

CHAPTER 5-000 DEFINED SERVICES

5-001 Chore Service

5-001.01 Introduction: This section contains material which governs -

1. The authorization and provision of Chore Service; and
2. The evaluation and approval of chore service providers.

5-001.01A Chore Service Need: Chore Service is not provided based on the demand of the client. Any person receiving Social Services must have a defined need for the service in order to meet eligibility requirements.

Need implies that the provision of that service will assist the client to advance toward the achievement of program goals.

5-001.01B Chore Goals: The goals relating to Chore Service are -

1. Achieving or maintaining self-sufficiency, including reduction or prevention of dependency (Goal 2);
2. Preventing or remedying abuse, neglect, or exploitation of adults unable to protect their own interests (Goal 3);
3. Preventing or reducing inappropriate institutional care (Goal 4); and
4. Securing referral or admission for institutional care when other forms of care are not appropriate (Goal 5).

5-001.02 Defined Chore Services: The following chore service components are those which could normally be performed by the client, but which the client is presently unable to perform as determined by the worker in the needs assessment process.

Cleaning: Light housecleaning which is required to maintain the client in a safe and sanitary environment. This includes only vacuuming, sweeping, mopping, dusting, trash removal, and cleaning and sanitation of kitchen and bathroom, cleaning and clearing refrigerator of old and spoiled foods, cleaning stove and oven as appropriate. It does not include window washing; furniture moving; cleaning closets or drawers; any exterior cleaning or maintenance; or other non-essential tasks. For essential tasks, the client shall provide necessary supplies.

Note: An exception will be considered for an APS client whose home requires major one-time cleaning.

Essential Shopping: Obtaining food, clothing, housing, or personal care items a maximum of one time per week.

Food Preparation: Preparing meals necessary and related clean-up to maintain the client's independence. The client shall provide necessary meal preparation supplies.

Full-Time/Live-In Housekeeping: Providing all chore service components, as needed.

Laundry Service: Washing, drying, folding, and storing laundry in the client's home; or utilizing laundromat services on behalf of the client using soap and machine use fees which the client provides.

Personal Care: Only bathing, dressing, shaving, and shampooing.

5-001.03 Clients Served: The worker shall authorize Chore Service only for those individuals who are age 19 or older and -

1. Current SSI or SSI State Supplemental recipients; or
2. Low income aged or disabled persons.

5-001.04 Conditions of Provision

5-001.04A Limits Based on Living Arrangements: Based upon an individual needs assessment, the worker shall authorize only the essential shopping, or medical escort components of Chore Service for individuals residing in relatives' homes, board and room homes, adult family homes, residential care facilities, or domiciliary facilities, or centers for the developmentally disabled.

5-001.04B Special Grant Circumstances: The worker shall not authorize the laundry or shopping components of Chore Service if those needs are included as a "Special Circumstance Requirement" in the AABD State Supplemental grant (469 NAC 3-004.03).

5-001.04C Personal Care: The worker shall not authorize the personal care component of Chore Service if the client is eligible for Medicaid and is receiving personal care through Home Health Services or Personal Care Aide Services. If an eligible client is not receiving service through Medicaid, the worker shall make a referral to IM.

5-001.04D Full-Time/Live-In Housekeeper: The worker shall authorize full-time housekeeper only to meet goal 4 or 5 and only when the client is living alone or when the circumstances of eligible individuals residing together indicate this need. The housekeeper may live in. Authorization of this component is not appropriate if the client's needs can be met within the unit maximums of other chore codes. A full-time housekeeper shall -

1. Provide the following components of chore service, as appropriate:
 - a. Cleaning;
 - b. Essential shopping;
 - c. Food preparation;
 - d. Laundry service;
 - e. Medical escort; and
 - f. Personal care;
2. Provide service to only one household;
3. Be available on a 24-hour basis to provide the authorized chore components; and
4. Bill only for the days service is actually provided.

For days the full-time/live-in housekeeper bills, payment may not be allowed for meals service or adult day service.

