

Medicaid Home and Community-Based Services (HCBS) Aged and Disabled (AD) Waiver

Senior Care Options (SCOs) and Nursing Facility Level of Care (NFLOC) Determination for Admission to Nursing Facility

October 20, 2022

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Agenda

- Aged and Disabled (AD) Waiver
- Senior Care Options (SOCs) and Nursing Facility Level of Care Determination for Admission to Nursing Facility
- Resources

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Aged and Disabled (AD) Waiver

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Eligibility & Enrollment

- Concept paper from 2017 created the Eligibility & Enrollment (E&E) Unit in the Division of Developmental Disabilities (DDD).
- DDD is responsible for determining eligibility for all Medicaid Home and Community-Based Services (HCBS) Waivers in Nebraska:
 - Aged and Disabled (AD) Waiver
 - Comprehensive Developmental Disability (CDD) Waiver
 - Developmental Disability Adult Day (DDAD) Waiver
 - Traumatic Brain Injury (TBI) Waiver
- DDD is responsible for delivery of services on developmental disabilities (DD) waivers.

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Home and Community-Based Services (HCBS) Waivers

- HCBS waivers allow the individual who meets NFLOC the ability to waive living in an institutional setting by providing services in the community.
- Waivers are not an emergent service.

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AD Waiver Services

- Adult Day Health
- Assisted Living
- Assistive Technology
- Chore
- Companion
- Extra Care for Children with Disabilities
- Home Again
- Home and Vehicle Modifications
- Home-Delivered Meals
- Independence Skills Building
- Non-Medical Transportation
- Personal Care
- Personal Emergency Response System (PERS)
- Respite

The [AD Waiver Quick Guide](#) includes short descriptions of each service.

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HCBS Waiver Eligibility Requirements

To be eligible to receive any HCBS waiver, a person must:

- Be a citizen or legal resident of US;
- Be a legal resident of the State of Nebraska;
- Be pending or eligible for Nebraska Medicaid; and
- Have a need for waiver services.

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AD Waiver Eligibility Requirements

To be eligible to receive AD Waiver services, a person must:

- Be aged, disabled, or both:
 - Aged: over the age of 65
 - Disabled: within Social Security criteria, includes ages 0-64 years
- Meet NFLOC ([471 NAC](#)).
 - AD Waiver Level of Care is based on the level of care needed to live in a nursing facility.
 - Level of care (LOC) is determined by assessing a person's: Activities of Daily Living; Risk Factors; Medical Treatment; and Cognition Factors.

NFLOC is explained further in slides 18-21.

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Nursing Facility – Level of Care for Children

- **Children ages 0-47 Months:** To be eligible, the child must have needs related to a minimum of one defined medical condition or treatment per Nebraska regulations.
- **Children ages 48 months through 17 years:** NFLOC eligibility can be met in one of three ways:
 - At least one medical condition or treatment need;
 - Limitations in at least six activities of daily living (ADL); or
 - Limitations in at least four ADL and the presence of at least two other considerations.

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Nursing Facility – Level of Care for Adults

An adult must satisfy one of the four following categories to meet NFLOC eligibility:

- A limitation in at least three ADL and one or more risk factors;
- A limitation in at least three ADL and one or more medical conditions and treatments;
- A limitation in at least three ADL and one or more areas of cognitive limitation; or
- A limitation in at least one ADL, at least one risk factor, and at least one area of cognitive limitation.

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Applying for AD Waiver Services

- Anyone can help a person fill out an application. The application is on our website.
- Applications allow a person to apply for one or all HCBS waivers.
- To send an application to DDD:
 - Mail: DDD Eligibility, PO Box 98947, Lincoln NE 68509-8947
 - Email: DHHS.ADWaiverApp@nebraska.gov
 - Fax: (402) 328-6257
- A signature is required on the application from the person, their guardian, or a legal representative.

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AD Waiver Determination and Level of Care

When an application is received:

- DDD verifies if Medicaid is either pending or active, has a disability determination if under the age of 65, or if the individual is age 65 or over.
- Within 14 days, DDD reaches out to the person to schedule the assessment for a NFLOC determination.
- When the person meets the level of care requirements, the Service Coordination agency of their choice is notified.
 - The Service Coordination office works with the person, their guardian, or legal representative to create the person-centered plan.
 - The person-centered plan is required before services can start.

