

# 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:** Traumatic Brain Injury
- C. **Control Number:** NE.40199.R04.00

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

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

**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  
 In December 2019, an outbreak of COVID-19 caused by a novel coronavirus began in Wuhan, China. As of March 2020, cases of COVID-19 have been detected in 90 locations internationally, including the US. On January 30, 2020, the World Health Organization (WHO) declared the outbreak a public health emergency of international concern, and on January 31, 2020, the US Health and Human Services Secretary declared a public health

emergency in the US and on March 11, 2020, the World Health Organization has declared the coronavirus outbreak a pandemic. On March 6, 2020, the first confirmed case of COVID-19 was identified in Nebraska. People who are aged or disabled are at higher risk of serious illness if they contract this virus, and the CDC has recommended that those at higher risk of serious illness take action to avoid contracting the virus, including avoiding crowds and staying home as much as possible.

- 2) Participants, providers, and their families are affected. As of March 6, 2020, Nebraska DHHS Division of Public Health and local public health departments have advised those who contacted the first person diagnosed with the virus to self-quarantine or follow the CDC guidelines for those who are aged or have disabilities for 14 calendar days. This waiver amendment is applicable to all participants at risk of exposure. Participants of the TBI waiver are at high risk of serious illness.
- 3) As of March 19, 2020 the 23rd case of COVID-19 was reported to DHHS. The second case through community contact was confirmed. Many assisted living facilities have closed their doors to visitors, schools have canceled classes, and the University of Nebraska will move to on-line education for the remainder of the semester.
- 4) Roles of state, local, and other entities involved in approved waiver operations are defined in Appendix A in section A-1 and 2.
- 5) Expected changes needed to the service delivery methods:  
For anyone affected by the potential outbreak of COVID-19, recommended closures, and quarantines due to potential exposure, or for those following the CDC guidelines for those who are aged or disabled, the Nebraska Department of Health and Human Services Division of Medicaid and Long Term Care will:
  - Allow the services in alternative sites to be authorized and delivered prior to updating the participant's service plan;
  - Allow modifications to person-centered service planning;
  - Allow Assisted Living services to be provided in another Skilled Nursing Facility or Assisted Living Facility during a relocation for up to 30 days while seeking a new residence, or waiting to return to their Assisted Living;
  - Provide for flexibility to raise rates.
  - Extend the timeframe to schedule initial Level of Care (LOC) evaluations from 14 days to 21 days and the requirement for face to face evaluation shall be waived. The LOC will be reviewed upon the next face to face evaluation to ensure the participant's needs are correctly documented.
  - Waive the annual Level of Care (LOC) assessment requirement, when the Service Coordinator cannot complete the assessment by phone or by electronic means;
  - Allow for monthly contact to occur via telephone or other electronic means.
  - Remove the requirement for quarterly face-to-face contact;
  - A reduction in non-essential transportation and community inclusion for participants residing at Assisted Living Facilities;
  - If AD Waiver services are not used during the time of the COVID-19 community response, the Service Coordination will continue and the individual will remain eligible for the TBI waiver unless the participant dies, moves, or request the case to close.

The state is requesting immediate implementation to avoid any adverse effect on participants' health and safety and providers' capacity to deliver services. Affected participants will be allowed to receive waiver services modified as defined below until the need to close day sites, quarantine, or follow the CDC guidelines for people who are aged or disabled has passed. The projected timeline is from 3/6/2020 through 9/6/2020.

**F. Proposed Effective Date: Start Date: 03/06/2020 Anticipated End Date: 09/06/2020**

**G. Description of Transition Plan.**

**H. Geographic Areas Affected:**

Community spread is expected to become statewide

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

**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. X Temporarily modify service scope or coverage.**

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

**ii. \_\_\_ 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]

**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]:

Assisted Living Facilities, services may be provided in another Skilled Nursing Facility or Assisted Living Facility during a relocation.

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

**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. \_\_\_ 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.]

Staffing for Assisted Living Facilities that relocated to another facility may be provided by the temporary location to allow participant to receive services in a safe and accessible environment, as long as the participant's needs are still being met. Allowed temporary locations include hotels, shelters, schools, churches, or local health department designated areas for displaced families. A reduction in non-essential transportation, community inclusion, and visitors will occur if the individual Assisted Living Facilities chose to limit these services to avoid risk of exposure to viruses.

State settings initial and annual reviews for the HCBS Final Rule will be reviewed through a phone call with the administrator/director/owner and outcomes will be addressed via telephone, e-mail or mail. The on-site assessment will be scheduled with the setting when local or facility restrictions allow.

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

The timeframe for scheduling initial Level of Care (LOC) assessments will be extended from 14 days to 21 days and may be conducted by the telephone, or by electronic means. The LOC will be reviewed upon the next available face to face evaluation to ensure the participant's needs are correctly documented.

The annual Level of Care (LOC) assessment requirements will be waived for participants in which Service Coordinators cannot complete the assessment by phone, or electronic means. The Service Coordinator will document, as applicable, the alternative method of completing the LOC assessment. The LOC will be reviewed upon the next face to face evaluation to ensure the participant's needs are correctly documented.

The LOC assessment will not be extended more than 9 months from the original due date.

Additionally, the monthly contact will be allowed occur via telephone or other electronic means. The requirement for quarterly face-to-face contact will be removed.

**f. X 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].

During the emergency period, there will be flexibility to raise rates.

**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 quarantine or following the CDC guidelines for people who are aged or disable and participants remaining at home due to high risk of serious illness, services can be authorized prior to updating the participant's service plan. The Service Coordinator will update the service plan within 60 days following the authorization.

The process for service plan development will remain the same as outlined in the approved waiver, with the exception of timelines. Should the development and implementation of the service plan be delayed, the current service plan will remain in effect.

The Service Coordinator will document, as applicable, the contact with the participant, guardian and/or power of attorney, to discuss the extension. Service Coordination staff will monitor the services through a minimum of monthly contacts via phone or electronic means.

**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.]

In a scenario where the participant had to be relocated from an assisted living facility and was placed temporarily in a Hospital or Skilled Nursing Facility, but was not formally admitted as an institutional patient, assisted living waiver services may be provided in the institutional setting. This may not exceed 30 days while seeking a new residence, waiting to return to their primary residence, or waiting to return to the Assisted Living. Room and board is excluded. The Assisted Living Facilities have arrangements related to delivering services and billing practices to ensure services are still provided to the individuals in the temporary setting. A reduction in assistance with bathing and transportation is expected dependent on staffing levels.

**j. \_\_\_ 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.]

**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]

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**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>	Carisa
<b>Last Name</b>	Schweitzer Masek
<b>Title:</b>	Deputy 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>	68509-8947
<b>Telephone:</b>	402-471-7514
<b>E-mail</b>	<a href="mailto:Carisa.SchweitzerMasek@Nebraska.gov">Carisa.SchweitzerMasek@Nebraska.gov</a>
<b>Fax Number</b>	402-471-9092

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>	<a href="mailto:DHHS.MedicaidSPA@nebraska.gov">DHHS.MedicaidSPA@nebraska.gov</a>
<b>Fax Number</b>	

## 8. Authorizing Signature

**Signature:**

State Medicaid Director or Designee

<b>Date:</b>	<b>March 31, 2020</b>
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<b>First Name:</b>	Jeremy
<b>Last Name</b>	Brunssen
<b>Title:</b>	Interim 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>	Jeremy.Brunssen@Nebraska.gov
<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	
<b>Service Title:</b>	<b>Assisted Living Service</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>Assisted Living services are provided for participants with a medical diagnosis of a traumatic brain injury in a homelike, non-institutional setting and include personal care and supportive services. This includes 24-hour response capability to meet scheduled or unpredictable client needs and to provide supervision, safety, and security.</p> <p>The following services are available to the participant: medication administration, transportation, escort services, activities, essential shopping, housekeeping services, laundry services, and personal care services. <b>A reduction in non-essential transportation may occur during the time of quarantine or following the CDC guidelines for people who are aged or disable and participants due to high risk of serious illness.</b></p> <p>Escort service is accompanying or physically assisting a client who resides in an assisted living facility who is unable to access medical care without supervision or assistance. <b>The social and recreational programming may be limited during the time of quarantine or following the CDC guidelines for people who are aged or disable and participants due to high risk of serious illness.</b></p> <p>Activities are social and recreational programming.</p> <p>Nursing and skilled therapy services are incidental, rather than integral to the provision of assisted living services. Payment is not made for 24-hour skilled care. Federal Financial Participation is not available for room and board, items of comfort or convenience, or the costs of facility maintenance, upkeep, and improvement. The methodology by which the costs of room and board are excluded from payments for assisted living service is described in Appendix I-5.</p> <p>No therapies are included in the assisted living service.</p> <p>Assisted living includes the provision of personal care services and additional billing for personal care services are not allowed. This is prevented by review and approval of all waiver claims. When a client's residence is noted as Assisted Living any claims for personal care are denied.</p> <p>Relatives/guardians who provide assisted living services are either employees of a licensed assisted living facility or are the owner of a licensed assisted living facility.</p> <p><b>Assisted Living Services may be provided in alternative settings such as nursing facilities and hospitals for individuals affected in identified counties or situations where provider owned or controlled residential settings are impacted following CDC and local community guidelines for people who are aged or disabled and participants due to high risk of serious illness.</b></p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
<ul style="list-style-type: none"> <li>• The unit of service is billed at a daily rate.</li> </ul>	

- The Assisted Living Services rate includes the provision of five roundtrip medical transportation trips. If the client's service plan reflects the need for more medical transportation, it may be authorized outside of the assisted living service payment, as a state plan Medicaid service. The Assisted Living service does not include medical transportation in excess of 50 miles roundtrip. This also is authorized as a state plan Medicaid service. A reduction in non-essential transportation may occur during the time of quarantine or following the CDC guidelines for people who are aged or disable and participants due to high risk of serious illness.
- The daily rate for each participant is comprehensive and not based on individual services used or not used. The rate is not adjusted and does not depend upon what the individual actually receives. Components may not be billed separately if not all are provided.
- In a scenario where the participant had to be evacuated from an assisted living facility and was placed temporarily in a Hospital or Skilled Nursing Facility, but was not formally admitted as an institutional patient, assisted living waiver services may be provided in the institutional setting. This may not exceed 30 days while seeking a new residence, waiting to return to their primary residence, or waiting to return to the Assisted Living. Room and board is excluded. The Assisted Livings have arrangements related to delivering services and billing practices to ensure services are still provided to the individuals in the temporary setting. A reduction in bathing and transportation is expected dependent on staffing levels.

#### 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:		
		Assisted Living Facility				
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input checked="" 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>Assisted Living Facility</b>	Provider must be licensed as an Assisted Living Facility by the Nebraska Department of Health and Human Services Division of Public Health. The licensure regulations are found at 175 NAC 4.	N/A	<p>Providers must:</p> <p>These items required in a Assisted Living Facility are not required during the temporary stay at a Hospital or Nursing Facility:</p> <ul style="list-style-type: none"> <li>*Provide a private living unit with bath consisting of a toilet and sink</li> <li>*Supply normal, daily personal hygiene items including, at a minimum, soap, shampoo, toilet paper, facial tissue, laundry soap and dental hygiene products</li> <li>*Provide essential furniture</li> <li>*Ensure that Provider qualifications for persons administering medications in an assisted living facility as referenced in the Assisted Living Facility licensing regulations (175 NAC 4).</li> </ul>

<b>Verification of Provider Qualifications</b>			
<b>Provider Type:</b>	<b>Entity Responsible for Verification:</b>	<b>Frequency of Verification</b>	
<b>Assisted Living Facility</b>	Provider qualifications are verified by contracted resource developers or DHHS staff.	Provider qualifications are verified on an annual basis.	
<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 checked="" type="checkbox"/> Provider managed

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<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.

# 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:** HCBS Waiver for Aged and Adults and Children with Disabilities
- C. **Control Number:** NE.0187.R06.02

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

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

**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  
 In December 2019, an outbreak of COVID-19 caused by a novel coronavirus began in Wuhan, China. As of March 2020, cases of COVID-19 have been detected in 90 locations internationally, including the US. On January 30, 2020, the World Health Organization (WHO) declared the outbreak a public health emergency of international concern, and on January 31, 2020, the US Health and Human Services Secretary declared a public health emergency in the US and on March 11, 2020, the World Health Organization has declared

the coronavirus outbreak a pandemic. On March 6, 2020, the first confirmed case of COVID-19 was identified in Nebraska. People who are aged or disabled are at higher risk of serious illness if they contract this virus, and the CDC has recommended that those at higher risk of serious illness take action to avoid contracting the virus, including avoiding crowds and staying home as much as possible.

- 2) Participants, providers, and their families are affected. As of March 6, 2020, Nebraska DHHS Division of Public Health and local public health departments have advised those who contacted the first person diagnosed with the virus to self-quarantine or follow the CDC guidelines for those who are aged or have disabilities for 14 calendar days. This waiver amendment is applicable to all participants at risk of exposure. Participants of the AD waiver are at high risk of serious illness.
- 3) As of March 19, 2020 the 23rd case of COVID-19 was reported to DHHS. The second case through community contact was confirmed. Many assisted living facilities have closed their doors to visitors, schools have canceled classes, and the University of Nebraska will move to on-line education for the remainder of the semester.
- 4) Roles of state, local, and other entities involved in approved waiver operations are defined in Appendix A in section A-1 and 2.

- 5) Expected changes needed to the service delivery methods:

For anyone affected by the potential outbreak of COVID-19, recommended closures, and quarantines due to potential exposure, or for those following the CDC guidelines for those who are aged or disabled, the Nebraska Department of Health and Human Services Division of Medicaid and Long Term Care will:

- Allow the services in alternative sites to be authorized and delivered prior to updating the participant's service plan;
- Allow modifications to person-centered service planning;
- Allow Chore, Respite, Extra Care for Children with Disabilities and Home Delivered Meals to be administered temporarily in alternative settings;
- Allow Assisted Living services to be provided in another Skilled Nursing Facility or Assisted Living Facility during a relocation for up to 30 days while seeking a new residence, or waiting to return to their Assisted Living;
- Allow up to 14 additional days annually of respite hours to be used;
- Provide for flexibility to raise rates.
- Extend the timeframe to schedule initial Level of Care (LOC) evaluations from 14 days to 21 days and the requirement for face to face evaluation shall be waived. The LOC will be reviewed upon the next face to face evaluation to ensure the participant's needs are correctly documented.
- Waive the annual Level of Care (LOC) assessment requirement, when the Service Coordinator cannot complete the assessment by phone or by electronic means;
- Allow for monthly contact to occur via telephone or other electronic means.
- Remove the requirement for quarterly face-to-face contact;
- A reduction in non-essential transportation and community inclusion for participants residing at Assisted Living Facilities;
- Allow additional non-medical Transportation Services to be provided to allow participants to get necessary supplies. Remove the limitation excluding individuals with working vehicles from receiving transportation services.
- If AD Waiver services are not used during the time of the COVID-19 community response, the Service Coordination will continue and the individual will remain

eligible for the AD waiver unless the participant dies, moves, or request the case to close.

The state is requesting immediate implementation to avoid any adverse effect on participants' health and safety and providers' capacity to deliver services. Affected participants will be allowed to receive waiver services modified as defined below until the need to close day sites, quarantine, or follow the CDC guidelines for people who are aged or disabled has passed. The projected timeline is from March 6, 2020 through September 6, 2020. Should a provider be unable to deliver services during this emergency, another enrolled Medicaid HCBS AD service provider or providers will be authorized. The use of informal supports in the individual's back up plan will be utilized if no providers are available and the participant's service plan will be updated. DHHS will increase enrollment of AD waiver providers to build capacity for additional service providers to be available.

**F. Proposed Effective Date: Start Date: 03/06/2020 Anticipated End Date: 09/06/2020\_**

**G. Description of Transition Plan.**

**H. Geographic Areas Affected:**

Community spread is expected to become statewide

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

## 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.]

[Redacted]

**ii. \_\_\_ Temporarily modify additional targeting criteria.**

[Explanation of changes]

[Redacted]

**b. X Services**

**i. X 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 Respite cap of 360 hours annually may be exceeded, for up to an additional 14 days annually, for individuals under quarantine or following the CDC guidelines for people who are aged or disabled to allow the participant to receive services in safe and accessible environments, as long as the participant's needs are still being met.

**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]:

Chore, Respite, Extra Care for Children with Disabilities and Home Delivered Meals, may be delivered temporarily in alternative settings that are safe and accessible including; hotels, shelters, schools, and churches or local health department designated areas for displaced families. For Assisted Living Facilities, services may be provided in another Skilled Nursing Facility or Assisted Living Facility during a relocation.

