

# APPENDIX K: Emergency Preparedness and Response

**Background:**

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.<sup>1</sup> This appendix may be completed retroactively as needed by the state.

## Appendix K-1: General Information

**General Information:**

- A. State: Nebraska
- B. Waiver Title: HCBS Waiver for Aged and Adults and Children with Disabilities
- C. Control Number: NE.0187.R06.052

**D. Type of Emergency (The state may check more than one box):**

<input checked="" type="checkbox"/>	<b>Pandemic or Epidemic</b>
<input type="checkbox"/>	<b>Natural Disaster</b>
<input type="checkbox"/>	<b>National Security Emergency</b>
<input type="checkbox"/>	<b>Environmental</b>
<input type="checkbox"/>	<b>Other (specify):</b>

**E. Brief Description of Emergency.** *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state’s mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

- 1) Nature of emergency  
 In December 2019, an outbreak of COVID-19 caused by a novel coronavirus began in Wuhan, China. As of March 2020, cases of COVID-19 have been detected in 90 locations internationally, including the US. On January 30, 2020, the World Health Organization (WHO) declared the outbreak a public health emergency of international concern, and on January 31, 2020, the US Health and Human Services Secretary declared a public health emergency in the US and on March 11, 2020, the World Health Organization has declared

the coronavirus outbreak a pandemic. On March 6, 2020, the first confirmed case of COVID-19 was identified in Nebraska. People who are aged or disabled are at higher risk of serious illness if they contract this virus, and the CDC has recommended that those at higher risk of serious illness take action to avoid contracting the virus, including avoiding crowds and staying home as much as possible.

- 2) Participants, providers, and their families are affected. As of March 6, 2020, Nebraska DHHS Division of Public Health and local public health departments have advised those who contacted the first person diagnosed with the virus to self-quarantine or follow the CDC guidelines for those who are aged or have disabilities for 14 calendar days. This waiver amendment is applicable to all participants at risk of exposure. Participants of the AD waiver are at high risk of serious illness.
- 3) As of March 19, 2020 the 23rd case of COVID-19 was reported to DHHS. The second case through community contact was confirmed. Many assisted living facilities have closed their doors to visitors, schools have canceled classes, and the University of Nebraska will move to on-line education for the remainder of the semester.
- 4) As of July 23, 2020 the public health emergency was renewed and continues.
- 5) Roles of state, local, and other entities involved in approved waiver operations are defined in Appendix A in section A-1 and 2.
- 6) Expected changes needed to the service delivery methods:  
For anyone affected by the potential outbreak of COVID-19, recommended closures, and quarantines due to potential exposure, or for those following the CDC guidelines for those who are aged or disabled, the Nebraska Department of Health and Human Services Division of Medicaid and Long Term Care will:
  - Allow the services in alternative sites to be authorized and delivered prior to updating the participant's service plan;
  - Allow modifications to person-centered service planning;
  - Allow Chore, Respite, Extra Care for Children with Disabilities and Home Delivered Meals to be administered temporarily in alternative settings;
  - Allow Assisted Living services to be provided in another Skilled Nursing Facility or Assisted Living Facility during a relocation for up to 30 days while seeking a new residence, or waiting to return to their Assisted Living;
  - Allow up to 14 additional days annually of respite hours to be used;
  - Provide for flexibility to raise rates.
  - Extend the timeframe to schedule initial Level of Care (LOC) evaluations from 14 days to 21 days and the requirement for face to face evaluation shall be waived. The LOC will be reviewed upon the next face to face evaluation to ensure the participant's needs are correctly documented.
  - Waive the annual Level of Care (LOC) assessment requirement, when the Service Coordinator cannot complete the assessment by phone or by electronic means;
  - Allow for monthly contact to occur via telephone or other electronic means.
  - Remove the requirement for quarterly face-to-face contact;
  - A reduction in non-essential transportation and community inclusion for participants residing at Assisted Living Facilities;
  - Allow additional non-medical Transportation Services to be provided to allow participants to get necessary supplies. Remove the limitation excluding individuals with working vehicles from receiving transportation services.

- If AD Waiver services are not used during the time of the COVID-19 community response, the Service Coordination will continue and the individual will remain eligible for the AD waiver unless the participant dies, moves, or request the case to close.

The state is requesting immediate implementation to avoid any adverse effect on participants' health and safety and providers' capacity to deliver services. Affected participants will be allowed to receive waiver services modified as defined below until the need to close day sites, quarantine, or follow the CDC guidelines for people who are aged or disabled has passed. **The projected timeline is from March 6, 2020 through September 6, 2020.** Should a provider be unable to deliver services during this emergency, another enrolled Medicaid HCBS AD service provider or providers will be authorized. The use of informal supports in the individual's back up plan will be utilized if no providers are available and the participant's service plan will be updated. DHHS will increase enrollment of AD waiver providers to build capacity for additional service providers to be available.

