

Medicaid Home and Community- Based Services (HCBS) Waiver Services

Nov. 21, 2024

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Division of Developmental Disabilities (DDD)

- Serves as many eligible people as possible, while ensuring their health and safety.
- Oversees Medicaid HCBS Waivers:
 - Determine who is eligible;
 - Create person-centered plans;
 - Pay service providers; and
 - Monitor the services being provided.
- Includes programs for Special Health Care Needs and the State Unit on Aging.

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The Division of Developmental Disabilities (DDD) provides funding and oversight for Medicaid Home and Community-Based Services (HCBS) Waivers, includes determining eligibility, providing service coordination for eligible people, monitoring services, and paying providers. DDD also oversees programs for people who have special health care needs and includes the State Unit on Aging.

Learn about HCBS Programs

Aged and Disabled (AD) Waiver	Developmental Disabilities (DD) Waivers	Traumatic Brain Injury (TBI) Waiver
Special Health Care Needs Programs	State Unit on Aging Programs	

Find Information by Topic

Eliminating the DD Waitlist	Participants and Families	HCBS Providers
Regulations and Waivers	Olmstead Plan	Resources
Contact Us	BSDC	Quality Initiatives



Tony Green, Director
Division of Developmental Disabilities

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[Division Organizational Chart](#)

[Directory of DDD Leadership](#)

Agenda

- General Waiver Information
- Waiver-Specific Information – Services & Eligibility
- Applying
- Funding Offers
- Starting Services

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General Waiver Information

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Purpose of HCBS Waivers

- Services are designed to help participants live in the community.
- Paid services wrap around natural supports to meet a participant's needs.
- The goal is as much independence as possible.
- Service examples:
 - Help with and teaching household tasks.
 - Help with and teaching self-care skills.
 - Teaching skills to get or maintain a competitive, integrated job.
 - Respite – relief to the usual caregiver.
 - Home and vehicle modifications.
 - Assistive technology and emergency response systems.

Waiver services are in addition to:

1. Medicaid
2. Benefits from other funding sources, including:
 - DHHS,
 - the Dept of Education, and
 - Vocational Rehabilitation.

HCBS Waiver Funding

- HCBS waivers allow the state to waive certain Medicaid requirements, provide services in the community, and avoid institutionalization.
- Medicaid waiver funds are paid to waiver providers for services.
- Each participant's funding is based on their need.
- Waiver funds **cannot** be used for:
 - Room and board;
 - General home repair;
 - Things like routine childcare or vacations; or
 - Given directly to the participant.

A person may be eligible for more than one waiver but may only receive services from one waiver at a time.

Medicaid HCBS Waivers in Nebraska

HCBS Waivers Available for Eligible People

– An overview of Nebraska’s waivers.

Nursing Facility
(NF) level of care

- Aged and Disabled Waiver (AD Waiver)
 - All ages with a disability and ages 65 and older.
 - Helps people live safely in their community.

- Traumatic Brain Injury Waiver (TBI Waiver)
 - Ages 18 years and older.
 - Helps people live safely in their community.

Intermediate Care
Facility for
Individuals with
Intellectual
Disabilities (ICF/IID)
level of care

- Family Support Waiver (FSW)
 - Ages birth to 21 years and eligible for DD services.
 - Supports the child and their family.

- Developmental Disabilities Adult Day Waiver (DDAD Waiver)
 - Age 21 years and older, and eligible for DD services.
 - Maximizes independence to work in the community.
 - Focuses on competitive, integrated employment.

- Comprehensive Developmental Disabilities Waiver (CDD Waiver)
 - All ages and eligible for DD services.
 - Maximizes independence as people live, work, and socialize in their community.
 - Includes 24-hour residential.

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HCBS Waiver Eligibility Requirements

To be eligible to receive any HCBS waiver, a person must:

- Be a citizen or legal resident of the United States;
- Be a legal resident of the state of Nebraska;
- Be eligible for and receive **Nebraska Medicaid**;
- Meet waiver Level of Care requirement; and
- Have a need for waiver services.