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AD Waiver Service Coordination

Services coordination is provided by one of the following:

- **Early Development Network (EDN)** for children participating in EDN services, typically ages birth to 3.
- **DDD** for children ages 3 through 17, or younger when not choosing EDN services.
- **League of Human Dignity (LHD)** for adults over age 18.
- **Area Agencies on Aging (AAA)** for adults over age 18.

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AD Waiver Services Planning

Plan of Services and Supports (POSS)

- Is a person-centered plan;
- Focuses on the participant's strengths, needs, priorities, and resources;
- Keeps the participant in charge of defining the direction of their life;
- Identifies the participant's needs based on their assessments, and ensures those needs are met; and
- Is required before services can be authorized.

Development and revision of the POSS involves the participant and family, provider representative, and Service Coordinator.

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Senior Care Options (SCOs) and Nursing Facility Level of Care (NFLOC) Determinations for Nursing Facility Admission

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SCOs

- SCOs are now called as Nursing Facility Level of Care (NFLOC) Determinations for Nursing Facility Admission.
- Nebraska uses common evaluation tools that measure NFLOC.

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Referral for NFLOC Determination

For Admission to a Nursing Facility

- When an adult requests Medicaid be the payment source for their stay at a nursing facility, NFLOC determination is completed by a local Area Agency on Aging (AAA) or League of Human Dignity (LHD) office.
- For individuals seeking NFLOC for admission to a Medicaid-certified NF, the PASRR must be determined no later than the date the person admits to the NF, regardless of the payer source.
- A PASRR screening must be completed before referral to local AAA/LHD agency:
 - When the outcome is PASRR Level I – a referral to the AAA/LHD is needed
 - When the outcome is PASRR Level II – no further determination is needed

A prior authorization must be obtained before admission to a Pediatrics Unit.

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LOC Determination

471 NAC 44 002.10

Medicaid's evaluation to determine whether an individual requires the supports typically provided by a NF or other institutional setting.

471 NAC 44 003.02 - Persons Eligible

A LOC determination will be completed when a person is:

1. Determined to be eligible for Medicaid, or is under consideration for Medicaid eligibility; and
2. Requesting Medicaid funding to cover NF service or Home and Community-Based Waiver Services for Aged Persons or Adults or Children with Disabilities.

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Special Circumstances Not Evaluated or Screened

471 NAC 44 003.02 (A)

LOC determination will not be evaluated or reevaluated for Medicaid recipients who:

- (i) Have previously been determined to meet NFLOC and return to the same NF after discharge to a hospital, other NF, or swing bed. This exception does not apply for persons who have previously been discharged to an alternative level of care, or to the community;
- (ii) Are Medicaid-eligible persons who admit to the NF under hospice care;
- (iii) Are NF residents who elect hospice upon becoming Medicaid eligible;

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471 NAC 44 003.02 (A) Continued

- (iv) Are receiving NF care which is currently being paid by Medicare;
- (v) Direct transfer from one NF to another NF;
- (vi) Have a PASRR Level II LOC determination indicating the resident meets NFLOC;
- (vii) Are currently, or were previously eligible the month prior to NF admission, for the AD Waiver program through the Department;
- (viii) Are admitted to a special needs NF unit;
- (ix) Are currently eligible for the Program of All-Inclusive Care for the Elderly (PACE) through the department; or
- (x) Are seeking out-of-state NF admission.

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NFLOC Criteria

LOC Determination – 471 NAC 44 003.01

- The individual or authorized representative must provide the information needed to determine NFLOC.
- Information is gathered on:
 - Activities of Daily Living
 - Risk Factors
 - Medical Conditions & Interventions
 - Cognitive Function
- Sources of information can be obtained, as available, from a variety of sources including:
 - Discussion and observation
 - Reports from caregivers, family, and providers
 - Current medical records

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Minimum Referral Information

471 NAC 44 003.02 (C) (i)

The following is the minimum information required to process a referral for LOC determination:

1. The name, position and telephone number of the person making the referral;
2. The name of the NF involved, if different than the referral source;
3. The name, date of birth, and social security number of the person to be evaluated; and
4. The date and time the referral is being made.