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

[Redacted]

**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. \_\_\_ 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.]

Staffing for Assisted Living Facilities that relocated to another facility may be provided by the temporary location to allow participant to receive services in a safe and accessible environment, as long as the participant's needs are still being met. Allowed temporary locations include hotels, shelters, schools, churches, or local health department designated areas for displaced families. A reduction in non-essential transportation, community inclusion, and visitors will occur if the individual Assisted Living Facilities chose to limit these services to avoid risk of exposure to viruses.

Extra Care for Children with Disabilities may be provided in the individual's home in lieu of a care center or providers home, by the Licensed Care Center, or Licensed Family Child Care Home I or II, during the time of quarantine or following the CDC guidelines for people who are aged or disable and participants remaining at home due to high risk of serious illness.

State settings initial and annual reviews for the HCBS Final Rule will be reviewed through a phone call with the administrator/director/owner and outcomes will be addressed via telephone, e-mail or mail. The on-site assessment will be scheduled with the setting when local or facility restrictions allow.

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



The timeframe for scheduling initial Level of Care (LOC) assessments will be extended from 14 days to 21 days and may be conducted by the telephone, or by electronic means. The LOC will be reviewed upon the next available face to face evaluation to ensure the participant's needs are correctly documented.

The annual Level of Care (LOC) assessment requirements will be waived for participants in which Service Coordinators cannot complete the assessment by phone, or electronic means. The Service Coordinator will document, as applicable, the alternative method of completing the LOC assessment. The LOC will be reviewed upon the next face to face evaluation to ensure the participant's needs are correctly documented.

The LOC assessment will not be extended more than 9 months from the original due date.

Additionally, the monthly contact will be allowed occur via telephone or other electronic means. The requirement for quarterly face-to-face contact will be removed.

**f. X 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].

During the emergency period, there will be flexibility to raise rates.

**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 quarantine or following the CDC guidelines for people who are aged or disable and participants remaining at home due to high risk of serious illness, services can be authorized prior to updating the participant's service plan. The Service Coordinator will update the service plan within 60 days following the authorization.

The process for service plan development, will remain the same as outlined in the approved waiver, with the exception of timelines. Should the development and implementation of the service plan be delayed, the current service plan will remain in effect.

The Service Coordinator will document, as applicable, the contact with the participant, guardian and/or power of attorney, to discuss the extension. Service Coordination staff will monitor the services through a minimum of monthly contacts via phone or electronic means.

**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.]

In a scenario where the participant had to be relocated from an assisted living facility and was placed temporarily in a Hospital or Skilled Nursing Facility, but was not formally admitted as an institutional patient, assisted living waiver services may be provided in the institutional setting. This may not exceed 30 days while seeking a new residence, waiting to return to their primary residence, or waiting to return to the Assisted Living. Room and board is excluded. The Assisted Living Facilities have arrangements related to delivering services and billing practices to ensure services are still provided to the individuals in the temporary setting. A reduction in assistance with bathing and transportation is expected dependent on staffing levels.

**j. \_\_\_ 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.]

**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]

**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]**

## Contact Person(s)

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

<b>First Name:</b>	Carisa
<b>Last Name</b>	Schweitzer Masek
<b>Title:</b>	Deputy 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>	68509-8947
<b>Telephone:</b>	402-471-7514
<b>E-mail</b>	<a href="mailto:Carisa.SchweitzerMasek@Nebraska.gov">Carisa.SchweitzerMasek@Nebraska.gov</a>
<b>Fax Number</b>	402-471-9092

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>	<a href="mailto:DHHS.MedicaidSPA@nebraska.gov">DHHS.MedicaidSPA@nebraska.gov</a>
<b>Fax Number</b>	

## 8. Authorizing Signature

**Signature:**

State Medicaid Director or Designee

<b>Date:</b>	<b>March 31, 2020</b>
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<b>First Name:</b>	Jeremy
<b>Last Name</b>	Brunssen
<b>Title:</b>	Interim 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>	Jeremy.Brunssen@Nebraska.gov
<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						
<b>Service Title:</b>	Respite					
<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>						
Respite services are provided to clients unable to care for themselves that are furnished on a short-term basis because of the absence of or need for relief of those persons who normally provide care for the client. Respite may be provided in or out of the client’s home. Out of home respite may be provided in the following locations: private residence of a respite service provider, Medicaid certified nursing facility, Licensed Assisted Living Facility, Licensed Respite Facility, Licensed or approved child care home or center, or other community settings. <span style="background-color: yellow;">Respite may be delivered temporarily in alternative settings that are safe and accessible including; hotels, shelters, schools, churches or local health department designated areas for displaced families.</span>						
FFP may not be claimed for room and board when respite is provided in the client’s home or place of residence.						
<b>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</b>						
Respite services may not be used to allow the caregiver to accept or maintain employment. When the need for respite is identified, the amount authorized is based on the assessment of several factors such as the availability of informal support, potential for abuse/neglect, and caregiver health status. No more than 360 hours annually may be authorized. <span style="background-color: yellow;">The Respite cap of 360 hours annually may be exceeded by up to an additional 14 days annually, for individuals and the availability of information supports will not be reviewed before authorization.</span>						
Provider Specifications						
<b>Provider Category(s)</b> <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:		
		Independent Respite Provider		Agency Respite Provider		
<b>Specify whether the service may be provided by</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input checked="" type="checkbox"/>	Legal Guardian
<b>Provider Qualifications</b> <i>(provide the following information for each type of provider):</i>						
<b>Provider Type:</b>	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>			
<b>Independent Respite Provider</b>	N/A	N/A	Providers must: <ul style="list-style-type: none"> <li>Never leave the client alone while providing respite</li> <li>Prepare meals or snacks to comply with client’s dietary needs</li> <li>Use universal precautions</li> </ul>			

			<ul style="list-style-type: none"> <li>Have the knowledge and abilities to meet the specialized physical, medical, or personal care needs of the client</li> </ul> <p>Out of home providers must assure their home is accessible and safe</p>
<b>Agency Respite Provider</b>	Respite Care Service when mandated per 175 NAC 15	N/A	<p>Direct care staff of the respite provider agency must:</p> <ul style="list-style-type: none"> <li>Never leave the client alone while providing respite</li> <li>Prepare meals or snacks to comply with client's dietary needs</li> <li>Use universal precautions</li> <li>Have the knowledge and abilities required to meet the specialized physical, medical, or personal care needs of the client</li> <li>Out of home agency providers must assure their setting is accessible and safe</li> <li>Provide training to staff and provide DHHS with training plans upon request</li> </ul> <p>Ensure availability of services</p>

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
<b>Independent Respite Provider</b>	This will be completed by designated Resource Development personnel and background verification is done in combination with designated provider enrollment broker.	Background checks are completed annually and revalidation is completed every 5 years.
<b>Agency Respite Provider</b>	This will be completed by designated Resource Development personnel and background verification is done in combination with designated provider enrollment broker.	Background checks are completed annually and revalidation is completed every 5 years.

**Service Delivery Method**

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

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

**Service Definition (Scope):**

A range of assistance to enable clients to accomplish tasks that they would normally do for themselves if they did not have a disability. This includes the performance of general household tasks to maintain the home in a clean, sanitary and safe environment. The assistance may take the form of supervision or actually performing the task for the client. Personal care may be provided on an episodic or on a continuing basis. For individuals who are 0-21 served by this waiver, personal care is available under EPSDT through the State Plan. Health related services that are provided may include medication administration to the extent permitted by Nebraska State law. Types of assistance furnished may include assistance with Activities of Daily Living; bill paying; essential shopping; food preparation; housekeeping activities; ice/snow removal; laundry services; and supervision.

**Chore may be delivered temporarily in alternative settings that are safe and accessible including; hotels, shelters, schools, churches, or local health department designated areas for displaced families.**

Chore under the waiver differs in scope and nature from the personal care offered under the State Plan as supervision may be provided.

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

General household tasks are limited to those necessary for maintaining and operating the client's home when they are responsible for the home.

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Independent Chore Provider		Agency Chore Provider

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 checked="" 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 Chore Provider</b>	N/A	N/A	Providers must: <ul style="list-style-type: none"> <li>Have the knowledge and abilities required to meet the specialized</li> </ul>

			<p>physical, medical, or personal care needs of the client</p> <ul style="list-style-type: none"> <li>• Have qualifications, experience, and abilities necessary in carrying out chore services comparable to those that will be authorized</li> </ul> <p>Use universal precautions</p>
<b>Agency Chore Provider</b>	N/A	N/A	<p>Providers must:</p> <ul style="list-style-type: none"> <li>• Employ staff who have the knowledge and abilities required to meet the specialized physical, medical, or personal care needs of the client</li> <li>• Employ staff based on qualifications, experience, and abilities in carrying out chore services comparable to those that will be authorized</li> <li>• Require staff use of universal precautions</li> <li>• Provide DHHS with training plans upon request</li> </ul> <p>Ensure availability of services</p>

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
<b>Independent Chore Provider</b>	This will be completed by designated Resource Development personnel and background verification is done in combination with designated provider screening and enrollment broker.	Background checks are completed annually and revalidation is completed every 5 years.
<b>Agency Chore Provider</b>	This will be completed by designated Resource Development personnel and background verification is done in combination with designated provider screening and enrollment broker.	Background checks are completed annually and 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 checked="" type="checkbox"/> Provider managed

Service Specification	
Service Title:	Assisted Living Service



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

**Service Definition (Scope):**

Assisted Living Services are provided in a homelike, non-institutional setting and include personal care and supportive services. This includes 24-hour response capability to meet scheduled or unpredictable client needs and to provide supervision, safety, and security.

Depending on the needs of the client, Assisted Living Services may include medication administration, transportation, escort services, activities, essential shopping, housekeeping services, laundry services, and personal care services. When provided to the client, the above services are included in the comprehensive rate paid to the assisted living provider, and are not billed separately. A reduction in non-essential transportation may occur during the time of quarantine or following the CDC guidelines for people who are aged or disabled and participants due to high risk of serious illness.

Provider qualifications for persons administering medications in an assisted living facility are referenced in the Assisted Living Facility licensing regulations (175 NAC 4).

Escort services are accompanying or physically assisting a client who resides in an assisted living facility who is unable to travel or wait alone to medical appointments.

Activities are social and recreational programming. The social and recreational programming may be limited during the time of quarantine or following the CDC guidelines for people who are aged or disabled and participants due to high risk of serious illness.

Nursing and skilled therapy services are incidental rather than integral to the provision of this service. Payment is not made for 24-hour skilled care. FFP is not available for room and board, items of comfort or convenience, or costs of facility maintenance, upkeep and improvement. The methodology by which the costs of room and board are excluded from the payments for assisted living services is described in Appendix I-5.

No therapies are included in the assisted living service.

Assisted living includes the provision of personal care services and additional billing for personal care services is not allowed. This is prevented by review and approval of all waiver claims. When a client's residence is noted as Assisted Living, then any claims for personal care are denied.

Relatives/guardians who provide assisted living services are either employees of a licensed assisted living facility or are the owner of a licensed assisted living facility.

Assisted Living Services may be provided in alternative settings such as nursing facilities and hospitals for individuals affected in identified counties or situations where provider owned or controlled residential settings are impacted following CDC and local community guidelines for people who are aged or disabled and participants due to high risk of serious illness.

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

The Assisted Living Services rate includes the provision of five roundtrip medical transportation trips. If the client's service plan reflects the need for more medical transportation, it may be authorized outside of the assisted living service payment, as a state plan Medicaid service. The Assisted Living Service does not include medical transportation in excess of 50 miles roundtrip. This also is authorized as a state plan Medicaid service.

In a scenario where the participant had to be evacuated from an assisted living facility and was placed temporarily in a Hospital or Skilled Nursing Facility, but was not formally admitted as an institutional patient, assisted living waiver services may be provided in the institutional setting. This may not exceed 30 days while seeking a new residence, waiting to return to their primary residence, or waiting to return to the Assisted Living. Room and board is excluded. The Assisted Livings have arrangements related to delivering services and billing practices to ensure services are still provided to the individuals in the temporary setting. A reduction in bathing and transportation is expected dependent on staffing levels.

**Provider Specifications**

Provider Category(s)	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Assisted Living Facility

(check one or both):			
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/> Relative <input checked="" 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)
Assisted Living Facility	Assisted Living Facility	N/A	<p>These items required in a Assisted Living Facility are not required during the temporary stay at a Hospital or Nursing Facility:</p> <ul style="list-style-type: none"> <li>• Provide a private living unit with bath consisting of a toilet and sink</li> <li>• Supply normal, daily personal hygiene items including, at a minimum, soap, shampoo, toilet paper, facial tissue, laundry soap, and dental hygiene products</li> </ul> <p>Provide essential furniture</p>
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Assisted Living Facility	This will be completed by designated Resource Development personnel and background verification is done in combination with designated provider enrollment broker.		Background checks are completed annually and revalidation is completed every 5 years.
<b>Service Delivery Method</b>			
Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

**Service Specification**

Service Title: Home Delivered Meals

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

Service Definition (Scope):

Home-Delivered Meals is a service for adults which provides a meal prepared outside the client’s home and is delivered to their home. Home delivered meal providers which meet the definition of a food establishment in Nebraska Revised Statutes 81-2,257.01 must follow regulations and procedures outlined in the above statute, also known as the Nebraska Food Code. A “food establishment” is defined as an operation that stores, prepares, packages, serves, sells, vends, or otherwise provides food for human consumption. It does not include health care facilities (in which assisted living facilities are classified) or nursing facilities. Such facilities are directed by their licensing regulations for food preparation and safety.

**Home Delivered Meals may be delivered temporarily in alternative settings that are safe and accessible including; hotels, shelters, schools, churches or local health department designated areas for displaced families.**

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

Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day).

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Independently operated home delivered meal provider		Agency home delivered meal provider

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 checked="" 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>
Independently operated home delivered meal provider	N/A	N/A	Providers must: <ul style="list-style-type: none"> <li>• Deliver meals in a sanitary manner and using methods to maintain proper food temperatures</li> <li>• Provide meals which contain at least 1/3 of the recommended daily allowance per meal</li> <li>• Make menus available to DHHS</li> </ul> Conform to applicable laws and regulations in Nebraska Food Code (Neb.Rev. Stat. 81-2,257.01)
Agency home delivered meal provider	N/A	N/A	Providers must: <ul style="list-style-type: none"> <li>• Deliver meals in a sanitary manner and using methods to maintain proper food temperatures</li> <li>• Provide meals which contain at least 1/3 of the recommended daily allowance per meal</li> <li>• Make menus available to DHHS</li> <li>• Conform to applicable laws and regulations Nebraska Food Code (Neb.Rev. Stat. 81-2,257.01), 175</li> </ul>

			NAC
<b>Verification of Provider Qualifications</b>			
<b>Provider Type:</b>	<b>Entity Responsible for Verification:</b>	<b>Frequency of Verification</b>	
Independently operated home delivered meal provider	This will be completed by designated Resource Development personnel and background verification is done in combination with designated provider enrollment broker.	Background checks are completed annually and revalidation is completed every 5 years.	
Agency home delivered meal provider	This will be completed by designated Resource Development personnel and background verification is done in combination with designated provider enrollment broker.	Background checks are completed annually and 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 checked="" type="checkbox"/> Provider managed

Service Title:

**Extra Care for Children with Disabilities**

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

**Service Definition (Scope):**

The purpose of Extra Care for Children with Disabilities (ECCD) is to provide the medically necessary portion of assistance related to the physical, medical or personal care needs required by the client while his/her parent or guardian works, seeks employment, or attends school. Clients must require this additional assistance which is beyond the routine care and supervision given to clients without disabilities or special health conditions who are in a child care setting.

This service does not include the cost of routine child care for the care and supervision of the client, normally provided by parents/guardians in their own home. This service encompasses extraordinary care needs due to disability or special health condition of the child. Some examples of this include, but are not limited to, preparing and administering a tube feeding for nutrition; suctioning a child's airway every hour to remove secretions the child is unable to cough out or swallow; providing physical assistance needed to transfer a child in and out of a wheelchair; or changing an ileostomy or colostomy appliance and completing skin care necessary to maintain an infection-free stoma and surrounding area.

In a two parent/guardian household, this service may be prior authorized when both parents/guardians are working/attending school at the same time. School attendance by the parent(s)/guardian(s) is defined as enrolling in and regularly attending vocational or educational training to attain a high school or equivalent diploma or an initial undergraduate degree or certificate.

Personal care assistance provided under this service does not overlap with personal care assistance provided under the chore service of this waiver. A client cannot be authorized to receive both services at the same time.