Medicaid is a public health insurance program which provides healthcare programs and services to qualifying people. The primary goal is to ensure access to quality health care services for low-income people and families.

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Medicaid Eligibility

- In general, eligible people are low-income adults, pregnant women, children, elderly people, and people with disabilities.
- Eligibility is based on income, assets, residency, and other considerations.
- When a disability determination is needed; Medicaid uses the disability criteria established by the Social Security Administration (SSA).
 - When an SSA determination has not been made, the State Review Team (SRT) uses the SSA disability criteria.
 - SRT determines if a person meets disability criteria upon receiving a DM-5 form with two months of supporting medical records.

Katie Beckett Program

Children who live in their parent's home and have high needs can be eligible for Medicaid. This program only looks at the child's income.

The child must meet level of care to live in a:

- Hospital;
- Nursing Facility (NF); or
- Intermediate Facility for Individuals with Intellectual Disabilities (ICF/IID).



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Waivers with Nursing Facility Level of Care (NF LOC):

**Aged and Disabled (AD) Waiver
Traumatic Brain Injury (TBI) Waiver**

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AD Waiver Services

- Adult Day Health
- Assisted Living
- Assistive Technology
- Chore
- Companion
- Extra Care for Children with Disabilities
- Home Again
- Home and Vehicle Modifications
- Home-Delivered Meals
- Independence Skills Building
- Non-Medical Transportation
- Personal Care
- Personal Emergency Response System (PERS)
- Respite

TBI Waiver Services

- Adult Day Health
- Assisted Living
- Assistive Technology
- Caregiver Training
- Chore
- Community Connections
- Companion
- Home Modifications
- Home-Delivered Meals
- Non-Medical Transportation
- Personal Care
- Personal Emergency Response System (PERS)
- Respite
- Supported Employment – Follow-Along
- Supported Employment – Individual
- Vehicle Modifications

The [AD Waiver Quick Guide](#) includes short descriptions of each service.

The [TBI Waiver Quick Guide](#) includes short descriptions of each service.

Waiver Eligibility Requirements

AD Waiver

- Aged: over the age of 65.
- Disabled: within Social Security criteria, includes ages birth to 64 years.

TBI Waiver

- Be age 18 years or older.
- Be disabled within Social Security criteria.
- Have a diagnosis of traumatic brain injury.*
 - Non-degenerative, non-congenital insult to the brain from an external mechanical force;
 - Possibly leading to permanent or temporary impairment of cognitive, physical, and psychosocial functions; and
 - An associated diminished or altered state of consciousness.