**F. Proposed Effective Date: Start Date:** 03/06/2020**09/07/2020**      **Anticipated End Date:**  
09/06/2020**12/31/2020**

**G. Description of Transition Plan.**

**H. Geographic Areas Affected:**

Community spread is expected to become statewide

**I. Description of State Disaster Plan (if available) *Reference to external documents is acceptable:***

**Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver**

**Temporary or Emergency-Specific Amendment to Approved Waiver:**

*These are changes that, while directly related to the state's response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.*

**a. \_\_\_ Access and Eligibility:**

**i.    Temporarily increase the cost limits for entry into the waiver.**

[Provide explanation of changes and specify the temporary cost limit.]

**ii.    Temporarily modify additional targeting criteria.**

[Explanation of changes]

**b. X Services**

**i. X Temporarily modify service scope or coverage.**

[Complete Section A- Services to be Added/Modified During an Emergency.]

**ii. X Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.**

[Explanation of changes]

The Respite cap of 360 hours annually may be exceeded, for up to an additional 14 days annually, for individuals under quarantine or following the CDC guidelines for people who are aged or disabled to allow the participant to receive services in safe and accessible environments, as long as the participant's needs are still being met.

**iii.    Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).**

[Complete Section A-Services to be Added/Modified During an Emergency]

**iv. X Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches) Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:**

[Explanation of modification, and advisement if room and board is included in the respite rate]:

Chore, Respite, Extra Care for Children with Disabilities and Home Delivered Meals, may be delivered temporarily in alternative settings that are safe and accessible including; hotels, shelters, schools, and churches or local health department designated areas for displaced families. For Assisted Living Facilities, services may be provided in another Skilled Nursing Facility or Assisted Living Facility during a relocation.

**v.    Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver). [Explanation of changes]**

[Redacted]

c.      **Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver.** Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

[Redacted]

d.      **Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).**

i.      **Temporarily modify provider qualifications.**

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

[Redacted]

ii.     **Temporarily modify provider types.**

[Provide explanation of changes, list each service affected, and the changes in the provider type for each service].

[Redacted]

iii.   x   **Temporarily modify licensure or other requirements for settings where waiver services are furnished.**

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

Staffing for Assisted Living Facilities that relocated to another facility may be provided by the temporary location to allow participant to receive services in a safe and accessible environment, as long as the participant's needs are still being met. Allowed temporary locations include hotels, shelters, schools, churches, or local health department designated areas for displaced families. A reduction in non-essential transportation, community inclusion, and visitors will occur if the individual Assisted Living Facilities chose to limit these services to avoid risk of exposure to viruses.

Extra Care for Children with Disabilities may be provided in the individual's home in lieu of a care center or providers home, by the Licensed Care Center, or Licensed Family Child Care Home I or II, during the time of quarantine or following the CDC guidelines for people who are aged or disable and participants remaining at home due to high risk of serious illness.

State settings initial and annual reviews for the HCBS Final Rule will be reviewed through a phone call with the administrator/director/owner and outcomes will be addressed via telephone, e-mail or mail. The on-site assessment will be scheduled with the setting when local or facility restrictions allow.

**e. X Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]**

The initial Level of Care (LOC) assessments may be conducted by the telephone, or by electronic means in accordance with HIPAA requirements. The LOC will be reviewed upon the next available face to face evaluation to ensure the participant's needs are correctly documented.

The annual Level of Care (LOC) re-assessment requirements will be delayed for participants in which Service Coordinators cannot complete the assessment by phone, or electronic means in accordance with HIPAA requirements. The Service Coordinator will document, as applicable, the alternative method of completing the LOC re-assessment. The LOC will be reviewed upon the next face to face evaluation to ensure the participant's needs are correctly documented.

The LOC re-assessment will not be extended more than 9 months from the original due date.

Additionally, the monthly contact will be allowed to occur via telephone or other electronic means in accordance with HIPAA requirements. The requirement for quarterly face-to-face contact will be removed.

**f. X Temporarily increase payment rates**

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider].

During the emergency period and not to extend past the end date of this Appendix K amendment, there will be flexibility to raise rates not to exceed ~~45~~10%

**g. X Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.**

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

Person-Centered Service Plans that are due to expire within the next 60 days require case management contact to the participant using allowable remote contact methods to verify with the participant or representative that the current assessment and services, including providers, remain acceptable and approvable for the upcoming year. The state will verify by obtaining electronic signatures/or electronic verifications via secure email consent from service providers and the individual or representative, in accordance with the state's HIPAA requirements.

