TITLE 480 - HOME AND COMMUNITY-BASED SERVICES

CHAPTER 5 - AGED AND DISABLED WAIVER SERVICE REQUIREMENTS

001. SCOPE AND AUTHORITY. The regulations govern the services provided under Nebraska's Medicaid program as defined by Nebraska Revised Statutes §§ 68-901 et seq. (the Medical Assistance Act).

002. GENERAL SERVICE REQUIREMENTS.

002.01 PARTICIPANT ELIGIBILITY. Prior to initiation of services, all requirements outlined in 480 NAC 3-000 must be finalized.

002.02 SERVICE NEEDS. The need for each of the covered Waiver Services outlined in 480 Nebraska Administrative Code (NAC) 5-000 must be reflected in one or more assessment areas of the participant's person-centered plan (PCP).

002.03 SERVICE DUPLICATION. Medicaid does not cover Waiver services simultaneously provided by two or more paid caregivers for the same service. Services that are available under the State Plan cannot be duplicated by this Waiver.

003. COVERED WAIVER SERVICES. Medicaid services available to persons eligible for this Home and Community-Based Waiver program are:

(A) Adult Day Health Services (ADHS);

(B) Assisted Living Service (AL);

(C) Assistive Technology and Supports, and Home and Vehicle Modifications (ATS, H/VM);

(D) Chore;

(E) Extra Care for Children with Disabilities;

(F) Home Again;

(G) Home-Delivered Meals;

(H) Independence Skills Building;

(I) Non-Medical Transportation;

(J) Personal Emergency Response System (PERS); and

(K) Respite Care.

003.01 ADULT DAY HEALTH SERVICES (ADHS).

003.01(A) SERVICE DESCRIPTION. Adult Day Health Services (ADHS) is a service which allows for structured social, and health activities. It may:

(i) Offer socialization;

(ii) Aid in transition from one living arrangement to another;

(iii) Provide a supervised environment while the regular caregiver is working or otherwise unavailable; or

(iv) Provide a setting for receipt of multiple health services in a coordinated setting.

003.01(B) LOCATION AND TIME. Adult Day Health Service (ADHS) is provided outside of the participant's place of residence for a period of four or more hours daily, but less than 24 hours. Adult Day Health Service (ADHS) may be occasionally provided to a participant for less than four hours in a day when the participant must leave the adult day program due to an emergency or illness.

003.01(C) CONDITIONS OF PROVISION.

003.01(C)(i) SERVICE COMPONENTS. Providers must offer, or make available through arrangements with community agencies or individuals, each of the services listed below, which are required to meet the needs identified in the person-centered plan (PCP). Depending on the participant's assessed needs, and participant preferences, these services include:

(1) PERSONAL CARE SERVICES. Services to address limitations in activities of daily living (ADL). Assistance with activities of daily living (ADL) will be provided by staff and supervised by a licensed nurse. Personal care services must be provided to each participant regardless of whether it is specifically identified in the person-centered plan (PCP);

(2) HEALTH ASSESSMENT AND NURSING SERVICE. Service includes observation of changes in participant health and notification of family and doctors, health education and counseling, skilled nursing care, and administration of medications, whether done by staff or by the participant. Health assessment and nursing services must be provided to each participant regardless of whether it is specifically identified in the person-centered plan (PCP);

(3) MEAL SERVICES. Meal services include preparation and serving of at least one daily meal. Menus must be planned by staff or a contracted individual who has knowledge of dietetic requirements and nutrition. If a dietitian is not on staff, one staff person must be designated as responsible for food service. Each participant must be provided with a noon meal if the participant

attends at mealtime. This meal must include at least one-third of the daily dietary allowance required for adults. Each participant who is in attendance for a full day must also be provided with two snacks daily which are controlled for sugar, salt, and cholesterol levels, as appropriate. Special diets must be provided according to the individual participant's plan. Meal services must be provided to each participant regardless of whether it is specifically identified in the person-centered plan (PCP);

(4) RECREATIONAL THERAPY. Recreational therapy includes social and recreational activities. Center staff must provide individual and group activity. The dignity, interests, and therapeutic needs of individual participants must be considered in the development of activity programs. Recreation therapy must be provided to each participant when it is specifically identified in the person-centered plan (PCP);

(5) SUPPORTIVE SERVICES. Supportive services include individual and group programs provided to participants and their families in the following areas: coping skills, and personal, social, family, and adjustment problems. Supportive Services may be provided only by a certified social worker, certified professional counselor, or a certified master social worker. Supportive services must be provided to each participant when it is specifically identified in the person-centered plan (PCP); and

(6) OTHER ACTIVITIES. The provider must ensure that the program offers a balance of activities to meet each participant's needs and interests. Participants are encouraged to engage in activities, but are free to decline. Other activities must be provided to each participant when it is specifically identified in the person-centered plan (PCP).