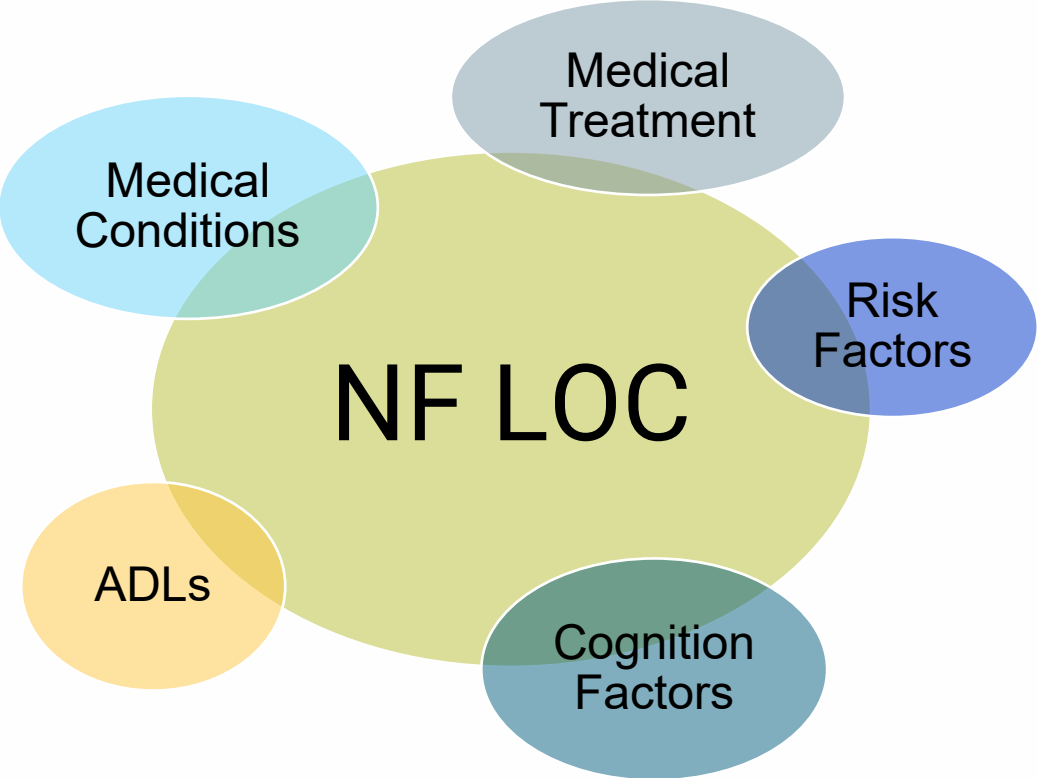
**This program is not for acquired brain injury caused by strokes, tumors, and other non-traumatic causes. The term TBI does not apply to brain injuries induced or caused by birth trauma.*

Both these waivers require a participant meet Nursing Facility Level of Care (LOC) found in [471 NAC](#), which is based on the level of care needed to live in a nursing facility.

Nursing Facility LOC

Nebraska uses interRAI assessments.

interRAI
Pediatric
Home Care
(PEDS-HC)
for children



interRAI
Home Care
(HC) for
adults

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Developmental Disabilities Waivers

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) LOC:

Family Support Waiver (FSW)

Developmental Disabilities Adult Day Waiver (DDAD Waiver)

Comprehensive Developmental Disabilities Waiver (CDD Waiver)

Habilitation: The assisting of a person with improving and achieving developmental skills when impairments have caused delaying or blocking of initial acquisition of the skills.

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DD Waiver Services

Day Services

- ***Focus on integrated, competitive employment.***
- Services may:
 - Teach job skills before becoming employed; or
 - Provide support at a job.

Residential Services

- ***Focus on independent living skills.***
- Services may occur:
 - In the participant's home;
 - In their family home; or
 - At a provider-operated home.

Short descriptions of each service are available:
[DD Waiver Quick Guide.](#)

Services Available	FSW	DDAD Waiver	CDD Waiver
Adult Day	-	Yes	Yes
Assistive Technology	Yes	Yes	Yes
Behavioral In-Home Habilitation	-	-	Yes
Child Day Habilitation	Yes	-	Yes
Community Integration	Yes	Yes	Yes
Consultative Assessment	-	Yes	Yes
Day Supports	Yes	Yes	Yes
Environmental Modification Assessment	Yes	Yes	Yes
Family Caregiver Training	Yes	-	-
Family and Peer Mentoring	Yes	-	-
Home Modification	Yes	Yes	Yes
Homemaker	Yes	-	Yes
Independent Living	Yes	Yes	Yes
Medical In-Home Habilitation	-	-	Yes
Personal Emergency Response System (PERS)	Yes	Yes	Yes
Prevocational	-	Yes	Yes
Residential Habilitation - Continuous Home	-	-	Yes
Residential Habilitation - Host Home	-	-	Yes
Residential Habilitation - Shared Living	-	-	Yes
Respite	Yes	Yes	Yes
Small Group Vocational Support	-	Yes	Yes
Supported Employment - Follow-Along	-	Yes	Yes
Supported Employment - Individual	-	Yes	Yes
Supported Family Living	Yes	Yes	Yes
Therapeutic Residential Habilitation	-	-	Yes
Transitional	-	Yes	Yes
Transportation	Yes	Yes	Yes
Vehicle Modification	Yes	Yes	Yes

DD Waiver Eligibility Requirements

- Have a **Developmental disability** as defined in [Neb. Rev. Stat. §83-1205](#):
 - A **diagnosis** prior to the age of 22 years that is expected to continue indefinitely.

