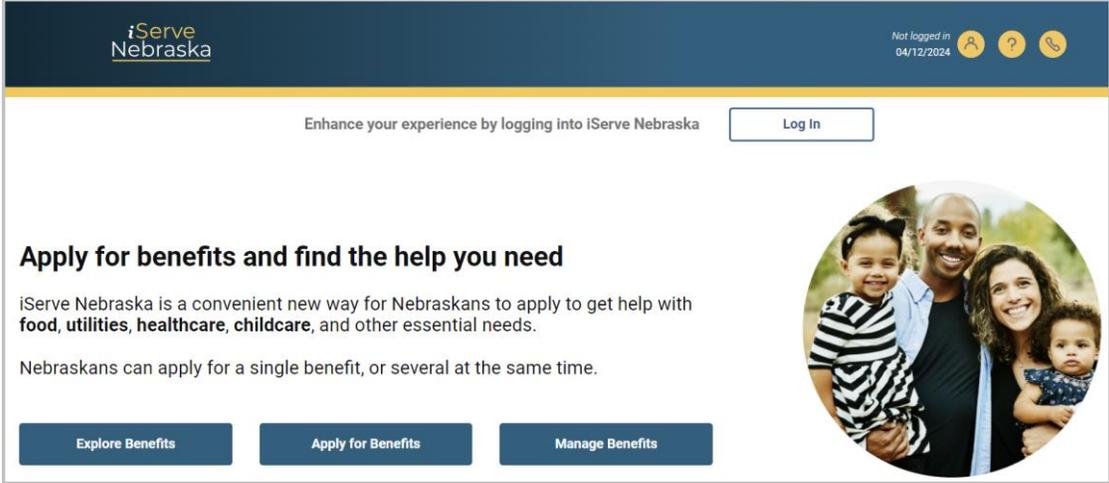
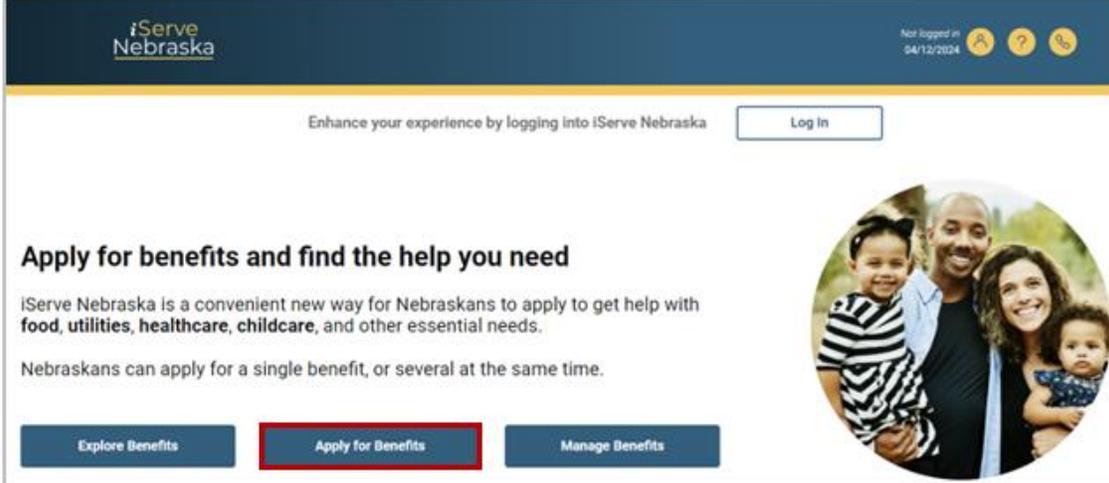


## COMPLETING THE HOME AND COMMUNITY BASED SERVICES (HCBS) APPLICATION ON ISERVE NEBRASKA

**Description:** This guide provides steps to complete the **Home and Community Based Services (HCBS)** application on the iServe Nebraska Portal.