This service of the Aged & Disabled waiver only covers those medically necessary services associated with the child's physical, medical or personal care needs. These more specialized needs/services are not included in routine child care, as that (routine child care) is expected to cover the care and supervision provided to children whose parents/guardians have elected to work or attend school and must arrange for someone else to take on those responsibilities in absentia. All of the cost related to the extraordinary care related to the physical, medical or personal care needs required by the client will be included in the waiver payment for the waiver service. This cost is currently included in the payment for the waiver service. Routine child care and its cost, paid by parents/guardians, do not cover the medically necessary services needed to address disability and special health care conditions of the client. Cost sharing is payment made for a covered service and is usually in the form of a co-insurance, co-payment, or deductible. Routine child care is not a covered service of this waiver.

The cost of routine child care is being separated from the cost of the extraordinary care needs due to the child's disability or special health condition. This is done by determining the cost of routine child care, cost for similar childcare needs in the area and access to service is considered to establish a rate that covers the extraordinary care related to the physical, medical or personal care needs required by the client.

Care is provided in a child's home by an approved provider or in a setting approved or licensed by the Department of Health and Human Services. Care may be provided in the individual's home in lieu of a care center or provider's home, by the Licensed Care Center, or Licensed Family Child Care Home I or II, during the time of quarantine or following the CDC guidelines for people who are aged or disable and participants remaining at home due to high risk of serious illness.

In Nebraska, because of the Nurse Practice Act and the Tim Kolb Amendment, parents/guardians must train the provider on the delivery of medical treatment and therapies. Because of this medical component, providers receive a higher rate based on the child's medical needs which affect staffing requirements.

The Department has the authority to establish ECCD rates.

Extra care for children with disabilities is designed to provide medically necessary care needs from ages 0-17 years of age.

Routine cost of care is established by the childcare subsidy rate chart established by the childcare subsidy division.			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
<p>Extra Care for Children with Disabilities may be provided to clients whose parent/guardian is working, attending school, or seeking employment. In a two parent/guardian household, this service may be prior authorized when both parents/guardians are working/attending school at the same time. School attendance by the parent(s)/guardian(s) is defined as enrolling in and regularly attending vocational or educational training to attain a high school or equivalent diploma or an initial undergraduate degree or certificate. This service will not be authorized for attendance of the parent(s)/guardian(s) for additional undergraduate degrees, certificates and graduate education or higher. Clients whose parent(s)/guardian(s) are seeking employment may be authorized up to 12 hours per week of this service for two consecutive months.</p> <p>The duration of the service averages less than 12 hours per day. It may be authorized in a household with two parents/caregivers when both are absent at the same time. Service expenditures must be cost effective in comparison to employment income.</p> <p>Services available through public education programs are excluded from coverage under this service. The costs of child care unrelated to the child's disability are excluded.</p> <p>Transportation is not provided under this service.</p>			
Provider Specifications			
Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
		Licensed Family Child Care Home I or II	Licensed Child Care Center
		License-exempt family child care home	
		In-Home Child Care Provider	
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/> Relative <input type="checkbox"/> Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
<b>Licensed Family Child Care Home I or II</b>	Family Child Care Home I or II licenses as found in 391 NAC	N/A	Providers must: <ul style="list-style-type: none"> <li>* Demonstrate expertise required to meet the specialized physical, medical, or personal care needs of the child</li> <li>* Have at least one CPR trained person on duty</li> <li>* Assure the home is compatible with medical and safety considerations of the child</li> <li>* Prepare and serve appropriate meals and/or snacks to comply with the child's dietary needs</li> <li>* Family Child Care Home I have a maximum capacity of 8 children of mixed ages and 2 additional school age children during non-school hours.</li> </ul>

			<p>* Family Child Care Home I can provide care for no more than 3 infants (under 18 months) per adult as long as no more than 2 infants per adult are under 12 months of age.</p> <p>* Family Child Care Home I serving mixed ages of children can provide care for no more than 2 additional school-age children during non-school hours as long as no more than 2 children are under 18 months of age.</p> <p>* Family Child Care Home II have a maximum capacity of 12 children with two providers present.</p> <p>* Family Child Care Home II can provide care for no more than 3 infants (under 18 months) per adult as long as no more than 2 infants per adult are under 12 months of age.</p> <p>* Family Child Care Home II serving mixed ages of children can provide care for no more than 2 additional school-age children during non-school hours as long as no more than 2 children are under 18 months of age.</p> <p>* Family Child Care Home II may care for up to 12 school age children, however if the provider has their own children who are under 8 years old, these children are included in the child/staff ratio.</p>
<b>License-exempt family child care home</b>	N/A	N/A	<p>Providers must:</p> <p>* Demonstrate expertise required to meet the specialized physical, medical, or personal care needs of the child</p> <p>* Assure the home is compatible with medical and safety considerations of the child</p> <p>* Prepare and serve appropriate meals and/or snacks to comply with the child's dietary needs</p> <p>License-Exempt providers are not required to hold CPR training because they are not licensed by the DHHS Division of Public Health (which has licensing duties for other child care provider types). This group of individual providers, however, must be able to meet the needs of the child and be trained in areas as specified by the parent/guardian of the child. It will include CPR training as specified by the parent/guardian.</p>

<b>In-Home Child Care Provider</b>	N/A	N/A	Providers must: <ul style="list-style-type: none"> <li>• Demonstrate expertise required to meet the specialized physical, medical, or personal care needs of the child</li> <li>* Assure the home is compatible with medical and safety considerations of the child</li> <li>* Prepare and serve appropriate meals and/or snacks to comply with the child's dietary needs</li> </ul>
<b>Licensed Child Care Center</b>	Child Care Center license as found in 391 NAC	N/A	Providers must: <ul style="list-style-type: none"> <li>* Demonstrate expertise required to meet the specialized physical, medical, or personal care needs of the child</li> <li>* Have at least 1 CPR trained person on duty</li> <li>* Assure the home is compatible with medical and safety considerations of the child</li> <li>* Prepare and serve appropriate meals and/or snacks to comply with the child's dietary needs</li> </ul>

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
<b>Licensed Family Child Care Home I or II</b>	This will be completed by designated Resource Development personnel and background verification is done in combination with designated provider enrollment broker.	Background checks are completed annually and revalidation is completed every 5 years.
<b>License-exempt family child care home</b>	This will be completed by designated Resource Development personnel and background verification is done in combination with designated provider enrollment broker.	Background checks are completed annually and revalidation is completed every 5 years.
<b>In-Home Child Care Provider</b>	This will be completed by designated Resource Development personnel and background verification is done in combination with designated provider enrollment broker.	Background checks are completed annually and revalidation is completed every 5 years.
<b>Licensed Child Care Center</b>	This will be completed by designated Resource Development personnel and background verification is done in combination with designated provider enrollment broker.	Background checks are completed annually and 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 checked="" type="checkbox"/>	Provider managed
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Service Title: **Transportation Services**

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

Service Definition (Scope):

Transportation Services are provided to enable clients to gain access to waiver and other community services and resources as outlined in the Plan of Services and Supports. This service may include accompanying a client unable to travel and wait alone. **Transportation Services may be provided to enable clients to obtain household supplies, food, or other items needed during the time of quarantine or following the CDC guidelines for people who are aged or disable and participants remaining at home due to high risk of serious illness. The Plan of Services and Supports can be updated within 60 days of authorizing of transportation services.**  
 All transportation service provided under the waiver is non-medical transportation. Waiver transportation services may not be substituted for the transportation services Nebraska is obligated to furnish under the requirements of 42 CFR 440.170.

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

Clients may be authorized for non-medical transportation if they do not have access to a working licensed vehicle or a valid driver's license; are unable to drive due to physical or cognitive limitation; OR are unable to secure transportation from relatives, friends, or other organizations at no cost.  
**Clients may be authorized for non-medical transportation even if they have access to a working licensed vehicle during the time of quarantine or following the CDC guidelines for people who are aged or disable and participants remaining at home due to high risk of serious illness.**

**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:		
		Individual Transportation Provider		Public Service Commission Exempt Transportation Provider		
				Certified Commercial Carrier/Common Carrier		
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input checked="" type="checkbox"/>	Legal Guardian

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

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Public Service Commission Exempt Transportation Provider	N/A	Certified to operate as a public transit authority issued by the Nebraska Department of Roads	Providers must: <ul style="list-style-type: none"> <li>Ensure drivers possess a current and valid driver's license with no more than three points assessed against his/her Nebraska driver's license within the past two years or meet a comparable standard in the state in which s/he is licensed to drive</li> <li>* Ensure drivers have not had his/her driver/chauffeur's license revoked within the past three years</li> </ul>
Certified Commercial Carrier/Common Carrier	N/A	Certificate of Authority issued by the Nebraska Public Service Commission	Providers must: <ul style="list-style-type: none"> <li>* Ensure drivers possess a current and valid driver's license with no more than three points assessed against his/her Nebraska driver's license within the past two years or meet a comparable standard in the state in which s/he is licensed to drive</li> </ul>

			* Ensure drivers have not had his/her driver/chauffeur's license revoked within the past three years
Individual Transportation Provider	Provider must have a valid driver's license and have no more than three points assessed against his/her Nebraska driver's license within the past two years, or meet a comparable standard in the state in which s/he is licensed to drive.	N/A	Providers must: •use their own personally registered vehicle to transport the client *the provider must maintain the minimum vehicle insurance coverage as required by state law
<b>Verification of Provider Qualifications</b>			
<b>Provider Type:</b>	<b>Entity Responsible for Verification:</b>		<b>Frequency of Verification</b>
Public Service Commission Exempt Transportation Provider	This will be completed by designated Resource Development personnel and background verification is done in combination with designated provider enrollment broker.		Background checks are completed annually and revalidation is completed every 5 years.
Certified Commercial Carrier/Common Carrier	<b>This will be completed by designated Resource Development personnel and background verification is done in combination with designated provider enrollment broker.</b>		<b>Background checks are completed annually and revalidation is completed every 5 years.</b>
Individual Transportation Provider	<b>This will be completed by designated Resource Development personnel and background verification is done in combination with designated provider enrollment broker.</b>		<b>Background checks are completed annually and revalidation is completed every 5 years.</b>
<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 checked="" type="checkbox"/> Provider managed

<sup>i</sup> Numerous changes that the state may want to make necessitate

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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.

# APPENDIX K: Emergency Preparedness and Response and COVID-19 Addendum

## Background:

This standalone appendix may be utilized by the state during emergency situations to request amendments to its approved waiver, to multiple approved waivers in the state, and/or to all approved waivers in the state. 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>1</sup> This appendix may be applied retroactively as needed by the state. Public notice requirements normally applicable under 1915(c) do not apply to information contained in this Appendix.

## Appendix K-1: General Information

### General Information:

- A. State: Nebraska
- B. Waiver Title(s):
- C. Control Number(s):

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

<input checked="" type="checkbox"/>	Pandemic or Epidemic
<input type="checkbox"/>	Natural Disaster
<input type="checkbox"/>	National Security Emergency
<input type="checkbox"/>	Environmental
<input type="checkbox"/>	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.

COVID-19 pandemic. This amendment will apply waiver-wide for each waiver included in this Appendix, to all individuals impacted by the virus or the response to the virus (e.g. closure of day programs, etc.).

**F. Proposed Effective Date: Start Date:** March 6, 2020 **Anticipated End Date:** September 6, 2020.

**G. Description of Transition Plan.**

All activities will take place in response to the impact of COVID-19 as efficiently and effectively as possible based upon the complexity of the change.

**H. Geographic Areas Affected:**

These actions will apply across the waiver to all individuals impacted by the COVID-19 virus.

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

N/A

**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. X 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 Respite cap of 240 hours may be exceeded for anyone under isolation, quarantined or following the CDC guidelines for people with disabilities to allow the participant to receive services in safe and accessible environments, as long as the participant's needs are still being met.

The cap of 25 hours per week for Independent Living is waived for anyone under isolation, quarantine or following the CDC guidelines for people with disabilities to allow the participant to receive services in safe and accessible environments, as long as the participant's needs are still being met.

The cap of 25 hours per week for Supported Family Living is waived for anyone under isolation, quarantine or following the CDC guidelines for people with disabilities to allow the participant to receive services in safe and accessible environments, as long as the participant's needs are still being met.

When the participant is placed in isolation, quarantine, or following the CDC guidelines for people with disabilities, groups of 3 Supported Family Living participants will not need approval by the Department.

When the participant is placed in isolation, quarantine or following the CDC guidelines for people with disabilities, groups of 3 Independent Living participants will not need approval by the Department.

**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 Community Inclusion, Habilitative Workshop, Prevocational, and Adult Day Service may be delivered temporarily in the participant’s residential setting, such 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.

Habilitative Community Inclusion may be delivered temporarily in a residential setting for the majority of the time billed for the service.

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

**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. X Temporarily modify provider qualifications.**

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

The State will modify the following requirements for independent provider enrollment:

- A certificate for completion of training in Abuse, Neglect, and Exploitation and state law reporting requirements and prevention must be obtained within 90 calendar days of initial enrollment;
- A certificate for completion of Cardiopulmonary Resuscitation (CPR) training must be obtained within 12 calendar months of initial enrollment; and
- A certificate for completion of Basic First Aid training must be completed within 12 calendar months of initial enrollment.

The annual program compliance requirements for agency and independent provider enrollment will be waived.

**ii. X Temporarily modify provider types.**

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

The state will add a provider type of Independent Agency – Habilitative Services to Habilitative Community Inclusion and Supported Family Living.



**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, such as Habilitative Workshops and congregate residential habilitation settings, until the public health emergency has passed. This is for the safety of the survey staff, as well as ensuring state staff are not spreading illness to anyone under isolation, quarantine or those following the CDC guidelines for people with disabilities population or those remaining at home due to risk of serious illness. 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 waived for participants in which the DHHS-DD Service Coordinator cannot complete the assessment by phone. The DHHS-DD Service Coordinator will document, in the ISP, the phone contact attempts, as well as the projected date in which the LOC will be able to be completed. The LOC assessment will not be extended more than 9 months from the original due date.

The minimum frequency of ninety days for the provision of one waiver service will be waived for participants who are quarantined or following the CDC guidelines for people with disabilities. Monthly monitoring by the Service Coordinator will still occur.

**f. X 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.]

The following rates may be increased to ensure sufficient providers are available to participants. The increase would account for excess overtime of direct support professionals to cover staffing needs and to account for additional infection control supplies and service costs: Independent Living, Supported Family Living, Habilitative Community Inclusion, and Habilitative Workshop.

The rate setting methodology is the same. Upward adjustments would be made to the supply and staffing costs.

**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 isolation, quarantine or following the CDC guidelines for people with disabilities and participants remaining at home due to high risk of serious illness, alternative settings for Habilitative Community Inclusion, Habilitative Workshop, and Adult Day 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 meet due to isolation, quarantine or following the CDC guidelines for those with disabilities or remaining at home due to high risk of serious illness.

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 phone 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. 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.]

**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.]

Retainer payments may be provided in circumstances in which Independent Living, Supported Family Living, Adult Day, Enclave, Habilitative Community Inclusion, Habilitative Workshop, Prevocational, Supported Employment – Individual, and Supported Employment – Follow-Along services were not available to the participant due to COVID-19 containment efforts. Retainer payments will be authorized only for the amount of service authorized. The retainer time limit will not exceed 30 days within the timeframe identified in this Appendix when the participant is not with the provider. 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.

**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]

**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]**

**Appendix K Addendum: COVID-19 Pandemic Response**

**1. HCBS Regulations**

- a.  Not comply with the HCBS settings requirement at 42 CFR 441.301(c)(4)(vi)(D) that individuals are able to have visitors of their choosing at any time, for settings added after March 17, 2014, to minimize the spread of infection during the COVID-19 pandemic.

**2. Services**

- a.  Add an electronic method of service delivery (e.g., telephonic) allowing services to continue to be provided remotely in the home setting for:
  - i.  Case management
  - ii.  Personal care services that only require verbal cueing

- iii.  In-home habilitation
- iv.  Monthly monitoring (i.e., in order to meet the reasonable indication of need for services requirement in 1915(c) waivers).
- v.  Other *[Describe]*:

- b.  Add home-delivered meals
- c.  Add medical supplies, equipment and appliances (over and above that which is in the state plan)
- d.  Add Assistive Technology

**3. Conflict of Interest: The state is responding to the COVID-19 pandemic personnel crisis by authorizing case management entities to provide direct services. Therefore, the case management entity qualifies under 42 CFR 441.301(c)(1)(vi) as the only willing and qualified entity.**

- a.  Current safeguards authorized in the approved waiver will apply to these entities.
- b.  Additional safeguards listed below will apply to these entities.