A severe, chronic disability, including intellectual disability, other than mental illness, which is attributable to a mental or physical impairment.
 - The disability must result in **substantial functional limitations** in each of the following areas of adaptive function:
 - **Conceptual** – language, literacy, money, time, number concepts, and adaptive functioning.
 - **Social** – interpersonal, social responsibility, self-esteem, gullibility, wariness, social problem solving, ability to follow laws and rules, and avoid being victimized.
 - **Practical** – daily living, personal care, occupational skills, healthcare, and mobility.
- Meet the Level of Care needed to live in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Helpful Documents for DD Eligibility Determination

- Medical Records from the diagnosing doctor or specialist.
 - Diagnosis of disability given before age 22, which affects ability to complete activities of daily living skills.
- Assessments from a licensed psychologist
 - [Information for the diagnosing psychologist](#)
- Information from the school:
 - All Multi-Disciplinary Team (MDT) reports
 - [Information for the school psychologist on what to include in the MDT](#)
 - The most recent Individual Education Plan (IEP)

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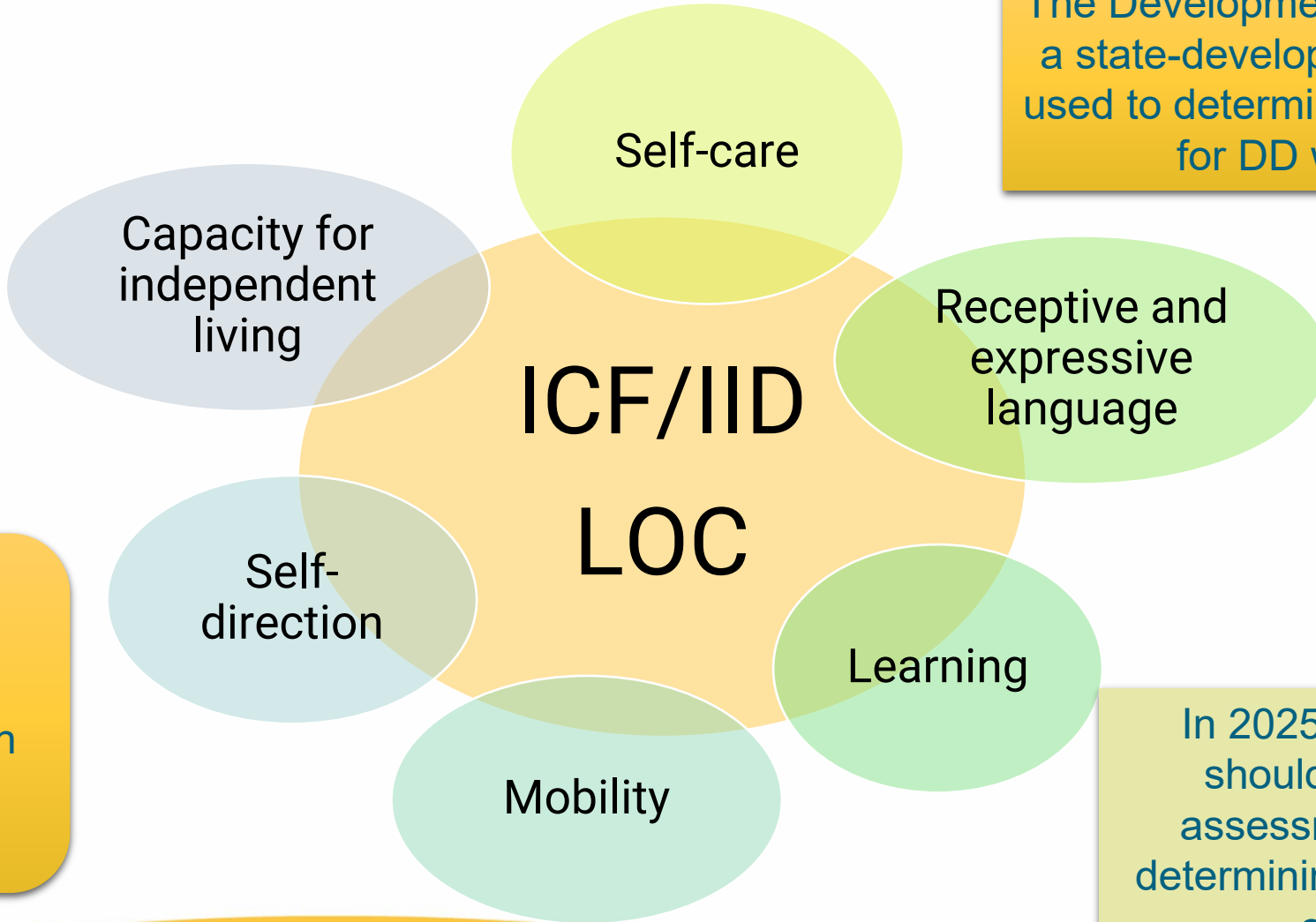
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ICF/IID Level of Care

