

Agency Policy and Procedure Requirements

Personal Assistance Services (PAS)
Home and Community-Based Services (HCBS) waiver

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Thank you for taking the time to understand what policies and procedures Nebraska Medicaid Provider Enrollment and Screening reviews before you enroll or re-enroll as a provider.

This slide deck is for provider education.
Please refer to Federal, State, and Program regulations for further guidance.

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**MEDICAID-APPROVED
PROVIDER**

All providers of PAS or HCBS waiver services must first be enrolled as a Nebraska Medicaid-Approved Provider

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By enrolling as a provider in MAXIMUS, you agreed to the Provider Participation Agreement. This agreement requires you to fully comply with all regulations and items outlined in this slide deck.

Provider Participation Agreement

By signing the Provider Participation Agreement, the applicant agrees to adhere to all Terms of Agreement listed and is aware that the applicant may be denied entry to or terminated from the program if any conditions are violated.

[Click here to view the entire agreement.](#)

I agree to the Terms of Agreement in the Participation Agreement.



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Medicaid Provider Minimum Standards

(1) Accept the philosophy of service provision which includes acceptance of, respect for, and a positive attitude toward Medicaid clients and the philosophy of client empowerment;

(2) Meet any applicable licensure or certification requirements and maintain current licensure or certification;

(3) Obtain adequate information on the medical and personal needs of each client, if applicable;

(4) Not discriminate against any client, employee, or applicant for employment because of race, age, color, religion, sex, handicap, or national origin, in accordance with 45 CFR Parts 80, 84, 90, and 41 CFR

(5) Agree to a law enforcement criminal

background check and Adult Protective Services and Child Protective Services Central Registry checks;

(6) Operate a drug-free workplace;

(7) Attend training on Medicaid as deemed necessary by the Department;

(8) Provide services within the scope of practice identified in state and federal law, and under all applicable state and federal licensure or certification requirements; and

(9) Agree to maintain up-to-date and accurate service provider agreement information by submitting any changes, within 35 days of the change, to the Department.

[471 NAC 2.003.03]



While compliance with all applicable Nebraska Medicaid regulations is required, specific information is reviewed to ensure our client's health and safety and the integrity of the Nebraska State Medicaid program. Medicaid Provider Relations will review your policies and procedures for the required elements outlined in this presentation. If any of these elements are missing from your documents, you will be denied or disenrolled from providing services.



Your documents must include policies and procedures that cover all the following items:

Hiring and Performance Reviews

Policy and procedure to confirm that the individuals you hire are well-suited for their roles.

1. They have the knowledge and skills necessary to respond to emergency situations.
2. They possess the physical and mental abilities required to safely perform all authorized services for the participants they will be working with.
3. You conduct ongoing performance reviews to guarantee they continue to meet these standards.

maximus

All owners and managing employees must be included in your Maximus provider enrollment to ensure the necessary monthly and yearly checks are completed. **Your agency is responsible for conducting these checks on all other staff members.**

471 NAC 2.003.03(A)
471 NAC 2.005.02(A)(5)

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At-Hire and Ongoing Monthly Checks of all staff

**Office of
Inspector
General
Exclusions
Database**

**System
Award
Management
Database**

**Nebraska
Medicaid
Excluded
Providers
List**

42 CFR 455.436 (c) (2)
471 NAC 2-003.02(A)
480 NAC 4-002.07

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U.S. Department of Health & Human Services

Office of Inspector General

U.S. Department of Health & Human Services

The Office of Inspector General (OIG) has the authority to exclude individuals and entities from Federally funded health care programs for a variety of reasons, including a conviction for Medicare or Medicaid fraud. Those that are excluded can receive no payment from Federal health care programs for any items or services they furnish, order, or prescribe. This includes those that provide health benefits funded directly or indirectly by the United States (other than the Federal Employees Health Benefits Plan).

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OIG Exclusion Database

OIG maintains a list of all currently excluded individuals and entities called the **List of Excluded Individuals/Entities (LEIE)**. Anyone who hires an individual or entity on the LEIE may be subject to civil monetary penalties (CMP). To avoid CMP liability, health care entities should check the list at least **monthly** to ensure that new hires and current employees are not on it.

<https://exclusions.oig.hhs.gov>

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System for Award Management

SAM.gov is a website of the U.S. Government.

SAM hosts the Excluded Parties List System (EPLS), also known as SAM Exclusion Records,

An exclusion refers to a party barred from receiving federal contracts, certain subcontracts, and specific types of federal financial and non-financial assistance and benefits.

If your agency or any of your people are currently subject to an active exclusion, it means that your entity is either debarred, suspended, proposed for debarment, or declared ineligible to receive contracts from any federal agency.

As an agency, it is your responsibility to check SAM.gov for any exclusions related to your personnel. This must be done diligently at least **monthly** to ensure compliance.