**4. Provider Qualifications**

- a.  Allow spouses and parents of minor children to provide personal care services
- b.  Allow a family member to be paid to render services to an individual.
- c.  Allow other practitioners in lieu of approved providers within the waiver. *[Indicate the providers and their qualifications]*

- d.  Modify service providers for home-delivered meals to allow for additional providers, including non-traditional providers.

**5. Processes**

- a.  Allow an extension for reassessments and reevaluations for up to one year past the due date.
- b.  Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings.
- c.  Adjust prior approval/authorization elements approved in waiver.
- d.  Adjust assessment requirements
- e.  Add an electronic method of signing off on required documents such as the person-centered service plan.

## Contact Person(s)

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

<b>First Name:</b>	Tony
<b>Last Name</b>	Green
<b>Title:</b>	Interim 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:Tony.Green@nebraska.gov">Tony.Green@nebraska.gov</a>
<b>First Name:</b>	Tony

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

**First Name:** Click or tap here to enter text.  
**Last Name** Click or tap here to enter text.  
**Title:** Click or tap here to enter text.  
**Agency:** Click or tap here to enter text.  
**Address 1:** Click or tap here to enter text.  
**Address 2:** Click or tap here to enter text.  
**City** Click or tap here to enter text.  
**State** Click or tap here to enter text.  
**Zip Code** Click or tap here to enter text.  
**Telephone:** Click or tap here to enter text.  
**E-mail** Click or tap here to enter text.  
**Fax Number** Click or tap here to enter text.

## 8. Authorizing Signature

**Signature:**

**Date:**

\_\_\_\_\_  
State Medicaid Director or Designee

<b>First Name:</b>	Jeremy
<b>Last Name</b>	Brunssen
<b>Title:</b>	Interim 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:Jeremy.Brunssen@Nebraska.gov">Jeremy.Brunssen@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 that the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification should be readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	<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 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 unpaid 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 may be provided in the caregiver’s home, the provider’s home, or in community settings.</p> <p>Respite 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>When the participant is placed in isolation, quarantine or following the CDC guidelines for people with disabilities, the amount of prior authorized services does not need to be in the participant’s approved annual budget.</b></li> <li>Respite provided in an institutional setting requires prior approval by the Department and is not authorized unless no other option is available. Respite in an institutional setting shall be paid at a per diem daily rate.</li> <li>Respite, other than in an institutional setting, is reimbursed at an hourly unit or daily rate. Any use of respite over 8 hours within a 24-hour period must be billed as a daily rate; use of respite under 8 hours must be billed in hourly units.</li> <li>A participant is limited to not more than 360 hours per annual budget year. Respite provided at the daily rate counts as 8 hours towards the 240 hour annual maximum. Unused Respite cannot be carried over into the next annual budget year. The 240 hours were determined based on historical and actual data and the limitation of hours has historically addressed the health and welfare of waiver participants. If a participant’s needs cannot be met within the established number of hours, the participant’s team will meet to determine what alternatives may be available, such as another type of residential setting. If alternatives are unavailable, additional developmental disabilities funding could be requested through the established exception process. <b>The Respite cap of 240 hours may be exceeded for anyone placed in isolation, quarantine or following the CDC guidelines for people with disabilities.</b></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 DHHS-DD that is not a private residence.</li> <li>Transportation during the provision of Respite is included in the rate. Non-medical transportation to the site at which Respite begins is not included in the rate. Non-medical transportation from the site at which Respite ends is not included in the rate. Respite may not be provided simultaneously with other HCBS waiver services.</li> <li>Participants receiving Respite cannot have an active service authorization for Residential Habilitation.</li> </ul>	

- Respite must not be provided by any independent provider that lives in the same private residence as the participant, or is a legally responsible individual or guardian of the participant.
- A Respite provider or provider staff shall not provide respite to adults (18 years and older) and children at the same time and location, unless approved by DHHS-DD.
- This service shall not overlap with, supplant, or duplicate other comparable services provided through the Medicaid State Plan or HCBS Waiver service.

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" 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 type="checkbox"/>	Relative/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, and must comply with all applicable licensure standards, Titles of the Nebraska Administrative Code, and Nebraska State Statutes.</p> <p>All providers of waiver services must adhere to standards as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.</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>○ Abuse, neglect, and exploitation and state law reporting requirements and prevention;</li> <li>○ Cardiopulmonary resuscitation; and</li> <li>○ 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 to the participant; and</li> <li>• Not be an employee of DHHS, unless approved by DHHS as compliant with</li> </ul>



			DHHS policy and applicable law and regulation.
<b>DD Agency</b>	175 NAC Health Care Facilities and Services Licensure or 391 NAC Children's Services Licensing.	Certification by DHHS in accordance with applicable state laws and regulations. Neb. Rev. Stat. §§83-1201 - 83-1226 – Developmental Disabilities Services Act.	<p>All providers of waiver services 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>All providers of waiver services 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>○ Abuse, neglect, and exploitation and state law reporting requirements and prevention;</li> <li>○ Cardiopulmonary resuscitation; and</li> <li>○ 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 to the participant; and</li> <li>• Not be an employee of DHHS, unless approved by DHHS as compliant with DHHS policy and applicable law and regulation.</li> </ul>
<b>Independent Individual</b>	No license is required.	No Certificate is required.	<p>All providers of waiver services 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>All providers of waiver services must adhere to standards as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.</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:</li> </ul>

			<ul style="list-style-type: none"> <li>○ Abuse, neglect, and exploitation and state law reporting requirements and prevention within 90 calendar days of enrollment;</li> <li>○ Cardiopulmonary resuscitation within 12 calendar months of enrollment; and</li> <li>○ Basic first aid within 12 calendar months of enrollment;</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 to the participant; and</li> <li>• Not be an employee of DHHS, unless approved by DHHS as compliant with DHHS policy and applicable law and regulation.</li> </ul>
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**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.	The program compliance is completed annually and the provider enrollment broker ensures that revalidation is completed annually and re-enrollment is completed every 5 years. Annual program compliance will be waived during the time period of the pandemic.
DD Agency	DHHS agency staff in combination with designated provider enrollment broker.	The program compliance is completed annually and the provider enrollment broker ensures that revalidation is completed annually and re-enrollment is completed every 5 years. Annual program compliance will be waived during the time period of the pandemic.
Independent Individual	DHHS agency staff in combination with designated provider enrollment broker.	The program compliance is completed annually and the provider enrollment broker ensures that revalidation is completed annually and re-enrollment is completed every 5 years. Annual program compliance will be waived during the time period of the pandemic.

Service Delivery Method

<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
<b>Service Specification</b>				
Service Title:	<b>Adult Day Services</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>community, in a non-residential setting. Adult Day provides active supports which foster independence, encompassing both health and social services needed to ensure the optimal functioning of the participant. Adult Day includes 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.</p> <p>Adult Day is for participants who need the service and support in a safe, supervised setting. Adult Day does not require training goals and strategies of habilitation services. Adult Day does 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 or volunteer activities.</p> <p>When the participant is placed in quarantine or following the CDC guidelines for people with disabilities, Adult Day services may be delivered temporarily in the participant’s residential setting, such 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.</p> <p>The Adult Day 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.</p> <p>Adult Day may not 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>• Adult Day is available for participants who are 21 years and older.</li> <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: Enclave, Habilitative Community Inclusion, Habilitative Workshop, Prevocational, and/or Supported Employment (Individual and Follow-Along). The total combined hours for these services may not exceed a weekly amount of 35 hours. A week is defined as 12:00 AM Monday through 11:59 PM Sunday.</li> <li>• The amount of prior authorized services is based on the participant’s need as documented in the service plan, and within the participant’s approved annual budget. When the participant is placed in isolation, quarantine or following the CDC guidelines for people with disabilities, the amount of prior authorized services does not need to be in the participant’s approved annual budget.</li> <li>• Adult Day is reimbursed at an hourly unit.</li> <li>• Transportation required in the provision of Adult Day is included in the rate. Non-medical transportation to the site at which Adult Day begins is not included in the rate. Non-medical transportation from the site at which Adult Day ends is not included in the rate.</li> <li>• Adult Day cannot be provided in a residential setting.</li> <li>• This service shall not overlap with, supplant, or duplicate other comparable services provided through Medicaid State plan or HCBS Waiver services.</li> </ul>				
<b>Provider Specifications</b>				
	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	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 type="checkbox"/>	Relative/Legal Guardian
<b>Provider Qualifications</b> (provide the following information for each type of provider):				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	
DD Agency	No license is required.	Certification by DHHS in accordance with applicable state laws and regulations. Neb. Rev. Stat. §§83-1201 - 83-1226 – Developmental Disabilities Services Act.	<p>All providers of waiver services 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>All providers of waiver services 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 to the participant; and</li> <li>• Not be an employee of DHHS, unless approved by DHHS as compliant with DHHS policy and applicable law and regulation.</li> </ul>	
<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.		The program compliance is verified through the annual or	

		biennial survey process. The provider enrollment broker ensures that revalidation of agency is completed annually and re-enrollment is completed every 5 years. Annual program compliance will be waived during the time period of the pandemic.

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**

<b>Service Title:</b>	<b>Habilitative Community Inclusion</b>
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*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

**Service Definition (Scope):**

Habilitative Community Inclusion is a habilitative service that offers teaching and supports for the acquisition, retention, or improvement in self-help, and behavioral, socialization, and adaptive skills which primarily take place in the community in a non-residential setting, separate from the participant’s private residence or any setting outlined and approved in the participant’s service plan. The majority of habilitation provided in a 35-hour week must occur in community integrated activities away from the participant’s residential setting to work toward an increased presence in one’s community. When the participant is placed in isolation, quarantine or following the CDC guidelines for people with disabilities, the majority of habilitation service in a 35-hour week is not required to occur in community integrated activities and can occur in the participant’s residential setting to prevent the spread of the virus.

Habilitative activities are designed to foster greater independence, community networking, and personal choice. Making connections with community members is a strong component of this service. Participants may not perform paid work activities or unpaid work activities in which others are typically paid, but may perform hobbies in which minimal money is received or volunteer activities.

Habilitative Community Inclusion provides an opportunity for the participant to practice skills taught in therapies, counseling sessions, or other settings to plan and participate in regularly scheduled community activities. Services also include the provision of supplementary staffing necessary to meet the child’s exceptional care needs in a day care setting.

Habilitative Community Inclusion includes habilitation in the use of the community’s transportation system as well as building and maintaining interpersonal relationships. Habilitative Community Inclusion may include facilitation of inclusion of the participant within a community group or volunteer organization; opportunities for the participant to join formal/informal associations and community groups; opportunities for inclusion in a broad range of community settings including opportunities to pursue social and cultural interests, and choice making. Habilitative Community Inclusion includes assistance with activities of daily living (ADL), health maintenance, supervision, and protective oversight.

Individual programs must be specific and measurable and updated when not yielding progress, and data must be tracked and analyzed for trends. Monthly summary reports on progress or lack of progress must be made available upon request.

Habilitative Community Inclusion may be self-directed.

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

- 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, Enclave, Habilitative Workshop, Prevocational, and/or Supported Employment (Individual and Follow-Along). The total combined hours for these services may not exceed a weekly amount of 35 hours. A week is defined as 12:00 AM Monday through 11:59 PM Sunday.
- The rate for this service does not include the basic cost of childcare unrelated to a child’s disability. The “basic cost of child care” means the rate charged by and paid to a childcare center or individual provider for children who do not have special needs.
- The amount of prior authorized services is based on the participant’s need as documented in the service plan, and within the participant’s approved annual budget. **When the participant is placed in isolation, quarantine or following the CDC guidelines for people with disabilities, the amount of prior authorized services does not need to be in the participant’s approved annual budget.**
- Habilitative Community Inclusion is reimbursed at an hourly or daily unit. Any use of Habilitative Community Inclusion at or above 7 hours within a 24 hour period 12:00am - 11:59pm must be billed at a daily rate. Use of Habilitative Community Inclusion under 7 hours must be billed in hourly units.
- The rate tier for this service is determined based upon needs identified in the Objective Assessment Process.
- Transportation required in the provision of Habilitative Community Inclusion is included in the rate. Non-medical transportation to the site at which Habilitative Community Inclusion begins is not included in the rate. Non-medical transportation from the site at which Habilitative Community Inclusion ends is not included in the rate.
- 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. **When the participant is a student under the age of 22, and isolated, quarantined or following the CDC guidelines for people with disabilities, or the school closes, DD services may be provided during the school hours set by the local school district.**
- Habilitative Community Inclusion Services may be provided by a relative but not a legally responsible individual or guardian of the participant.
- This service shall not overlap with, supplant, or duplicate other comparable services provided through Medicaid State plan or HCBS Waiver service.

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:	
		<input checked="" type="checkbox"/>	Independent Individual – Habilitative Services	<input checked="" type="checkbox"/>	DD Agency
		<input type="checkbox"/>		<input checked="" type="checkbox"/>	Independent Agency – Habilitative Services
		<input type="checkbox"/>		<input type="checkbox"/>	

Specify whether the service may be provided by ( <i>check each that applies</i> ):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/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>DD Agency</b>	No license is required.	Certification by DHHS in accordance with applicable state laws and regulations. Neb. Rev. Stat. §§83-1201 - 83-1226 – Developmental Disabilities Services Act.	<p>All providers of waiver services 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>All providers of waiver services 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>○ Abuse, neglect, and exploitation and state law reporting requirements and prevention;</li> <li>○ Cardiopulmonary resuscitation; and</li> <li>○ 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 to the participant; and</li> <li>• Not be an employee of DHHS, unless approved by DHHS as compliant with DHHS policy and applicable law and regulation.</li> </ul>
<b>Independent Individual</b>	No license is required.	No certification is required.	<p>All providers of waiver services 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>All providers of waiver services must adhere to standards as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.</p> <p>A provider of this service must:</p> <ul style="list-style-type: none"> <li>• Complete all provider enrollment requirements;</li> </ul>

			<ul style="list-style-type: none"> <li>• Have necessary education and experience, and provide evidence upon request: <ul style="list-style-type: none"> <li>○ Have a Bachelor’s degree or equivalent coursework/training in: education, psychology, social work, sociology, human services, or a related field; OR</li> <li>○ Have four or more years of professional experience in the provision of habilitative services for persons with intellectual or other developmental disabilities (IDD), or in habilitative program writing and program data collection/analysis, or four or more years of life experience in teaching and supporting an individual with IDD; OR</li> <li>○ Have any combination of education and experience identified above equaling four years or more;</li> </ul> </li> <li>• Have training and provide evidence of current certificate of completion from an accredited source, when applicable, or upon request: <ul style="list-style-type: none"> <li>○ Abuse, neglect, and exploitation and state law reporting requirements and prevention within 90 days of enrollment;</li> <li>○ Cardiopulmonary resuscitation within 12 months of enrollment; and</li> <li>○ Basic first aid within 12 months of enrollment;</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 to the participant; and</li> <li>• Not be an employee of DHHS, unless approved by DHHS as compliant with DHHS policy and applicable law and regulation.</li> </ul>
<p><b>Independent Agency</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, and must comply with all applicable licensure standards, Titles of the Nebraska Administrative Code, and Nebraska State Statutes.</p>



			<p>All providers of waiver services must adhere to standards as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.</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>○ Abuse, neglect, and exploitation and state law reporting requirements and prevention within 90 calendar days of enrollment;</li> <li>○ Cardiopulmonary resuscitation within 12 calendar months of enrollment; and</li> <li>○ Basic first aid within 12 calendar months of enrollment;</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 to the participant; and</li> <li>• Not be an employee of DHHS, unless approved by DHHS as compliant with DHHS policy and applicable law and regulation.</li> </ul>
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**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Independent Agency	DHHS agency staff in combination with designated provider enrollment broker.	<p>The program compliance is completed annually and the provider enrollment broker ensures that revalidation is completed annually and re-enrollment is completed every 5 years.</p> <p>Annual program compliance will be waived during the time period of the pandemic.</p>
DD Agency	DHHS agency staff in combination with designated provider enrollment broker.	<p>The program compliance is completed annually and the provider enrollment broker ensures that revalidation is completed annually and re-enrollment is completed every 5 years. Annual program</p>

		compliance will be waived during the time period of the pandemic.
Independent Individual	DHHS agency staff in combination with designated provider enrollment broker.	The program compliance is completed annually and the provider enrollment broker ensures that revalidation is completed annually and re-enrollment is completed every 5 years. Annual program compliance will be waived during the time period of the pandemic.

**Service Delivery Method**

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

**Service Specification**

Service Title: **Habilitative Workshop**

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

Service Definition (Scope):

Habilitative Workshop services are habilitative services that offer a provision of regularly scheduled activities in a provider owned or controlled non-residential setting. When the participant is placed in quarantine or following the CDC guidelines for people with disabilities, Habilitative Workshop services may be delivered temporarily in the participant’s residential setting, such 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.

