

### CDD and DDAD Waivers Summary of 2021 Public Comments

Category	Commenter	Comment	Response
Assistive Technology	Advocacy group	The added Assistive Technology language is too limiting. We suggest: "Assistive Technology is equipment or a product system such as devices, controls, or appliances, whether acquired commercially, modified, or customized, used to increase, maintain, or improve functional capabilities of participants and be necessary to ensure participants health, welfare, and safety. The use of Assistive Technology must be of direct medical or physical benefit to enable participants who reside in their own homes to increase their abilities to perform activities of daily living in their home, or to perceive, control, or communicate with the environment they live in, thereby decreasing their need for assistance from paid and natural supports because of limitations due to disability." (pg. 78)	The Division of Developmental Disabilities appreciates your feedback. The language in the Waiver is consistent with your suggestion.
Communication	Family	How is the public notified of the public comment period?	All public comment periods are listed on the Division of Developmental Disabilities' website <a href="http://dhhs.ne.gov/Pages/DD-Public-Comment.aspx">http://dhhs.ne.gov/Pages/DD-Public-Comment.aspx</a> . The public has no less than 30 days to submit comments. Efforts to reach the public to provide notification of a public comment period include posting in the Omaha World-Herald, a Nebraska Department of Health and Human Services Press Release, notice on the Nebraska Department of Health and Human Services public website, and the Division of Developmental Disabilities' website calendar.
Communication	Family	How are service coordinators being trained on this information to help participants and families?	Service coordination will receive instruction and training on changes to the waiver; to better support participants and their families. Trainings are provided through webinars.
Communication	Family	Where do you file complaints about Services Coordinators?	The Division of Developmental Disabilities values feedback and stakeholder input. The Division of Developmental Disabilities offers multiple options to file complaints so the complainant can file in a manner that best meets their needs. An optional complaint form can be found at <a href="https://dhhs.ne.gov/Pages/Developmental-Disabilities.aspx">https://dhhs.ne.gov/Pages/Developmental-Disabilities.aspx</a> . A complaint and/or the complaint form can be submitted by: Mail: Department of Health and Human Services, Division of Developmental Disabilities, PO Box 98947, Lincoln, NE 68509-8947. Email: <a href="mailto:DHHS.DDDCommunityBasedServices@nebraska.gov">DHHS.DDDCommunityBasedServices@nebraska.gov</a> and complaint forms are at <a href="https://dhhs.ne.gov/DD%20Documents/Complaint%20Form.pdf">https://dhhs.ne.gov/DD%20Documents/Complaint%20Form.pdf</a> . Phone: (877) 667-6266. To provide general feedback and input not related to a complaint, we welcome you to contact our Stakeholder Relations Manager at (402) 471-8716.

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Communication	Family	Training is key, too; on par with the pay—I am a guardian and a provider, so I understand both sides of the equation. How to keep up with changing rules and regulations?	The Division of Developmental Disabilities is committed to maintaining an accessible website that is continuously updated to help participants, their families, and providers stay informed. To stay current on updates and other information, it is recommended that providers subscribe to Provider Bulletins through the Nebraska Department of Health and Human Service public website at <a href="https://dhhs.ne.gov/Pages/Medicaid-Provider-Bulletins.aspx">https://dhhs.ne.gov/Pages/Medicaid-Provider-Bulletins.aspx</a> and <a href="https://dhhs.ne.gov/Pages/DD-Provider-Bulletins.aspx">https://dhhs.ne.gov/Pages/DD-Provider-Bulletins.aspx</a> .
Communication	Family	Would DDD consider extending the public comment period since they will have 2 full months to go through public comment & these presentations are so late in the game?	The public comment period began on March 3, 2021. The drafts were posted on March 3, 2021, and notices were sent to the Omaha World-Herald newspaper. The presentations are held in the middle of the public comment period but do not prevent anyone from submitting comments beforehand.
