

Supported Residential Living

The service definition and limits outlined below do not include all details and requirements. For the service standards, limitations, provider types and qualification, and reimbursement information, refer to the appropriate Medicaid HCBS AD/TBI Waivers.

Service Definitions

Supported Residential Living services promote participant self-direction and participation in decisions which incorporate respect, independence, individuality, privacy, and dignity in a homelike, non-institutional residential setting. This service includes assistance with or provision of personal care activities, activities of daily living (ADLs), instrumental activities of daily living (IADLs), health maintenance, and 24-hour response capability to meet scheduled or unpredictable participant needs. Services provide supervision, safety, and security.

Conditions of Provision

The need for these services must be identified during participant assessment and included in the person-centered plan (PCP). The chosen waiver services and who provides them are documented in the participant's Person-Centered Plan (PCP).

- A. Supported Residential Living, depending on the needs of the participant, may include the following services:
 1. Socialization/recreational activities and programming;
 2. Escort service;
 3. Essential shopping;
 4. Health Maintenance;
 5. Housekeeping;
 6. Laundry;
 7. Medication Assistance;
 8. Personal care services; and
 9. Transportation Services.
- B. The Supported Residential Living Provider must directly provide a minimum of five round-trip medical appointments.
 1. Medical transportation more than 50 miles round-trip is available as a state plan Medicaid service.
- C. The provider must furnish three meals per day, seven days per week.
 1. Meals are provided as part of the resident's room and board costs paid to the facility.
- D. Supported Residential Living has the following limitations:
 1. Nursing and skilled therapy services are incidental rather than integral to the provision of this service.
 - a. Payment is not made for 24-hour skilled care.
 2. This service includes the provision of personal care services, and additional billing for personal care services is not allowed.
 3. The services under the HCBS AD/TBI waiver are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.

Provider Requirements

The information outlined below does not include all provider requirements. It is intended to be general information about providers of this specific AD/TBI 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 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. Each provider must:
 - 1. Employ staff based on their qualifications, experience, and demonstrated abilities;
 - 2. Provide training to ensure staff are qualified to provide the necessary level of care;
 - 3. Agree to make training plans available to DHHS; and
 - 4. Ensure adequate availability and quality of service.
- C. TBI Waiver providers must complete DHHS-approved TBI training before providing Supported Residential Living.
- D. Supported Residential Living can only be provided by an agency licensed as an assisted living provider.
- E. DHHS initially enrolls assisted living providers and performs an annual in-person site visit to ensure all applicable federal, state, and local laws and regulations are met.
- F. Each assisted living provider must, at minimum, meet the following standards in addition to the standards required by DHHS's licensure unit:
 - 1. Licensed and certified as an assisted living (AL) provider of HCBS Waiver services.
 - 2. Provide a private room with a bathroom consisting of a toilet and sink for each waiver participant.
 - a. Semi-private rooms will be considered on a case-by-case basis and require prior approval by DHHS.
 - 3. Separately licensed and in accordance with the requirements in 175 NAC 4 when adjacent to a mutually owned nursing facility.
 - 4. Have policies, procedures, activities, dining, and common areas specifically for individuals residing in the assisted living facility.
 - 5. Ensure direct care staff do not include administrative, laundry, housekeeping, dietary, or maintenance staff.
 - 6. Provide essential furniture, at a minimum a bed, dresser, nightstand or table, and chair, when the participant does not have those items.
 - 7. Provide normal, daily personal hygiene items including, at a minimum, soap, shampoo, toilet paper, facial tissue, laundry soap, and dental hygiene products.
 - a. Other personal products or brand choices are the responsibility of the participant.
 - 8. Provide privacy in the unit, including lockable doors, and access by the participant to the facility and to their individual apartment.
 - 9. Must have a resident service agreement for each participant which includes a lease agreement.
 - a. This agreement will be reviewed and revised as appropriate, but at least annually.
 - 10. Provide a grievance process for review of denials of individualized participant requests. Denials of individualized participant requests must be documented in the PCP, including the outcome of any grievances filed.

- G. Relatives or guardians must be either employees or owners of a licensed assisted living facility to provide these services.
 - a. Guardians delivering direct services and supports must comply with Neb. Rev. Stat 30-2627.

Rates

- A. Payment is calculated to cover the total of all residential service costs.
- B. Payment does not cover the cost of housing, food, items of comfort or convenience, or costs of facility maintenance, upkeep, and improvement. These are covered by the room and board fee paid to the facility by or on behalf of the participant.
- C. Rates are set by DHHS and may change annually or as directed by state legislature.
- D. Providers are notified of rate changes through Nebraska Medicaid and Long-Term Care (MLTC) Provider Bulletins. The fee schedule page is referenced in the Provider Bulletin on the Nebraska DHHS website and by subscribing to the “MLTC Provider Bulletins” page.