

# APPENDIX K: Emergency Preparedness and Response

**Background:**

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.<sup>i</sup> This appendix may be completed retroactively as needed by the state.

## Appendix K-1: General Information

**General Information:**

A. State: Nebraska

B. Waiver Title: Comprehensive Developmental Disabilities Services Waiver

C. Control Number: NE 4154.R06.04

D. Type of Emergency (The state may check more than one box):

<input type="radio"/>	Pandemic or Epidemic
<input checked="" type="checkbox"/>	Natural Disaster
<input type="radio"/>	National Security Emergency
<input type="radio"/>	Environmental
<input type="radio"/>	Other (specify):

E. **Brief Description of Emergency.** *In no more than one paragraph each,* briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state’s mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

- 1) Nature of emergency  
 Due to record rainfalls and snowfalls with rapid increase in temperature, frozen ground and melting snow have caused major flooding throughout Nebraska. This is the biggest natural disaster in the history of Nebraska. A dam broke in north-central Nebraska and multiple levees throughout the state have collapsed. Many communities along the Niobrara, Elkhorn, Big Blue, Platte, and Missouri rivers are under water, with many of them cut off

from access in or out of the community. Access to food, water, and medical assistance is difficult or impossible in many areas. Buildings have washed away or been destroyed by mud and huge chunks of ice. Bridges and roadways have washed away on major highways and roads. City and town water supplies are affected, and many areas have experienced power outages. Total damage to the state is estimated to be nearly \$1.4 billion. Some areas of the state remain under water into April 2019.

- 2) Participants, providers, and opportunities for natural supports are affected. Starting on 3/13/2019, Nebraska Governor Pete Ricketts began declaring a state of emergency in counties throughout Nebraska. As flooding, damage, and destruction reports came in over the week of 3/13/2019 – 3/20/2019, new counties were added each day, for a final total of 81 of 93 counties in Nebraska with emergency declarations. The state has identified probable negative impact on approximately 1828 participants and natural supports for participants receiving services under Nebraska’s Medicaid HCBS DD Waivers (0394 and 4154). This waiver amendment is applicable only to participants in the 81 counties with a declared state of emergency.
- 3) Roles of state, local, and other entities involved in approved waiver operations are defined in Appendix A in section A-1 and 2.
- 4) Expected changes needed to the service delivery methods:  
For anyone living in one of the affected counties, the Nebraska Department of Health and Human Services Division of Developmental Disabilities (DHHS-DD) will:
  - Allow residential and day services to be delivered in alternative sites;
  - Allow residential and day services to be delivered temporarily out of state;
  - Allow the services in alternative sites to be authorized prior to updating the participant’s service plan;
  - Allow modifications to person-centered service planning;
  - Remove the caps on transportation and assistive technology;
  - Allow more respite hours to be used; and
  - Temporarily extend the timeframes for completion of Level of Care (LOC) assessments when the DHHS-DD Service Coordinator cannot safely reach the participant.

The state is requesting immediate implementation to avoid any adverse effect on participants’ health and safety and providers’ capacity to deliver services. The displaced participants will be allowed to receive either Adult Day (non-habilitative) or Habilitative Workshop (habilitative) day services while in alternative settings as defined below until the damage to their day services sites is resolved, they are able to safely return, and it is safe to be in their community. The projected timeline is from 3/13/2019 – 9/13/2020. Should a provider be unable to deliver services during this emergency, another enrolled Medicaid HCBS DD service provider or providers will be authorized immediately and the participant’s service plan will be updated.

Providers will be asked to submit monthly reports of ongoing remediation efforts, progress, and lists of participants receiving services in the alternate settings, until all settings have been remediated. Based on the provider reports and NEMA (Nebraska Emergency Management Agency), Nebraska will report on the state of the state monthly, as well. Nebraska will report on the status of utilization of services outlined in Appendix K in a format acceptable to CMS.

F. Proposed Effective Date: Start Date: 03/13/2019 Anticipated End Date: 9/13/2020

G. Description of Transition Plan.

H. Geographic Areas Affected:

81 of 93 counties.

<http://nema.maps.arcgis.com/apps/opsdashboard/index.html#/0bc3537ed2a145bba2ffbd37b54209ed>

I. Description of State Disaster Plan (if available) *Reference to external documents is acceptable:*

Nebraska's State Emergency Operations Plan can be found at:

<https://nema.nebraska.gov/preparedness/state-emergency-operations-plan>.

## Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

### Temporary or Emergency-Specific Amendment to Approved Waiver:

*These are changes that, while directly related to the state's response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.*

a.      Access and Eligibility:

i.      Temporarily increase the cost limits for entry into the waiver.

[Provide explanation of changes and specify the temporary cost limit.]

ii.      Temporarily modify additional targeting criteria.

[Explanation of changes]

b.   X   Services

i.      Temporarily modify service scope or coverage.

[Complete Section A- Services to be Added/Modified During an Emergency.]

**ii. X Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.**

[Explanation of changes]

The \$5000 limit to Transportation will be temporarily suspended. If the participant lives in an area with an emergency declaration, the amount of prior authorized services does not need to be in the participant's approved annual budget.

If a participant has assistive technology equipment that has been lost or damaged beyond repair by the flooding, replacement can be requested, even if it is outside of the participant's approved budget or the participant has already met the annual \$2,500 cap outlined in the service.

The Respite cap of 360 hours may be exceeded for anyone living in an affected county to allow a participant's family time for clean-up, rebuilding, volunteering, and general respite. If the participant lives in an area with an emergency declaration, the amount of prior authorized services does not need to be in the participant's approved annual budget.

**iii. \_\_\_ Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).**

[Complete Section A-Services to be Added/Modified During an Emergency]

**iv. X Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches) Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:**

[Explanation of modification, and advisement if room and board is included in the respite rate]:

Habilitative Workshop and Adult Day Service may be delivered temporarily in the participant's residential setting, which is defined as:

- The participant's private home,
- A provider owned or controlled extended family home or congregate residential setting, or
- Other residential setting, such as a hotel or shelter.

**v. X Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver). [Explanation of changes]**

If the only temporary, safe, and accessible setting for a participant is outside of Nebraska, the participant may receive any waiver services in another state, until it is safe to return to their residence. Other than the location/setting requirements, the services provided in another state must still be provided in accordance with the waiver service definition.

DHHS-DD Service Coordination staff will monitor the services through a minimum of monthly contacts via telephone. Providers certified in the state of Nebraska would need to accompany the participants to the other state to provide services. The state will not allow providers in other states

who are not enrolled in Nebraska Medicaid and certified as Nebraska DD service providers to provide services.

c.     **Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver.** Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

d.   X   **Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).**

i.     **Temporarily modify provider qualifications.**

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

ii.     **Temporarily modify provider types.**

[Provide explanation of changes, list each service affected, and the changes in the provider type for each service].

iii.   X   **Temporarily modify licensure or other requirements for settings where waiver services are furnished.**

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

Required staffing ratios for a participant, as outlined in their ISP, may be modified to allow the participant to receive services in safe and accessible environments, as long as the participant's needs are still being met.

State certification survey staff are, on a case-by-case basis, postponing agency certification reviews for those agencies impacted for residential and day service settings, which is defined as Habilitative Workshops, extended family homes, and congregate residential habilitation settings, even if they are able to make it in or out of the areas, until the area is no longer in a state of emergency. This is for the safety of the survey staff, as well as ensuring that state staff are not using resources needed by the community (e.g. hotel rooms). If a temporary service site is pulled for a certification review, as long as the site is deemed safe and sensible for the service being provided and there is no non-compliance with regulations that could reasonably be complied with, the site will be determined to be in compliance with certification requirements.

e.   X   **Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements).** [Describe]

The annual Level of Care (LOC) assessment requirement will be extended for participants in which the DHHS-DD Service Coordinator cannot safely reach the participant. The DHHS-DD Service Coordinator will document, in the ISP, the contact with the participant, guardian, and team to discuss the extension, as well as the projected date in which the LOC will be able to be completed.

The annual physical requirement may also be extended if the participant is unable to safely reach their doctor's office, or the doctor's office is unavailable due to damage from the blizzard or flooding.

Both the LOC assessment and annual physical requirement will not be extended more than 6 months from the original due date.

**f. \_\_\_ Temporarily increase payment rates**

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider].

**g. X Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.**

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

During this time of emergency declaration and clean-up, alternative settings for Habilitative Workshop and Adult Day Service may be authorized prior to updating the participant's service plan. The DHHS-DD Service Coordinator will update the service plan within 60 days following the authorization.