The state will ensure the service plan is modified to allow for additional supports and or services to respond to the COVID-19 pandemic. The specificity of such services including amount, duration and scope will be appended as soon as possible to ensure that the specific service is delineated accordingly to the date it began to be received. The care coordinator must submit the request for additional supports/services no later than 30 days from the date the service begins.

**h. \_\_\_ Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]**

[Redacted]

**i. x Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.**

[Specify the services.]

In a scenario where the participant had to be relocated from an assisted living facility and was placed temporarily in a Hospital or Skilled Nursing Facility, but was not formally admitted as an institutional patient, assisted living waiver services may be provided in the institutional setting. Room and board is excluded. The assisted Living Facilities have arrangements related to delivering services and billing practices to ensure services are still provided to the individuals in the temporary setting. A reduction in assistance with bathing and transportation is expected dependent on staffing levels.

**j. \_\_\_ Temporarily include retainer payments to address emergency related issues.**

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

**k. \_\_\_ Temporarily institute or expand opportunities for self-direction.**

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards]

[Redacted]

**l. \_\_\_ Increase Factor C.**

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

[Redacted]

**m. \_\_\_ Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]**

[Redacted]

**Contact Person(s)**

A. The Medicaid agency representative with whom CMS should communicate regarding the request:

<b>First Name:</b>	Carisa
<b>Last Name</b>	Schweitzer Masek

<b>Title:</b>	Deputy Director, Division of Medicaid and Long-Term Care
<b>Agency:</b>	Nebraska Department of Health and Human Services
<b>Address 1:</b>	P.O. Box 95026
<b>Address 2:</b>	301 Centennial Mall South
<b>City</b>	Lincoln
<b>State</b>	NE
<b>Zip Code</b>	68509-8947
<b>Telephone:</b>	402-471-7514
<b>E-mail</b>	<a href="mailto:Carisa.SchweitzerMasek@Nebraska.gov">Carisa.SchweitzerMasek@Nebraska.gov</a>
<b>Fax Number</b>	402-471-9092

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

<b>First Name:</b>	
<b>Last Name</b>	
<b>Title:</b>	
<b>Agency:</b>	
<b>Address 1:</b>	
<b>Address 2:</b>	
<b>City</b>	
<b>State</b>	
<b>Zip Code</b>	
<b>Telephone:</b>	
<b>E-mail</b>	<a href="mailto:DHHS.MedicaidSPA@nebraska.gov">DHHS.MedicaidSPA@nebraska.gov</a>
<b>Fax Number</b>	

## 8. Authorizing Signature

**Signature:**

State Medicaid Director or Designee

**Date:** **March 31, 2020 August 31, 2020**

<b>First Name:</b>	Jeremy
<b>Last Name</b>	Brunssen
<b>Title:</b>	Interim Director, Division of Medicaid and Long-Term Care
<b>Agency:</b>	Nebraska Department of Health and Human Services
<b>Address 1:</b>	P.O. Box 95026
<b>Address 2:</b>	301 Centennial Mall South



<b>City</b>	Lincoln
<b>State</b>	NE
<b>Zip Code</b>	68509-5026
<b>Telephone:</b>	402-471-2135
<b>E-mail</b>	Jeremy.Brunssen@Nebraska.gov
<b>Fax Number</b>	402-471-9092

## Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver which the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification						
Service Title:	Respite					
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>						
<b>Service Definition (Scope):</b>						
<p>Respite services are provided to clients unable to care for themselves that are furnished on a short-term basis because of the absence of or need for relief of those persons who normally provide care for the client. Respite may be provided in or out of the client’s home. Out of home respite may be provided in the following locations: private residence of a respite service provider, Medicaid certified nursing facility, Licensed Assisted Living Facility, Licensed Respite Facility, Licensed or approved child care home or center, or other community settings. Respite may be delivered temporarily in alternative settings that are safe and accessible including; hotels, shelters, schools, churches or local health department designated areas for displaced families.</p> <p>FFP may not be claimed for room and board when respite is provided in the client’s home or place of residence.</p>						
<b>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</b>						
Respite services may not be used to allow the caregiver to accept or maintain employment. When the need for respite is identified, the amount authorized is based on the assessment of several factors such as the availability of informal support, potential for abuse/neglect, and caregiver health status. No more than 360 hours annually may be authorized. The Respite cap of 360 hours annually may be exceeded by up to an additional 14 days annually, for individuals and the availability of information supports will not be reviewed before authorization.						
Provider Specifications						
Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:		
		Independent Respite Provider		Agency Respite Provider		
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input checked="" type="checkbox"/>	Legal Guardian
<b>Provider Qualifications</b> <i>(provide the following information for each type of provider):</i>						
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>			
<b>Independent Respite Provider</b>	N/A	N/A	Providers must: <ul style="list-style-type: none"> <li>Never leave the client alone while providing respite</li> <li>Prepare meals or snacks to comply with client’s dietary needs</li> <li>Use universal precautions</li> </ul>			