How to search the SAM exclusion list

https://www.fsd.gov/gsafsd_sp?id=kb_article_view&sysparm_article=KB0036199.

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Nebraska Excluded Providers List

A list of providers who have been terminated or excluded from Nebraska's Medicaid program. Agency staff must be checked at **least monthly.**

dhhs.ne.gov/Documents/Medicaid%20Excluded%20Providers.pdf

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At-Hire and Ongoing Yearly Checks of all Staff

Criminal
Check

Child/Adult
Abuse and
Neglect
Central
Registry

Sex Offender
Registry

Criminal Background Checks



- Your agency must safeguard the health and safety of the people you serve.
- All personnel in your agency must undergo a law enforcement criminal background check at the time of hiring and at **least once every year** thereafter.
- Agencies are accountable for verifying that all personnel have completed a criminal background check.
- If a service is authorized for a provider's home, all household members over the age of 13 need background checks.

Provider Screening Guidelines

dhhs.ne.gov/Documents/Provider%20Screening%20Guidelines.pdf

471 NAC 2.003.03(A), 471 NAC 2.003.03(A)(5), 42 CFR 455.434

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Child/Adult Abuse and Neglect Central Registry

<https://dhhs.ne.gov/pages/abuse-and-neglect-central-registry.aspx>

- All personnel in your agency will be checked against the Central Registry at the time of hiring and at least once **every year** thereafter.
- The Central Registry maintains all reports of child abuse and neglect opened for investigation, classified as either court-substantiated or agency-substantiated

Questions about Central Registry?

Call staff at (402) 471-9272 or

email: dhhs.cfscentralregistry@nebraska.gov





All personnel in your agency must be screened against the Sex Offender Registry upon hiring and at least once **every year** thereafter.

<https://sor.nebraska.gov>

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Findings Not Allowed in Your Agency

- Exclusion, sanction, or termination from participation by Medicare or Medicaid or Children's Health Insurance Program (CHIP) in any state;
- On the Adult Protective Services Central Registry,
- On the Child Protective Services Central Registry,
- On the Sex Offender Registry;
- Crime against a child or vulnerable adult;
- Crime of a nature, duration, or pattern that calls into question his or her regard for the law;
- Crime involving the illegal use, possession, or distribution of a controlled substance
- Crime that, if repeated, could injure or harm the Medicaid program or a Medicaid client.
- The respondent of a protection order;

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Mandatory Reporting Training

- All owners, managing employees, staff, and contractors will be trained on Nebraska mandatory reporting laws and obligations.
- All incidents of abuse, neglect, or exploitation will be reported to law enforcement and DHHS.
- When any person has reasonable cause to believe that a child has been subjected to child abuse or neglect or observes such child being subjected to conditions or circumstances which reasonably would result in child abuse or neglect, he or she shall report such incident or cause a report of child abuse or neglect to be made to the proper law enforcement agency or the department on the toll-free number.[Nebraska Revised Statute 28-711]
- When any caregiver or employee of a caregiver, human services professional, or paraprofessional has reasonable cause to believe that a vulnerable adult has been subjected to abuse, neglect, or exploitation or observes such adult being subjected to conditions or circumstances which reasonably would result in abuse, neglect, or exploitation, he or she shall report the incident or cause a report to be made to the appropriate law enforcement agency or the department.[Nebraska Revised Statute 28-372]

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Conflict of Interest Policy



A policy and procedure to address ownership, management, employment, or contractual relationships within your agency by DHHS staff, contractors, or other entities, as well as their relatives and the relatives of participants.

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The background of the entire image is a dense, overlapping pile of US dollar bills. The bills are in various orientations and colors, including green, blue, and yellow. Some bills are clearly visible, showing the number '2' and the word 'TWO'. The bills are scattered across the entire frame, creating a textured, financial background.

You can not pay state workers

No employee of the Nebraska Department of Health and Human Services, its subdivisions, and Department contractors, except clinical consultants, may serve as providers under Medicaid or as paid consultants to enrolled providers without the express written approval of the Medicaid director.

[471 NAC 2-003.04]

Records

Specific retention periods as required by law but at least kept for six years

Format of Records

Available for government auditors when requested

Service Provision

Provider Enrollment

Billing & Financial

Training Records

Employee Records

Screening Records

Name Job title, Job duties, Contact information



Your submission to Provider Relations must include the individual from your agency responsible for ensuring ongoing compliance with the regulations for participation as a Nebraska Medicaid provider.

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Existing Providers

To demonstrate your current compliance with regulations regarding hiring and background screenings

Submit the list of all owners, managing employees, staff, and contractors with all hiring information (job posting, applications, interview dates) and completed screening & background check documentation



Medicaid Provider Relations

DHHS.MedicaidProviderEnrollment@Nebraska.gov

(402) 471-9018



@NEDHHS



NebraskaDHHS



@NEDHHS

dhhs.ne.gov

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