5-001.05 Limits for Adult Protective Service (WI)Clients: Based upon the needs assessment, the worker may authorize chore services for clients eligible without regard to income for a maximum of 31 days in situations of abuse or neglect of an individual age 18 or older under the following conditions:

1. Form DSS-60 will be filed with the State Central Registry; and
2. The client or client's representative has consented to the service by signing Part V of Form DSS-3A.

5-001.06 Maximum Rates and Allowable Units:

5-001.06A Rates: The Central Office establishes a statewide rate for chore services matching the federal minimum wage. See Appendix. Periodic increases or decreases may be made to the chore service rate in a percentage amount corresponding with legislative appropriations or budget directives from the Nebraska Legislature which result in general Medicaid service provider increases or decreases.

5-001.06B Frequency: The frequency of service is by the hour. A day rate is used for full-time live-in housekeeper.

5-001.06C Maximum Allowable Units: Department staff shall authorize up to 65 hours per month (15 hours per week) of chore services.

5-001.06D Limit Exceptions: Local units shall submit requests to exceed policy maximums to Central Office for prior approval. (See 473 NAC 2-007.) Requests to increase the number of maximum units provided will not be granted unless the request is related to an active APS case.

5-001.07 Case Management Documentation: To authorize Chore Service, the worker shall document the specific components of Chore Service to be provided and frequency of provision.

5-001.08 Chore Service Provider Standards: See 473 NAC 3-002.02 for general provider requirements.

5-001.08A Health and Safety Standards: Each chore service provider shall -

1. Be free of communicable disease, physically capable of providing service, and willing to provide a physician's verification statement, if required by the worker;
2. Have knowledge of basic first aid skills and of available emergency medical resources, if providing full-time/live-in housekeeping or personal care; and
3. Exercise reasonable caution and care in the use and storage of clients' equipment, appliances, and supplies.

5-001.08B Skill and Capability Standards: The provider shall have had training and/or home experience in carrying out chore services comparable to those which will be authorized.

5-001.08C Equipment and Supplies Standards: The chore service provider shall provide any equipment necessary to perform authorized tasks or duties, if the client does not provide them. This cost may not be authorized for service reimbursement, but may be considered in setting the provider's rate. The client shall provide household supplies.

If the authorized provider is a member of the local unit staff, any necessary equipment and supplies not otherwise available may be purchased by the local unit as an administrative expenditure.

5-001.09 Chore Form and Instructions: The first time a chore service provider is being approved, the worker shall complete Form DSS-0151, "Chore Service Provider Checklist."

5-002 Adult Day Services

5-002.01 Introduction: This section contains material governing -

1. The authorization and provision of Adult Day Services; and
2. The evaluation and approval of adult day service providers.

5-002.01A Day Services Goals: The social services goals which relate to Adult Day Services are -

1. Achieving or maintaining self-sufficiency (Goal 2);
2. Preventing or remedying neglect, abuse, or exploitation of adults (Goal 3); and
3. Preventing or reducing inappropriate institutional care (Goal 4).

5-002.02 Day Services Definitions

Adult Day Services - Home or Center: A program of structured and monitored social, manual, physical, and intellectual services/activities provided for a minimum of three hours per day. These services are provided in a supervised, ambulatory (including wheelchairs) setting - either a day services home or a center - outside an individual's own home. Adult Day Services is directed toward adults who do not require 24-hour institutional care and yet, because of physical or mental impairment (including social isolation), require services in a group setting to meet the goals identified in 473 NAC 5-002.01A.

In-Home Adult Day Services: Supervision provided for part of a day in a client's home to enable the usual caretaker (i.e., another resident of that home) to participate in employment or training. Part-time chore and homemaker activities may be included.

Adult Day Services Center: A facility which meets established standards and provides supervision and activities for four or more adults.

Adult Day Services Home: A facility which meets established standards and provides supervision and activities for less than four adults.