Child Day Habilitation	Family	Does child habilitation take place of school or only used when school is out? What about when child is ill, during quarantine, or during COVID, etc.	Individual scenarios should be reviewed with the service coordinator if a child cannot attend the school due to extended illness or medical needs. Child Day Habilitation can only be used when a child is not in school due to summer breaks, school holidays, and teacher in-service days. When a child is ill, it is the parents responsibility to care for their child. Additionally, you can find information <a href="https://dhhs.ne.gov/Pages/DD-Service-Array.aspx">https://dhhs.ne.gov/Pages/DD-Service-Array.aspx</a> or on the homepage <a href="https://dhhs.ne.gov/Pages/Developmental-Disabilities.aspx">https://dhhs.ne.gov/Pages/Developmental-Disabilities.aspx</a> .
Child Day Habilitation	Advocacy group	DD waiver services for children needs to be expanded and broadened to meet the needs of younger waiver recipients and their families. The addition of the Child Day Habilitation service is a step in the right direction.	The Division of Developmental Disabilities appreciates any feedback from stakeholders on how the waiver service array can better meet the needs of participants in the future. You can find more information regarding services definitions at <a href="https://dhhs.ne.gov/Pages/DD-Service-Array.aspx">https://dhhs.ne.gov/Pages/DD-Service-Array.aspx</a> or on the homepage <a href="https://dhhs.ne.gov/Pages/Developmental-Disabilities.aspx">https://dhhs.ne.gov/Pages/Developmental-Disabilities.aspx</a> .

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Consultative Assessment Services	Provider	<p>The Community Supports Network, Inc. respectfully submits the following for public comment on the proposed amendments. Consultative Assessment Services: the Consultative Assessment Services was originally based on the Nebraska Medicaid rate for services delivered by a Licensed Mental Health Practitioners (LIMHPs). Medicaid currently pays LIMHPs \$121.23 for an hourly session. Reducing the amount that LIMHPs receive for completing services through the Consultative Assessment Services will drastically reduce the number of clinicians willing to conduct these needed services. The state does require that a new Functional Behavioral Assessment (FBA) be completed each time an individual has a new behavior, an old behavior reappears, or the FBA is over two years old. The current clinicians (LIMHPs) who complete these FBAs already have waitlists of upwards of 30 people long. If the number of clinicians diminishes, those waitlists will increase substantially. This is putting the Developmental Disability providers at a disadvantage, and not allowing the clinicians to assess the situations in a timely manner. In the past years, those clinicians who completed Functional Behavioral Assessments did not have to be a licensed Independent Mental Health Practitioners as long as an LIMHP was.</p>	<p>The Division of Developmental Disabilities appreciates your feedback. At this time the Division will not revise the service rate for consultative assessment based on provider feedback. There will be no change to the rate.</p>
Consultative Assessment Services	Provider	<p>According to CMS guidance titled "Ensuring Rate Sufficiency: Rate Review and Revision Approaches", issued by CMS in November 2016, slide 13 recommends the HCBS Medicaid program to use other Medicaid State Plan rates and/or the rates paid for similar services by public or private payers when submitting rates to CMS for approval and to ensure adequacy of rates. The proposed rate is insufficient and out-of-line with both Medicaid State Plan rates and other privately paid rates for therapy. In previous Waivers and rate methodologies, the Consultative Services rate was made to reflect the rates established by Nebraska Medicaid for other therapies delivered by similar Practitioners through other Medicaid services.</p> <p>Reducing this rate will place developmental disability services at a large disadvantage. Current hourly rates for Licensed Independent Mental Health Practitioners through Medicaid are \$121.23. Practitioners are not going to provide this service when Consultative Assessment Services pay at nearly half of the rate of therapies delivered through other Medicaid services. Functional Behavioral Assessments and Behavior Support Plans, which are required for new behaviors that affect their health and/or safety or that of those around them, or when a new medication is administered to address a behavior, will be greatly limited or diminished nearly completely, as providers will not be able to provide the services. Further, this adjustment in rate will not promote equity and will lead to unbalanced rates.</p> <p>Consultative Assessment Services are presently being bundled with the services of anyone with acuity needs on the Risk tier (up to 10 hours of Consultative Services Assessment cannot be billed for people being supported on the Risk tier). Clinicians are expected to attend a minimum of 2 team meetings without billing for their time, which is an additional administrative cost to the provider not included in the rate methodology or captured in the Waiver language as a requirement for service. This further diminishes the services and leaves providers without an ability to get paid a fair market rate for the services provided without losing money.</p>	<p>The Division of Developmental Disabilities appreciates your feedback. At this time the Division will not revise the service rate for consultative assessment based on provider feedback. There will be no change to the rate.</p>