			<ul style="list-style-type: none"> <li>Have the knowledge and abilities to meet the specialized physical, medical, or personal care needs of the client</li> </ul> <p>Out of home providers must assure their home is accessible and safe</p>
<b>Agency Respite Provider</b>	Respite Care Service when mandated per 175 NAC 15	N/A	<p>Direct care staff of the respite provider agency must:</p> <ul style="list-style-type: none"> <li>Never leave the client alone while providing respite</li> <li>Prepare meals or snacks to comply with client's dietary needs</li> <li>Use universal precautions</li> <li>Have the knowledge and abilities required to meet the specialized physical, medical, or personal care needs of the client</li> <li>Out of home agency providers must assure their setting is accessible and safe</li> <li>Provide training to staff and provide DHHS with training plans upon request</li> </ul> <p>Ensure availability of services</p>

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
<b>Independent Respite Provider</b>	This will be completed by designated Resource Development personnel and background verification is done in combination with designated provider enrollment broker.	Background checks are completed annually and revalidation is completed every 5 years.
<b>Agency Respite Provider</b>	This will be completed by designated Resource Development personnel and background verification is done in combination with designated provider enrollment broker.	Background checks are completed annually and revalidation is completed every 5 years.

**Service Delivery Method**

<b>Service Delivery Method</b> (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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### Service Specification

Service Title:	Chore
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*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

**Service Definition (Scope):**

A range of assistance to enable clients to accomplish tasks that they would normally do for themselves if they did not have a disability. This includes the performance of general household tasks to maintain the home in a clean, sanitary and safe environment. The assistance may take the form of supervision or actually performing the task for the client. Personal care may be provided on an episodic or on a continuing basis. For individuals who are 0-21 served by this waiver, personal care is available under EPSDT through the State Plan. Health related services that are provided may include medication administration to the extent permitted by Nebraska State law. Types of assistance furnished may include assistance with Activities of Daily Living; bill paying; essential shopping; food preparation; housekeeping activities; ice/snow removal; laundry services; and supervision.

Chore may be delivered temporarily in alternative settings that are safe and accessible including; hotels, shelters, schools, churches, or local health department designated areas for displaced families.

Chore under the waiver differs in scope and nature from the personal care offered under the State Plan as supervision may be provided.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

General household tasks are limited to those necessary for maintaining and operating the client's home when they are responsible for the home.

### Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Independent Chore Provider		Agency Chore Provider

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input checked="" type="checkbox"/>	Legal Guardian
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**Provider Qualifications** *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
<b>Independent Chore Provider</b>	N/A	N/A	Providers must: <ul style="list-style-type: none"> <li>Have the knowledge and abilities required to meet the specialized</li> </ul>

			<p>physical, medical, or personal care needs of the client</p> <ul style="list-style-type: none"> <li>• Have qualifications, experience, and abilities necessary in carrying out chore services comparable to those that will be authorized</li> </ul> <p>Use universal precautions</p>
<b>Agency Chore Provider</b>	N/A	N/A	<p>Providers must:</p> <ul style="list-style-type: none"> <li>• Employ staff who have the knowledge and abilities required to meet the specialized physical, medical, or personal care needs of the client</li> <li>• Employ staff based on qualifications, experience, and abilities in carrying out chore services comparable to those that will be authorized</li> <li>• Require staff use of universal precautions</li> <li>• Provide DHHS with training plans upon request</li> </ul> <p>Ensure availability of services</p>

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
<b>Independent Chore Provider</b>	This will be completed by designated Resource Development personnel and background verification is done in combination with designated provider screening and enrollment broker.	Background checks are completed annually and revalidation is completed every 5 years.
<b>Agency Chore Provider</b>	This will be completed by designated Resource Development personnel and background verification is done in combination with designated provider screening and enrollment broker.	Background checks are completed annually and revalidation is completed every 5 years.

Service Delivery Method			
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

Service Specification	
Service Title:	Assisted Living Service

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

**Service Definition (Scope):**

Assisted Living Services are provided in a homelike, non-institutional setting and include personal care and supportive services. This includes 24-hour response capability to meet scheduled or unpredictable client needs and to provide supervision, safety, and security.