5-002.03 Clients Served

5-002.03A Eligibility Status: The worker shall authorize Adult Day Services only for those individuals age 19 or older who are -

1. Current SSI or State Supplemental recipients; or
2. Low income aged or disabled persons.

See 473 NAC 5-002.05 in relation to Adult Protective Services.

5-002.03B Need: Eligible clients must need Adult Day Services to increase or maintain social and emotional well-being through opportunities for intellectual, physical, manual, and social activities.

5-002.03B1: Day services activities must be necessary to -

1. Avoid unnecessary institutionalization or delay institutionalization;
2. Facilitate community readjustment after institutionalization;
3. Improve level of functioning (i.e., self-sufficiency);
4. Alleviate deteriorating effects of isolation and self-neglect; or
5. Aid in the transition from one living arrangement to another, probably more independent, living arrangement.

5-002.03B2: In assessing an individual's need for Adult Day Services the worker shall consider the following factors:

1. The individual's residential situation in terms of support available through a group or family setting;
2. What the individual has previously done with his/her time for which Adult Day Services are now being considered, or what other service arrangements existed;
3. What other supportive community resources are available to the individual which may not make the provision of Adult Day Services an urgent need; and
4. The individual's employment or training status. (Example: If the individual is employed or in a vocational or training program for part of the day, the need for Adult Day Services would be difficult to justify, as the individual would already be on the path toward goal achievement.)

5-002.03B3: In establishing an individual's need for in-home day service, the worker shall establish that -

1. The individual cannot remain alone (documentation may be requested from the individual's physician);
2. The individual's usual caretaker will be participating in employment or training;
3. The service required is of a non-medical supervisory nature (i.e., the service does not require medical skills, knowledge, training, or supervision); and
4. No other resources (e.g. volunteers or other community services) are available to meet the individual's needs.

5-002.03C Qualifications: Before authorizing Adult Day Services, the worker shall determine -

1. That the individual is not participating in a mental retardation program, a mental health day treatment program, or vocational rehabilitation services, and is unable to attend senior center activities);
2. That the individual is not confined to bed;
3. That the individual has a physician in the community; and
4. The number of hours and/or days per week required to meet the individual's needs.

5-002.04 Time Limits: The worker shall submit Form DSS-2A (see 473 NAC 2-007) to request Central Office approval before authorizing day services for four or more days per week beyond the initial six-month period.

5-002.05 Limits for Adult Protective Services (WI) Clients: Based upon the needs assessment, the worker may authorize adult day service for clients eligible without regard to income for a maximum of 31 days in situations of abuse or neglect of an individual age 18 or older under the following conditions:

1. Form DSS-60, will be filed with the State Central Register; and
2. The client or client's representative has consented to the service by signing Form DSS-3A.

5-002.06 Maximum Rates and Allowable Units:

5-002.06A Rates: Central Office establishes a statewide rate for adult day care services. See Appendix. The statewide rate is established utilizing the total federal funding appropriation to Nebraska for adult day care services and the total state funding for adult day care services divided by the projected total of the adult day care services days provided on an annual basis. The projected number of days to be provided is derived from the Department's historical data. Periodic increases or decreases may be made to the adult day care service rate in a percentage amount corresponding with legislative appropriations or budget directives from the Nebraska Legislature which result in general Medicaid service provider increases or decreases.

5-002.06B Frequency: The frequency of services is by the hour or by the day. A day is defined as six or more hours per day.

5-002.06C Maximum Allowable Units: Adult day services shall be authorized up to five days per week for the first six months. After the initial six months the worker may authorize adult day services for up to three days per week. If the client needs more days per week the worker shall request an exception from Central Office by completing the "Social Services Exception"

5-002.07 Adult Day Services Provider Standards: See 473 NAC 3-002.02, for general provider requirements.

5-002.07A Provider Skills: Personnel who provide Adult Day Services must have had training or home or work experience in performing day service duties. Personnel shall -

1. Practice courtesy, patience, and understanding with clients;
2. Be sensitive to the special needs of elderly and handicapped clients for personal attention and assistance; and
3. Be able to recognize distress or signs of illness in clients.