Consultative Assessment Services	Provider	<p>I am a Licensed Independent Mental Health Practitioner (LIMHP) in Lincoln, NE. As an LIMHP I meet the states requirements to complete functional behavior assessments, I have personal interest in working with individuals with disabilities, and have expertise that helps agencies to develop stronger, more effective programming. I am able to set aside time in my private practice to do this work because the state reimburses me at a rate that is reasonable and comparable to what an LIMHP is paid (on average) for his or her time normally.</p>	<p>The Division of Developmental Disabilities appreciates your feedback. At this time the Division will not revise the service rate for consultative assessment based on provider feedback. There will be no change to the rate.</p>

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Consultative Assessment Services	Provider	Tonight I heard that Nebraska is seriously looking at cutting this reimbursement rate in half. If that occurs, the state will effectively drive away the qualified individuals that exist to complete this important work.	The Division of Developmental Disabilities appreciates your feedback. At this time the Division will not revise the service rate for consultative assessment based on provider feedback. There will be no change to the rate.
Consultative Assessment Services	Provider	What I am saying is that it will not be cost effective for me as a licensed clinician to continue to do consultative assessment work for the state. Instead, it would be reasonable for me to fill those time slots with counseling clients that on average pay a clinician around the same rate that a qualified clinician earns doing consultative assessment.	The Division of Developmental Disabilities appreciates your feedback. At this time the Division will not revise the service rate for consultative assessment based on provider feedback. There will be no change to the rate.
Hospital Support	Advocacy Group	The Council is pleased to see the addition of the hospital support service. The service provides encouragement to waiver recipients when they are receiving short-term hospital care to help reinforce behavior supports, alleviate anxiety, and ensure adequate self-help and medical care.	The Division is committed to supporting the highest quality of life for all people receiving support. As part of this commitment the Division, recognizes the need for individuals to be supported by those who know them best and can assist them with advocating for what they need including while in the hospital. We look forward to making further progress in this area.
Hospital Support	Provider	The rate methodology for this service is inadequate. The BLS Wage Classification used in the rate methodology (the 75th percentile of Personal Care Workers) is not used in any other rate. Agency providers will not be able to pay direct care workers less because they are providing services in a hospital, thus, the BLS Wage Classification used for the rate methodology should be in line with other Waiver services. The Hospital Support Services rate does not include mileage, even though employees of an agency provider will likely need to travel to and from agency locations to perform documentation.  The Hospital Support Services rate should reflect down-stream staffing impacts from staffing a person 1:1 in a hospital setting, especially if the person is not 1:1 in other services. Providing this service would require additional staff, as staffing a group-home where	The service rate for Hospital Support is based on the current service rate for Respite provided by agency providers. The Division of Developmental Disabilities believes that this rate will be adequate to meet the provisions in §1902(a)(30)(A) of the Social Security Act. No changes will be made to the rate based on this public comment.
Prevocational	Family	I know this isn't officially addressed in these proposed changes, but I would like to know why an Independent Provider cannot provide these services? I would like to see this amended as a change like this would benefit someone like my son who needs more individualized support in this area.	The Division of Developmental Disabilities appreciates the feedback. Suggestions for future changes can be made to the homepage at <a href="https://dhhs.ne.gov/Pages/Developmental-Disabilities.aspx">https://dhhs.ne.gov/Pages/Developmental-Disabilities.aspx</a> .