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Receiving Referrals

471 NAC 44 003.02 (C) (ii)

When the Department or its agent* receives a referral to evaluate an applicant for **admission to a NF**, they will begin to collect the information outlined in the evaluation tool. Information may be collected either in person or through telephone interviews. Based on the information gathered through the evaluation, the Department determines whether the applicant meets NFLOC criteria.

*** Early Development Network, DHHS-DDD, Area on Aging Agency or League of Human Dignity**

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Applicable Time Frames

471 NAC 44 003.02 (C) (iii)

A referral will only be accepted if it is verified by the Department that an application has been received and is under consideration or if an individual is determined eligible for Medicaid. **The Department must complete a LOC evaluation within forty-eight (48) hours.** If the evaluation is not completed by the Department within forty-eight (48) hours, the applicant for admission must be deemed by the Department to be appropriate for admission until a LOC determination is completed and any required notice is given.

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Outcomes of the Evaluation – NFLOC Met

471 NAC 44 - 003.02 (D) (i)

If the Department determines that the applicant meets NFLOC criteria and the person chooses to receive NF services, the Department will make appropriate notifications.

Notifications include (but not limited to):

- Client, his/her family and/or legal representative
- NF
- Managed Care Organization (MCO)

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Outcomes of the Evaluation – NFLOC Not Met

471 NAC 44 - 003.02 (D) (ii)

If the Department determines that the applicant does not meet NFLOC, notification of the determination is issued to the applicant, the facility, and the Managed Care Organization. Persons who are found to be ineligible for Medicaid reimbursement for NF service will be sent a notice of denial by the Department.

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Possible Options: Short-Term or Time-Limited

471 NAC 44 003.02 (D) (iii)

Medicaid payment for NF services will only be available to those persons who are determined to require NFLOC. They will have the option of entering a NF or exploring home and community-based care services. If the evaluation determines that there is a need for post-hospitalization rehabilitative or convalescent care, the Department may indicate that short-term or time-limited NF care is medically necessary. Prior to the end of the short-term or time-limited stay, the NF must contact Medicaid to review the person's condition and determine future NFLOC.

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Notices and Appeals – LOC Notification

471 NAC 44-003.02 (E) (i)

Medicaid staff send notification to each person, family, or applicable parties, to inform the person of the LOC decision. NF residents with Medicaid funding, who no longer meet the criteria for NFLOC, **must be allowed to remain in the facility up to 30 days from the date of the notice.**