Depending on the needs of the client, Assisted Living Services may include medication administration, transportation, escort services, activities, essential shopping, housekeeping services, laundry services, and personal care services. When provided to the client, the above services are included in the comprehensive rate paid to the assisted living provider, and are not billed separately. A reduction in non-essential transportation may occur during the time of quarantine or following the CDC guidelines for people who are aged or disabled and participants due to high risk of serious illness.

Provider qualifications for persons administering medications in an assisted living facility are referenced in the Assisted Living Facility licensing regulations (175 NAC 4).

Escort services are accompanying or physically assisting a client who resides in an assisted living facility who is unable to travel or wait alone to medical appointments.

Activities are social and recreational programming. The social and recreational programming may be limited during the time of quarantine or following the CDC guidelines for people who are aged or disabled and participants due to high risk of serious illness.

Nursing and skilled therapy services are incidental rather than integral to the provision of this service. Payment is not made for 24-hour skilled care. FFP is not available for room and board, items of comfort or convenience, or costs of facility maintenance, upkeep and improvement. The methodology by which the costs of room and board are excluded from the payments for assisted living services is described in Appendix I-5.

No therapies are included in the assisted living service.

Assisted living includes the provision of personal care services and additional billing for personal care services is not allowed. This is prevented by review and approval of all waiver claims. When a client's residence is noted as Assisted Living, then any claims for personal care are denied.

Relatives/guardians who provide assisted living services are either employees of a licensed assisted living facility or are the owner of a licensed assisted living facility.

Assisted Living Services may be provided in alternative settings such as nursing facilities and hospitals for individuals affected in identified counties or situations where provider owned or controlled residential settings are impacted following CDC and local community guidelines for people who are aged or disabled and participants due to high risk of serious illness.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

The Assisted Living Services rate includes the provision of five roundtrip medical transportation trips. If the client's service plan reflects the need for more medical transportation, it may be authorized outside of the assisted living service payment, as a state plan Medicaid service. The Assisted Living Service does not include medical transportation in excess of 50 miles roundtrip. This also is authorized as a state plan Medicaid service. In a scenario where the participant had to be evacuated from an assisted living facility and was placed temporarily in a Hospital or Skilled Nursing Facility, but was not formally admitted as an institutional patient, assisted living waiver services may be provided in the institutional setting. Room and board is excluded. The Assisted Livings have arrangements related to delivering services and billing practices to ensure services are still provided to the individuals in the temporary setting. A reduction in bathing and transportation is expected dependent on staffing levels.

**Provider Specifications**

Provider Category(s)	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Assisted Living Facility

<i>(check one or both):</i>			
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/> Relative <input checked="" type="checkbox"/> Legal Guardian
<b>Provider Qualifications</b> <i>(provide the following information for each type of provider):</i>			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Assisted Living Facility	Assisted Living Facility	N/A	<p>These items required in a Assisted Living Facility are not required during the temporary stay at a Hospital or Nursing Facility:</p> <ul style="list-style-type: none"> <li>• Provide a private living unit with bath consisting of a toilet and sink</li> <li>• Supply normal, daily personal hygiene items including, at a minimum, soap, shampoo, toilet paper, facial tissue, laundry soap, and dental hygiene products</li> </ul> <p>Provide essential furniture</p>
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:	Frequency of Verification	
Assisted Living Facility	This will be completed by designated Resource Development personnel and background verification is done in combination with designated provider enrollment broker.	Background checks are completed annually and revalidation is completed every 5 years.	
<b>Service Delivery Method</b>			
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

**Service Specification**

Service Title: Home Delivered Meals

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

Service Definition (Scope):

Home-Delivered Meals is a service for adults which provides a meal prepared outside the client’s home and is delivered to their home. Home delivered meal providers which meet the definition of a food establishment in Nebraska Revised Statutes 81-2,257.01 must follow regulations and procedures outlined in the above statute, also known as the Nebraska Food Code. A “food establishment” is defined as an operation that stores, prepares, packages, serves, sells, vends, or otherwise provides food for human consumption. It does not include health care facilities (in which assisted living facilities are classified) or nursing facilities. Such facilities are directed by their licensing regulations for food preparation and safety.  
Home Delivered Meals may be delivered temporarily in alternative settings that are safe and accessible including; hotels, shelters, schools, churches or local health department designated areas for displaced families.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day).