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<p>Habilitative Community Inclusion</p>	<p>Family</p>	<p>Concern: how the providers are allowed to bill for services. My child has made it clear through his actions (since he is non-verbal) that he prefers to stay home during the day rather than go to a workshop or in the community. Due to his Autism he gets overstimulated easily through noise, smells and visual stimulation. Therefore, he does not like to be around a lot of people or in large gatherings. He prefers and is happy to stay at his group home and help with household chores, cooking etc. He refuses to get on the van daily to go places and if forced to do so his behaviors increase (hitting his head leaving bruises, screaming, and pulling hair). The way I understand the waiver, for providers to get paid they have to spend their days in the community and the providers cannot bill for residential during the day. I think the waiver needs to be amended so the Day Habilitation can be done in the residents as long as programs are being done and documented or the provider should be able to bill for residential services during the day. Providers cannot continue to provide services that they are not reimbursed for. This is not a concern that affects only my child, but many families. I just spoke to some parents 2 weeks ago whose child is in a host home and refuses to go out in the community, he has been kicked out of several day services due to his behaviors because he doesn't want to be there, but if allowed to be home the behaviors decrease, but the host provider cannot get reimbursed during the day. The parents are stressed that they will lose their provider if there are not changes made to accommodate their child's needs.</p>	<p>The Division of Developmental Disabilities appreciates your feedback and your concern that our existing service option does not take into account all people, including those who struggle with sensory processing challenges and transitions. The Division is currently exploring options to modify the existing service definition to more broadly apply to all individuals who are receiving waiver services. In the meantime we are modifying the service delivery options for Community Inclusion to include a limited number of hours of virtual service as a service delivery method choice.</p>
<p>Residential Habilitation</p>	<p>Provider</p>	<p>In relation to the rates for any residential rates how do you bill for anything less than the 10 hours a day, can there be a half day rate put in so that way providers can bill or more clarification on how providers are supposed to bill in situations where less than 10 hours are used.</p>	<p>The Division of Developmental Disabilities appreciates the feedback. While there is not a separate specified rate for half days of residential habilitation, when a provider bills for less than 10 hours of this service, they are automatically paid half of the full day rate.</p>
<p>Respite</p>	<p>Family</p>	<p>Could you define what an "unlicensed, non-certified independent agency" is? I don't agree with respite being taken away from those who are in a host home, SLP or continuous home. For example, my son uses respite funding for VSP club for about 2 hours at an event. Taking this from him means he needs to pay for these activities for himself and he already is below poverty level. Taking services away from individuals, especially if they have it in their budget, is something I don't agree with.</p>	<p>The Division of Developmental Disabilities appreciates the feedback. The provider qualifications listed under a service (Appendix C) in the application for 1915 (c) HCBS waiver providers are categorized between agency or individual, licensed or non-licensed, and certified and non-certified. Agencies are typically businesses or non-profits enrolled to provide a particular service or services. Some services allow for individuals to enroll as a provider. Whether a certification is required or not is dependent upon the specific service within the waiver. A certification may be a formal training required by DDD or a requirement that ensures the health and safety of the individual being served. Licenses are issued and regulated by the Division of Public Health and have applicable regulations depending on what they are.</p>

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Respite	Family	I don't agree with respite being taken away from those who are in a host home, SLP or continuous home. For example, my son uses respite funding for VSP club activities for about 2 hours at an event. Taking this from him means he needs to pay for these activities for himself and he already is below poverty level. Taking services away from individuals, especially if they have it in their budget, is something I don't agree with.	The Division of Developmental Disabilities appreciates the feedback. Respite service is intended as relief for a participant's unpaid caregiver and has not been available to participants receiving continuous residential services. A participant living in a host home, SLP, or continuous home could use another service for this activity or attend with their residential service provider. Additional information about respite can be found on the homepage at <a href="https://dhhs.ne.gov/Pages/Developmental-Disabilities.aspx">https://dhhs.ne.gov/Pages/Developmental-Disabilities.aspx</a> or <a href="https://dhhs.ne.gov/Pages/DD-Service-Array.aspx">https://dhhs.ne.gov/Pages/DD-Service-Array.aspx</a> which specifically addresses service definitions.