003.01(C)(ii) SCHOOL SYSTEM SERVICES. No service which is the responsibility of the school system may be provided under the Waiver. Adult Day Health Services (ADHS) will not be authorized for the hours set forth in the school district’s days and hours of regular attendance.

003.01(C)(iii) ADULT DAY HEALTH SERVICES (ADHS) PLAN. In addition to the person-centered plan (PCP) the provider must ensure that there is a written plan for each participant. The written plan must be jointly developed with the participant and services coordinator and must include the participant’s strengths, needs, and desired outcomes as they pertain to Adult Day Health Services (ADHS), a plan to meet the needs and desired outcomes, and Adult Day Health Services (ADHS) components to be provided. The plan must also include an up-to-date listing of the participant's current medications and treatments, emergency contact information, any special dietary requirements, a description of any limitations to participate in activities, and any recommendations for special therapies. Provider staff must, together with the participant and services coordinator,

review and revise the plan as appropriate, but at least semiannually. A copy must be submitted to the participant's services coordinator.

003.02 ASSISTED LIVING SERVICE.

003.02(A) SERVICE DESCRIPTION. Assisted living is an array of support services that promote participant self-direction and participation in decisions which incorporate respect, independence, individuality, privacy, and dignity in a home environment. These services include assistance with or provision of personal care activities, activities of daily living (ADL), instrumental activities of daily living (IADL), and health maintenance.

003.02(B) CONDITIONS OF PROVISION.

003.02(B)(i) SERVICE COMPONENTS. Providers must offer and make available each of the services listed below, which are required to meet the needs identified in the person-centered plan (PCP). Depending on the participant's assessed needs, and participant preferences, these services include:

(1) SOCIALIZATION ACTIVITIES. Structured social and health activities geared for the needs of the participants identified in the person-centered plan (PCP). The assisted living (AL) provider must provide socialization activities in the assisted living setting and provide information on activities available in the community. Socialization activities must be offered to each participant regardless of whether it is specifically identified in the person-centered plan (PCP);

(2) ESCORT SERVICES. Accompanying or personally assisting a participant who is unable to travel or wait alone, unless the participant has made their own arrangements for assistance. This may include assistance to and from a vehicle and place of local destination. This may also include providing, or making arrangements for supervision and support to the participant while away from the assisted living setting, as determined on an individual basis, and specified in the person-centered plan (PCP). The escort will remain with the participant until the participant is returned to the assisted living setting. Escort services must be provided to each participant when it is specifically identified in the person-centered plan (PCP);

(3) ESSENTIAL SHOPPING. Obtaining clothing and personal care items for the participant when the client is unable to do so. This does not include financing the purchases of clothing and personal care items. Essential shopping must be provided to each participant when it is specifically identified in the person-centered plan (PCP);

(4) HEALTH MAINTENANCE ACTIVITIES. Non-complex interventions which can safely be performed according to exact directions, which do not require alterations of standard procedure, and for which the results and participant's responses are predictable which includes but is not limited to: recording height and weight, monitoring blood pressure, monitoring blood sugar, and providing insulin injections as long as the participant is stable and predictable. Health maintenance activities must be provided to each participant when it is specifically identified in the person-centered plan (PCP);

(5) HOUSEKEEPING ACTIVITIES. Cleaning of public areas as well as a participant's private residence, such as dusting, vacuuming, cleaning floors, cleaning of bathroom and making and changing of the bed. Bed linens must be changed when soiled, but at least weekly. Clean bath linens must be made available daily. A participant must be provided the opportunity to participate, or perform, housekeeping activities as permitted by their mental or physical ability. Housekeeping activities must be provided to each participant regardless of whether it is specifically identified in the person-centered plan (PCP);