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Resources

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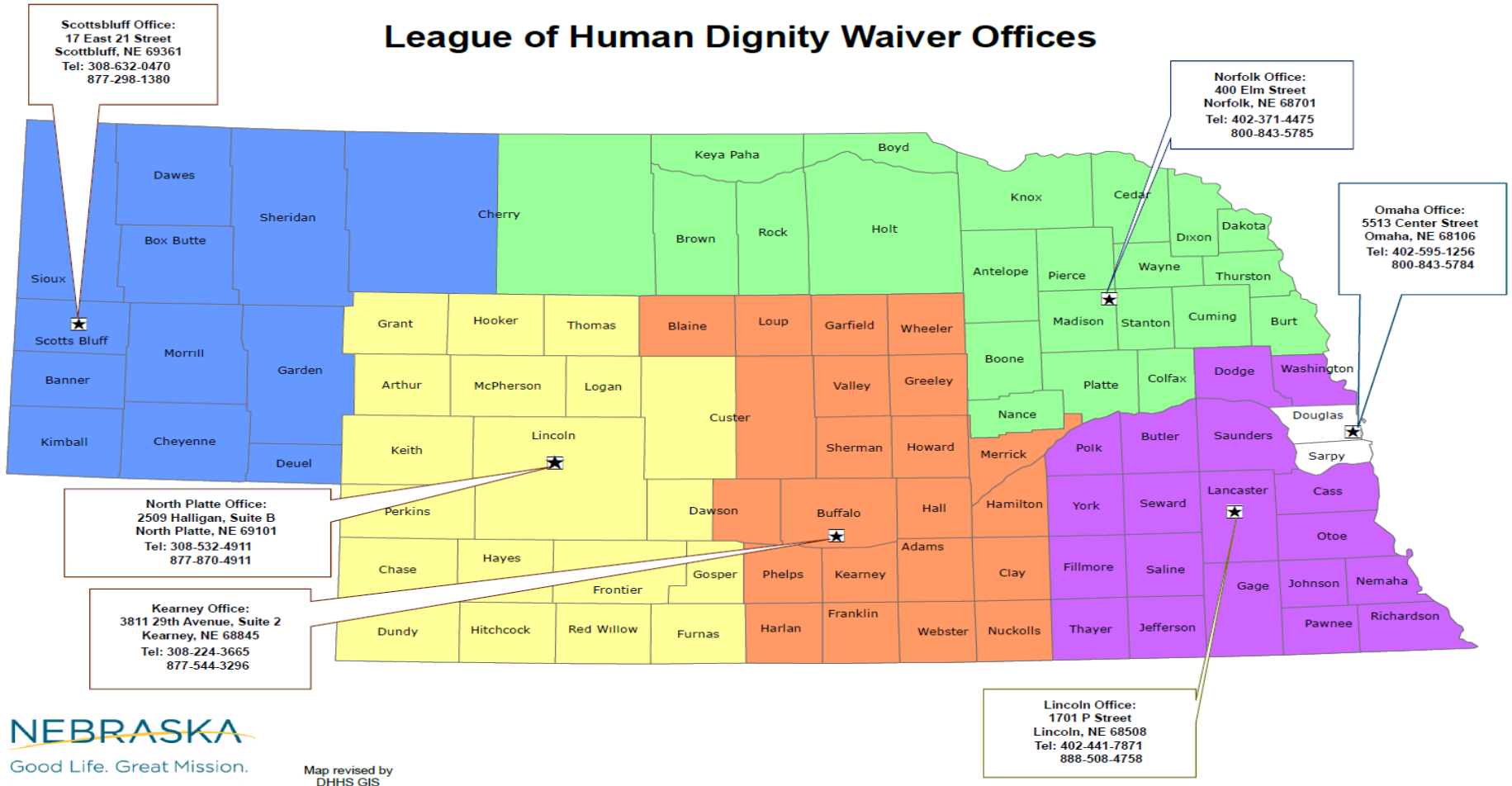
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League of Human Dignity (LHD) Offices

League of Human Dignity Waiver Offices



Area Agencies on Aging (AAAs)

Nebraska Area Agencies on Aging (AAAs) & Aging & Disability Resource Centers (ADRCs ★)

URL: <http://ADRCNebraska.org>
Toll free: 1-844-843-6364

Aging Office of Western Nebraska - AOWN
AAA & ADRC ★
1517 Broadway, Suite 122
Scottsbluff, NE 69361
Phone: 308-635-0851
Toll free: 800-682-5140
Website: www.aown.org

Northeast Nebraska AAA & ADRC★ - NENAAA
119 Norfolk Avenue
Norfolk, NE 68702
Phone: 402-370-3454
Toll free: 800-672-8368
Website: www.nenaaa.com

Eastern Nebraska Office on Aging - ENOA
AAA & ADRC ★
4780 South 131 Street
Omaha, NE 68137
Phone: 402-444-6444
Toll free: 888-554-2711
Website: www.enoa.org