Respite	Advocacy Group	The addition of the unlicensed, non-certified independent agency provider type under respite waiver services will hopefully address the unmet respite needs in the developmental disability community.	The Division appreciates your feedback and is committed to continuing to identify and address unmet needs within our service system. Please visit our homepage at <a href="https://dhhs.ne.gov/Pages/Developmental-Disabilities.aspx">https://dhhs.ne.gov/Pages/Developmental-Disabilities.aspx</a> .
Supported Employment - Follow-Along	Advocacy Group	We appreciate that there are waiver amendments allowing for flexibility in the delivery of some waiver services (such as verbal cueing) to be provided virtually when appropriate.	The Division of Developmental Disabilities appreciates the feedback. The Division agrees that flexibility in the delivery of selected waiver services, such as providing verbal cueing virtually is important to providing individuals respect, dignity and choice.
Supported Employment - Follow-Along	Provider	How is this service billed when provided remotely?	When provided remotely, Supported Employment-Follow-Along is billed by entering the time in/time out in Therap.
Supported Employment - Individual	Advocacy Group	We agree that all Nebraskans should have equal opportunities to choose and maintain a good job, use their talents and skills, earn competitive wages, increase their self-support, and contribute to the economic prosperity of their communities. We recognize that successful supported employment requires intensive and continuous provider supports, and particular focus must include adequate investment for these services.	The Division of Developmental Disabilities appreciates the feedback and agrees the opportunity for individuals to use their talents and skills to choose and obtain a job, to earn a living and increase their self-support is important to not only individuals contributing to their community, but in providing individuals with the respect, dignity and choice they deserve.
Supported Family Living	Advocacy Group	We appreciate that there are waiver amendments allowing for flexibility in the delivery of some waiver services (such as verbal cueing) to be provided virtually when appropriate.	The Division of Developmental Disabilities appreciates the feedback and agrees that flexibility in the delivery of selected waiver services, such as providing verbal cueing is important to providing individuals respect, dignity and choice.
Service Planning	Advocacy Group	We are delighted with the amendment clarifying that the waiver recipient chooses their team members to assist them with the planning process for their service plan. This enforces the person-centered planning practice.	The Division of Developmental Disabilities appreciates the feedback.

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Service Planning	Advocacy Group	<p>We applaud the additional language stating that participants can choose and invite individuals to participate in the service planning process. However, the language seems to indicate that once the planning process is completed, the plan and any subsequent changes must be approved by these other interested and invited individuals, not the participant: "Team members support the participant to have the life they want by discussing and reviewing with the participant: supporting documents; communicating objections to the service plan; approving the service plan by signing the service plan; and approving changes or modifications to the service plan or support documents throughout the year, when needed." (pg. 185).</p> <p>Furthermore, the placement of the phrase "the life they want" is ambiguous. Is it the life the participant wants or the life the interested individuals want? This paragraph must be entirely rewritten.</p>	<p>The Division of Developmental Disabilities appreciates the feedback. Upon review the paragraph has been reworded to clarify that the participant directs the development and updates the plan, and that others sign to indicate their participation in supporting this person in developing a plan according to their hopes and dreams.</p>
Participant Rights	Advocacy Group	<p>The federal Developmental Disabilities and Assistance Bill of Rights Act stresses that State DD Councils are to advocate for improved quality assurance activities. We like the changes in Appendix G which ensures that agency providers must have written policies and procedures, including a quality improvement system for the use of interventions, supports, or practices limiting or restricting a participant's rights. Clarifying the responsibilities of the rights review committee reinforces the human rights protections of waiver recipients.</p>	<p>The Division of Developmental Disabilities appreciates the feedback.</p>