5-002.07B Provider Knowledge: Personnel who provide Adult Day Services shall have practical knowledge of -

1. Basic first aid procedures and available emergency medical resources;
2. Procedures to follow in case of a client's sudden illness or an accident;
3. Reasonable safety precautions to exercise when dealing with clients and their property;
4. Each client's address, telephone number, and means of transportation; and
5. Procedures to follow when problems and client grievances need to be discussed with local staff.

5-002.07C Provider Health: All personnel of adult day services facilities must be -

1. Physically capable of completing assignments; and
2. Free of communicable disease and willing to provide a physician's verifying statement, if requested by the service unit.

5-002.08 Program Standards for Centers and Homes

5-002.08A Activities

5-002.08A1 Activity Guidelines: Adult day services home and center staff shall ensure that -

1. Activities are available to all clients;
2. Each client is encouraged to participate, but free to decline;
3. The program is geared to the clients' abilities and interests;
4. The program provides intellectual and physical stimulation while preserving the dignity of the client; and
5. The program meets the financial responsibility for any activities or field trips (e.g., eating at restaurants or bowling) available as part of the Adult Day Services Program.

Chore and homemaker activities included as components of In-Home Adult Day Services must not exceed 20 percent of the provider's time in the home.

5-002.08A2 Activity Types: Adult day services home or center staff shall offer the following activities:

1. Intellectual activities for exploring subjects of interest to the client population (e.g., budgeting, art, book discussion, nutrition information, music appreciation);
2. Manual activities -- hobbies and home arts and crafts (e.g., knitting, sewing, woodworking, simple repair of home or car, cooking, gardening);
3. Physical activities which stress physical fitness, either individually or as group programs (e.g., exercises, walking, swimming, bowling, croquet); and
4. Social activities involving groups (e.g., field trips, dances, singing, shopping, games, lectures, and discussions). Adult day services staff must be present with clients at all times during the provision of any adult day service activity.

5-002.08A3 Activity Equipment: Adult day services home and center staff shall provide -

1. Furniture, equipment, supplies, and materials for clients' use (including cot(s) or recliners for rest and easy chairs);
2. Magazines, books, games, and recreational materials for clients' use; and
3. Quiet areas for reading and resting.

5-002.08B Meals: If the client is in the facility more than four hours per day and the Adult Day Services Program provides a meal, the meal must include one-third of an adult's daily nutritional requirement. If the program does not provide a meal and requires clients to bring their own food, a meals cost must be deducted from the program's daily rate of Title XX reimbursement.

5-002.08C Facilities: Adult day services home and center staff/ facilities shall -

1. Comply with fire prevention regulations, health and sanitation regulations, and zoning codes and regulations;
2. Maintain lavatory and toilet facilities that are available, accessible, and in working order;
3. Have adequate space, proper ventilation, and means of adequate temperature control for the number of clients served;
4. Maintain facilities which are safe and free from hazards and barriers; and

5. Contact the Nebraska Department of Health if -
 - a. The Adult Day Services Program is to be provided in a facility licensed by that Department; or
 - b. The program intends to provide medical services.

5-002.08D Records Maintenance: Adult day services staff shall maintain the following records:

1. Client charts documenting individualized adult day services goals, activities in which client's participate, and individual problem areas and progress made through service provision. (Progress notes should be recorded at least every three months);
2. Clients' physicians, pertinent medical information (e.g., activity restrictions, special diets, and medications schedules), and phone numbers of persons to contact in case of an emergency;
3. Signed consents for release of information about clients (i.e., for information-sharing with county staff regarding client needs assessments); and
4. Statistical reports containing information about -
 - a. Number and source of referrals;
 - b. Client attendance, services received, and method of payment;
 - c. Program costs; and
 - d. Program admissions and program discharges (i.e., numbers of clients and reasons for admission and discharge).

5-002.09 Adult Day Services Form and Instructions: The worker shall use Form DSS-0251, "Adult Day Service Provider Check List," for the initial evaluation and approval of adult day services providers.