(6) LAUNDRY SERVICES. Washing, drying, folding and returning participant's clothing to their room. Dry cleaning is the responsibility of the participant but the facility will assist the participant in arranging for this service if needed. A participant must be provided the opportunity to participate, or perform, laundry services as permitted by their mental or physical ability. Laundry services must be provided to each client regardless of whether it is specifically identified in the person-centered plan (PCP);

(7) MEDICATION ASSISTANCE. Assistance with the administration of prescription and nonprescription medications must be provided at the participant’s requested location. If the participant cannot self-administer medication, the assisted living (AL) provider must provide written notice to the participant identifying the recommended pharmacy used by the assisted living (AL) provider. In compliance with State licensure requirements, if the provider has notified the participant prior to admission, or within 30 days in advance of a change that the facility contracts with a specific pharmacy provider, the participant’s choice of pharmacy requirement is considered met. If the participant is able to self-administer medication, the participant may choose their pharmacy provider. The appropriate level of medication assistance is determined on an individual basis as described in 175 NAC 4-000. The assisted living (AL) provider’s level of involvement with the participant’s medication must be strictly limited to those items and services identified in the person-centered plan (PCP);

(8) PERSONAL CARE SERVICES. Personal care will be provided to the participant in a manner in which the individual maintains as much independence and privacy as possible. Personal Care services must be provided to each participant when it is specifically identified in the resident service agreement (RSA). The assisted living (AL) provider must provide assistance with any of the following activities of daily living (ADLs) that are identified in the resident service agreement (RSA) or the person-centered plan (PCP):

(a) EATING. The facility must provide assistance with eating. Assistance with eating includes opening packages, cutting food, adding condiments, and other activities which the participant is unable to perform for their self in preparing to eat the food. If the participant is unable to eat independently, the facility will feed the participant or will assure other arrangements are made for this care;

(b) BATHING. Participant preferences with respect to the bathing schedule must be taken into consideration by the assisted living (AL) provider. The assisted living (AL) provider may not charge fees for additional baths needed if they exceed the number stated in the Resident Service Agreement (RSA);

(c) MOBILITY. Assistance with moving from place to place indoors or outside;

(d) DRESSING/GROOMING. Assistance with putting on and removing clothing as needed from upper and lower body. Assistance with routine daily personal hygiene;

(e) TOILETING. Assistance with getting to and from the toilet, including transfer to and from the toilet, management of clothing, and cleansing;

(f) TRANSFERRING. Assistance with moving from one place to another including bed to chair and back, and into and out of a vehicle; and

(g) CONTINENCE. Assistance with changing incontinence briefs or pads, cleansing, and disposing of soiled articles.

(9) TRANSPORTATION SERVICES. The assisted living (AL) provider must provide transportation services based on the needs of each participant. Based on participant need, each month the assisted living (AL) provider must directly provide a minimum of five round trips to medical appointments. Medical transportation for round trips in excess of 50 miles and round trips in excess of five per month may be approved for additional reimbursement. The assisted living (AL) provider must also make reasonable

accommodation for round trip transportation for activities and resources identified in the participant’s person-centered plan (PCP). The assisted living (AL) provider must make a reasonable attempt to assist with making arrangements for any transportation that exceeds the minimum requirements. Transportation services must be provided to each participant regardless of whether it is specifically identified in the person-centered plan (PCP).

003.02(B)(ii) RESIDENT SERVICE AGREEMENT (RSA). The assisted living (AL) provider must have a Resident Service Agreement (RSA) for each participant, which must include, at a minimum:

(1) LEASE AGREEMENT. The assisted living (AL) provider and the participant must enter into an agreement which incorporates the following requirements:

(a) The lease agreement must be consented to by both the individual and the assisted living provider;

(b) The lease agreement must, at a minimum, comply with assisted living facility licensure requirements in 175 NAC 4-000, including eviction protections;

(c) Unless otherwise specified in the individual service plan, a statement that the individual:

(i) Has a right to select their roommate;

(ii) Has a right to privacy and security including a means to access to their own living unit;

(iii) Has a right to decorate their living unit;

(iv) Has a right to have visitors of their choosing at any time;

(v) Has the freedom and support to control their own schedule and activities; and

(vi) Has a right to access food at any time.