Habilitative Workshop provides regularly scheduled activities, formalized training, and staff supports for the acquisition, retention, or improvement in self-help, behavioral skills, and adaptive skills that enhance social development. Habilitative Workshop activities assist in developing 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 specific employment goal, and are therefore not currently seeking to join the general work force.

Habilitative Workshop focuses 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 activities, supervision and protective oversight.

Individual programs must be specific and measureable and updated when not yielding progress, and data must be tracked and analyzed for trends. Monthly summary reports on progress or lack of progress must be made available upon request.

Habilitative Workshop may not be self-directed.

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

- 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, Enclave, Habilitative Community Inclusion,

Prevocational, and/or Supported Employment (Individual and Follow-Along). The total combined hours for these services may not exceed a weekly amount of 35 hours. A week is defined as 12:00 AM Monday through 11:59 PM Sunday.

- The amount of prior authorized services is based on the participant’s need as documented in the service plan, and within the participant’s approved annual budget. **When the participant is placed in quarantine or following the CDC guidelines for people with disabilities, the amount of prior authorized services does not need to be within the participant’s approved annual budget.**
- Habilitative Workshop is reimbursed at an hourly unit or daily rate. The Habilitative Workshop provider must be in the workshop or community setting, providing a combination of habilitation, supports, protective oversight, and supervision for a minimum of 7 hours in a 24 hour period 12:00am - 11:59pm for the provider to bill a daily rate. When the provider is in the workshop or community setting, providing a combination of habilitation, supports, protective oversight, and supervision for less than 7 hours in a 24 hour period 12:00am - 11:59pm, the provider must bill in hourly units.
- The rate tier for this service is determined based upon needs identified in the Objective Assessment Process.
- Transportation required in the provision of Habilitative Workshop is included in the rate. Non-medical transportation to the site at which Habilitative Workshop begins is not included in the rate. Non-medical transportation from the site at which Habilitative Workshop ends is not included in the rate.
- 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. **When the participant is a student under the age of 22, and isolated, quarantined or following the CDC guidelines for people with disabilities, or the school closes, DD services may be provided during the school hours set by the local school district.**
- Documentation 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).
- This service shall not overlap with, supplant, or duplicate other comparable services provided through Medicaid State Plan or HCBS Waiver services, or Vocational Rehabilitation programs.

**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 type="checkbox"/>	Relative/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>DD Agency</b>	No license is required	Certification by DHHS in accordance with applicable state laws and	All providers of waiver services must be a Medicaid provider, and must comply with all applicable licensure standards, Titles of the Nebraska Administrative Code, and Nebraska State Statutes.

		regulations. Neb. Rev. Stat. §§83-1201 - 83-1226 – Developmental Disabilities Services Act.	<p>All providers of waiver services 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 to the participant; and</li> <li>• Not be an employee of DHHS, unless approved by DHHS as compliant with DHHS policy and applicable law and regulation.</li> </ul>

**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.	The program compliance is verified through the annual or biennial survey process. The provider enrollment broker ensures that revalidation of agency is completed annually and re-enrollment is completed every 5 years. Annual program compliance will be waived during the time period of the pandemic.

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


**Service Specification**

**Service Title:** **Independent Living**

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

**Service Definition (Scope):**

Independent Living is provided in the participant’s private home and the community, not in a provider owned, leased, or operated setting. The participant lives alone or with house mates and is responsible for rent, utilities, and food.

Independent Living is a habilitative service that provides individually-tailored intermittent supports for a waiver participant that assists with the acquisition, retention, or improvement in skills related to living in the community. Independent Living includes adaptive skill development of daily living activities, such as personal grooming and cleanliness, laundry, bed making and household chores, eating and the preparation of food, inclusive community activities, transportation, and the social and leisure skill development necessary to enable the participant to live in the most integrated setting appropriate to his/her needs. Providers of Independent Living generally do not perform these activities for the participant, except when not performing the activities poses a risk to the participant’s health and safety.

Individual programs must be specific and measureable and updated when not yielding progress, and data must be tracked and analyzed for trends. Monthly summary reports on progress or lack of progress must be made available upon request.

Independent Living may be self-directed.

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

- Independent Living is available for participants who are 19 years and older.
- Independent Living is provided in the participant’s private home, not a provider operated or controlled residence.
- Independent Living may be provided to 1 or 2 participants, based on the participants’ assessed needs. Groups of 3 must be approved by the Department. **When the participant is placed in isolation, quarantine or following the CDC guidelines for people with disabilities, groups of 3 will not need approval by the Department.**
- The amount of prior authorized services is based on the participant’s need as documented in the service plan, and within the participant’s approved annual budget. **When the participant is placed in isolation, quarantine or following the CDC guidelines for people with disabilities, the amount of prior authorized services does not need to be in the participant’s approved annual budget. Additionally, the use of sub-contractors is allowed for agencies providing services to participants in isolation, quarantine or following the CDC guidelines for people with disabilities.**
- Independent Living is provided to an awake participant who requires less than 24 hours of support a day.
- Independent Living is reimbursed at an hourly rate. Independent Living cannot exceed a weekly amount of 25 hours. A week is defined as 12:00 AM Monday through 11:59 PM Sunday. **When the participant is in isolation, quarantined or following the CDC guidelines for people with disabilities, the weekly cap of 25 hours will not apply.**
- The rate structure for this service is determined based on the group size. Group sizes of 1, 2, or 3 are based on the participant’s assessed needs.
- Participants receiving Independent Living cannot receive Supported Family Living.
- Participants receiving Independent Living cannot have an active service authorization for Respite.

- Transportation required in the provision of Independent Living is included in the rate. Non-medical transportation to the site at which Independent Living begins is not included in the rate. Non-medical transportation from the site at which Independent Living ends is not included in the rate.
- Independent Living may be provided by a relative but not a legally responsible individual or guardian of the participant.
- 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. **When the participant is a student under the age of 22, and in isolation, quarantined or following the CDC guidelines for people with disabilities, or the school closes, DD services may be provided during the school hours set by the local school district.**
- This service shall not overlap with, supplant, or duplicate other comparable services provided through Medicaid State Plan or HCBS Waiver services.

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Independent Individual – Non-habilitative Services		DD Agency

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/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>DD Agency</b>	No license is required.	Certification by DHHS in accordance with applicable state laws and regulations. Neb. Rev. Stat. §§83-1201 - 83-1226 – Developmental Disabilities Services Act.	<p>All providers of waiver services 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>All providers of waiver services 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:</li> </ul>

			<ul style="list-style-type: none"> <li>○ Abuse, neglect, and exploitation and state law reporting requirements and prevention;</li> <li>○ Cardiopulmonary resuscitation; and</li> <li>○ Basic first aid;</li> <li>• Be authorized to work in the United States;</li> <li>• Not be a legally responsible individual or guardian to the participant; and</li> <li>• Not be an employee of DHHS, unless approved by DHHS as compliant with DHHS policy and applicable law and regulation.</li> </ul>
<b>Independent Individual</b>	No license is required.	No certification is required.	<p>All providers of waiver services 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>All providers of waiver services must adhere to standards as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.</p> <p>A provider of this service must:</p> <ul style="list-style-type: none"> <li>• Complete all provider enrollment requirements;</li> <li>• Have necessary education and experience, and provide evidence upon request: <ul style="list-style-type: none"> <li>○ Have a Bachelor’s degree or equivalent coursework/training in: education, psychology, social work, sociology, human services, or a related field; OR</li> <li>○ Have four or more years of professional experience in the provision of habilitative services for persons with intellectual or other developmental disabilities (IDD), or in habilitative program writing and program data collection/analysis, or four or more years of life experience in teaching and supporting an individual with IDD; OR</li> <li>○ Have any combination of education and experience identified above equaling four years or more;</li> </ul> </li> </ul>

			<ul style="list-style-type: none"> <li>• Have training and provide evidence of current certificate of completion from an accredited source, when applicable, or upon request: <ul style="list-style-type: none"> <li>○ Abuse, neglect, and exploitation and state law reporting requirements and prevention <b>within 90 days of enrollment;</b></li> <li>○ Cardiopulmonary resuscitation <b>within 12 months of enrollment;</b> and</li> <li>○ Basic first aid <b>within 12 months of enrollment;</b></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 to the participant; and</li> <li>• Not be an employee of DHHS, unless approved by DHHS as compliant with DHHS policy and applicable law and regulation.</li> </ul>

**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.	The program compliance is completed annually and the provider enrollment broker ensures that revalidation is completed annually and re-enrollment is completed every 5 years. <b>Annual program compliance will be waived during the time period of the pandemic.</b>
Independent Individual	DHHS agency staff in combination with designated provider enrollment broker.	The program compliance is completed annually and the provider enrollment broker ensures that revalidation is completed annually and re-enrollment is completed every 5 years. <b>Annual program compliance will be waived during the time period of the pandemic.</b>

**Service Delivery Method**

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



Service Specification	
Service Title:	<b>Supported Family Living</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>Supported Family Living is provided to the participant in the participant’s private family home and the community, not in a provider owned, leased, or operated setting. The participant lives with relatives in their private family home.</p> <p>Supported Family Living is a habilitative service that provides individually-tailored intermittent supports for a waiver participant that assists with the acquisition, retention, or improvement in skills related to living in the community. Supported Family Living includes adaptive skill development of daily living activities, such as personal grooming and cleanliness, laundry, bed making and household chores, eating and the preparation of food, inclusive community activities, transportation, and the social and leisure skill development necessary to enable the participant to live in the most integrated setting appropriate to his/her needs. Providers of Supported Family Living generally do not perform these activities for the participant, except when not performing the activities poses a risk to the participant’s health and safety.</p> <p>Individual programs must be specific and measureable and updated when not yielding progress, and data must be tracked and analyzed for trends. Monthly summary reports on progress or lack of progress must be made available upon request.</p> <p>Supported Family Living 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>• Supported Family Living is provided in the participant’s private family home, not a provider operated or controlled residence.</li> <li>• Supported Family Living may be provided to 1 or 2 participants, based on the participants’ assessed needs. Groups of 3 must be approved by the Department. <b>When the participant is placed in isolation, quarantine or following the CDC guidelines for people with disabilities, groups of 3 will not need approval.</b></li> <li>• The amount of prior authorized services is based on the participant’s need as documented in the service plan, and within the participant’s approved annual budget. <b>When the participant is placed in isolation, quarantine or following the CDC guidelines for people with disabilities, the amount of prior authorized services does not need to be in the participant’s approved annual budget. Additionally, the use of sub-contractors is allowed for agencies providing services to participants in isolation, quarantine or following the CDC guidelines for people with disabilities.</b></li> <li>• Supported Family Living is provided to an awake participant who requires less than 24 hours of support a day.</li> <li>• Supported Family Living is reimbursed at an hourly rate, Supported Family Living cannot exceed a weekly amount of 25 hours. A week is defined as 12:00 AM Monday through 11:59 PM Sunday. <b>When the participant is in isolation, quarantined or following the CDC guidelines for people with disabilities, the weekly cap of 25 hours will not apply.</b></li> <li>• The rate structure for this service is determined based on the group size. Group sizes of 1, 2, or 3 are based on the participant’s assessed needs.</li> <li>• Participants receiving Supported Family Living cannot receive Independent Living.</li> <li>• Transportation required in the provision of Supported Family Living is included in the rate. Non-medical transportation to the site at which Supported Family Living begins is not included in the rate. Non-medical transportation from the site at which Supported Family Living ends is not included in the rate.</li> </ul>	

- Supported Family Living may be provided by a relative but not a legally responsible individual or guardian of the participant.
- 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. **When the participant is a student under the age of 22, and in isolation, quarantined or following the CDC guidelines for people with disabilities, or the school closes, DD services may be provided during the school hours set by the local school district.**
- This service shall not overlap with, supplant, or duplicate other comparable services provided through the Medicaid State Plan or HCBS Waiver services.

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Independent Individual – Habilitative Services		DD Agency
				Independent Agency – Habilitative Services

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/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>DD Agency</b>	No license is required.	Certification by DHHS in accordance with applicable state laws and regulations. Neb. Rev. Stat. §§83-1201 - 83-1226 – Developmental Disabilities Services Act.	<p>All providers of waiver services 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>All providers of waiver services 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>Abuse, neglect, and exploitation and state law reporting requirements and prevention;</li> </ul> </li> </ul>

			<ul style="list-style-type: none"> <li>○ Cardiopulmonary resuscitation; and</li> <li>○ Basic first aid;</li> <li>• Be authorized to work in the United States;</li> <li>• Not be a legally responsible individual or guardian to the participant; and</li> <li>• Not be an employee of DHHS, unless approved by DHHS as compliant with DHHS policy and applicable law and regulation.</li> </ul>
<b>Independent Individual</b>	No license is required.	No certification is required.	<p>All providers of waiver services 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>All providers of waiver services must adhere to standards as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.</p> <p>A provider of this service must:</p> <ul style="list-style-type: none"> <li>• Complete all provider enrollment requirements;</li> <li>• Have necessary education and experience, and provide evidence upon request: <ul style="list-style-type: none"> <li>○ Have a Bachelor’s degree or equivalent coursework/training in: education, psychology, social work, sociology, human services, or a related field; OR</li> <li>○ Have four or more years of professional experience in the provision of habilitative services for persons with intellectual or other developmental disabilities (IDD), or in habilitative program writing and program data collection/analysis, or four or more years of life experience in teaching and supporting an individual with IDD; OR</li> <li>○ Have any combination of education and experience identified above equaling four years or more;</li> </ul> </li> <li>• Have training and provide evidence of current certificate of completion from an accredited source, when applicable, or upon request:</li> </ul>

			<ul style="list-style-type: none"> <li>○ Abuse, neglect, and exploitation and state law reporting requirements and prevention within 90 days of enrollment;</li> <li>○ Cardiopulmonary resuscitation within 12 months of enrollment; and</li> <li>○ Basic first aid within 12 months of enrollment;</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 to the participant; and</li> <li>• Not be an employee of DHHS, unless approved by DHHS as compliant with DHHS policy and applicable law and regulation.</li> </ul>
<p><b>Independent Agency</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, and must comply with all applicable licensure standards, Titles of the Nebraska Administrative Code, and Nebraska State Statutes.</p> <p>All providers of waiver services must adhere to standards as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.</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>○ Abuse, neglect, and exploitation and state law reporting requirements and prevention within 90 calendar days of enrollment;</li> <li>○ Cardiopulmonary resuscitation within 12 calendar months of enrollment; and</li> <li>○ Basic first aid within 12 calendar months of enrollment;</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 to the participant; and</li> </ul>

			<ul style="list-style-type: none"> <li>Not be an employee of DHHS, unless approved by DHHS as compliant with DHHS policy and applicable law and regulation.</li> </ul>
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**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.	The program compliance is completed annually and the provider enrollment broker ensures that revalidation is completed annually and re-enrollment is completed every 5 years. Annual program compliance will be waived during the time period of the pandemic.
Independent Individual	DHHS agency staff in combination with designated provider enrollment broker.	The program compliance is completed annually and the provider enrollment broker ensures that revalidation is completed annually and re-enrollment is completed every 5 years. Annual program compliance will be waived during the time period of the pandemic.
Independent Agency	DHHS agency staff in combination with designated provider enrollment broker.	The program compliance is completed annually and the provider enrollment broker ensures that revalidation is completed annually and re-enrollment is completed every 5 years. Annual program compliance will be waived during the time period of the pandemic.

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



<sup>i</sup> Numerous changes that the state may want to make may 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

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include: (a) changes to administrative activities, such as the establishment of a hotline; or (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.

# APPENDIX K: Emergency Preparedness and Response and COVID-19 Addendum

**Background:**

This standalone appendix may be utilized by the state during emergency situations to request amendments to its approved waiver, to multiple approved waivers in the state, and/or to all approved waivers in the state. 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>1</sup> This appendix may be applied retroactively as needed by the state. Public notice requirements normally applicable under 1915(c) do not apply to information contained in this Appendix.

## Appendix K-1: General Information

**General Information:**

- A. **State:** Nebraska
- B. **Waiver Title(s):** Comprehensive Developmental Disabilities Services Waiver
- C. **Control Number(s):** NE 4154.R06.09

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

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

**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.

COVID-19 pandemic. This amendment will apply waiver-wide for each waiver included in this Appendix, to all individuals impacted by the virus or the response to the virus (e.g. closure of day programs, etc.).

F. **Proposed Effective Date: Start Date:** March 6, 2020. **Anticipated End Date:** September 6, 2020.

G. **Description of Transition Plan.**

All activities will take place in response to the impact of COVID-19 as efficiently and effectively as possible based upon the complexity of the change.

