

## Companion

### NFOCUS Service Codes

Companion 9510

TBI Companion 7934

### Service Definition

Companion is a service for adults on the HCBS Waiver for Aged and Adults and Children with Disabilities (AD) or Traumatic Brain Injury (TBI) Waiver. It provides supervision and/or social supports to participants aged 18 years and older in their homes and occasionally in other community settings. This service may include supervision, light housekeeping tasks, bill paying, errand service, essential shopping, food preparation, and laundry service according to the participant's assessed needs.

### Conditions of Provision

- A. The need for Companion must be identified during participant assessment and included in the person-centered plan (PCP).
- B. Companion offers a range of assistance to enable participants to accomplish tasks they would normally do for themselves if they did not have a disability.
- C. Service may be provided on an episodic or continuing basis.
- D. Companion will be provided to the participant in a way to maintain as much independence and privacy as possible.
- E. Companion may be authorized for assistance with one or more of the following tasks:
  1. Bill Paying: organize finances and pay bills when necessary.
  2. Errands: service in relation to needs described for escort service when not generally accompanied by the participant.
    - a. When the participant accompanies the provider, the provider cannot bill an additional amount for transportation.
  3. Essential Shopping: obtaining food, clothing, housing, or personal care items.
  4. Food Preparation: preparing meals necessary to maintain independence.
    - a. The participant provides the necessary meal preparation supplies.
  5. Laundry Service: washing, drying, ironing, folding, and storing laundry in the participant's home, or utilizing laundromat services on behalf of the participant.
    - a. The participant must provide soap and machine-use fees.
  6. Light Housekeeping: dusting, wiping off counters, sweeping and mopping floors, taking out trash, and vacuuming.
    - a. General household tasks are limited to those necessary for maintaining and operating the participant's home when they alone are responsible for the home.
  7. Supervision: engaging with the participant for part of a day when the participant would otherwise be alone. Participants cannot be left alone during supervision.
    - a. Supervision needed must be specified in the PCP and can include, but are not limited to:

- i. Cues and reminders;
  - ii. Performing non-medical activities necessary to provide for the safety and comfort of the participant; and
  - iii. Being present in the home and aiding the participant due to safety concerns related to unsafe exit seeking secondary to dementia or other memory impairment, or monitoring to ensure the participant does not choke while eating.
- F. Companion does not involve hands-on nursing care. When assistance with ADLs or health-related tasks is needed, Personal Care should be authorized instead of Companion.
- G. This service cannot duplicate provisions of Personal Care or Chore when authorized in conjunction.
- H. Companion does not include habilitation and does not help the participant acquire, retain, or improve self-help, socialization, or adaptive skills.
- I. Companion does not include assistance with activities of daily living; heavy household chores; care of household equipment, appliances, or furniture; minor repairs; landscaping; pest remediation; or clearing drains of water.
- J. Companion does not include tasks for anyone other than the participant.
- K. Participants are responsible for overseeing and supervising individual providers on an ongoing basis.
- L. At least monthly the Service Coordinator and participant will monitor the participant's PCP. This includes monitoring the use or non-use of waiver services.
- M. A participant cannot be authorized to receive this service during times that overlap with Respite, Adult Day Health, Personal Care, Independence Skills Building, or Non-Medical Transportation services.
- N. The services under the AD and TBI Waivers are limited to additional services not otherwise covered under the Medicaid state plan, but consistent with waiver objectives of avoiding institutionalization.

## Provider Requirements

- A. All providers of waiver services must:
  - 1. Be a Medicaid provider;
  - 2. Comply with all applicable Titles of the Nebraska Administrative Code and Nebraska State Statutes;
  - 3. Adhere to standards described in the Division of Medicaid and Long-Term Care Service Provider Agreement;
  - 4. Complete DHHS trainings upon request; and
  - 5. Use universal precautions.
- B. TBI Waiver providers must complete DHHS-approved TBI training before providing Companion.
- C. Companion requires an operational electronic visit verification (EVV) system which allows the check in and out of service appointments electronically.
- D. Computer skills and access to the technology for the EVV system are required for Companion providers.
- E. Providers of Companion must obtain adequate information on the medical and personal needs of each participant and observe and report all changes to the Service Coordinator.
- F. A provider may be an individual or agency.
- G. Each agency provider must:
  - 1. Employ staff based on their qualifications, experience, and demonstrated abilities;
  - 2. Provide training to ensure staff are qualified to provide the necessary level of care;
  - 3. Agree to make training plans available to DHHS; and
  - 4. Ensure adequate availability and quality of services.

## Rates

- A. Rates are set on an individual provider basis through a negotiation process between the provider and the Resource Developer (RD).
- B. Rates are reviewed annually at the time the provider's annual agreement is scheduled to end.
- C. Providers may request renegotiation when a participant's care needs have increased.
- D. Rate negotiating considers the level of the participant's service needs, the skill level of the provider, and geographic location.
- E. Rates are established based on usual and customary rates that are not more than the provider would charge a private paying individual.
- F. Frequency of service is hourly, daily, or occurrence.