5-003 through 5-006 (Reserved)

5-007 Alternate Care Service

5-007.01 Introduction: This section contains material which governs -

1. The authorization and provision of Alternate Care Service; and
2. The recruitment, evaluation, and certification of alternate living resources.

5-007.01A Alternate Care Service Goals: The goals related to Alternate Care Service are -

1. Achieving or maintaining self-sufficiency (Goal 2);
2. Preventing or remedying abuse, neglect, or exploitation of adults unable to protect their own interests (Goal 3);
3. Preventing or reducing inappropriate institutional care (Goal 4); and
4. Securing referral for institutional care (Goal 5).

5-007.01B Time Limitation: The worker shall not authorize Alternate Care Service beyond an initial six-month period unless an exception has been approved by Central Office (see 473 NAC 2-007.04).

5-007.02 Definition of Alternate Care Service: This service includes assistance in locating an alternate living arrangement (e.g. adult family home, residential care facility, or nursing home) and evaluating and assessing care provided to the client in non-institutional settings. (See IX-3620 for a description of alternate living arrangements.) The alternate living arrangement may be more or less restrictive than the client's present living arrangement.

5-007.03 Clients Served

5-007.03A Eligibility: The worker shall authorize Alternate Care Service only for those individuals age 19 or older who are -

1. Current SSI or State Supplemental recipients;
2. Low income aged or disabled persons; or
3. Age 18 or older and are receiving Adult Protective Service without regard to income.

5-007.03B Residents of Institutions: The worker shall not authorize Alternate Care Service for individuals residing in institutions unless in conjunction with discharge planning or de-institutionalization for the client.

5-007.04 Case Management Functions: When authorizing Alternate Care Service, the worker shall -

1. Assess the client's needs and recommend an alternate living arrangement consistent with the level of care required;

2. Review, with the client, possible resources which offer appropriate living arrangements;
3. Discuss, with the client and/or representative, the Department's responsibilities for assisting the client to locate an alternate living arrangement and for assessing that arrangement;
4. Arrange for a visit to the potential alternate living arrangement, if requested by the client;
5. If appropriate, authorize the provision of supportive services to enable the client to maintain the alternate care arrangement; and
6. Discuss the client's financial responsibility for daily living expenses. Note: Care costs and moving expenses (except for De-Institutionalization) are not covered under the Social Services Program.

5-007.05 Resource Development Functions: Staff assigned resource development responsibilities shall -

1. Maintain a current list of alternate care resources;
2. Encourage development of new or improved alternate care resources; and
3. Provide technical assistance, as appropriate.

5-007.06 De-Institutionalization

5-007.06A Introduction: De-institutionalization of a Medicaid client residing in a skilled nursing facility (SNF), intermediate care facility (ICF), or intermediate care facility for the mentally retarded (ICF/MR) is the joint responsibility of Medical Services, Income Maintenance, and, when requested, Social Services. This action is appropriate when a client's medical or social needs no longer require nursing facility care and another living arrangement is determined more appropriate.

This subsection provides staff with instructions to follow in the de-institutionalization process.

5-007.06B Definitions

County of Legal Settlement: The county financially responsible for the client's needs.

County of Residence: The county where the client physically resides.

SNF, ICF, ICF/MR: Facilities primarily engaged in providing nursing care and related services to patients requiring medical or nursing care or providing health-related care and services to individuals who, because of their mental or physical condition, are unable to live independently or in a situation where less care is provided.

5-007.06C Medical Services Functions: The state medical review team evaluates the appropriateness of each SNF, ICF, or ICF/MR client's medical and social care needs, and may, after collecting pertinent data, recommend de-institutionalization using Form DPW-100, "De-Institutionalization Referral." The recommendation must include information about the client's physical/mental condition and needs. See 471 NAC 12-008.12.

5-007.06D County of Residence Responsibilities: Each county shall assign responsibility for assisting the client to a worker in IM, in social services, or a generic worker. The worker shall arrange a move to an independent living arrangement or to a situation where less care is provided within 60 days after receiving Form DPW-100.