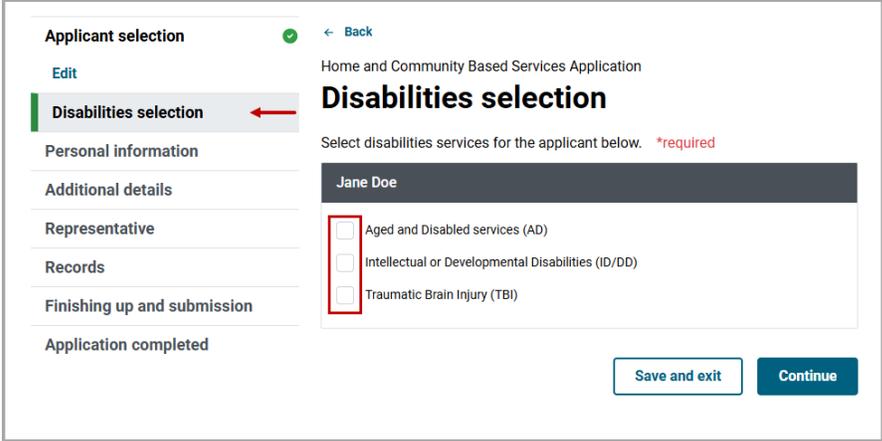
HCBS provides additional services and waivers for individuals with disabilities or those aged 65 and older. Waivers include Aged and Disabled (AD), Traumatic Brain Injury (TBI), and Intellectual/Developmental Disabilities (ID/DD).

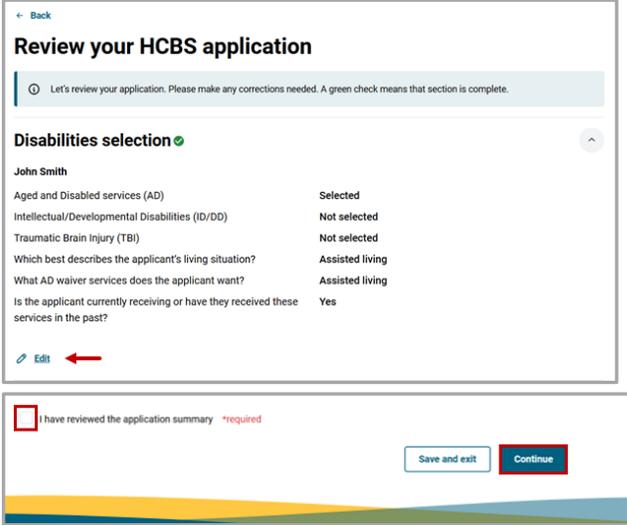
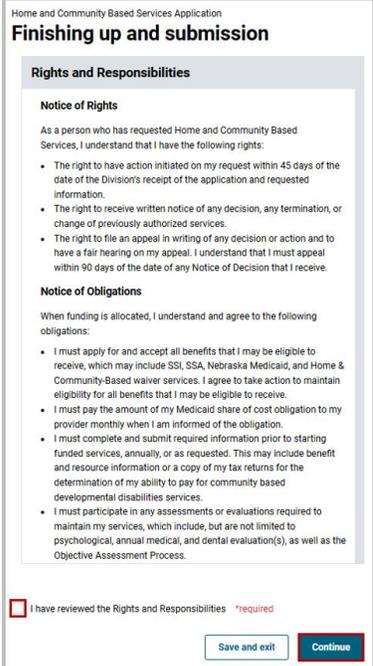
| Step # | Procedure  |
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| 1.     | <p>Access the <b>iServe Nebraska Portal</b> directly at <a href="https://iserve.nebraska.gov">iserve.nebraska.gov</a>.</p>  |
| 2.     | <p>From the iServe Nebraska homepage, click <b>Apply for Benefits</b>.</p>   |

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| 3.     | <p>The <b>Start your application</b> page displays. Review the <b>Tips</b> and <b>What to Expect</b> sections. Then, click the <b>Apply with an account</b> or <b>Apply as guest</b> button.</p>   |
| 4.     | <p>If you choose to <b>Apply with an account</b>, you will be routed to the <b>Sign in to your benefits account page</b> to log in.</p> <p><b>Note:</b> If you do not have an iServe Nebraska account yet, click on the <b>Create your account</b> link to begin account creation.</p> |