(d) Each provider owned and operated setting must be physically accessible to the individual.

(2) RESIDENT SERVICE AGREEMENT (RSA). The provider must ensure that there is a written resident service agreement (RSA) for each participant. The agreement must also include an up-to-date listing of the participant's current medications and treatments, any special dietary requirements, and a description of any limitations to participate in activities. Assisted living staff will, together with the participant and services coordinator,

review and revise the resident service agreement (RSA) as appropriate, but at least annually. If an assisted living (AL) provider or the services coordinator determines that a participant's needs are beyond the assisted living provider's capabilities or capacities to meet the participant's needs, the assisted living (AL) provider, the services coordinator and the participant will initiate alternative arrangements. Both a copy of the original resident service agreement (RSA),and any subsequent revisions to the resident service agreement (RSA), must be submitted to the participant's services coordinator.

(3) MEALS. The assisted living (AL) provider must furnish three meals per day seven days per week. The meals are furnished as part of the resident’s room and board costs paid to the facility. Each meal must consist of a variety of properly prepared foods containing at least one-third of the Minimum Daily Nutritional Requirements for adults, and take into account cultural and personal preference for foods served at specific times of day.

003.02(B)(iii) MODIFICATION OF CONDITIONS. Any modification of the lease agreement conditions, as outlined in this chapter, must be supported by a specific assessed need and justified in the person-centered plan (PCP). The following requirements must be documented in the person-centered plan (PCP):

(1) Identify a specific and individualized assessed need;

(2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan;

(3) Document less intrusive methods of meeting the need that have been tried but did not work;

(4) Include a clear description of the condition that is directly proportionate to the specific assessed need;

(5) Include regular collection and review of data to measure the ongoing effectiveness of the modification;

(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated; and

(7) Include the informed consent of the individual.

003.03 ASSISTIVE TECHNOLOGY SUPPORTS AND HOME AND VEHICLE MODIFICATIONS (ATS, H/VM).

003.03(A) SERVICE DESCRIPTION.

003.03(A)(i) ASSISTIVE TECHNOLOGY SUPPORTS (ATS). Specialized equipment and supplies that enable a participant to increase, maintain, or improve their functional capacities. It includes the evaluation and purchasing, but not leasing, of the assistive technology. It includes selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing the assistive technology device and any training or technical assistance for the participant and family members, guardians, and other interested parties.

003.03(A)(ii) HOME AND VEHICLE MODIFICATIONS (H/VM). The physical adaptations to the primary residence, automobile, or van of the participant or participant's family to accommodate the participant or improve their function.

003.03(B) CONDITIONS OF PROVISION. Consultation and determination of the available options for Assistive Technology Supports (ATS) and Home and Vehicle Modifications (H/VM) are provided by the Nebraska Department of Education Assistive Technology Partnership (ATP).

003.03(B)(i) ASSISTIVE TECHNOLOGY SUPPORTS (ATS), HOME AND VEHICLE MODIFICATION (H/VM) STANDARDS. All items and assistive equipment must meet applicable standards of manufacture, design, and installation. All general contractors must meet all applicable federal, state, and local laws and regulations, including maintaining appropriate licenses and certifications. Home modifications will be provided in accordance with applicable local and state building codes.

003.03(B)(ii) EXCLUDED SERVICE COMPONENTS. The following list of items are excluded from eligibility for this service:

(1) HOME MODIFICATIONS.

(a) General utility and home repairs;

(b) Standard housing obligations:

(i) Carpeting;

(ii) Roof repair;

(iii) Sidewalks;

(iv) Storage and organizers;

(v) Hot tubs;

(vi) Whirlpool tubs; and

(vii) Landscaping;

(c) General construction costs in a new home or additions to a home purchased after enrollment in the Waiver;

(d) Adaptations that add to the total square footage of the home except when necessary to complete an adaptation such as, in order to improve entrance or egress to a residence or to configure a bathroom to accommodate a wheelchair;

(e) Improvements exclusively required to meet local building codes; and

(f) Adaptations to assisted living apartments.

(2) ASSISTIVE TECHNOLOGY SUPPORTS.