The process for service plan development, including risk assessment and mitigation will remain the same as outlined in the approved waiver, with the exception of timelines. Service plan meetings may be delayed up to sixty days when the DHHS-DD Service Coordinator, the participant, guardian, and the participant's providers cannot safely reach the meeting location. Should the development and implementation of the service plan be delayed, the current service plan will remain in effect.

The DHHS-DD Service Coordinator will document, in the ISP, the contact with the participant, guardian, and team to discuss the extension, as well as the projected date in which the service plan will be able to be completed.

The process to monitor services are delivered as specified in the service plan will continue as outlined in the approved waiver, with the exception of temporary service delivery outside of Nebraska. DHHS-DD Service Coordination staff will monitor the services through a minimum of monthly contacts via telephone.

**h. \_\_\_ Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]**

**i. X Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.**

[Specify the services.]

For participants hospitalized in declared emergency areas, a provider may bill adult day to assist with supports, supervision, communication, and any other supports that the hospital is unable to provide.

**j. X Temporarily include retainer payments to address emergency related issues.**

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

If a participant is being served by natural supports due to being displaced or unable to safely reach the services location, the provider may bill for up to 30 consecutive days within the timeframe identified in this Appendix when the participant is not with the provider. The provider must produce supporting documentation of the participant being displaced or unable to reach the services location, and must immediately notify the Service coordinator and resume habilitative programming and documentation when the participant is back in their services. Providers will have 90 days from the date for which a retainer payment is being billed to submit a claim. Claims will be processed on a monthly billing cycle.

Rates for retainer payments are as follows:

- 1) Day Services Retainer Payment for Agencies for Adult Companion, Adult Day, Habilitative Community Inclusion, Habilitative Workshop, Prevocational, and Supported Employment – Individual, Enclave, and Follow-Along. (\$150/day)
- 2) Day Services Retainer Payment for Independent Providers for Adult Companion, Habilitative Community Inclusion, Prevocational, and Supported Employment – Individual and Follow-Along. (\$105/day)
- 3) Residential Services Retainer Payment for Agencies for Adult Companion, In-Home Residential Habilitation, and Residential Habilitation. (\$215/day)
- 4) Residential Services Retainer Payment for Independent Providers for Adult Companion and In-Home Residential Habilitation. (\$100/day)

Retainer payments for day services are limited to a total of 5 days per week (Monday – Sunday).

**k. \_\_\_ Temporarily institute or expand opportunities for self-direction.**

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards]

**l. \_\_\_ Increase Factor C.**

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

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m. **Other Changes Necessary** [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]

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## Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the request:

<b>First Name:</b>	Courtney
<b>Last Name</b>	Miller
<b>Title:</b>	Director, Division of Developmental Disabilities
<b>Agency:</b>	Nebraska Department of Health and Human Services
<b>Address 1:</b>	P.O. Box 98947
<b>Address 2:</b>	301 Centennial Mall South
<b>City</b>	Lincoln
<b>State</b>	NE
<b>Zip Code</b>	68509-8947
<b>Telephone:</b>	402-471-6038
<b>E-mail</b>	<a href="mailto:Courtney.Miller@Nebraska.gov">Courtney.Miller@Nebraska.gov</a>
<b>Fax Number</b>	402-471-8792

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

<b>First Name:</b>	
<b>Last Name</b>	
<b>Title:</b>	
<b>Agency:</b>	
<b>Address 1:</b>	
<b>Address 2:</b>	
<b>City</b>	
<b>State</b>	
<b>Zip Code</b>	
<b>Telephone:</b>	
<b>E-mail</b>	
<b>Fax Number</b>	



## 8. Authorizing Signature

Signature: 

Date: 05/20/2019

State Medicaid Director or Designee

<b>First Name:</b>	Matthew
<b>Last Name</b>	Van Patton, Ph.D.
<b>Title:</b>	Director, Division of Medicaid and Long-Term Care
<b>Agency:</b>	Nebraska Department of Health and Human Services
<b>Address 1:</b>	P.O. Box 95026
<b>Address 2:</b>	301 Centennial Mall South
<b>City</b>	Lincoln
<b>State</b>	NE
<b>Zip Code</b>	68509-5026
<b>Telephone:</b>	402-471-2135
<b>E-mail</b>	<a href="mailto:Matthew.VanPatton@Nebraska.gov">Matthew.VanPatton@Nebraska.gov</a>
<b>Fax Number</b>	402-471-9092

## Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver which the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	<b>Habilitative Workshop</b>
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<b>Service Definition (Scope):</b>	
<p>Habilitative Workshop services are habilitative services that offer a provision of regularly scheduled activities in a provider owned or controlled non-residential setting. <b>If the participant is displaced or unable to reach the workshop site safely due to flooding or blizzard conditions, Habilitative Workshop services may be delivered temporarily in the participant’s residential setting, which is defined as his/her private home, a provider owned or controlled extended family home or congregate residential setting, or another residential setting, such as a hotel or shelter.</b> Habilitative Workshop services are regularly scheduled activities, formalized training, and staff supports for the acquisition, retention, or improvement in self-help, behavioral, and adaptive skills that enhance social development and develop skills in performing activities of daily living, and community living. Activities and environments are designed to foster the acquisition of skills, building positive social behavior and interpersonal competence, greater independence and personal choice. This service is provided to participants that do not have a clear plan for employment and are therefore not currently seeking to join the general work force. Services are not job-task oriented, but aimed at generalized results.</p> <p>Habilitative Workshop services will focus on enabling the participant to attain or maintain his or her maximum functional level and must be coordinated with but may not supplant any physical, occupational, or speech therapies listed in the service plan. In addition, the services and supports may reinforce but not replace skills taught in therapy, counseling sessions, or other settings. This service also includes the provision of personal care, health maintenance and supervision.</p> <p>Habilitative Workshop is not self-directed.</p>	
<b>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</b>	
<ul style="list-style-type: none"> <li>• This service may be authorized in combination with any, or all, of the following services in the same service plan, but not during the same time period: Adult Day Services, Prevocational Services, Supported Employment (Individual, Enclave, and Follow-Along), and/or Habilitative Community Inclusion. The total combined hours for these services may not exceed a weekly amount of 35 hours.</li> <li>• The amount of prior authorized services is based on the participant’s need as documented in the service plan, and must be within the participant’s approved annual budget. <b>If the participant lives in an area with an emergency declaration, the amount of prior authorized services does not need to be in the participant’s approved annual budget.</b></li> <li>• Habilitative Workshop is reimbursed at an hourly unit.</li> <li>• The rate tier for this service is determined based upon needs identified in the Objective Assessment Process.</li> <li>• Transportation to and from the participant’s private residence, or other provider setting, to a Habilitative Workshop setting is not included in the reimbursement rate.</li> <li>• Transportation to and from the Habilitative Workshop setting to integrated community activities during the Habilitative Workshop service hours is included in the rate.</li> <li>• Habilitative Workshop shall not overlap with, supplant, or duplicate other services provided through Medicaid State Plan or HCBS Waiver services, or Vocational Rehabilitation programs.</li> </ul>	

- This service shall exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA). This includes services not otherwise available through public education programs in the participant’s local school district, including after school supervision and daytime services when school is not in session (i.e., summer breaks and/or scheduled school holidays, in-service days, etc.). Services cannot be provided during the school hours set by the local school district for the participant. Regular school hours and days apply for a child who receives home schooling.
- Documentation for any supported employment service must be maintained in the service coordination file for each participant receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 (Vocational Rehabilitation Services).

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:		
			DD Agency			
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian

**Provider Qualifications** *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
<b>DD Agency</b>	No license is required	Certification by the Division of Public Health in accordance with applicable state laws and regulations. Neb. Rev. § 83-1201 through 83-1226 – Developmental Disabilities Services Act.	<p>The DD provider agency must be a Medicaid provider, and must comply with all applicable licensure standards, Titles of the Nebraska Administrative Code, and Nebraska State Statutes.</p> <p>The DD provider agency must adhere to standards, as described in the Division of Medicaid and Long- Term Care Service Provider Agreement.</p> <p>A provider delivering direct services and supports must:</p> <ul style="list-style-type: none"> <li>• Meet and adhere to all applicable employment standards established by the hiring agency;</li> <li>• Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable or upon request: <ul style="list-style-type: none"> <li>o Abuse, neglect, and exploitation and state law reporting requirements and prevention;</li> <li>o Cardiopulmonary resuscitation; and</li> <li>o Basic first aid;</li> </ul> </li> <li>• Be authorized to work in the United States;</li> </ul>