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| 5.     | <p>If you choose to <b>Apply as guest</b>, you will see a pop-up screen asking you to confirm your choice. Click <b>Yes, apply as a guest</b> to continue.</p> <p><b>Note:</b> You are not required to have an account to apply. However, you are encouraged to create an account before applying. With an account, you will be able to save your progress and return to it at a later time.</p> <div data-bbox="240 520 776 1066" style="border: 1px solid #ccc; padding: 10px;"> <p><b>Do you want to apply as a guest?</b></p> <p>When you choose a guest experience, if you leave the site or lose connection you may lose your data that you previously entered in your application. With an account, you can save a draft of your application, view your current benefits, complete renewal and recertification, and flag any household changes. Basically, your account gives you better access to your current and future benefits.</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span style="border: 2px solid red; padding: 2px;">Yes, apply as a guest</span> <span>No, apply with an account</span> </div> <p style="font-size: small; margin-top: 10px;">This is a government computer system.</p> <p style="font-size: x-small; margin-top: 10px;">Unauthorized access, use, misuse, or modification of this computer system or of the data contained herein or in transit to/from this system constitutes a violation of Title 18, United States Code, Section 1030, and may subject the individual to Criminal and Civil penalties pursuant to Title 26, United States Code, Sections 7213(A), 7213A (the Taxpayer Browsing Protection Act), 7431 and Health Insurance Portability and Accountability Act of 1996. If monitoring reveals possible evidence of criminal activity, such evidence may be provided to Law Enforcement Personnel. Additional information may be found at the Nebraska DHHS System Website Disclaimer under 'Disclaimer'.</p> </div> |
| 6.     | <p>After logging in, you will be routed to the <b>Start your application</b> page. Click <b>Start new application</b> to proceed.</p> <div data-bbox="240 1178 792 1514" style="border: 1px solid #ccc; padding: 10px;"> <p style="font-size: small;">← Back</p> <p style="margin-top: 10px;">Apply for benefits</p> <div style="display: flex; align-items: center; margin-top: 10px;"> <p style="font-size: large; font-weight: bold;">Start your application</p> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span style="border: 2px solid red; padding: 2px;">Start new application</span> <span>Continue a saved application</span> </div> </div>  |
| 7.     | <p>The <b>Select the programs you want to apply for</b> page displays. Scroll down the page and select Home and Community Based Services in the Aged and Disabled section. Select any other programs you want to apply for. Review the programs you selected to ensure they are accurate. Then, click the <b>Continue</b> button.</p> <p><b>Note:</b> If you select multiple programs, this will become an integrated application. You will not see the HCBS application until the other program applications are completed. In that event we prefill data for the previously entered applicants. For help completing an integrated app, please review the “How to Apply for Benefits” guide or video on the <a href="#">iServe Nebraska Training page</a>.</p>   |

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| 8.     | The <b>Home and Community Based Services</b> page will display. After reading the information, click the <b>Continue application</b> button.   |
| 9.     | <p>Click <b>Add Applicant</b> to begin the application process. Enter the applicant’s information, then click <b>Add</b> to save.</p> <p>Repeat this process for each applicant. When all applicants have been added, click the <b>Continue</b> button at the bottom of the page.</p> <div data-bbox="240 575 984 848"> </div> <div data-bbox="240 863 626 1266"> </div> <div data-bbox="240 1278 1016 1675"> </div> |

| Step #       | Procedure   |
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| <b>10.</b>   | <p>Select the disability services for each applicant. Answer all required questions, then click <b>Continue</b> at the bottom of each page to advance to the next page.</p> <p><b>Note:</b> The left side of the screen provides a list of the sections you will need to complete. The green highlighted area shows the section you are working on.</p>   |
| <b>Note:</b> | <ul style="list-style-type: none"><li>▪ The questions that will display are relevant to the information you provide so the questions can vary for each individual completing an application.</li><li>▪ As you complete each section, it is marked as completed to help you track your progress.</li><li>▪ You can return to any previous page by clicking the <b>Back</b> link at the top of each page or return to the beginning of any section by selecting <b>Edit</b> on the left-hand menu.</li><li>▪ You can click <b>Save and Exit</b> to store your progress in your iServe Nebraska account and return later to complete the application. If you are applying as a guest, you will be directed to the login page, where you can also create an account. Saved applications must be completed within 30 days.</li></ul> |

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| 11.    | <p>After completing all information, the <b>Review Your HCBS Application</b> page will appear, displaying a summary of the details you provided. Review your responses, and if changes are needed, click <b>Edit</b> in the relevant section. Once you have reviewed all the information, scroll to the bottom of the page. Check the box to confirm that you have reviewed your application summary, then click <b>Continue</b> to proceed.</p>  |
| 12.    | <p>The Rights and Responsibilities page will display information related to HCBS benefits. Review the information then click the <b>I have reviewed the Rights and Responsibilities</b> checkbox. Click <b>Continue</b>.</p>   |