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:		
		Independently operated home delivered meal provider		Agency home delivered meal provider		
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input checked="" type="checkbox"/>	Legal Guardian

**Provider Qualifications** *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Independently operated home delivered meal provider	N/A	N/A	Providers must: <ul style="list-style-type: none"> <li>• Deliver meals in a sanitary manner and using methods to maintain proper food temperatures</li> <li>• Provide meals which contain at least 1/3 of the recommended daily allowance per meal</li> <li>• Make menus available to DHHS</li> </ul> Conform to applicable laws and regulations in Nebraska Food Code (Neb.Rev. Stat. 81-2,257.01)
Agency home delivered meal provider	N/A	N/A	Providers must: <ul style="list-style-type: none"> <li>• Deliver meals in a sanitary manner and using methods to maintain proper food temperatures</li> <li>• Provide meals which contain at least 1/3 of the recommended daily allowance per meal</li> <li>• Make menus available to DHHS</li> <li>• Conform to applicable laws and regulations Nebraska Food Code (Neb.Rev. Stat. 81-2,257.01), 175</li> </ul>



			NAC
<b>Verification of Provider Qualifications</b>			
<b>Provider Type:</b>	<b>Entity Responsible for Verification:</b>	<b>Frequency of Verification</b>	
Independently operated home delivered meal provider	This will be completed by designated Resource Development personnel and background verification is done in combination with designated provider enrollment broker.	Background checks are completed annually and revalidation is completed every 5 years.	
Agency home delivered meal provider	This will be completed by designated Resource Development personnel and background verification is done in combination with designated provider enrollment broker.	Background checks are completed annually and revalidation is completed every 5 years.	
<b>Service Delivery Method</b>			
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

Service Title:

**Extra Care for Children with Disabilities**

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

**Service Definition (Scope):**

The purpose of Extra Care for Children with Disabilities (ECCD) is to provide the medically necessary portion of assistance related to the physical, medical or personal care needs required by the client while his/her parent or guardian works, seeks employment, or attends school. Clients must require this additional assistance which is beyond the routine care and supervision given to clients without disabilities or special health conditions who are in a child care setting.

This service does not include the cost of routine child care for the care and supervision of the client, normally provided by parents/guardians in their own home. This service encompasses extraordinary care needs due to disability or special health condition of the child. Some examples of this include, but are not limited to, preparing and administering a tube feeding for nutrition; suctioning a child's airway every hour to remove secretions the child is unable to cough out or swallow; providing physical assistance needed to transfer a child in and out of a wheelchair; or changing an ileostomy or colostomy appliance and completing skin care necessary to maintain an infection-free stoma and surrounding area.

In a two parent/guardian household, this service may be prior authorized when both parents/guardians are working/attending school at the same time. School attendance by the parent(s)/guardian(s) is defined as enrolling in and regularly attending vocational or educational training to attain a high school or equivalent diploma or an initial undergraduate degree or certificate.

Personal care assistance provided under this service does not overlap with personal care assistance provided under the chore service of this waiver. A client cannot be authorized to receive both services at the same time.

This service of the Aged & Disabled waiver only covers those medically necessary services associated with the child's physical, medical or personal care needs. These more specialized needs/services are not included in routine child care, as that (routine child care) is expected to cover the care and supervision provided to children whose parents/guardians have elected to work or attend school and must arrange for someone else to take on those responsibilities in absentia. All of the cost related to the extraordinary care related to the physical, medical or personal care needs required by the client will be included in the waiver payment for the waiver service. This cost is currently included in the payment for the waiver service. Routine child care and its cost, paid by parents/guardians, do not cover the medically necessary services needed to address disability and special health care conditions of the client. Cost sharing is payment made for a covered service and is usually in the form of a co-insurance, co-payment, or deductible. Routine child care is not a covered service of this waiver.

The cost of routine child care is being separated from the cost of the extraordinary care needs due to the child's disability or special health condition. This is done by determining the cost of routine child care, cost for similar childcare needs in the area and access to service is considered to establish a rate that covers the extraordinary care related to the physical, medical or personal care needs required by the client.

Care is provided in a child's home by an approved provider or in a setting approved or licensed by the Department of Health and Human Services. Care may be provided in the individual's home in lieu of a care center or provider's home, by the Licensed Care Center, or Licensed Family Child Care Home I or II, during the time of quarantine or following the CDC guidelines for people who are aged or disable and participants remaining at home due to high risk of serious illness.

In Nebraska, because of the Nurse Practice Act and the Tim Kolb Amendment, parents/guardians must train the provider on the delivery of medical treatment and therapies. Because of this medical component, providers receive a higher rate based on the child's medical needs which affect staffing requirements.

The Department has the authority to establish ECCD rates.

Extra care for children with disabilities is designed to provide medically necessary care needs from ages 0-17 years of age.