(a) Supports not directly benefiting the participant medically or physically; and

(b) Durable medical equipment.

003.04 CHORE SERVICES.

003.04(A) SERVICE DESCRIPTION. Chore is a service for adults which includes general household activities necessary for maintaining and operating the participant's home when the participant is unable to perform these activities. Chore activities provided are limited to those activities that are required to maintain the participant’s health and safety. Chore is comprised of the following components:

(i) Personal care service and supervision;

(ii) Bill paying, errand service, essential shopping, food preparation, laundry service, light housekeeping, and communication; and

(iii) Heavy household chores: simple home repairs and maintenance, housekeeping activities.

003.04(B) CONDITIONS OF PROVISION.

003.04(B)(i) CHORE ACTIVITIES. The following chore activities are those which could normally be performed by the participant if the participant did not have a disability or chronic condition. Each activity provides assistance with activities of daily living (ADLs), instrumental activities of daily living (IADLs), or supervision. The need for each activity must be identified during participant assessment.

(1) BILL PAYING. Assisting participants to organize finances and pay bills if necessary;

(2) ERRAND SERVICE. Providing service in relation to needs described for escort service when not generally accompanied by the participant. If the participant does accompany 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. The participant must provide 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. The participant must provide soap and machine-use fees;

(6) LIGHT HOUSEKEEPING. Dusting, wiping off counters, sweeping and mopping floors, take out trash, vacuuming;

(7) COMMUNICATION. Assist participant with using a phone, computer, or device of the participant’s choice for their means of communication;

(8) PERSONAL CARE SERVICE. Providing basic personal care and grooming including bathing, shaving, shampooing, assisting with dressing, ambulation, and toileting, continency, transferring, eating, and mobility; and

(9) SUPERVISION. Engaging with the participant for part of a day when the participant would otherwise be alone. Tasks can include but are not limited to: cues and reminders, performing non-medical activities necessary to provide for the safety and comfort of the participant, accompanying the participant to appointments to assist with activities of daily living (ADL) needs, being present in the home and providing assistance to the participant due to safety concerns related to unsafe exit seeking secondary to dementia or other memory impairment, or monitoring to ensure participant does not choke while eating.

003.04(B)(ii) HEAVY HOUSEHOLD CHORES. The following heavy household chore activities are those which occur less frequently than previous activities listed but assist with ensuring the health and safety of the participant in their own home. If the participant lives in a rental property, the lease agreement will be reviewed to determine the responsibilities of the landlord to provide repairs or maintenance.

(1) HOUSEKEEPING ACTIVITIES. In-home cleaning and care of household equipment, appliances, or furnishings. The participant must provide necessary supplies;

(2) REPAIRS. Providing minor repair of windows, screens, steps or ramps, furnishings, and household equipment; and

(3) LANDSCAPING. Mowing, raking, removing trash (to garbage pickup point), removing snow and ice, pest remediation, and cleaning water of drains may also be provided. Mowing is limited to that which is necessary to meet the health and safety of the participant and to meet local codes.

003.05 EXTRA CARE FOR CHILDREN WITH DISABILITIES.

003.05(A) SERVICE DESCRIPTION. Extra Care for Children with Disabilities is that portion of child care provided to children related to their medical and disability-related needs. Extra Care for Children with Disabilities is provided to children from birth through age 17 on the average of less than 12 hours per day, but more than two hours per week on a regular basis, in lieu of caregiver supervision. Care is provided in a child's home by an approved provider or in a setting approved or licensed by the Department. The parent or primary caregiver is responsible for the basic cost of routine child care. Payment of the service above the basic cost of routine child care is covered in accordance with the person centered plan (PCP).

