RD).
- B. Rates are reviewed annually at the time the provider's annual agreement is scheduled to end.
- C. Providers may request renegotiation when a participant's care needs have increased.
- D. Rate negotiating considers the level of participant service needs, skill level of the provider, and geographic location.
- E. Rates are established based on the usual and customary rates that are not more than the provider would charge a private paying individual.
- F. Services may be authorized in frequencies of hourly, daily, or occurrence.
- G. Providers must bill for the quarter of the hour when the participant is not in attendance for a full hour.