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| 13.    | <p>The <b>Authorization Disclosure</b> page displays. Select specific types of information that can be disclosed to DHHS to verify your eligibility, then click <b>Continue</b>.</p> <p><b>Note:</b> The Department of Health and Human Services will not contact any doctors or schools for applicant records unless the applicant (or applicants legal guardian) has completed and signed an Authorization Disclosure.</p> <div data-bbox="250 520 662 932"> <p>Home and Community Based Services Application</p> <h3>Finishing up and submission</h3> <h4>Authorization Disclosure</h4> <p>You can authorize the Department of Health and Human services to contact and request record information from doctors and schools for whom you've provided contact information in the previous section.</p> <ul style="list-style-type: none"> <li>You will select which types of information DHHS can request.</li> <li>You will specify the date this authorization ends or is terminated.</li> <li>This information will be used to populate the Authorization for Release of Personal Health Information form.</li> </ul> <p>Providing this authorization with this application will enable DHHS to more quickly determine your eligibility.</p> <p>See authorization disclosure locations <input type="text"/></p> <p><input type="checkbox"/> The information to be released pursuant to this authorization is limited to records/information from or in possession of applicable parties. <b>Failure to provide this information will not affect treatment, or payment, however it may affect enrollment, or eligibility for certain benefits,</b> provided per Nebraska Department of Health and Human Services.</p> </div> <div data-bbox="250 947 662 1801"> <h4>Authorization Disclosure</h4> <p>Authorization for Disclosure of Protected Health Information for <b>Jane Doe</b></p> <p>This release of information is for the purpose of obtaining source documents/records ONLY related to determining eligibility. The reasons for disclosure are specified below.</p> <ul style="list-style-type: none"> <li>Eligibility Determination</li> <li>My Request</li> </ul> <p>Select specific types of information that can be disclosed to the Department of Health and Human Services</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> All information that can be disclosed to the Adult Abuse and Neglect Central Registry and the Child Abuse and Neglect Central Registry</li> <li><input type="checkbox"/> Discharge Summary</li> <li><input type="checkbox"/> History &amp; Physical Examination</li> <li><input type="checkbox"/> Medications</li> <li><input type="checkbox"/> Psychiatric History &amp; Treatment</li> <li><input type="checkbox"/> Psychological Evaluation &amp; Treatment</li> <li><input type="checkbox"/> X-rays &amp; Other Diagnostic Imaging Results</li> <li><input type="checkbox"/> Genetic Testing Information</li> <li><input type="checkbox"/> Sickle Cell Anemia</li> <li><input type="checkbox"/> Education Records</li> <li><input type="checkbox"/> Aftercare Referral Form</li> <li><input type="checkbox"/> Diagnosis</li> <li><input type="checkbox"/> Laboratory</li> <li><input type="checkbox"/> Progress Notes</li> <li><input type="checkbox"/> All other non-medical information, records, or documents which could be released.</li> <li><input type="checkbox"/> Social History</li> <li><input type="checkbox"/> Alcohol and/or Drug Abuse Treatment</li> <li><input type="checkbox"/> HIV/AIDS Information</li> <li><input type="checkbox"/> Vocational Rehabilitation</li> <li><input type="checkbox"/> Other (be specific)</li> </ul> <p>The authorization (unless revoked earlier in writing) shall terminate on</p> <p><input type="text" value="01/16/2026"/></p> <p><input type="button" value="Save and exit"/> <input type="button" value="Continue"/></p> </div> |

| Step # | Procedure  |
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| 14.    | <p>The <b>Submit Application Agreement</b> is the final page of the application.</p> <ul style="list-style-type: none"> <li>• Review the attestation statements.</li> <li>• Select the person completing the application.</li> <li>• Enter your name.</li> <li>• Enter your email address to receive an email confirmation of the application.</li> <li>• Click <b>Continue</b>.</li> </ul> <div data-bbox="240 564 743 1776" style="border: 1px solid #ccc; padding: 10px;"> <p>Home and Community Based Services Application</p> <h3>Finishing up and submission</h3> <p>Jane Doe</p> <h4>Submit Application Agreement</h4> <p>By signing the application, you understand and agree to the following:</p> <ul style="list-style-type: none"> <li>• I have agreed to submit an application by electronic means.</li> <li>• I understand that an electronic signature has the same legal effect and enforceability as a written signature on an application.</li> <li>• I understand that the application must be signed by either the applicant or the legal guardian and can be signed by electronic means. A representative cannot sign the application.</li> <li>• For purpose of complying with Neb. Rev. Stat. § 4-109 through 4-114, I hereby attest under penalty of perjury, the truth of the information on the application, including the information concerning citizenship and alien status of the members applying for benefits. I attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.</li> </ul> <p>Who is completing this application? <i>*required</i></p> <p>Select <input type="text"/></p> <p>Would you like to register to vote?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><b>ⓘ IF YOU DO NOT CHECK EITHER ANSWER ABOVE, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.</b></p> <p>Any citizen in the State of Nebraska who has met the voter registration requirements and applies for services must be provided the opportunity to register to vote. If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency. Please note that the information and office to which application was made will remain confidential and be used only for voter registration purposes.</p> <p>If you think someone has interfered with your voting rights, see how to file a complaint <input type="text"/></p> <p>Sign by typing your name below (this is your electronic signature) <i>*required</i></p> <p>Your full legal name <input type="text"/></p> <p>To receive an email confirmation, enter your email below <input type="text"/></p> <p><input type="button" value="Save and exit"/> <input type="button" value="Continue"/></p> </div> |