Routine cost of care is established by the childcare subsidy rate chart established by the childcare subsidy division.						
Specify applicable (if any) limits on the amount, frequency, or duration of this service:						
<p>Extra Care for Children with Disabilities may be provided to clients whose parent/guardian is working, attending school, or seeking employment. In a two parent/guardian household, this service may be prior authorized when both parents/guardians are working/attending school at the same time. School attendance by the parent(s)/guardian(s) is defined as enrolling in and regularly attending vocational or educational training to attain a high school or equivalent diploma or an initial undergraduate degree or certificate. This service will not be authorized for attendance of the parent(s)/guardian(s) for additional undergraduate degrees, certificates and graduate education or higher. Clients whose parent(s)/guardian(s) are seeking employment may be authorized up to 12 hours per week of this service for two consecutive months.</p> <p>The duration of the service averages less than 12 hours per day. It may be authorized in a household with two parents/caregivers when both are absent at the same time. Service expenditures must be cost effective in comparison to employment income.</p> <p>Services available through public education programs are excluded from coverage under this service. The costs of child care unrelated to the child's disability are excluded.</p> <p>Transportation is not provided under this service.</p>						
Provider Specifications						
Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:		<input checked="" type="checkbox"/>	Agency. List the types of agencies:	
		Licensed Family Child Care Home I or II			Licensed Child Care Center	
		License-exempt family child care home				
		In-Home Child Care Provider				
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian
Provider Qualifications (provide the following information for each type of provider):						
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)			
<b>Licensed Family Child Care Home I or II</b>	Family Child Care Home I or II licenses as found in 391 NAC	N/A	Providers must: * Demonstrate expertise required to meet the specialized physical, medical, or personal care needs of the child * Have at least one CPR trained person on duty * Assure the home is compatible with medical and safety considerations of the child * Prepare and serve appropriate meals and/or snacks to comply with the child's dietary needs * Family Child Care Home I have a maximum capacity of 8 children of mixed ages and 2 additional school age children during non-school hours.			

			<p>* Family Child Care Home I can provide care for no more than 3 infants (under 18 months) per adult as long as no more than 2 infants per adult are under 12 months of age.</p> <p>* Family Child Care Home I serving mixed ages of children can provide care for no more than 2 additional school-age children during non-school hours as long as no more than 2 children are under 18 months of age.</p> <p>* Family Child Care Home II have a maximum capacity of 12 children with two providers present.</p> <p>* Family Child Care Home II can provide care for no more than 3 infants (under 18 months) per adult as long as no more than 2 infants per adult are under 12 months of age.</p> <p>* Family Child Care Home II serving mixed ages of children can provide care for no more than 2 additional school-age children during non-school hours as long as no more than 2 children are under 18 months of age.</p> <p>* Family Child Care Home II may care for up to 12 school age children, however if the provider has their own children who are under 8 years old, these children are included in the child/staff ratio.</p>
<b>License-exempt family child care home</b>	N/A	N/A	<p>Providers must:</p> <p>* Demonstrate expertise required to meet the specialized physical, medical, or personal care needs of the child</p> <p>* Assure the home is compatible with medical and safety considerations of the child</p> <p>* Prepare and serve appropriate meals and/or snacks to comply with the child's dietary needs</p> <p>License-Exempt providers are not required to hold CPR training because they are not licensed by the DHHS Division of Public Health (which has licensing duties for other child care provider types). This group of individual providers, however, must be able to meet the needs of the child and be trained in areas as specified by the parent/guardian of the child. It will include CPR training as specified by the parent/guardian.</p>

<b>In-Home Child Care Provider</b>	N/A	N/A	Providers must: <ul style="list-style-type: none"> <li>• Demonstrate expertise required to meet the specialized physical, medical, or personal care needs of the child</li> <li>* Assure the home is compatible with medical and safety considerations of the child</li> <li>* Prepare and serve appropriate meals and/or snacks to comply with the child's dietary needs</li> </ul>
<b>Licensed Child Care Center</b>	Child Care Center license as found in 391 NAC	N/A	Providers must: <ul style="list-style-type: none"> <li>* Demonstrate expertise required to meet the specialized physical, medical, or personal care needs of the child</li> <li>* Have at least 1 CPR trained person on duty</li> <li>* Assure the home is compatible with medical and safety considerations of the child</li> <li>* Prepare and serve appropriate meals and/or snacks to comply with the child's dietary needs</li> </ul>

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
<b>Licensed Family Child Care Home I or II</b>	This will be completed by designated Resource Development personnel and background verification is done in combination with designated provider enrollment broker.	Background checks are completed annually and revalidation is completed every 5 years.
<b>License-exempt family child care home</b>	This will be completed by designated Resource Development personnel and background verification is done in combination with designated provider enrollment broker.	Background checks are completed annually and revalidation is completed every 5 years.
<b>In-Home Child Care Provider</b>	This will be completed by designated Resource Development personnel and background verification is done in combination with designated provider enrollment broker.	Background checks are completed annually and revalidation is completed every 5 years.
<b>Licensed Child Care Center</b>	This will be completed by designated Resource Development personnel and background verification is done in combination with designated provider enrollment broker.	Background checks are completed annually and revalidation is completed every 5 years.