Participant Rights	Advocacy Group	<p>We applaud the additional language prescribing providers' written policies for the use of restrictive interventions or practices. We further support the formation of a rights review committee. However, we do have concerns:</p> <ol style="list-style-type: none"> <li>1. The frequency of the rights review committee meeting is too long. The proposed changes add that the committee meets at least semi-annually. We would recommend that the committee be required to meet more frequently. If the purpose of the committee is to protect the rights of participants against provider policies, only having a review every 6 months would seemingly allow rights violations to go unnoticed or without account for a significant amount of time. Furthermore, this frequency (and the language in the proposal itself) would not permit a timely review of an interim approval of a restriction.</li> <li>2. We are concerned that restrictions using psychotropic medications only happens semi-annually. Again, a review of such a significant restriction should be done more frequently and recurring. We also note that restrictions that do not involve psychotropic medications only get review annually. Since restrictions categorically involve the rights of participants, these are not restrictions that should be taken lightly or reviewed casually.</li> <li>3. The membership of the rights review committee should reflect more participant input and participation. The proposed changes allow for at least half of the committee to be comprised of 3 categories: participants, family, or interested persons. This dilutes the capacity for direct participant participation to one-third of one-half. Who comprises the other half? The committee must have more representation from the individuals directly affected by its decisions and outcomes.</li> </ol>	<p>The Division of Developmental Disabilities shares your concern that all rights restrictions are being reviewed in a timely manner. Regulations also allow for designees of the rights review committee to give interim approvals when a restriction is proposed between committee meetings.</p> <p>The requirement for half of rights review committee members to be participants, family, or advocates is a minimum requirement. Providers may include as many participants as they choose on rights review committees.</p>

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General	Provider	What are the different provider types? Please explain what a non-certified independent agency is on the DD amendments?	The provider qualifications listed under a service (Appendix C) in the application for 1915 (c) HCBS waiver providers are categorized between agency or individual, licensed or non-licensed, and certified and non-certified. Agencies are typically businesses or non-profits enrolled to provide a particular service or services. Some services allow for individuals to enroll as a provider. Whether a certification is required or not is dependent upon the specific service within the waiver. A certification may be a formal training required by DDD or a requirement that ensures the health and safety of the individual being served. License are issued and regulated by the Division of Public Health and have applicable regulations depending on what they are.
General	Provider	Does the DDD amendment just formalize a lot of what was put into the Policy Guide?	The Comprehensive and Adult Day Developmental Disabilities waiver amendments are updating information with Centers for Medicare and Medicaid Services to align with regulations and some practices, such as Electronic Visit Verification. Some changes cannot be implemented until after the waiver amendments are approved with CMS. The Policy Guide will be updated to reflect any additional changes are as result of these amendments.
General	Provider	On Appendix D, it was mentioned the participant chooses services and their team. So if the participant doesn't want to go out in the community and chooses to stay home, can the provider bill for residential during the day?	If a participant does not want to go into the community a majority of the time, the team should evaluate if the services in place that best meet the wants and needs of the participant and if another service should be considered. Providers have guidelines regarding services provided and individual scenarios would need to be reviewed if it is appropriate to bill.
General	Family	What do we do if we don't see something in the service definitions that we would like added?	Public comment is a great time to bring forward things you would like to see in service definitions. The Division of Developmental Disabilities is open to receiving feedback outside of public comment period for future consideration. Subscribing to the Division of Developmental Disabilities public comment website will notify participants when open public comment periods are held.



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General	Provider	How does the state address individuals in the “at risk” categories? Specifically, those who are at risk for institutional placement but are not quite yet there (ex: someone with muscular dystrophy or a young Adult who has both a mental health condition and I/DD and is self-injurious, poses significant danger to family members and the community at large).	Individuals and their families are welcome to apply for the Medicaid Home and Community-Based Service Developmental Disabilities Waiver at any time. The eligibility process includes being eligible for Medicaid, having a developmental disability as defined by state statute, and meet the level of care requirements. If determined eligible, an assessment with questions that identify risk factors is completed. The information gathered in the ICAP, along with other assessments helps develop the Person-Centered Plan including risks the individuals experience in their daily life.
General	Provider	What qualifications and or training does DSP receive to provide behavioral habilitation?	When determined eligible, an assessment with questions that identify risk factors is completed. The information gathered in the ICAP, along with other assessments helps develop the Person-Centered Plan including risks the individuals experience in their daily life.