5-007.06D1 Meetings With the Client: Upon receiving Form DPW-100, the worker shall visit the client and/or representative, discuss the de-institutionalization recommendation, and present written notification of the recommendation. (The worker may contact the facility's discharge planner for assistance in notifying the client before this visit.) To discuss the client's needs and preferences, the worker shall arrange a meeting with the client and/or representative; his/her income maintenance or social services worker, if possible; the facility's discharge planning staff; and any interested family members.

5-007.06D2 Arranging for the Move: If the client or his representative choose to locate a living arrangement without the assistance of the worker, the worker shall advise him/her that the move must be completed within 60 days of receiving Form DPW-100 and to notify the county office when the move is completed. During the 60-day period, the worker shall contact the client or the representative to determine progress towards the client's move.

If the client or representative requests assistance, the worker shall -

1. Locate an appropriate living arrangement;
2. Discuss the arrangement with the client or representative and ensure that the arrangement is appropriate, feasible, and acceptable to the client or representative;
3. Arrange pre-placement visits, when appropriate; and
4. Arrange, when appropriate, for the transportation of the client from the facility to the new living arrangement.

The worker shall complete Form DPW-100 when the move has occurred, forward copies to the Central Office Long Term Care Unit, to Aged and Disabled Services, to the client's county of legal settlement, and retain one copy for the county file. If the move is not possible, or if more time is needed, the worker shall request assistance from the Central Office Long Term Care Unit.

5-007.06E Pre-Placement Visits: Within the 60-day period, the worker may arrange a pre-placement visit to acquaint the client with an alternate living situation. (If the visit will involve an overnight stay, see IX-6381.01). The worker shall inform the facility's administrator of the visit and discuss the purpose of the visit, length of stay, etc., with the client or representative.

5-007.06F Transportation: The worker may authorize transportation in relation to de-institutionalization only to assist the client in pre-placement visits and moving from the facility to the new living arrangement when -

1. All regulations for Transportation Service for Adults (473 NAC 5-018) have been met; and
2. The move does not involve large volume of goods and personal property (in such cases the worker should contact the IM worker for possible assistance).

5-008 and 5-009 (Reserved)

5-010 Home-Delivered and Congregate Meals Service

5-010.01 Introduction: This section contains material which governs -

1. The authorization and provision of home-delivered and congregate meals; and
2. The evaluation and approval of meal providers.

5-010.01A Meals Service Need: Meals service is not provided based on the demand of the client. Any individual receiving meals service must have a defined need for the service in order to meet eligibility requirements. Need for a service implies that the provision of that service will assist the client in achieving program goals.

5-010.01B Meals Service Goals: The goals relating to meals service are -

1. Achieving or maintaining self-sufficiency, including reduction or prevention of dependency (Goal 2);
2. Preventing or remedying abuse, neglect, or exploitation of adults unable to protect their own interests (Goal 3);
3. Preventing or reducing inappropriate institutional care (Goal 4); and
4. Securing referral or admission for institutional care when other forms of care are not appropriate (Goal 5).

5-010.02 Meals Service Definitions

Congregate Meals: Meals prepared and served at a dining facility outside of the client's residence.

Home-Delivered Meals: Meals prepared outside of the client's residence and delivered to his/her residence. The residence must be an independent living arrangement.

Meal: A variety of properly prepared foods containing one-third of the minimum daily nutritional requirements for adults.

5-010.03 Clients Served

5-010.03A Eligibility Status: The worker shall authorize Home- Delivered or Congregate Meals Service only for those individuals age 19 or older who are -

1. Current SSI or State Supplemental recipients; or
2. Low income aged or disabled persons.

See 473 NAC 5-010.04 in relation to Adult Protective Services.