| Step #            | Procedure   |
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| <p><b>15.</b></p> | <p>The confirmation page confirms your application was submitted and provides a confirmation number, as well as the option to print the page or download a copy of your completed application. Click <b>Continue</b>.</p> <p><b>Note:</b> This is the only time this page will be available, so be sure to save or print all the information that you need before exiting.</p> <div data-bbox="240 520 927 1010" style="border: 1px solid #ccc; padding: 10px;"> <p><b>Application status</b> <span style="float: right;">Print Page</span></p> <p><b>Home and Community Based Services</b> <span style="float: right; color: green;">SUBMITTED</span></p> <p><span style="color: green;">✔</span> Your application was submitted successfully</p> <p>Confirmation number: John Smith - 64375642 <a href="#">Copy</a> <span style="color: red;">←</span></p> <p>You applied for: John Smith</p> <ul style="list-style-type: none"> <li>Aged and Disabled services (AD)</li> </ul> <p>Digital signature: a06ea2c4dcc9cb6b0afafefeb3b8a41f</p> <p>Your application PDF: <a href="#">Download PDF</a> <span style="color: red;">←</span></p> <p>Downloading your application could be useful for your own records or to have as reference during a caseworker interview (if applicable). <b>This section won't be accessible after you leave.</b></p> <p>Upload Documents: To upload supporting documents for your HCBS application, please email <a href="mailto:DHHS.HCBSWaiverApp@nebraska.gov">DHHS.HCBSWaiverApp@nebraska.gov</a>. Be sure to include the confirmation number(s) provided above in the email.</p> <p style="text-align: right;"><a href="#">Continue</a></p> </div>   |
| <p><b>16.</b></p> | <p>What to expect after submitting your applications will display, providing you with information about what to expect in the process, and where to upload your documents if necessary. Finally, the <b>Additional Information</b> section provides a list of resources that you may find useful and contact information for DHHS benefit departments.</p> <div data-bbox="240 1205 878 1829" style="border: 1px solid #ccc; padding: 10px;"> <p><b>What to expect after submitting your applications</b></p> <ol style="list-style-type: none"> <li><b>1 Provide documentation</b><br/>If further documentation is required for your application, the specific agencies will reach out to you via a phone call and postal mail/email.<br/><br/>If you've completed an HCBS application and would like to upload documents for it now, please email <a href="mailto:DHHS.HCBSWaiverApp@nebraska.gov">DHHS.HCBSWaiverApp@nebraska.gov</a> and include the confirmation number(s).</li> <li><b>2 Complete a caseworker interview (if applicable)</b><br/>If required for your application, you will receive a phone call and postal mail/email to set up an interview.</li> <li><b>3 Receive a final update on eligibility for benefits</b><br/>You'll receive your determination of eligibility via postal mail, or email if you selected that as your preferred method of communication.</li> </ol> <p><b>Additional information</b></p> <p>Other links you can visit</p> <ul style="list-style-type: none"> <li><a href="#">Release of Information</a></li> <li><a href="#">Online voter registration</a></li> <li><a href="#">Printable voter registration form</a></li> </ul> <p>If you have questions reach out to our contacts Monday - Friday between 8am - 5pm Central Time.</p> <p><b>Medicaid Contacts</b> <span style="float: right;">▼</span></p> <p><b>Economic Assistance Contacts</b> <span style="float: right;">▼</span></p> <p><b>Home &amp; Community Based Services Contacts</b> <span style="float: right;">▼</span></p> <p><a href="#">Provide feedback about iServe Nebraska</a></p> <p>We'd love to hear feedback about your experience using iServe Nebraska and how we can make it better. <a href="#">Take a quick survey</a> to share your thoughts. All responses are anonymous.</p> </div> |