			<ul style="list-style-type: none"> <li>• Not be a legally responsible individual or guardian;</li> <li>• Not be an employee of DHHS; and</li> <li>• Possess a valid driver’s license and insurance as required by Nebraska law, if transportation is provided.</li> </ul> <p>The DD provider agency must have internet access in all settings that are provider operated or controlled for immediate adherence to applicable record-keeping and billing requirements.</p>

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
DD Agency	DHHS agency staff in combination with designated provider enrollment broker.	Direct support staff background check compliance is verified through the annual or biennial survey process. The provider enrollment broker ensures that revalidation of agency is completed every 5 years.

**Service Delivery Method**

<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Service Specification

Service Title: **Adult Day Services**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Adult Day Services are non-habilitative services consisting of meaningful day activities. Adult Day Services provide active supports which foster independence, encompassing both health and social services needed to ensure the optimal functioning of the participant. Adult Day Services include assistance with activities of daily living (ADL), health maintenance, and supervision. Participants receiving Adult Day Services are integrated into the community to the greatest extent possible.

Adult Day Services are supervision and support services to keep participants who need the service in a safe, supervised setting that does not require the training goals and strategies of habilitation services. Adult Day Services do not offer as many opportunities for getting participants engaged in their community or participating in community events mainly due to compromised health issues and significant limitations of participants. Providers are not allowed to engage participant in work activities for no pay for which non-participants would be paid a wage. Engaging participants in volunteer activities is within the scope of this service.

Adult Day Services are intended to be provided in a non-residential licensed facility. If the participant is displaced or unable to reach the workshop site safely due to flooding or blizzard conditions, Adult Day services may be delivered temporarily in the participant’s residential setting, which is defined as his/her private home, a provider owned or controlled extended family home or congregate residential setting, or another residential setting, such as a hotel or shelter. The Adult Day Service provider must be within immediate proximity of the participant to allow staff to provide support and supervision, safety and security, and provide activities to keep the participant engaged in their environment.

Adult Day Services are not self-directed.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- Adult Day services are available for participants who are 21 years and older.
- This service may be authorized in combination with any, or all, of the following services in the same service plan, but not during the same time period: Prevocational Services, Supported Employment (Individual, Enclave, and Follow-Along), Habilitative Community Inclusion, and/or Habilitative Workshop. The total combined hours for these services may not exceed a weekly amount of 35 hours.
- The amount of prior authorized services is based on the participant’s need as documented in the service plan, and must be within the participant’s approved annual budget. If the participant lives in an area with an emergency declaration, the amount of prior authorized services does not need to be in the participant’s approved annual budget.
- Adult Day Services are reimbursed at an hourly unit.
- Transportation to and from the participant’s private residence, or other provider setting, to the Adult Day Service is not included in the reimbursement rate.
- Adult Day Services shall not overlap with, supplant, or duplicate other services provided through Medicaid State plan or HCBS Waiver services.
- Medication administration may be provided by medication aides. Health maintenance treatments that are routine, stable and predictable may be provided by unlicensed direct support professionals to the extent permitted under applicable State laws, and to the extent required by State law, must include nurse or medical practitioner oversight of delegated activities.

Provider Specifications

Individual. List types:

Agency. List the types of agencies:

Provider Category(s) (check one or both):			DD Agency			
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian
<b>Provider Qualifications</b> (provide the following information for each type of provider):						
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)			
<b>DD Agency</b>	Licensure by the Division of Public Health in accordance with applicable state laws and regulations. Neb. Rev. Stat. §§ 71-401 to 71-462 - Health Care Facility Licensure Act.	Certification by the Division of Public Health in accordance with applicable state laws and regulations. Neb. Rev. § 83-1201 through 83-1226 – Developmental Disabilities Services Act.	<p>The Adult Day provider agency must be a Medicaid provider, and must comply with all applicable licensure standards, Titles of the Nebraska Administrative Code, and Nebraska State Statutes.</p> <p>The DD provider agency must adhere to standards, as described in the Division of Medicaid and Long- Term Care Service Provider Agreement.</p> <p>A provider delivering direct services and supports must:</p> <ul style="list-style-type: none"> <li>• Meet and adhere to all applicable employment standards established by the hiring agency;</li> <li>• Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable or upon request: <ul style="list-style-type: none"> <li>o Abuse, neglect, and exploitation and state law reporting requirements and prevention;</li> <li>o Cardiopulmonary resuscitation; and</li> <li>o Basic first aid;</li> </ul> </li> <li>• Be authorized to work in the United States;</li> <li>• Not be a legally responsible individual or guardian;</li> <li>• Not be an employee of DHHS; and</li> </ul> <p>The DD provider agency must have internet access in all settings that are provider operated or controlled for immediate adherence to applicable record-keeping and billing requirements.</p>			
<b>Verification of Provider Qualifications</b>						