H. **Geographic Areas Affected:**

These actions will apply across the waiver to all individuals impacted by the COVID-19 virus.

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

N/A

## 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. X 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 cap of 360 hours on use of back-up staff in Residential Habilitation – Shared Living and Residential Habilitation – Host home is waived for anyone affected to allow the participant to receive services in safe and accessible environments, as long as the participant’s needs are still being met.

The requirement for prior approval of the DHHS-DD clinical team for use of Medical In-Home is waived for anyone affected in order to receive services at home without delay for completion of clinical review.

The Respite cap of 360 hours may be exceeded for anyone under isolation, quarantine or following the CDC guidelines for people with disabilities to allow the participant to receive services in safe and accessible environments, as long as the participant’s needs are still being met.

The cap of 70 hours per week for Independent Living is waived for anyone under isolation, quarantine or following the CDC guidelines for people with disabilities to allow the participant to receive services in safe and accessible environments, as long as the participant’s needs are still being met.

The cap of 70 hours per week for Supported Family Living is waived for anyone under isolation, quarantine or following the CDC guidelines for people with disabilities to allow the participant to receive services in safe and accessible environments, as long as the participant’s needs are still being met

When the participant is placed in isolation, quarantine or following the CDC guidelines for people with disabilities, groups of 3 Shared Living participants will not need approval by the Department.

When the participant is placed in isolation, quarantine or following the CDC guidelines for people with disabilities, groups of 3 Supported Family Living participants will not need approval by the Department.

When the participant is placed in isolation, quarantine or following the CDC guidelines for people with disabilities, groups of 3 Independent Living participants will not need approval by the Department.

**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, such 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.

Residential Habilitation – Shared Living and Residential Habilitation – Host Home may be delivered temporarily in a congregate residential setting owned or leased by the provider agency.

Habilitative Community Inclusion may be delivered temporarily in a residential setting for the majority of the time billed for the service.

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

When 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 his/her 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. X Temporarily modify provider qualifications.**

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

The State will modify the following requirements for independent provider enrollment:

- A certificate for completion of training in Abuse, Neglect, and Exploitation and state law reporting requirements and prevention must be obtained within 90 calendar days of initial enrollment;
- A certificate for completion of Cardiopulmonary Resuscitation (CPR) training must be obtained within 12 calendar months of initial enrollment; and
- A certificate for completion of Basic First Aid training must be completed within 12 calendar months of initial enrollment.

The annual program compliance requirements for agency and independent provider enrollment will be waived.

**ii. X Temporarily modify provider types.**

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

The state will add a provider type of Independent Agency – Habilitative Services to Habilitative Community Inclusion and Supported Family Living.

**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, such as Habilitative Workshops, Shared Living/Host homes, and congregate residential habilitation settings, until the public health emergency has passed. This is for the safety of the survey staff, as well as ensuring that state personnel are not spreading illness to anyone under isolation, quarantine, or those following the CDC guidelines for people with disabilities population or those remaining at home due to risk of serious illness. 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 waived for participants in which the DHHS-DD Service Coordinator cannot complete the assessment by phone. The DHHS-DD Service Coordinator will document, in the ISP, the phone contact attempts, as well as the projected date in which the LOC will be able to be completed. The LOC assessment will not be extended more than 9 months from the original due date.

The minimum frequency of ninety days for the provision of one waiver service will be waived for participants who are quarantined or following the CDC guidelines for people with disabilities. Monthly monitoring by the Service Coordinator will still occur.

**f. X 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.]

The following rates may be increased to ensure sufficient providers are available to participants. The increase would account for excess overtime of direct support professionals to cover staffing needs and to account for additional infection control supplies and service costs: Residential Habilitation, Independent Living, Supported Family Living, Habilitative Community Inclusion, and Habilitative Workshop.

The rate setting methodology is the same. Upward adjustments would be made to the supply and staffing costs.

**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 isolation, quarantine or following the CDC guidelines for people with disabilities and participants remaining at home due to high risk of serious illness, alternative settings for Residential Habilitation, Habilitative Community Inclusion, 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 meet due to isolation, quarantine or following the CDC guidelines for those with disabilities or remaining at home due to high risk of serious illness.

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 phone 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, a provider may bill Medical In-Home Habilitation 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.]

Retainer payments may be provided in circumstances in which Residential Habilitation, Independent Living, Supported Family Living, Adult Day, Enclave, Habilitative Community Inclusion, Habilitative Workshop, Prevocational, Supported Employment – Individual, and Supported Employment – Follow-Along services were not available to the participant due to COVID-19 containment efforts. Retainer payments will be authorized only for the amount of service authorized. The retainer time limit will not exceed 30 days within the timeframe identified in this Appendix when the participant is not with the provider. 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.

**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]

**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]**

**Appendix K Addendum: COVID-19 Pandemic Response**

**1. HCBS Regulations**

- a.  Not comply with the HCBS settings requirement at 42 CFR 441.301(c)(4)(vi)(D) that individuals are able to have visitors of their choosing at any time, for settings added after March 17, 2014, to minimize the spread of infection during the COVID-19 pandemic.

**2. Services**

- a.  Add an electronic method of service delivery (e.g., telephonic) allowing services to continue to be provided remotely in the home setting for:
  - i.  Case management

- ii.  Personal care services that only require verbal cueing
- iii.  In-home habilitation
- iv.  Monthly monitoring (i.e., in order to meet the reasonable indication of need for services requirement in 1915(c) waivers).
- v.  Other *[Describe]*:

- b.  Add home-delivered meals
- c.  Add medical supplies, equipment and appliances (over and above that which is in the state plan)
- d.  Add Assistive Technology

**3. Conflict of Interest: The state is responding to the COVID-19 pandemic personnel crisis by authorizing case management entities to provide direct services. Therefore, the case management entity qualifies under 42 CFR 441.301(c)(1)(vi) as the only willing and qualified entity.**

- a.  Current safeguards authorized in the approved waiver will apply to these entities.
- b.  Additional safeguards listed below will apply to these entities.

**4. Provider Qualifications**

- a.  Allow spouses and parents of minor children to provide personal care services
- b.  Allow a family member to be paid to render services to an individual.
- c.  Allow other practitioners in lieu of approved providers within the waiver. *[Indicate the providers and their qualifications]*

- d.  Modify service providers for home-delivered meals to allow for additional providers, including non-traditional providers.

**5. Processes**

- a.  Allow an extension for reassessments and reevaluations for up to one year past the due date.
- b.  Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings.
- c.  Adjust prior approval/authorization elements approved in waiver.
- d.  Adjust assessment requirements
- e.  Add an electronic method of signing off on required documents such as the person-centered service plan.

## Contact Person(s)

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

<b>First Name:</b>	Tony
<b>Last Name</b>	Green
<b>Title:</b>	Interim 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:Tony.Green@nebraska.gov">Tony.Green@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:

**First Name:** Click or tap here to enter text.  
**Last Name** Click or tap here to enter text.  
**Title:** Click or tap here to enter text.  
**Agency:** Click or tap here to enter text.  
**Address 1:** Click or tap here to enter text.  
**Address 2:** Click or tap here to enter text.  
**City** Click or tap here to enter text.  
**State** Click or tap here to enter text.  
**Zip Code** Click or tap here to enter text.  
**Telephone:** Click or tap here to enter text.  
**E-mail** Click or tap here to enter text.  
**Fax Number** Click or tap here to enter text.

## 8. Authorizing Signature

**Signature:**

**Date:**

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State Medicaid Director or Designee



<b>First Name:</b>	Jeremy
<b>Last Name</b>	Brunssen
<b>Title:</b>	Interim 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:Jeremy.Brunssen@Nebraska.gov">Jeremy.Brunssen@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 that the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification should be readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
<b>Service Title:</b>	<b>Residential Habilitation</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>Residential Habilitation is a habilitative service with three service delivery options: Continuous Home, Host Home, or Shared Living. Participants may only choose one option.</p> <p>Continuous Home is delivered in a provider owned, leased, or operated residential setting and provided by agency provider shift staff. Continuous Home consists of individually tailored continuous supports that assist with the acquisition, retention, or improvement in skills not yet mastered that will lead to more independence for the participant to reside in the most integrated setting appropriate to his/her needs.</p> <p>Host Home is delivered in a private home owned or leased by an employee of the provider agency authorized to provide the service. Host home facilitates the inclusion of the participant into the daily life and community of the Host Home employee through the sharing of a home and creation of natural opportunities for participation in community life through social connectedness.</p> <p>Shared Living is delivered in a private home owned or leased by an independent contractor of the provider agency and authorized to deliver direct services and supports. Shared Living facilitates the inclusion of the participant into the daily life and community of the Shared Living provider through the sharing of a home and creation of natural opportunities for participation in community life through social connectedness.</p> <p>All Residential Habilitation options include adaptive skill development of daily living activities, such as personal grooming and cleanliness, laundry, bed making and household chores, eating and the preparation of food, inclusive community activities, transportation, and the social and leisure skill development necessary to enable the participant to live in the most integrated setting appropriate to his/her needs. This service also includes the provision of personal care, health maintenance activities, supervision and protective oversight.</p> <p>Individual programs must be specific and measureable and updated when not yielding progress, and data must be tracked and analyzed for trends. Monthly summary reports on progress or lack of progress must be made available upon request.</p> <p>Residential Habilitation may not 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>Residential Habilitation is provided in a residential setting, and must meet all federal standards for home and community-based settings.</li> <li>A DD agency provider cannot own or lease the home in which Host Home or Shared Living is provided.</li> <li>Continuous Home may be provided to no more than 3 participants in the residence at the same time, unless the residence is licensed as a Center for the Developmentally Disabled. <span style="background-color: yellow;">When the participant is placed in isolation, quarantine or following the CDC guidelines for people with disabilities, groups of 3 will be allowed by the Department.</span></li> </ul>	

## Service Specification

- Host Home and Shared Living may be provided to 1 or 2 participants, based on the participants' assessed needs. Groups of 3 must be approved by the Department. **When the participant is placed in isolation, quarantine or following the CDC guidelines for people with disabilities, groups of 3 will not need approval by the Department.**
- Residential Habilitation is reimbursed at a partial-day or daily rate. The provider must be in the residence with the participant, providing a combination of habilitation, supports, protective oversight, and supervision for a minimum of 10 hours in a 24 hour period 12:00am - 11:59pm for the provider to bill a daily rate. When the provider is in the residence with the participant, providing a combination of habilitation, supports, protective oversight, and supervision for any amount of time less than 10 hours in a 24 hour period 12:00am - 11:59pm, the provider must bill the partial-day rate.
- Participants receiving Residential Habilitation daily rate cannot receive Independent Living or Supported Family Living on the same day.
- Participants receiving Residential Habilitation daily rate cannot receive Adult Companion or In-Home Residential services, which sunset ninety days following the approval of this amendment.
- Participants receiving Residential Habilitation cannot have an active service authorization for Respite. Respite is not available to participants residing in a Continuous Home, Host Home, or Shared Living setting.
- Transportation required in the provision of Residential Habilitation is included in the rate. Non-medical transportation to the site at which Residential Habilitation begins is included in the rate. Non-medical transportation from the site at which Residential Habilitation ends is included in the rate.
- During awake hours, the Host Home employee or Shared Living independent contractor must provide supervision as indicated by assessed needs and as documented in the participant's service plan. Overnight, the Host Home employee or Shared Living independent contractor may be asleep, but must be present and available to respond immediately to the individuals' needs and emergencies.
- The regular rate may be billed for Host Home or Shared Living even when, during a portion of the time being billed, the service is provided by back-up staff in place of the DD agency provider Host Home employee or Shared Living independent contractor. Reimbursement for the time provided by the back-up staff will be negotiated between the DD agency provider or Shared Living independent contractor and paid out of the billed rate.
- Back-up staff must be chosen by the participant, documented in participant's service plan, and must meet all provider qualifications.
- The amount of back-up staff hours is limited to not more than 360 hours per annual budget year. **The cap of 360 hours on use of back-up staff in Residential Habilitation – Shared Living and Residential Habilitation – Host home is waived for anyone affected to allow for provision of needed services.** The 360 hours were determined based on historical and actual data of participants receiving respite living with unpaid caregivers in their family homes, and the limitation of hours has historically addressed the health and welfare of waiver participants. If a participant's needs cannot be met within the established number of hours, the participant's team will meet to determine what alternatives may be available, such as another type of residential setting. If alternatives are unavailable, additional developmental disabilities funding could be requested through the established exception process. The provider is responsible for tracking the use of the 360 hours and will document the utilization of hours in the state mandated electronic case management system. **When the participant is placed in quarantine or following the CDC guidelines for people with disabilities, the amount of prior authorized services, including the 360 hours of back-up staff, does not need to be in the participant's approved annual budget. Additionally, the use of subcontractors is allowed for those in quarantine, self-isolation or following the CDC guidelines for those with disabilities.**
- A lease, residency agreement or other form of written agreement will be in place for each participant receiving a Residential Habilitation service. The participant has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant laws of the state, county, city, or other designated entity.
- Medicaid payment may not be made for the cost of room and board, including the cost of building maintenance, upkeep and improvement.
- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.

### Service Specification

- The rate tiers for this service are determined based upon needs identified in the Objective Assessment Process.
- Residential Habilitation may be provided by a relative but not a legally responsible individual or guardian of the participant.
- 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. **When the participant is a student under the age of 22, and isolated, quarantined or following the CDC guidelines for people with disabilities, DD services may be provided during the school hours set by the local school district.**
- The services under this Waiver are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.

### 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 type="checkbox"/>	Relative/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 DHHS in accordance with applicable state laws and regulations. Neb. Rev. Stat. §§83-1201 - 83-1226 – Developmental Disabilities Services Act.	<p>All agency providers of waiver services and Shared Living independent contractors 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>All agency providers of waiver services and Shared Living independent contractors must adhere to standards as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.</p> <p>Agency provider employees and Shared Living independent contractors and back-up staffing 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:</li> </ul>

**Service Specification**

			<ul style="list-style-type: none"> <li>○ Abuse, neglect, and exploitation and state law reporting requirements and prevention;</li> <li>○ Cardiopulmonary resuscitation; and</li> <li>○ Basic first aid;</li> <li>• Be authorized to work in the United States;</li> <li>• Not be a legally responsible individual or guardian to the participant; and</li> <li>• Not be an employee of DHHS, unless approved by DHHS as compliant with DHHS policy and applicable law and regulation.</li> </ul>

**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.	The program compliance is verified through the annual or biennial survey process. The provider enrollment broker ensures that revalidation of agency is completed annually and re-enrollment is completed every 5 years. Annual program compliance will be waived during the time period of the pandemic.

**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**

<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>	
Respite 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 unpaid caregiver(s) living in the same private residence as the participant. Respite includes assistance with activities of daily living (ADL), health maintenance, and supervision.	

### Service Specification

Respite may be provided in the caregiver's home, the provider's home, or in community settings.

Respite may be self-directed.

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

- 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. **When the participant is placed in isolation, quarantine or following the CDC guidelines for people with disabilities, the amount of prior authorized services does not need to be in the participant's approved annual budget.**
- Respite provided in an institutional setting requires prior approval by the Department and is not authorized unless no other option is available. Respite in an institutional setting shall be paid at a per diem daily rate.
- Respite, other than in an institutional setting, is reimbursed at an hourly unit or daily rate. Any use of respite over 8 hours within a 24-hour period must be billed as a daily rate; use of respite under 8 hours must be billed in hourly units.
- A participant is limited to not more than 360 hours per annual budget year. Respite provided at the daily rate counts as 8 hours towards the 360 hour annual maximum. Unused Respite cannot be carried over into the next annual budget year. The 360 hours were determined based on historical and actual data and the limitation of hours has historically addressed the health and welfare of waiver participants. If a participant's needs cannot be met within the established number of hours, the participant's team will meet to determine what alternatives may be available, such as another type of residential setting. If alternatives are unavailable, additional developmental disabilities funding could be requested through the established exception process. **The Respite cap of 360 hours may be exceeded for anyone placed in isolation, quarantine or following the CDC guidelines for people with disabilities.**
- 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 DHHS-DD that is not a private residence.
- Transportation during the provision of Respite is included in the rate. Non-medical transportation to the site at which Respite begins is not included in the rate. Non-medical transportation from the site at which Respite ends is not included in the rate. Respite may not be provided simultaneously with other HCBS waiver services.
- Participants receiving Respite cannot have an active service authorization for Residential Habilitation.
- Respite must not be provided by any independent provider that lives in the same private residence as the participant, or is a legally responsible individual or guardian of the participant.
- A Respite provider or provider staff shall not provide respite to adults (18 years and older) and children at the same time and location, unless approved by DHHS-DD.
- This service shall not overlap with, supplant, or duplicate other comparable services provided through the Medicaid State Plan or HCBS Waiver service.