The Developmental Index (DI) is a state-developed assessment used to determine LOC eligibility for DD waivers.



ICF/IID LOC refers to needed to live in an Intermediate Care Facility for Individuals with Intellectual Disabilities.

In 2025, the interRAI should be the new assessment used for determining ICF/IID Level of Care.

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Applying for a Waiver

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Applying for a Waiver

- Applications are on the DHHS website.
- The application includes a release of information.
- Anyone can help a person fill out an application.
- A signature is required on the application from the person, their guardian, or a legal representative.

The person or their legal representative, **must** participate in:

Answering questions;
Providing information; and
Participating in assessments.

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Eligibility Determination

- Verify Medicaid status (includes disability determination).
- When necessary:
 - Request DD-supporting documents:
 - **Diagnosis** can come from a medical doctor, specialist, or licensed psychologist.
 - **Limitations** are confirmed by reviewing information from the school.
 - Verify TBI diagnosis.
- When other waiver requirements are met, assessment completed to determine level of care for waiver requested.

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Notice of Decision

- A Notice of Decision informs the applicant about their eligibility status.
- When a person is found **not eligible**, they can:
 - Request to have an explanation of why they were found ineligible.
 - Call (877) 667-6266.
 - Within 90 days of receiving the Notice of Decision, appeal the decision by requesting a fair hearing.
 - Complete and submit a “[Notice and Petition for Fair Hearing](#)” form.
 - Reapply with additional information.
 - A new application can be processed when an appeal is not in process.
 - Only one application in process per person at a time.

Funding Offers

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The DD Waitlist

DHHS is currently working to eliminate the Waitlist. Information about this initiative is online.

- *Currently* the DD Waitlist tracks eligible people who want waiver services.
- Eligibility is reviewed at ages 9 and 18.



DD Waiver Offers

- DD Waiver offers are mailed.
 - The person or their legal representative, must complete and return the offer to receive services.
 - If no response is received, follow-up phone calls or emails may occur.
- When a person leaves school-based services at 21, they usually receive services on the DDAD Waiver.
 - Offers for the are mailed to the home address on file in February of the transition year.
 - This waiver should replace services the school provided.
 - The goal is competitive, integrated employment.

The image shows a sample DDAD Waiver form from the Nebraska Department of Health and Human Services. The form includes the Nebraska state seal and the text "NEBRASKA Good Life. Great Mission. DEPT. OF HEALTH AND HUMAN SERVICES". It contains several sections for the recipient to complete, including a "RE:" field, a paragraph explaining the waiver, and checkboxes for accepting or declining services. The form also includes a signature line with fields for "Date:" and "Telephone:" and a contact information line: "Contact our office if you have any questions at 877-667-6266 and ask for Kathy Arens". The footer of the form reads "Helping People Live Better Lives."