003.05(B) CONDITIONS OF PROVISION. Extra Care for Children with Disabilities is only available while the usual caregiver is unavailable, and in the case with multiple caregivers, all must be simultaneously unavailable. Caregiver unavailability must be related to care for the child during their working, vocational or educational attendance hours. Extra Care for Children with Disabilities only allows the usual caregiver to:

(i) ACCEPT OR MAINTAIN EMPLOYMENT. Extra Care for Children with Disabilities expenditures must be equal to or less than employment wages and benefits received by the usual caregiver. Parents who receive Extra Care for Children with Disabilities service to maintain employment and are self-employed or employed part-time may be required to submit income documentation. The average monthly income shown must meet or exceed the projected average Extra Care for Children with Disabilities Medicaid costs. An exception may be granted when there are extenuating circumstances, which may include but are not limited to self-employment income verified by an annual tax return which also reflects business expenses or losses. Goods or services received in place of wages are not considered in comparison of costs. Verification of the hours and schedule of employment is required. Persons who are self-employed must provide a statement of hours worked;

(ii) SEEK EMPLOYMENT. To meet this need, Extra Care for Children with Disabilities may be authorized up to 12 hours per week. Parents who receive Extra Care for Children with Disabilities service to seek employment may be required to submit documentation evidencing that they are actively engaged in a search for employment; or

(iii) EDUCATIONAL ACTIVITIES. Enroll in and attend in-person, regularly scheduled vocational or educational training to attain a high school or equivalent diploma or an undergraduate degree or certificate. Verification of class schedule is required. This excludes students pursuing second undergraduate degrees and any graduate degree or higher. Exclusion also applies to second certificates or licenses, or classes to maintain a professional certificate or license. Extra Care for Children with Disabilities cannot be authorized to provide study time for vocational or educational training. Online classes are not considered in-person attendance.

003.05(C) SCHOOL SYSTEM SERVICES. No service which is the responsibility of the school system may be provided under the Waiver. Extra Care for Children with Disabilities services will not be authorized for the hours set forth in the school district's days and hours of regular attendance.

003.05(C)(i) EXCEPTION. A participant's school attendance schedule may be outlined in the Individual Education Plan (IEP) and vary from the school district's normal operating hours in the event the participant is homebound due to medical reasons.

003.06 HOME AGAIN SERVICE.

003.06(A) SERVICE DESCRIPTION. Home Again service is available to support and enable Medicaid-eligible nursing facility residents to move to a more independent living situation of their choice. Items and services covered include but are not limited to:

(i) Furniture, furnishings, and household supplies;

(ii) Security deposits, utility installation fees or deposits; and

(iii) Moving expenses.

003.06(B) NEED FOR SERVICE. All items and services covered must be essential to:

(i) Ensure that the person is able to transition from the current nursing facility; and

(ii) Remove identified barriers or risks to the success of the transition to a more independent living situation.

003.06(C) PERSONS ELIGIBLE. To receive this service, a person aged 18 or older must be a current nursing facility resident whose nursing facility services have been paid by Medicaid for at least three months. Persons whose nursing facility stay is rehabilitative are not eligible for this service.

003.06(D) ITEMS AND SERVICES COVERED. All covered items become the property of the participant. Any prior-authorized transition expenses incurred in good faith will be covered by the program even if the transition does not ultimately occur due to unforeseen circumstances, including but not limited to the participant experiencing a medical emergency. The participant may be authorized for services in one or more of the following areas:

(i) Essential furniture, appliances, furnishings, and household supplies;

(ii) Deposits and fees such as security, utility, application, and installation;

(iii) Moving expenses;

(iv) Assistance from a Home Again Sponsor; and

(v) Expenses for other services or items related to the move which are essential to remove barriers to the transition or its success. Approval of services or items are strictly at the discretion of the Department.

003.06(E) ITEMS AND SERVICES NOT COVERED.

(i) Rent;

(ii) Items or services that are not essential to supporting the move or ensuring its success;

(iii) Items or services that are available through the Medicaid state plan or through another service of this Waiver program;

(iv) Items are services that are available at no cost from relatives, friends, or any other source; or

(v) Items or services that are the responsibility of the assisted living (AL) provider or included in the participant's public assistance budget.

003.06(F) SERVICE DURATION. Home Again services may be authorized only once during a 12 month period. The authorization period for Home Again services may begin as soon as the participant, Services Coordinator, and nursing facility staff agree that a discharge plan indicates a move to a more independent setting. Expenditures may be authorized up to 60 days in advance of the planned move date and for 30 days after the actual move date.

003.06(G) HOME AGAIN SPONSOR. Each participant eligible for Home Again service must have a designated Home Again sponsor. The role of the sponsor includes but is not limited to:

(i) Assisting the participant as necessary to locate and procure accessible, affordable housing;

(ii) Providing support in dealing with the changes related to the transition move; and

(iii) Providing the up-front funding to obtain the essential items and services included in the person-centered plan (PCP).