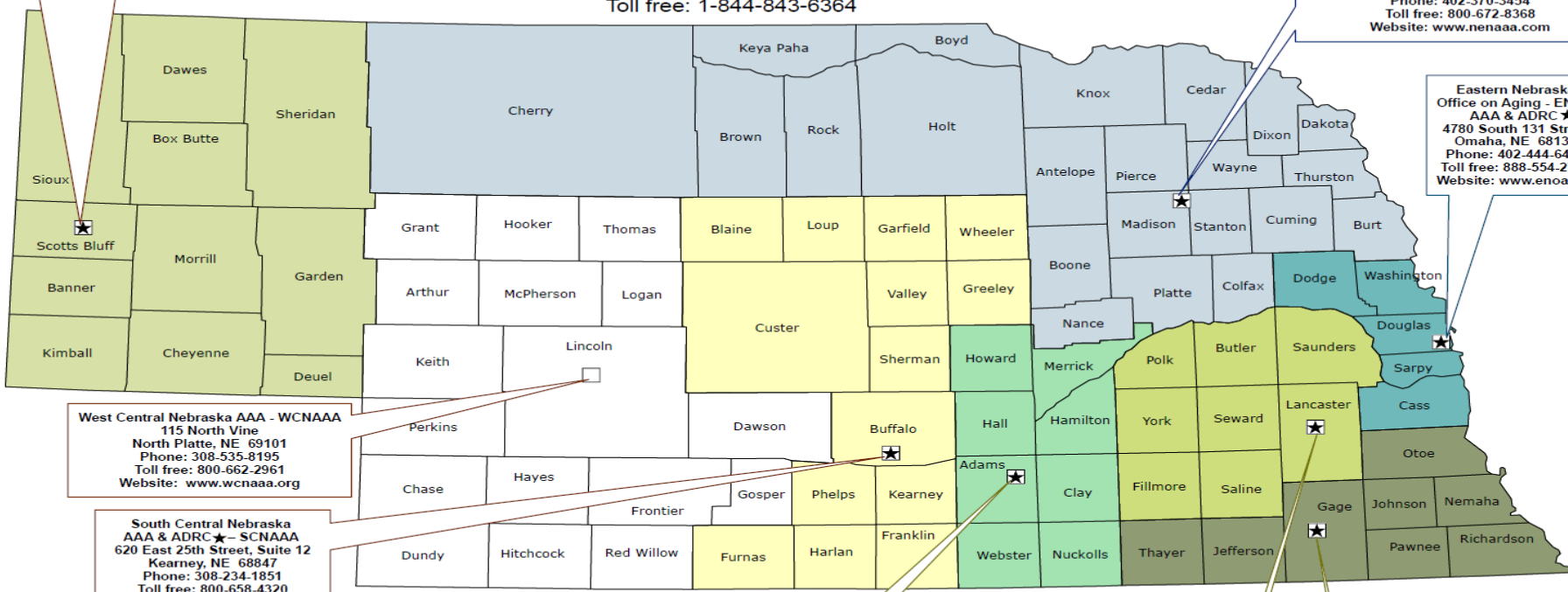
West Central Nebraska AAA - WCNA
115 North Vine
North Platte, NE 69101
Phone: 308-535-8195
Toll free: 800-662-2961
Website: www.wcnaaa.org

South Central Nebraska
AAA & ADRC★ - SCNA
620 East 25th Street, Suite 12
Kearney, NE 68847
Phone: 308-234-1851
Toll free: 800-658-4320
Website: www.agingkearney.org

Midland AAA & ADRC★ - MAAA
2727 West 2nd St, Suite 440
Hastings, NE 68901
Phone: 402-463-4565
Toll free: 800-955-9714
Website: www.midlandareaagencyonaging.org

Aging Partners AAA & ADRC★
1005 O Street
Lincoln, NE 68508-3628
Phone: 402-441-7070
Toll free: 800-247-0938
Website: www.lincoln.ne.gov/city/mayor/aging/

Blue Rivers AAA & ADRC★ - BRAAA
103 Eastside Boulevard
Beatrice, NE 68310
Phone: 402-223-1376
Toll free: 888-989-9417
Website: www.braaa.org



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Map revised by
DHHS GIS
Revised 7/18