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Assessment for CDD and DDAD Funding

DHHS is currently piloting use of interRAI assessments for DD level of care, funding, and service planning.

- Once an offer is accepted, we assess abilities and needs.
- This determines available funding to purchase services.
- The ICAP is a “needs-based” assessment.
 - It focuses on skills and tasks the person is capable of completing and the amount of support needed.
 - Needs shown in the ICAP translate to the budget amount.
 - People with more needs have more funding.
- We interview two people who know the person well.
 - Interviews usually occur with parents and teachers.

The image shows the cover and first page of the ICAP (Inventory for Client and Agency Planning) Response Booklet. The cover is pink and white, with the title 'ICAP INVENTORY for CLIENT and AGENCY PLANNING RESPONSE BOOKLET' and the number '9-22158'. It lists authors: Robert H. Bruininks, Bradley K. Hill, Richard F. Weatherman, and Richard W. Woodcock. The first page contains a 'CLIENT' information section with fields for Name (Last, First, MI), Address (Street, City, State, ZIP), Phone, Residential Facility, School/Day Program, County/District Responsible, Case Manager, Parent or Guardian, Respondent (Your Name), Relationship to Client, and Reason for Evaluation. It also includes fields for Client ID, Residence ID, Day Program ID, Co./District ID, Case Manager ID, and Other ID. A 'CALCULATION' section explains how to determine the client's age in years and months. Below this is the 'ICAP Training Implications Profile' section, which includes four skill categories: MOTOR SKILLS, SOCIAL AND COMMUNICATION SKILLS, PERSONAL LIVING SKILLS, and COMMUNITY LIVING SKILLS. Each category has a horizontal scale from 0 to 37 with a shaded area indicating the client's score. The bottom of the page features the Riverside Publishing logo and copyright information: 'Copyright © 1995 by The Riverside Publishing Company. All rights reserved. Printed in the United States of America. 4 5 6 7 8 9 10 DFP-02 01 00 99'.

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Starting Services

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Receiving a Service Coordinator

The Service Coordinator is in a local office.

- **DD Waiver SC** provided by DDD.
- **AD Waiver SC** provided by one of the following:
 - Early Development Network (EDN) for children participating in EDN services, typically ages birth to 3 years.
 - DDD for children ages 3 through 17 years, or younger when not choosing EDN services.
 - League of Human Dignity (LHD) for adults over age 18.
 - Area Agencies on Aging (AAA) for adults over age 18.
- **TBI Waiver SC** provided by LHD or AAA.

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The Role of the Service Coordinator

- The SC is the contact for the person (and guardian), answers questions, and helps plan services.
- When a participant is in school, the SC can attend IEP meetings.
- The SC is there to support what the participant wants.
- The SC is responsible to oversee and monitor waiver services.
- The SC writes the **person-centered plan** at a yearly meeting.
 - The plan identifies services, supports, and resources.
 - It can be revised whenever needed.

The approved person-centered plan is required before waiver services can begin.

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Person-Centered Planning

- Charting the LifeCourse (CtLC) tools help them plan a person's "good life."
- Waiver services should help the participant:
 - Live their most independent life and
 - Experience quality of life in their community.
- Person-centered planning starts with finding out what the participant wants for their future and what is meaningful to them.
 - What a person **wants** (what's important *to* them) and
 - What a person **needs** (what's important *for* them).



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- [Email Us !\[\]\(55c726ebb9ccb06bb22589d9bcf71bf8_img.jpg\)](#)



Contact

General Information

dhhs.developmentaldisabilities@nebraska.gov

HCBS Eligibility and DD Registry

dhhs.HCBSwaiverapp@nebraska.gov

Toll-free (877) 667-6266



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dhhs.ne.gov

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