003.06(H) HOME AGAIN SPONSOR STANDARDS. A Home Again sponsor may be an individual, a business, an organization or an agency. In addition to the general standards for all Waiver providers, a Home Again sponsor must:

(i) Recognize and support the participant choice in selection of items and services provided through this service;

(ii) Have experience in carrying out activities related to locating housing and setting up a household; and

(iii) Assure that any vehicle and driver transporting a participant to look for housing or other transition need meets applicable licensing and safety laws and regulations.

003.07 HOME-DELIVERED MEALS.

003.06(A) SERVICE DESCRIPTION. Home-Delivered meals is a service for adults which provides a meal prepared outside the participant's residence and delivered to the participant’s residence. Each meal must consist of a variety of properly prepared foods containing at least one-third of the Minimum Daily Nutritional Requirements for adults. Service may not include a full daily nutritional regimen.

003.07(B) CONDITIONS OF PROVISION. The need for home-delivered meals is jointly determined by the services coordinator and the participant. Home-delivered meals must:

(i) Be delivered on an established schedule;

(ii) Be transported and delivered using utensils and equipment which are sanitary and maintain proper food temperatures. Thermos-type containers and disposable or serving dishes which can be sterilized must be used;

(iii) Reflect the general dietary needs of persons who are aged or have disabilities, as well as the specific dietary needs of each participant;

(iv) Contain one-third of the minimum daily nutrition requirement per meal for adults using a variety of foods from day-to-day; and

(v) Not duplicate a meal also provided as a congregate meal.

003.08 INDEPENDENCE SKILLS BUILDING.

003.08(A) SERVICE DESCRIPTION. Independence Skills Building is training for aged persons and adults and children with disabilities in activities of daily living (ADLs), instrumental activities of daily living (IADLs), and home management to increase independence. It may be provided to the participant and to a primary caregiver to promote independence of the participant. Training may occur in the participant's home or in the community, and may be provided individually or in a group setting. This service differs from chore because it involves training the participant or caregiver, not the actual provision of completing the activities of daily living (ADL) or instrumental activities of daily living (IADL).

003.08(B) CONDITIONS OF PROVISION. Independence Skills Building training is provided to the participant or the participant's caregiver as indicated in the participant's person-centered plan (PCP). Independence Skills Building training will be provided in the most appropriate setting to meet the participant's needs. Participants must not reside with their Independence Skills Building providers.

003.08(B)(i) EXCLUSIONS. Independence Skills Building services cannot be authorized for the following reasons:

(1) When the public school system or rehabilitation services are responsible for providing training for independent living; and

(2) When the training would fall in any of the following categories:

(a) Basic education or academic remedial training to acquire the general educational background, knowledge and skills to prepare for vocational training;

(b) Work adjustment training to acquire work habits, work tolerance, or on-the-job behaviors essential to employment;

(c) Vocational training to acquire knowledge and skills essential to performing tasks involved in an occupation; or

(d) Training which can only be performed by licensed audiologists, hearing aid dealers, occupational therapists, optometrists, physical therapists, speech pathologists, and other related health care professionals.

003.08(B)(ii) TERMINATION OF INDEPENDENCE SKILLS BUILDING. Independence Skills Building services will be terminated when:

(1) The outcomes identified in the participant's Independence Skills Building (ISB) Plan have been achieved; or

(2) No measurable progress has been demonstrated.

003.09 NON-MEDICAL TRANSPORTATION.

003.09(A) SERVICE DESCRIPTION. Non-medical transportation service is transporting a participant age 19 or older to and from community resources identified during participant assessment as directly contributing to the ability of the individual to remain at home. This service may be provided by an individual, agency (exempt transportation provider), or by common carrier. This service includes:

(i) Transportation to and from other Waiver services;

(ii) Transportation to community activities where Waiver services are not provided;

(iii) The purchase of public transit tokens or passes; or

(iv) Escorting a participant to non-medical activities or appointments. Not eligible to bill for Chore service while providing non-medical escort.