Provider Type:	Entity Responsible for Verification:	Frequency of Verification	
DD Agency	DHHS agency staff in combination with designated provider enrollment broker.	Direct support staff background check compliance is verified through the annual or biennial survey process. The provider enrollment broker ensures that revalidation of agency is completed every 5 years.	
Service Delivery Method			
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

## Service Specification

Service Title: **Assistive Technology**

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

### Service Definition (Scope):

Assistive Technology is equipment or a product system such as devices, controls, or appliances, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of participants and be necessary to ensure participants health, welfare and safety. The use of assistive technology enables participants who reside in their own homes to increase their abilities to perform activities of daily living in their home, or to perceive, control, or communicate with the environment they live in, thereby decreasing their need for assistance from others as a result of limitations due to disability.

All devices and adaptations must be provided in accordance with applicable State or local building codes and/or applicable standards of manufacturing, design, and installation.

Assistive Technology includes the equipment or product system as well as:

- a. Services consisting of purchasing or leasing assistive technology devices for participants.
- b. Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices.
- c. Coordination and use of necessary therapies, interventions, or services with assistive technology devices, such as therapies, interventions, or services associated with other services in the service plan.
- d. Training or technical assistance for the participant, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant.
- e. Training or technical assistance for professionals or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of participants.

Assistive Technology may be self-directed.

### Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- Assistive Technology has a participant annual budget cap of \$2,500.
- The Division may require an on-site assessment of the environmental concern including an evaluation of functional necessity with appropriate Medicaid enrolled professional providers. The Division may use a third party to assess the proposed modification and need for the modification to ensure cost effectiveness and quality of product. This assessment will be funded by the Environmental Modification Assessment service; as such, it will be reimbursed separately. The cost of the Environmental Modification Assessment is not included in the \$2,500 cap on Assistive Technology.
- The amount of prior authorized services is based on the participant's need as documented in the service plan, and must be within the participant's approved annual budget. **If the participant lives in an area with an emergency declaration, the amount of prior authorized services does not need to be in the participant's approved annual budget.**
- Assistive Technology is reimbursed per item directly to vendor or provider of services.
- This service shall not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services, or Nebraska DHHS Economic Support program services.
- Providers shall not exceed their charges to the general public when billing the waiver. A provider who offers a discount to certain individuals (for example, students, senior citizens, etc.) shall apply the same discount to the participants who would otherwise qualify for the discount.
- For items over \$500 insurance or an extended warranty is required.
- Damaged, stolen or lost items not covered by insurance or warranty may be replaced once every two years, unless the damage was due to flooding or blizzard conditions. **To ensure the participant has their primary means**



of communication for health and safety, if the damage was due to flooding or blizzard conditions, the item may be replaced, regardless of the date of purchase or insurance coverage.

**Provider Specifications**

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:		
	Independent Individual – Non-Habilitative		Independent agency – Non-Habilitative			
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian

**Provider Qualifications** (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
<b>Independent Agency – Non-Habilitative</b>	Electricians must be licensed in accordance with Neb. Rev. § 81-2106 through 2118. Plumbers must be licensed in accordance with Neb. Rev. § 18-1901 through 1919.	No Certification is required.	<p>All providers of waiver services must be a Medicaid provider as specified in the applicable Nebraska Administrative Codes.</p> <p>A provider of this service must:</p> <ul style="list-style-type: none"> <li>• Complete all provider enrollment requirements;</li> <li>• Be age 19 or older and authorized to work in the United States;</li> <li>• Not be a legally responsible individual or guardian; and</li> <li>• Not be an employee of DHHS.</li> </ul> <p>The provider must have internet access for immediate adherence to applicable record-keeping and billing requirements.</p>
<b>Independent Individual - Non-Habilitative</b>	Electricians must be licensed in accordance with Neb. Rev. § 81-2106 through 2118. Plumbers must be licensed in accordance with Neb. Rev. § 18-1901 through 1919.	No Certification is required.	<p>All providers of waiver services must be a Medicaid provider as specified in the applicable Nebraska Administrative Codes.</p> <p>A provider of this service must:</p> <ul style="list-style-type: none"> <li>• Complete all provider enrollment requirements;</li> <li>• Be age 19 or older and authorized to work in the United States;</li> <li>• Not be a legally responsible individual or guardian; and</li> <li>• Not be an employee of DHHS.</li> </ul>