Electronic Visit Verification	Family	Do family caregivers HAVE to comply with EVV? Is this a requirement from CMS or a state choice?	The Division of Developmental Disabilities is committed to supporting family caregivers to comply with Electronic Visit Verification. The State made this decision to curb fraud, waste, and abuse. The state issued provider bulletin 20-32, addressing the decision to include all caregivers under Electronic Visit Verification to safeguard the participants, who often receive services in secluded settings. The Electronic Visit Verification system will verify the delivery of services to all program participants.
Electronic Visit Verification	Family	Why can family caregivers and independent providers not be offered the choice to use an alternate program besides Tellus, such as MITC?	Family caregivers and independent providers can choose between using the state Electronic Visit Verification vendor or a third-party vendor. There is a requirement for integration between the state Electronic Visit Verification solution and the provider’s third-party vendor of choice for Electronic Visit Verification. If the provider opts to work with a third-party vendor, the provider assumes all responsibility and costs associated with working with the third-party vendor of their choice.

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Electronic Visit Verification	Family	Has the state considered fining Tellus with the amount of time its system has been down or is inaccessible?	The Division of Developmental Disabilities regrets the struggles some have had with the implementation of the Electronic Visit Verification system, and are working diligently to resolve issues. The Division of Developmental Disabilities is actively working with Tellus/Netsmart for greater system stability. Their contract is reviewed for compliance, which includes performance guarantees and any other contractual remedies deemed appropriate.
Consultative Assessment Services	Provider	We had some concerns regarding the Consultative Assessment rate. I understand the methodology to develop the rate was originally based on the availability of an approved code that had a face to face requirement; however, there are other rates that could support the billing methodology. Attached is the CPT code crosswalk. In the other states where Mosaic is billing for similar behavior services, NE's new proposed rate drops us below the other states by a fairly significant margin. For the assessment/consultation service, provided by the QHP (BCBA, LIMHP, MD, PhD, etc.), the 15 min unit rate is \$21.78 to 28.02. NE new proposed rate for the same unit of time (15 min) is \$16.08. Also, the rationale that the proposed change is due to the moving away from the face to face requirement (which was never specified in the service description) doesn't match the nationally recognized descriptor of assessment services. Behavior identification assessment, administered by a physician or other qualified healthcare professional, each 15 minutes of the physician's or other qualified healthcare professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations. Per our experience in other states, the average billable rate for this service is over \$100/hour. As we currently have a significant waiting list for FBA's and this is a necessary service for the people we support, we would strongly advocate for reconsideration of this rate.	The Division of Developmental Disabilities appreciates the feedback. The Division at this time will not revise the service rate for consultative assessment based on provider feedback. The rates will stay at their original level.
Consultative Assessment Services	Provider	More consideration be taken in with the major cut in Consultative Assessments Services pay. This should include the amount of education required and the average pay in relation to other jobs in line with this and the lack of access to people within Nebraska who can provide this service. This may lead providers to having an increased difficulty in finding qualified and interested parties to provide this service.	The Division of Developmental Disabilities appreciates the feedback. The Division at this time will not revise the service rate for consultative assessment based on provider feedback. The rates will stay at their original level.
Consultative Assessment Services	Provider	For Consultative Assessment Services: the cut from \$112 to \$64 is drastic. There are a small number of us clinicians in the state that do FBA and they are time consuming. In years past, LIMHPs and Psychologist had the ability to oversee a LMHP who did the actual observations and assessments. We would then meet with and consult with the LMHP, to make sure everything was accurate. It would be helpful to allow this again, and would make the drop in the amount that is reimbursable more manageable. My fear is that you will lose good LIMHPs who are doing FBA across the state with this lower rate and the wait list will grow even longer for those of us who are completing them. Another suggest would be to make the reimbursement for FBAs higher than the reimbursement for the typical assessment duties.	The Division of Developmental Disabilities appreciates the feedback. The Division at this time will not revise the service rate for consultative assessment based on provider feedback. The rates will stay at their original level.