### Provider Specifications

Provider Category(s) <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 type="checkbox"/>	Relative/Legal Guardian
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**Provider Qualifications** *(provide the following information for each type of provider):*

Service Specification			
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, and must comply with all applicable licensure standards, Titles of the Nebraska Administrative Code, and Nebraska State Statutes.</p> <p>All providers of waiver services must adhere to standards as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.</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>○ Abuse, neglect, and exploitation and state law reporting requirements and prevention;</li> <li>○ Cardiopulmonary resuscitation; and</li> <li>○ 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 to the participant; and</li> <li>• Not be an employee of DHHS, unless approved by DHHS as compliant with DHHS policy and applicable law and regulation.</li> </ul>
<b>DD Agency</b>	175 NAC Health Care Facilities and Services Licensure or 391 NAC Children's Services Licensing.	Certification by DHHS in accordance with applicable state laws and regulations. Neb. Rev. Stat. §§83-1201 - 83-1226 – Developmental Disabilities Services Act.	<p>All providers of waiver services 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>All providers of waiver services 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</li> </ul>

Service Specification

			<p>completion from an accredited source, when applicable or upon request:</p> <ul style="list-style-type: none"> <li>○ Abuse, neglect, and exploitation and state law reporting requirements and prevention;</li> <li>○ Cardiopulmonary resuscitation; and</li> <li>○ Basic first aid;</li> </ul> <ul style="list-style-type: none"> <li>• Be authorized to work in the United States;</li> <li>• Not be a legally responsible individual or guardian to the participant; and</li> <li>• Not be an employee of DHHS, unless approved by DHHS as compliant with DHHS policy and applicable law and regulation.</li> </ul>
<p><b>Independent Individual</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, and must comply with all applicable licensure standards, Titles of the Nebraska Administrative Code, and Nebraska State Statutes.</p> <p>All providers of waiver services must adhere to standards as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.</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>○ Abuse, neglect, and exploitation and state law reporting requirements and prevention within 90 calendar days of enrollment;</li> <li>○ Cardiopulmonary resuscitation within 12 calendar months of enrollment; and</li> <li>○ Basic first aid within 12 calendar months of enrollment;</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 to the participant; and</li> <li>• Not be an employee of DHHS, unless approved by DHHS as compliant with</li> </ul>



Service Specification			
			DHHS policy and applicable law and regulation.
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.		The program compliance is completed annually and the provider enrollment broker ensures that revalidation is completed annually and re-enrollment is completed every 5 years. Annual program compliance will be waived during the time period of the pandemic.
DD Agency	DHHS agency staff in combination with designated provider enrollment broker.		The program compliance is completed annually and the provider enrollment broker ensures that revalidation is completed annually and re-enrollment is completed every 5 years. Annual program compliance will be waived during the time period of the pandemic.
Independent Individual	DHHS agency staff in combination with designated provider enrollment broker.		The program compliance is completed annually and the provider enrollment broker ensures that revalidation is completed annually and re-enrollment is completed every 5 years. Annual program compliance will be waived during the time period of the pandemic.
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
Service Specification			
Service Title:	<b>Adult Day Services</b>		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
Service Definition (Scope):			
Adult Day is a non-habilitative service consisting of meaningful day activities which takes place in the community, in a non-residential setting. Adult Day provides active supports which foster independence, encompassing both health and social services needed to ensure the optimal functioning of the participant. Adult Day includes 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.			

### Service Specification

Adult Day is for participants who need the service and support in a safe, supervised setting. Adult Day does not require training goals and strategies of habilitation services. Adult Day does 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 or volunteer activities.

When the participant is placed in quarantine or following the CDC guidelines for people with disabilities, Adult Day services may be delivered temporarily in the participant’s residential setting, such 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 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 may not be self-directed.

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

- Adult Day is 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: Behavioral In-Home Habilitation, Enclave, Habilitative Community Inclusion, Habilitative Workshop, Medical In-Home Habilitation, Prevocational, and/or Supported Employment (Individual and Follow-Along). The total combined hours for these services may not exceed a weekly amount of 35 hours. A week is defined as 12:00 AM Monday through 11:59 PM Sunday.
- The amount of prior authorized services is based on the participant’s need as documented in the service plan, and within the participant’s approved annual budget. When the participant is placed in isolation, quarantine or following the CDC guidelines for people with disabilities, the amount of prior authorized services does not need to be in the participant’s approved annual budget.
- Adult Day is reimbursed at an hourly unit.
- Transportation required in the provision of Adult Day is included in the rate. Non-medical transportation to the site at which Adult Day begins is not included in the rate. Non-medical transportation from the site at which Adult Day ends is not included in the rate.
- Adult Day cannot be provided in a residential setting.
- This service shall not overlap with, supplant, or duplicate other comparable services provided through Medicaid State plan or HCBS Waiver 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 type="checkbox"/>	Relative/Legal Guardian
<b>Provider Qualifications</b> <i>(provide the following information for each type of provider):</i>				
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>	

**Service Specification**

<p><b>DD Agency</b></p>	<p>No license is required.</p>	<p>Certification by DHHS in accordance with applicable state laws and regulations. Neb. Rev. Stat. §§83-1201 - 83-1226 – Developmental Disabilities Services Act.</p>	<p>All providers of waiver services 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>All providers of waiver services 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 to the participant; and</li> </ul> <p>Not be an employee of DHHS, unless approved by DHHS as compliant with DHHS policy and applicable law and regulation.</p>

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
<p>DD Agency</p>	<p>DHHS agency staff in combination with designated provider enrollment broker.</p>	<p>The program compliance is verified through the annual or biennial survey process. The provider enrollment broker ensures that revalidation of agency is completed annually and re-enrollment is completed every 5 years. Annual program compliance will be waived during the time period of the pandemic.</p>

Service Specification			
<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:	<b>Habilitative Community Inclusion</b>

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

**Service Definition (Scope):**

Habilitative Community Inclusion is a habilitative service that offers teaching and supports for the acquisition, retention, or improvement in self-help, and behavioral, socialization, and adaptive skills which primarily take place in the community in a non-residential setting, separate from the participant’s private residence or any setting outlined and approved in the participant’s service plan. The majority of habilitation provided in a 35-hour week must occur in community integrated activities away from the participant’s residential setting to work toward an increased presence in one’s community. **When the participant is placed in isolation, quarantine or following the CDC guidelines for people with disabilities, the majority of habilitation service in a 35-hour week is not required to occur in community integrated activities and can occur in the participant’s residential setting to prevent the spread of the virus.**

Habilitative activities are designed to foster greater independence, community networking, and personal choice. Making connections with community members is a strong component of this service. Participants may not perform paid work activities or unpaid work activities in which others are typically paid, but may perform hobbies in which minimal money is received or volunteer activities.

Habilitative Community Inclusion provides an opportunity for the participant to practice skills taught in therapies, counseling sessions, or other settings to plan and participate in regularly scheduled community activities. Services also include the provision of supplementary staffing necessary to meet the child’s exceptional care needs in a day care setting.

Habilitative Community Inclusion includes habilitation in the use of the community’s transportation system as well as building and maintaining interpersonal relationships. Habilitative Community Inclusion may include facilitation of inclusion of the participant within a community group or volunteer organization; opportunities for the participant to join formal/informal associations and community groups; opportunities for inclusion in a broad range of community settings including opportunities to pursue social and cultural interests, and choice making. Habilitative Community Inclusion includes assistance with activities of daily living (ADL), health maintenance, supervision, and protective oversight.

Individual programs must be specific and measurable and updated when not yielding progress, and data must be tracked and analyzed for trends. Monthly summary reports on progress or lack of progress must be made available upon request.

Habilitative Community Inclusion may be self-directed.

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

- 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, Behavioral In-Home Habilitation, Enclave, Habilitative Workshop, Medical In-Home Habilitation, Prevocational, and/or Supported Employment (Individual and

### Service Specification

Follow-Along). The total combined hours for these services may not exceed a weekly amount of 35 hours. A week is defined as 12:00 AM Monday through 11:59 PM Sunday.

- The rate for this service does not include the basic cost of childcare unrelated to a child’s disability. The “basic cost of child care” means the rate charged by and paid to a childcare center or individual provider for children who do not have special needs.
- The amount of prior authorized services is based on the participant’s need as documented in the service plan, and within the participant’s approved annual budget. **When the participant is placed in isolation, quarantine or following the CDC guidelines for people with disabilities, the amount of prior authorized services does not need to be in the participant’s approved annual budget.**
- Habilitative Community Inclusion is reimbursed at an hourly or daily unit. Any use of Habilitative Community Inclusion at or above 7 hours within a 24 hour period 12:00am - 11:59pm must be billed at a daily rate. Use of Habilitative Community Inclusion under 7 hours must be billed in hourly units.
- The rate tier for this service is determined based upon needs identified in the Objective Assessment Process.
- Transportation required in the provision of Habilitative Community Inclusion is included in the rate. Non-medical transportation to the site at which Habilitative Community Inclusion begins is not included in the rate. Non-medical transportation from the site at which Habilitative Community Inclusion ends is not included in the rate.
- 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. **When the participant is a student under the age of 22, and isolated, quarantined or following the CDC guidelines for people with disabilities, or the school closes, DD services may be provided during the school hours set by the local school district.**
- Habilitative Community Inclusion Services may be provided by a relative but not a legally responsible individual or guardian of the participant.
- This service shall not overlap with, supplant, or duplicate other comparable services provided through Medicaid State plan or HCBS Waiver service.

### Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
		Independent Individual – Habilitative Services		DD Agency
				Independent Agency – Habilitative Services
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
<b>Provider Qualifications</b> <i>(provide the following information for each type of provider):</i>				
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 DHHS in accordance with applicable state laws and regulations.	All providers of waiver services must be a Medicaid provider, and must comply with all applicable licensure standards, Titles of the	

**Service Specification**

		<p>Neb. Rev. Stat. §§83-1201 - 83-1226 – Developmental Disabilities Services Act.</p>	<p>Nebraska Administrative Code, and Nebraska State Statutes.</p> <p>All providers of waiver services 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>○ Abuse, neglect, and exploitation and state law reporting requirements and prevention;</li> <li>○ Cardiopulmonary resuscitation; and</li> <li>○ 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 to the participant; and</li> <li>• Not be an employee of DHHS, unless approved by DHHS as compliant with DHHS policy and applicable law and regulation.</li> </ul>
<p><b>Independent Individual</b></p>	<p>No license is required.</p>	<p>No certification is required.</p>	<p>All providers of waiver services 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>All providers of waiver services must adhere to standards as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.</p> <p>A provider of this service must:</p> <ul style="list-style-type: none"> <li>• Complete all provider enrollment requirements;</li> <li>• Have necessary education and experience, and provide evidence upon request: <ul style="list-style-type: none"> <li>○ Have a Bachelor’s degree or equivalent coursework/training in: education, psychology, social work, sociology, human services, or a related field; OR</li> </ul> </li> </ul>

Service Specification

			<ul style="list-style-type: none"> <li>○ Have four or more years of professional experience in the provision of habilitative services for persons with intellectual or other developmental disabilities (IDD), or in habilitative program writing and program data collection/analysis, or four or more years of life experience in teaching and supporting an individual with IDD; OR</li> <li>○ Have any combination of education and experience identified above equaling four years or more;</li> <li>• Have training and provide evidence of current certificate of completion from an accredited source, when applicable, or upon request:             <ul style="list-style-type: none"> <li>○ Abuse, neglect, and exploitation and state law reporting requirements and prevention within 90 days of enrollment;</li> <li>○ Cardiopulmonary resuscitation within 12 months of enrollment; and</li> <li>○ Basic first aid within 12 months of enrollment;</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 to the participant; and</li> <li>• Not be an employee of DHHS, unless approved by DHHS as compliant with DHHS policy and applicable law and regulation.</li> </ul>
<p><b>Independent Agency</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, and must comply with all applicable licensure standards, Titles of the Nebraska Administrative Code, and Nebraska State Statutes.</p> <p>All providers of waiver services must adhere to standards as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.</p> <p>A provider of this service must:</p> <ul style="list-style-type: none"> <li>• Complete all provider enrollment requirements;</li> </ul>

**Service Specification**

			<ul style="list-style-type: none"> <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>○ Abuse, neglect, and exploitation and state law reporting requirements and prevention within 90 calendar days of enrollment;</li> <li>○ Cardiopulmonary resuscitation within 12 calendar months of enrollment; and</li> <li>○ Basic first aid within 12 calendar months of enrollment;</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 to the participant; and</li> <li>• Not be an employee of DHHS, unless approved by DHHS as compliant with DHHS policy and applicable law and regulation.</li> </ul>
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**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Independent Agency	DHHS agency staff in combination with designated provider enrollment broker.	The program compliance is completed annually and the provider enrollment broker ensures that revalidation is completed annually and re-enrollment is completed every 5 years. Annual program compliance will be waived during the time period of the pandemic.
DD Agency	DHHS agency staff in combination with designated provider enrollment broker.	The program compliance is completed annually and the provider enrollment broker ensures that revalidation is completed annually and re-enrollment is completed every 5 years. Annual program compliance will be waived during the time period of the pandemic.
Independent Individual	DHHS agency staff in combination with designated provider enrollment broker.	The program compliance is completed annually and the provider enrollment broker ensures that revalidation is



**Service Specification**

completed annually and re-enrollment is completed every 5 years. Annual program compliance will be waived during the time period of the pandemic.

**Service Delivery Method**

**Service Delivery Method**  
(check each that applies):



Participant-directed as specified in Appendix E



Provider managed

**Service Specification**

Service Title:

**Habilitative Workshop**

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

**Service Definition (Scope):**

Habilitative Workshop services are habilitative services that offer a provision of regularly scheduled activities in a provider owned or controlled non-residential setting. When the participant is placed in quarantine or following the CDC guidelines for people with disabilities, Habilitative Workshop services may be delivered temporarily in the participant's residential setting, such 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. Habilitative Workshop provides regularly scheduled activities, formalized training, and staff supports for the acquisition, retention, or improvement in self-help, behavioral skills, and adaptive skills that enhance social development. Habilitative Workshop activities assist in developing 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 specific employment goal, and are therefore not currently seeking to join the general work force.

Habilitative Workshop focuses 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 activities, supervision and protective oversight.

Individual programs must be specific and measureable and updated when not yielding progress, and data must be tracked and analyzed for trends. Monthly summary reports on progress or lack of progress must be made available upon request.

Habilitative Workshop may not be self-directed.

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

- 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, Behavioral In-Home Habilitation, Enclave, Habilitative Community Inclusion, Medical In-Home Habilitation, Prevocational, and/or Supported Employment (Individual and Follow-Along). The total combined hours for these services may not exceed a weekly amount of 35 hours. A week is defined as 12:00 AM Monday through 11:59 PM Sunday.
- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget. When the participant is placed in quarantine or following the CDC guidelines for people with disabilities, the amount of prior authorized services does not need to be within the participant's approved annual budget.

### Service Specification

- Habilitative Workshop is reimbursed at an hourly unit or daily rate. The Habilitative Workshop provider must be in the workshop or community setting, providing a combination of habilitation, supports, protective oversight, and supervision for a minimum of 7 hours in a 24 hour period 12:00am - 11:59pm for the provider to bill a daily rate. When the provider is in the workshop or community setting, providing a combination of habilitation, supports, protective oversight, and supervision for less than 7 hours in a 24 hour period 12:00am - 11:59pm, the provider must bill in hourly units.
- The rate tier for this service is determined based upon needs identified in the Objective Assessment Process.
- Transportation required in the provision of Habilitative Workshop is included in the rate. Non-medical transportation to the site at which Habilitative Workshop begins is not included in the rate. Non-medical transportation from the site at which Habilitative Workshop ends is not included in the rate.
- 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. When the participant is a student under the age of 22, and isolated, quarantined or following the CDC guidelines for people with disabilities, or the school closes, DD services may be provided during the school hours set by the local school district.
- Documentation 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).
- This service shall not overlap with, supplant, or duplicate other comparable services provided through Medicaid State Plan or HCBS Waiver services, or Vocational Rehabilitation programs.