			The provider must have internet access for immediate adherence to applicable record-keeping and billing requirements.
<b>Verification of Provider Qualifications</b>			
<b>Provider Type:</b>	<b>Entity Responsible for Verification:</b>	<b>Frequency of Verification</b>	
Independent Agency – Non-Habilitative	DHHS agency staff in combination with designated provider enrollment broker.	Direct support staff background check compliance is verified through the annual or biennial survey process. The provider enrollment broker ensures that revalidation of agency is completed every 5 years.	
Independent Individual - Non-Habilitative	DHHS agency staff in combination with designated provider enrollment broker.	Independent provider background check compliance is completed annually and the provider enrollment broker ensures that revalidation is completed every 5 years.	
<b>Service Delivery Method</b>			
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/> Provider managed

### Service Specification

<b>Service Title:</b>	<b>Respite</b>			
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>				
<b>Service Definition (Scope):</b>				
<p>Respite service is a non-habilitative service that is provided to participants unable to care for themselves and is furnished on a short-term, temporary basis for relief to the usual caregiver(s) living in the same private residence as the participant. Respite includes assistance with activities of daily living (ADL), health maintenance, and supervision.</p> <p>Respite services may be provided in the caregiver’s home, the provider’s home or in community settings.</p> <p>Respite services may be self-directed.</p>				
<b>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</b>				
<ul style="list-style-type: none"> <li>• The amount of prior authorized services is based on the participant’s need as documented in the service plan, and must be within the participant’s approved annual budget. <b>If the participant lives in an area with an emergency declaration, the amount of prior authorized services does not need to be in the participant’s approved annual budget.</b></li> <li>• Respite service is reimbursed in 15 minute units or daily rate. Respite services provided in a facility setting not operated by a DD provider and approved by the Division must be reimbursed at the facility’s daily rate and can only be used when all other provider options for respite are exhausted. Hourly rates are not available in non-DD facilities that provide respite because the non-DD Medicaid facilities have a per diem rate.</li> <li>• Any use of respite over 9 hours within a 24-hour period must be billed as a daily rate. Use of respite under 9 hours must be billed in 15 minute units. Use of the 9 hours or total amount of 15 minute units count as actual time towards the available 360 hours per year.</li> <li>• Federal financial participation is not to be claimed for the cost of room and board except when provided as a part of respite care furnished in a facility approved by the Division that is not a private residence.</li> <li>• The maximum number of hours for participants is 360 hours per annual budget year and cannot be carried over into the next annual budget year. <b>The Respite cap of 360 hours may be exceeded for anyone living in an affected county to allow a participant’s family time for clean-up, rebuilding, volunteering, and general respite.</b></li> <li>• Transportation from the participant’s private residence to a provider’s home or community setting is not included in the reimbursement rate.</li> <li>• Respite services may not be provided during the same time period as other HCBS waiver services.</li> <li>• Respite services may not be provided by any individual provider that lives in the same private residence as the participant, or is a legally responsible individual or guardian of the participant.</li> <li>• A Respite service provider or provider staff shall not provide respite services to adults (18 years and older) and children at the same time.</li> </ul>				
<b>Provider Specifications</b>				
<b>Provider Category(s)</b> <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
		Independent Individual – Non-Habilitative		Independent Respite Care Service Agency
				DD Agency

Specify whether the service may be provided by ( <i>check each that applies</i> ):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian
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**Provider Qualifications** (*provide the following information for each type of provider*):