Service Delivery Method

<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Service Title:		<b>Transportation Services</b>				
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>						
Service Definition (Scope):						
<p>Transportation Services are provided to enable clients to gain access to waiver and other community services and resources as outlined in the Plan of Services and Supports. This service may include accompanying a client unable to travel and wait alone. Transportation Services may be provided to enable clients to obtain household supplies, food, or other items needed during the time of quarantine and not to extend past the end of this Appendix K amendment or following the CDC guidelines for people who are aged or disable and participants remaining at home due to high risk of serious illness. The care coordinator must submit the request for additional supports/services no later than 30 days from the date service begins. All transportation service provided under the waiver is non-medical transportation. Waiver transportation services may not be substituted for the transportation services Nebraska is obligated to furnish under the requirements of 42 CFR 440.170.</p>						
Specify applicable (if any) limits on the amount, frequency, or duration of this service:						
<p>Clients may be authorized for non-medical transportation if they do not have access to a working licensed vehicle or a valid driver's license; are unable to drive due to physical or cognitive limitation; OR are unable to secure transportation from relatives, friends, or other organizations at no cost.</p> <p>Clients may be authorized for non-medical transportation even if they have access to a working licensed vehicle during the time of quarantine or following the CDC guidelines for people who are aged or disable and participants remaining at home due to high risk of serious illness.</p>						
<b>Provider Specifications</b>						
Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:		<input checked="" type="checkbox"/>	Agency. List the types of agencies:	
		Individual Transportation Provider			Public Service Commission Exempt Transportation Provider	
					Certified Commercial Carrier/Common Carrier	
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input checked="" type="checkbox"/>	Legal Guardian
<b>Provider Qualifications</b> (provide the following information for each type of provider):						
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)			
Public Service Commission Exempt Transportation Provider	N/A	Certified to operate as a public transit authority issued by the Nebraska Department of Roads	Providers must: <ul style="list-style-type: none"> <li>Ensure drivers possess a current and valid driver's license with no more than three points assessed against his/her Nebraska driver's license within the past two years or meet a comparable standard in the state in which s/he is licensed to drive</li> <li>* Ensure drivers have not had his/her driver/chauffeur's license revoked within the past three years</li> </ul>			
Certified Commercial Carrier/Common Carrier	N/A	Certificate of Authority issued by the Nebraska Public Service Commission	Providers must: <ul style="list-style-type: none"> <li>* Ensure drivers possess a current and valid driver's license with no more than three points assessed against his/her Nebraska driver's license within the past two years or meet a comparable standard in the state in which s/he is licensed to drive</li> </ul>			

			* Ensure drivers have not had his/her driver/chauffeur's license revoked within the past three years
Individual Transportation Provider	Provider must have a valid driver's license and have no more than three points assessed against his/her Nebraska driver's license within the past two years, or meet a comparable standard in the state in which s/he is licensed to drive.	N/A	Providers must: •use their own personally registered vehicle to transport the client *the provider must maintain the minimum vehicle insurance coverage as required by state law
<b>Verification of Provider Qualifications</b>			
<b>Provider Type:</b>	<b>Entity Responsible for Verification:</b>		<b>Frequency of Verification</b>
Public Service Commission Exempt Transportation Provider	This will be completed by designated Resource Development personnel and background verification is done in combination with designated provider enrollment broker.		Background checks are completed annually and revalidation is completed every 5 years.
Certified Commercial Carrier/Common Carrier	<b>This will be completed by designated Resource Development personnel and background verification is done in combination with designated provider enrollment broker.</b>		<b>Background checks are completed annually and revalidation is completed every 5 years.</b>
Individual Transportation Provider	<b>This will be completed by designated Resource Development personnel and background verification is done in combination with designated provider enrollment broker.</b>		<b>Background checks are completed annually and revalidation is completed every 5 years.</b>
<b>Service Delivery Method</b>			
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

<sup>i</sup> Numerous changes that the state may want to make necessitate



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authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.