### 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 type="checkbox"/>	Relative/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 DHHS in accordance with applicable state laws and regulations. Neb. Rev. Stat. §§83-1201 - 83-1226 – Developmental Disabilities Services Act.	All providers of waiver services must be a Medicaid provider, and must comply with all applicable licensure standards, Titles of the Nebraska Administrative Code, and Nebraska State Statutes. All providers of waiver services must adhere to standards as described in the Division of Medicaid and Long-Term Care Service Provider Agreement. A provider delivering direct services and supports must:

**Service Specification**

			<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 to the participant; and</li> <li>• Not be an employee of DHHS, unless approved by DHHS as compliant with DHHS policy and applicable law and regulation.</li> </ul>

**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.	The program compliance is verified through the annual or biennial survey process. The provider enrollment broker ensures that revalidation of agency is completed annually and re-enrollment is completed every 5 years. Annual program compliance will be waived during the time period of the pandemic.

**Service Delivery Method**

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

<b>Service Title:</b>	<b>Independent Living</b>
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## Service Specification

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

### Service Definition (Scope):

Independent Living is provided in the participant's private home and the community, not in a provider owned, leased, or operated setting. The participant lives alone or with house mates and is responsible for rent, utilities, and food.

Independent Living is a habilitative service that provides individually-tailored intermittent supports for a waiver participant that assists with the acquisition, retention, or improvement in skills related to living in the community. Independent Living includes adaptive skill development of daily living activities, such as personal grooming and cleanliness, laundry, bed making and household chores, eating and the preparation of food, inclusive community activities, transportation, and the social and leisure skill development necessary to enable the participant to live in the most integrated setting appropriate to his/her needs. Providers of Independent Living generally do not perform these activities for the participant, except when not performing the activities poses a risk to the participant's health and safety.

Individual programs must be specific and measurable and updated when not yielding progress, and data must be tracked and analyzed for trends. Monthly summary reports on progress or lack of progress must be made available upon request.

Independent Living may be self-directed.

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

- Independent Living is available for participants who are 19 years and older.
- Independent Living is provided in the participant's private home, not a provider operated or controlled residence.
- Independent Living may be provided to 1 or 2 participants, based on the participants' assessed needs. Groups of 3 must be approved by the Department. When the participant is placed in isolation, quarantine or following the CDC guidelines for people with disabilities, groups of 3 will not need approval by the Department.
- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget. When the participant is placed in isolation, quarantine or following the CDC guidelines for people with disabilities, the amount of prior authorized services does not need to be in the participant's approved annual budget. Additionally, the use of sub-contractors is allowed for agencies providing services to participants in isolation, quarantine or following the CDC guidelines for people with disabilities.
- Independent Living is provided to an awake participant who requires less than 24 hours of support a day.
- Independent Living is reimbursed at an hourly rate. Independent Living cannot exceed a weekly amount of 70 hours. A week is defined as 12:00 AM Monday through 11:59 PM Sunday. When the participant is in isolation, quarantined or following the CDC guidelines for people with disabilities, the weekly cap of 70 hours will not apply.
- The rate structure for this service is determined based on the group size. Group sizes of 1, 2, or 3 are based on the participant's assessed needs.
- Participants receiving Independent Living cannot receive Continuous Residential Habilitation, Host Home, Shared Living, or Supported Family Living.
- Participants receiving Independent Living cannot have an active service authorization for Respite.
- Transportation required in the provision of Independent Living is included in the rate. Non-medical transportation to the site at which Independent Living begins is not included in the rate. Non-medical transportation from the site at which Independent Living ends is not included in the rate.
- Independent Living may be provided by a relative but not a legally responsible individual or guardian of the participant.

### Service Specification

- 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. **When the participant is a student under the age of 22, and in isolation, quarantined or following the CDC guidelines for people with disabilities, or the school closes, DD services may be provided during the school hours set by the local school district.**
- This service shall not overlap with, supplant, or duplicate other comparable services provided through Medicaid State Plan or HCBS Waiver services.

### Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Independent Individual – Non-habilitative Services		DD Agency

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/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>DD Agency</b>	No license is required.	Certification by DHHS in accordance with applicable state laws and regulations. Neb. Rev. Stat. §§83-1201 - 83-1226 – Developmental Disabilities Services Act.	All providers of waiver services must be a Medicaid provider, and must comply with all applicable licensure standards, Titles of the Nebraska Administrative Code, and Nebraska State Statutes. All providers of waiver services must adhere to standards as described in the Division of Medicaid and Long-Term Care Service Provider Agreement. A provider delivering direct services and supports must: <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>○ Abuse, neglect, and exploitation and state law reporting requirements and prevention;</li> </ul> </li> </ul>

**Service Specification**

			<ul style="list-style-type: none"> <li>○ Cardiopulmonary resuscitation; and</li> <li>○ Basic first aid;</li> <li>• Be authorized to work in the United States;</li> <li>• Not be a legally responsible individual or guardian to the participant; and</li> </ul> <p>Not be an employee of DHHS, unless approved by DHHS as compliant with DHHS policy and applicable law and regulation.</p>
<p><b>Independent Individual</b></p>	<p>No license is required.</p>	<p>No certification is required.</p>	<p>All providers of waiver services 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>All providers of waiver services must adhere to standards as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.</p> <p>A provider of this service must:</p> <ul style="list-style-type: none"> <li>• Complete all provider enrollment requirements;</li> <li>• Have necessary education and experience, and provide evidence upon request:             <ul style="list-style-type: none"> <li>○ Have a Bachelor’s degree or equivalent coursework/training in: education, psychology, social work, sociology, human services, or a related field; OR</li> <li>○ Have four or more years of professional experience in the provision of habilitative services for persons with intellectual or other developmental disabilities (IDD), or in habilitative program writing and program data collection/analysis, or four or more years of life experience in teaching and supporting an individual with IDD; OR</li> <li>○ Have any combination of education and experience identified above equaling four years or more;</li> </ul> </li> <li>• Have training and provide evidence of current certificate of completion from an accredited source, when applicable, or upon request:</li> </ul>

Service Specification			
			<ul style="list-style-type: none"> <li>○ Abuse, neglect, and exploitation and state law reporting requirements and prevention <b>within 90 days of enrollment;</b></li> <li>○ Cardiopulmonary resuscitation <b>within 12 months of enrollment;</b> and</li> <li>○ Basic first aid <b>within 12 months of enrollment;</b></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 to the participant; and</li> <li>• Not be an employee of DHHS, unless approved by DHHS as compliant with DHHS policy and applicable law and regulation.</li> </ul>

**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.	The program compliance is completed annually and the provider enrollment broker ensures that revalidation is completed annually and re-enrollment is completed every 5 years. <b>Annual program compliance will be waived during the time period of the pandemic.</b>
Independent Individual	DHHS agency staff in combination with designated provider enrollment broker.	The program compliance is completed annually and the provider enrollment broker ensures that revalidation is completed annually and re-enrollment is completed every 5 years. <b>Annual program compliance will be waived during the time period of the pandemic.</b>

**Service Delivery Method**

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

## Service Specification

Service Title: **Medical In-Home Habilitation**

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

### Service Definition (Scope):

Medical In-Home Habilitation is a short-term habilitative service provided to waiver participants who have a chronic or severe medical condition that prevents them from fully participating in community activities or employment opportunities, or have recently been hospitalized and are continuing to recover in their residence, and their medical needs prevent them from participating in community activities or employment opportunities. Medical In-Home Habilitation is provided to participants who are unable to remain alone during the hours that they would otherwise be away from their residence.

Services are based on the current needs and capabilities of the participant, and based on discharge orders and ongoing oversight by a Registered Nurse or higher medical degree employed by the DD provider. Medical In-Home Habilitation includes adaptive skill development or refining of daily living activities, such as personal grooming and cleanliness, laundry, bed making and household chores, and eating and the preparation of food. This service also includes the provision of personal care, health maintenance activities, supervision, and protective oversight.

Individual programs must be specific and measurable and updated when not yielding progress, and data must be tracked and analyzed for trends. Monthly summary reports on progress or lack of progress must be made available upon request.

Medical In-Home Habilitation may not be self-directed.

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

- Medical In-Home Habilitation must be provided in the participant's residence. The provider must be providing service in the residence with the participant.
- The amount of prior authorized services is based on the participant's need as periodically assessed by the state clinical team, and documented in the service plan, and within the participant's approved annual budget. **When the participant is placed in isolation, quarantine or following the CDC guidelines for people with disabilities, the amount of prior authorized services does not need to be in the participant's approved annual budget. The requirement of prior clinical team approval of this service is temporarily waived. Medical In-Home Habilitation is approved for use in hospital settings.**
- 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, Behavioral In-Home Habilitation, Enclave, Habilitative Community Inclusion, Habilitative Workshop, Prevocational, and/or Supported Employment (Individual and Follow-Along). The total combined hours for these services may not exceed a weekly amount of 35 hours. A week is defined as 12:00 AM Monday through 11:59 PM Sunday.
- Medical In-Home Habilitation is reimbursed at an hourly unit.
- 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. **When the participant is a student under the age of 22, and in isolation, quarantined or following the CDC guidelines for people with disabilities, or the school closes, DD services may be provided during the school hours set by the local school district.**



**Service Specification**

- This service shall not overlap with, supplant, or duplicate other comparable services provided through the waiver, Medicaid State Plan services, or HCBS waiver service.
- The services under the Comprehensive Developmental Disabilities Services waiver are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.

**Provider Specifications**

Provider Category(s) (check one or both):	<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 (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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**Provider Qualifications** (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
<b>DD Agency</b>	No license is required.	Certification by DHHS in accordance with applicable state laws and regulations. Neb. Rev. Stat. §§83-1201 - 83-1226 – Developmental Disabilities Services Act.	<p>All providers of waiver services 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>All providers of waiver services 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>○ Abuse, neglect, and exploitation and state law reporting requirements and prevention;</li> <li>○ Cardiopulmonary resuscitation; and</li> <li>○ 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 to the participant; and</li> </ul>

**Service Specification**

			<ul style="list-style-type: none"> <li>Not be an employee of DHHS, unless approved by DHHS as compliant with DHHS policy and applicable law and regulation.</li> </ul>

**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.	The program compliance is completed annually and the provider enrollment broker ensures that revalidation is completed annually and re-enrollment is completed every 5 years. Annual program compliance will be waived during the time period of the pandemic.

**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:	<b>Supported Family Living</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>Supported Family Living is provided to the participant in the participant’s private family home and the community, not in a provider owned, leased, or operated setting. The participant lives with relatives in their private family home.</p> <p>Supported Family Living is a habilitative service that provides individually-tailored intermittent supports for a waiver participant that assists with the acquisition, retention, or improvement in skills related to living in the community. Supported Family Living includes adaptive skill development of daily living activities, such as personal grooming and cleanliness, laundry, bed making and household chores, eating and the preparation of food, inclusive community activities, transportation, and the social and leisure skill development necessary to enable the participant to live in the most integrated setting appropriate to his/her needs. Providers of Supported Family Living generally do not perform these activities for the participant, except when not performing the activities poses a risk to the participant’s health and safety.</p> <p>Individual programs must be specific and measurable and updated when not yielding progress, and data must be tracked and analyzed for trends. Monthly summary reports on progress or lack of progress must be made available upon request.</p> <p>Supported Family Living may be self-directed.</p>	

## Service Specification

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

- Supported Family Living is provided in the participant’s private family home, not a provider operated or controlled residence.
- Supported Family Living may be provided to 1 or 2 participants, based on the participants’ assessed needs. Groups of 3 must be approved by the Department. **When the participant is placed in isolation, quarantine or following the CDC guidelines for people with disabilities, groups of 3 will not need approval.**
- The amount of prior authorized services is based on the participant’s need as documented in the service plan, and within the participant’s approved annual budget. **When the participant is placed in quarantine or following the CDC guidelines for people with disabilities, the amount of prior authorized services does not need to be in the participant’s approved annual budget. Additionally, the use of sub-contractors is allowed for agencies providing services to participants in quarantine or following the CDC guidelines for people with disabilities.**
- Supported Family Living is provided to an awake participant who requires less than 24 hours of support a day.
- Supported Family Living is reimbursed at an hourly rate. Supported Family Living cannot exceed a weekly amount of 70 hours. A week is defined as 12:00 AM Monday through 11:59 PM Sunday. **When the participant is in isolation, quarantined or following the CDC guidelines for people with disabilities, the weekly cap of 70 hours will not apply.**
- The rate structure for this service is determined based on the group size. Group sizes of 1, 2, or 3 are based on the participant’s assessed needs.
- Participants receiving Supported Family Living cannot receive Independent Living.
- Participants receiving Supported Family Living cannot receive Continuous Residential Habilitation daily rate, Host Home daily rate, or Shared Living daily rate on the same day.
- Transportation required in the provision of Supported Family Living is included in the rate. Non-medical transportation to the site at which Supported Family Living begins is not included in the rate. Non-medical transportation from the site at which Supported Family Living ends is not included in the rate.
- Supported Family Living may be provided by a relative but not a legally responsible individual or guardian of the participant.
- 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. **When the participant is a student under the age of 22, and in isolation, quarantined or following the CDC guidelines for people with disabilities, or the school closes, DD services may be provided during the school hours set by the local school district.**
- This service shall not overlap with, supplant, or duplicate other comparable services provided through the Medicaid State Plan or HCBS Waiver services.

## Provider Specifications

Provider Category(s) <i>(check one or both):</i>	■	Individual. List types:	■	Agency. List the types of agencies:
		Independent Individual – Habilitative Services		DD Agency
				Independent Agency – Habilitative Services

**Service Specification**

Specify whether the service may be provided by ( <i>check each that applies</i> ):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/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>DD Agency</b>	No license is required.	Certification by DHHS in accordance with applicable state laws and regulations. Neb. Rev. Stat. §§83-1201 - 83-1226 – Developmental Disabilities Services Act.	<p>All providers of waiver services 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>All providers of waiver services 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>○ Abuse, neglect, and exploitation and state law reporting requirements and prevention;</li> <li>○ Cardiopulmonary resuscitation; and</li> <li>○ 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 to the participant; and</li> </ul> <p>Not be an employee of DHHS, unless approved by DHHS as compliant with DHHS policy and applicable law and regulation.</p>
<b>Independent Individual</b>	No license is required.	No certification is required.	<p>All providers of waiver services 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>All providers of waiver services must adhere to standards as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.</p> <p>A provider of this service must:</p>

Service Specification

			<ul style="list-style-type: none"> <li>• Complete all provider enrollment requirements;</li> <li>• Have necessary education and experience, and provide evidence upon request:             <ul style="list-style-type: none"> <li>○ Have a Bachelor’s degree or equivalent coursework/training in: education, psychology, social work, sociology, human services, or a related field; OR</li> <li>○ Have four or more years of professional experience in the provision of habilitative services for persons with intellectual or other developmental disabilities (IDD), or in habilitative program writing and program data collection/analysis, or four or more years of life experience in teaching and supporting an individual with IDD; OR</li> <li>○ Have any combination of education and experience identified above equaling four years or more;</li> </ul> </li> <li>• Have training and provide evidence of current certificate of completion from an accredited source, when applicable, or upon request:             <ul style="list-style-type: none"> <li>○ Abuse, neglect, and exploitation and state law reporting requirements and prevention within 90 days of enrollment;</li> <li>○ Cardiopulmonary resuscitation within 12 months of enrollment; and</li> <li>○ Basic first aid within 12 months of enrollment;</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 to the participant; and</li> <li>• Not be an employee of DHHS, unless approved by DHHS as compliant with DHHS policy and applicable law and regulation.</li> </ul>
<p><b>Independent Agency</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, and must comply with all applicable licensure standards, Titles of the</p>

**Service Specification**

			<p>Nebraska Administrative Code, and Nebraska State Statutes.</p> <p>All providers of waiver services must adhere to standards as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.</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>○ Abuse, neglect, and exploitation and state law reporting requirements and prevention within 90 calendar days of enrollment;</li> <li>○ Cardiopulmonary resuscitation within 12 calendar months of enrollment; and</li> <li>○ Basic first aid within 12 calendar months of enrollment;</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 to the participant; and</li> </ul> <p>Not be an employee of DHHS, unless approved by DHHS as compliant with DHHS policy and applicable law and regulation.</p>
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**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.	The program compliance is completed annually and the provider enrollment broker ensures that revalidation is completed annually and re-enrollment is completed every 5 years. Annual program compliance will be waived during the time period of the pandemic.
Independent Individual	DHHS agency staff in combination with designated provider enrollment broker.	The program compliance is completed annually and the provider enrollment broker ensures that revalidation is

Service Specification			
		completed annually and re-enrollment is completed every 5 years. Annual program compliance will be waived during the time period of the pandemic.	
Independent Agency	DHHS agency staff in combination with designated provider enrollment broker.	The program compliance is completed annually and the provider enrollment broker ensures that revalidation is completed annually and re-enrollment is completed every 5 years. Annual program compliance will be waived during the time period of the pandemic.	
Service Delivery Method			
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed



<sup>i</sup> Numerous changes that the state may want to make may 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; or (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.