003.09(B) ELIGIBILITY. Eligibility for non-medical transportation participant will be met by one of the following criteria:

(i) Participant does not own or does not have access to a working licensed vehicle;

(ii) Participant does not have a current valid driver's license;

(iii) Participant is unable to drive due to a documented physical, cognitive, or developmental limitation;

(iv) Participant is unable to travel or wait alone due to a documented physical, cognitive, or developmental limitation; or

(v) Participant is unable to secure free transportation.

003.09(C) CONDITIONS OF PROVISION. Non-medical transportation is covered by this Waiver program for the following assessed needs:

(i) APPLY FOR BENEFITS. To allow the participant to apply or be recertified for benefits and services when an in-person interview is required for programs:

(1) Nebraska Department of Health and Human Services;

(2) Social Security Administration; or

(3) Veteran's Administration.

(ii) SHOP FOR FOOD AND ESSENTIAL ITEMS. To allow a participant to shop for food and essential items a maximum of one round trip per calendar week;

(iii) OBTAIN LEGAL SERVICES. To allow the participant to receive legal counsel from legal aid societies, private attorneys, county attorneys and other professional legal sources for non-criminal matters a maximum of one round trip per calendar month;

(iv) OBTAIN FINANCIAL SERVICES. To allow the participant to take care of financial matters at a banking institution a maximum of one round trip per calendar month;

(v) ACCESS WAIVER SERVICES. To allow the participant transportation to and from Adult Day Health Services (ADHS) or Independence Skills Building (ISB);

(vi) SECURE HOUSING. To allow a participant to tour and secure adequate housing or an independent living arrangement. Authorization is allowed for a maximum of five round trips in any 12 month period. Additional trips may be authorized if the participant's health and safety is jeopardized;

(vii) ACCESS COMMUNITY ACTIVITIES. To allow participant transportation to and from activities of their choosing to promote community integration. A maximum of one round trip per week;

(viii) ACCESS WORK. To allow the participant transportation to and from work when public transportation is not available or accessible; and

(ix) EDUCATIONAL ACTIVITIES. Enroll in and attend in-person, scheduled vocational or educational training to attain a general education development (GED) or an undergraduate degree or certificate. This excludes students pursuing second undergraduate degrees, second certificates or licenses, and any graduate degree or higher. Verification of class schedule is required. Online classes are not considered in-person attendance. Transportation may not be authorized to obtain educational services offered by a local school district for persons aged 20 or younger.

003.10 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS).

003.10(A) SERVICE DESCRIPTION. Personal Emergency Response Systems (PERS) provides participants 19 years or older immediate access to emergency help at any time through communication connection systems.

003.10(B) CONDITIONS OF PROVISION. The participant’s cognitive and physical ability to use the Personal Emergency Response Services (PERS) devices must be jointly determined by the services coordinator and the participant.

003.11 RESPITE CARE.

003.11(A) SERVICE DESCRIPTION. Respite Care is temporary care to relieve the usual caregiver from continuous support and care responsibilities. Respite care may be provided in the participant's home or out of the home. If respite is provided by a hospital or other facility, the individual is not considered a facility resident. Components of respite care service are supervision, tasks related to the individual's physical needs, tasks related to the individual's psychological needs, and social or recreational activities.

003.11(B) CONDITIONS OF PROVISION. Medicaid Waiver coverage of respite care is limited by an annual maximum of either days or hours, as determined by the Department. Respite care may be authorized for one or more of the following situations:

(i) An emergency or crisis arises which:

(1) Requires the usual caregiver's absence; or

(2) Places an unusual amount of stress on the usual caregiver;

(ii) The usual caregiver requires health services including but not limited to: dental care, doctor appointments, hospitalization, or temporary incapacity of caregiver;

(iii) The usual caregiver needs relief for regular, prescheduled, personal activities including but not limited to: time to study, religious services, grocery shopping, or club meetings;

(iv) The usual caregiver requires irregular periods of "time out" for rest and relaxation; or

(v) Usual caregiver vacations.

003.11(C) EXCEPTIONS TO PROVISION. Respite care may not be used to allow the usual caregiver to accept or maintain employment or attend educational training designed to fit the participant for paid employment or professional advancement.

003.11(D) ANNUAL LIMITS. Authorization of respite care is subject to an annual limit in hours. The annual limit is determined by the Department.