Provider Type:	License ( <i>specify</i> )	Certificate ( <i>specify</i> )	Other Standard ( <i>specify</i> )
<b>Independent Respite Care Service Agency</b>	175 NAC Health Care Facilities and Services Licensure.	No Certificate is required.	<p>All providers of waiver services must be a Medicaid provider as specified in the applicable Nebraska Administrative Codes.</p> <p>A provider of this service must:</p> <ul style="list-style-type: none"> <li>• Meet and adhere to all applicable employment standards established by the hiring agency;</li> <li>• Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable, or upon request: <ul style="list-style-type: none"> <li>o Abuse, neglect, and exploitation and state law reporting requirements and prevention;</li> <li>o Cardiopulmonary resuscitation; and</li> <li>o Basic first aid;</li> </ul> </li> <li>• Not be a legally responsible individual or guardian; and</li> <li>• Not be an employee of DHHS.</li> </ul> <p>The provider must have internet access for immediate adherence to applicable record-keeping and billing requirements.</p>
<b>DD Agency</b>	175 NAC Health Care Facilities and Services Licensure or 391 NAC Children’s Services Licensing.	Certification by the Division of Public Health in accordance with applicable state laws and regulations. Neb. Rev. § 83-1201 through 83-1226 – Developmental Disabilities Services Act.	<p>The DD provider agency must be a Medicaid provider, and must comply with all applicable licensure standards, Titles of the Nebraska Administrative Code, and Nebraska State Statutes.</p> <p>The DD provider agency must adhere to standards, as described in the Division of Medicaid and Long- Term Care Service Provider Agreement.</p> <p>The DD provider agency must have internet access in all settings that are provider operated or controlled for immediate adherence to applicable record-keeping and billing requirements.</p>

			<p>A provider delivering direct services and supports must:</p> <ul style="list-style-type: none"> <li>• Meet and adhere to all applicable employment standards established by the hiring agency;</li> <li>• Be authorized to work in the United States;</li> <li>• Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable or upon request: <ul style="list-style-type: none"> <li>o Abuse, neglect, and exploitation and state law reporting requirements and prevention;</li> <li>o Cardiopulmonary resuscitation; and</li> <li>o Basic first aid;</li> </ul> </li> <li>• Not be a legally responsible individual or guardian;</li> <li>• Not be an employee of DHHS; and</li> <li>• Possess a valid driver’s license and insurance as required by Nebraska law, if transportation is provided.</li> </ul> <p>The DD provider agency must have internet access in all settings that are provider operated or controlled for immediate adherence to applicable record-keeping and billing requirements.</p>
<p><b>Independent Individual - Non-Habilitative</b></p>	<p>No license is required.</p>	<p>No Certificate is required.</p>	<p>All providers of waiver services must be a Medicaid provider as specified in the applicable Nebraska Administrative Codes.</p> <p>A provider of this service must:</p> <ul style="list-style-type: none"> <li>• Complete all provider enrollment requirements;</li> <li>• Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable, or upon request: <ul style="list-style-type: none"> <li>o Abuse, neglect, and exploitation and state law reporting requirements and prevention;</li> <li>o Cardiopulmonary resuscitation; and</li> <li>o Basic first aid;</li> </ul> </li> <li>• Be age 19 or older and authorized to work in the United States;</li> <li>• Not be a legally responsible individual or guardian;</li> <li>• Not be an employee of DHHS; and</li> </ul>

			<ul style="list-style-type: none"> <li>• Possess a valid driver’s license and insurance as required by Nebraska law, if transportation is provided.</li> </ul> <p>The provider must have internet access for immediate adherence to applicable record-keeping and billing requirements when the service is delivered in a provider setting.</p>
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:	Frequency of Verification	
Independent Respite Care Service Agency	DHHS agency staff in combination with designated provider enrollment broker.	Independent agency provider background check compliance is completed annually and the provider enrollment broker ensures that revalidation is completed every 5 years.	
DD Agency	DHHS agency staff in combination with designated provider enrollment broker.	Direct support staff background check compliance is verified through the annual or biennial survey process. The provider enrollment broker ensures that revalidation of agency is completed every 5 years.	
Independent Individual - Non-Habilitative	DHHS agency staff in combination with designated provider enrollment broker.	Independent provider background check compliance is completed annually and the provider enrollment broker ensures that revalidation is completed every 5 years.	
Service Delivery Method			
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/> Provider managed

<sup>i</sup> Numerous changes that the state may want to make necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.