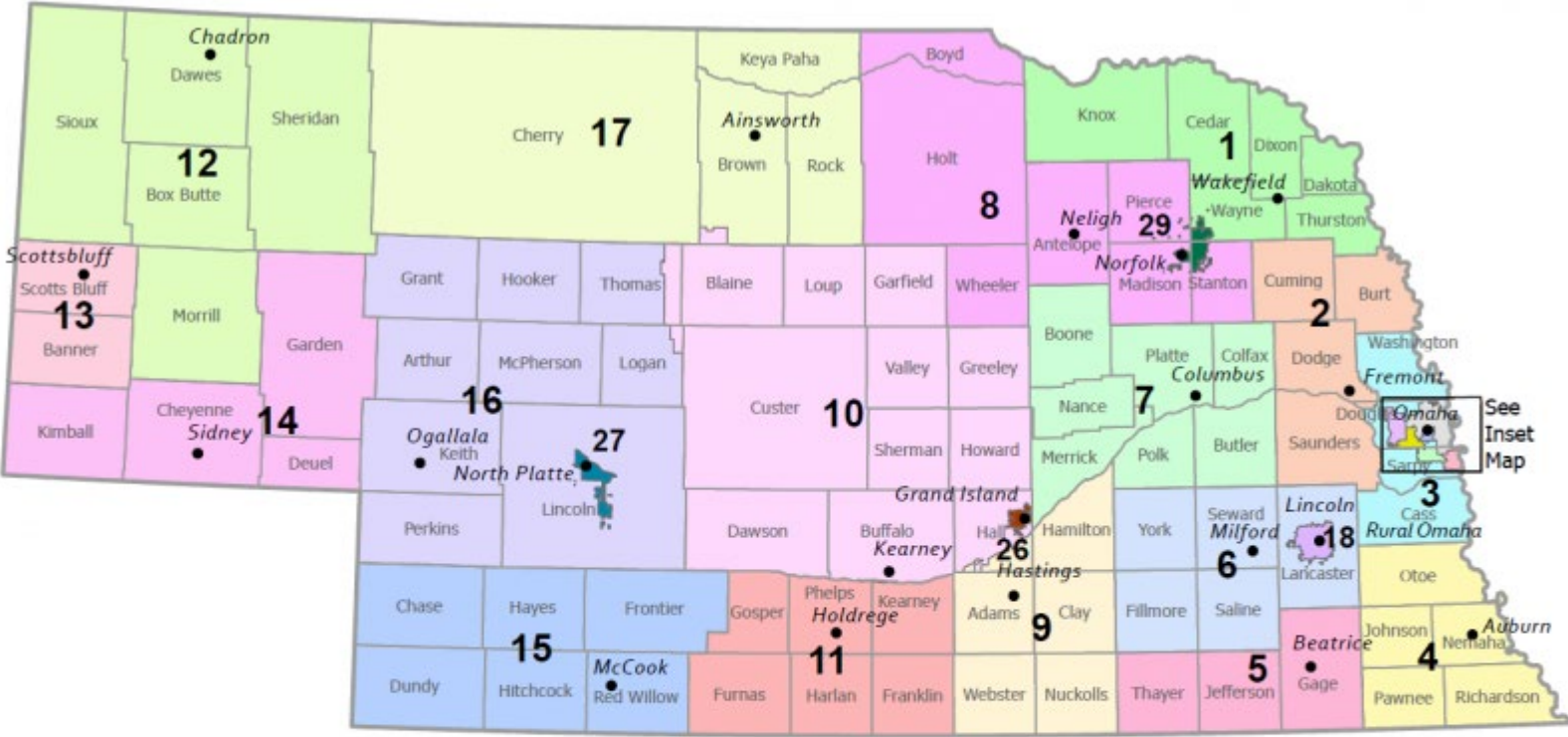


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Early Development Network (EDN) Offices



To determine which EDN is near you:
<https://edn.ne.gov/cms/prt-contacts>.

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Division of Developmental Disabilities Offices

- DHHS AD Waiver Service Coordinators are located across the state.
- To locate an office near you, call (877) 667-6266.

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Other Resources

- Aging & Disability Resource Centers (ADRC)s: <https://ne211.org/nebraska-aging-disability-resource-center/>
- Early Development Network: <https://edn.ne.gov/cms/prt-contacts>
 - Birth to 3 years with disabilities, do not have to have Medicaid.
 - EDN services are available to families regardless of income.
 - Can receive EDN services even in a pediatric unit or nursing home.
 - Referrals: <https://edn.ne.gov/cms/make-a-referral-0>
- Managed Care Organizations (MCOs)

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