5-010.03B Need for Service: Eligible clients must -

1. Be unable to prepare adequate meals within their own residences. This inability may be due to -
 - a. Physical or mental handicaps or disabilities;
 - b. Chronic illness;
 - c. Inability to obtain food products because of distance to the source;
 - d. Lack of cooking facilities; or
 - e. Lack of motivation. Lack of motivation is characterized by emotional or physical deterioration which seriously endangers the client's ability to remain in an individual living situation. Any of the following may indicate possible deterioration:
 - (1) Disregards personal hygiene;
 - (2) Requires another person to remind him/her to attend to basic needs;
 - (3) Allows hazardous conditions to develop in the home;
 - (4) Requires all meals prepared and served by others;
 - (5) Requires frequent orientation as to the time, place, or date;
 - (6) Refuses needed medical care;
 - (7) Loss of spouse due to death or divorce in the past year;
 - (8) Contact has been severed with close friends or relatives in the past year for any reason (e.g., death, divorce, moving);
 - (9) Moved to a new living situation within the past year;
 - (10) Discharged from a nursing home or hospital within the past year; or
 - (11) A history of withdrawal from social contacts or activities;
2. Have no other person living in their homes who are able and willing to obtain, prepare, and serve adequate meals in the home; or
3. Not live in a congregate facility (e.g., board and room home or hotel) where meal service is the responsibility of the facility and the cost of meals is included in the payment rate.

The worker may authorize meals service for any of these reasons and shall periodically re-evaluate the client's need. Every effort must be made to move the client toward greater independence (e.g., providing homemaker service to teach housekeeping skills to a recent widower).

5-010.04 Limits for Adult Protective Services (WI) Clients: Based upon the needs assessment, the worker may authorize meal service for clients eligible without regard to income for a maximum of 31 days in situations of abuse or neglect of an individual age 18 or older under the following conditions:

1. Form DSS-60 will be filed with the State Central Register; and
2. The client or client's representative has consented to the service by signing Form DSS-3A.

5-010.05 Maximum Rates and Allowable Units

5-010.05A Rates: Central Office establishes a statewide rate for meal services. See Appendix. The statewide rate is established utilizing the total federal funding appropriation to the State of Nebraska for meals services and the total state funding for meals services divided by the projected total of the congregate and delivered meals to be produced on an annual basis. The projected number of meals to be produced is derived from data provided by the state Area Agency on Aging organizations. Periodic increases or decreases may be made to the meal service rate in a percentage amount corresponding with legislative appropriations or budget directives from the Nebraska Legislature which result in general Medicaid service provider increases or decreases.

5-010.05B Frequency: The frequency of service is per occurrence.

5-010.05C Maximum Allowable Units: Department staff shall authorize up to one congregate or home delivered meal per day.

5-010.06 Meals Service Exceptions: When entering into contractual agreements with meals service providers, staff shall consider the following:

1. Actual service cost in the provision of meal service is not a basis for granting a rate increase. A number of meal programs have multiple sources of funding and rate negotiation must always be explored before requesting an exception;
2. Special rates will not be granted to providers who prepare meals catering to the various dietary requirements of their clientele. Providers are required to prepare meals for special diets; and
3. No exceptions will be approved for area agencies on aging as their rates are standardized.

5-010.07 Meals Service Provider Standards: See 473 NAC 3-002.02 for general provider requirements.

5-010.08 Health and Safety Standards: Food preparation and serving facilities and areas must conform to all established local, state, or federal fire prevention, sanitation, zoning, and facility maintenance standards. Food preparation and serving personnel must be -

1. In good health and free from contagious disease;
2. Skilled and instructed in sanitary food handling, preparation, and serving practices;

3. Courteous, understanding, and helpful when seating or serving aged or handicapped clients;
4. Knowledgeable of basic first aid; and
5. Aware of available resources for medical emergencies and for transportation.

5-010.08A Home-Delivered Meal Standards: In addition to the general health and safety standards, home-delivered meals must be -

1. Delivered on an established schedule;
2. Transported in properly equipped vehicles; and
3. Transported and delivered using utensils and equipment which are sanitary and maintain proper food temperatures. Thermos-type containers and disposable or sterilizable serving dishes must be used.

5-010.08B Congregate Meal Standards: In addition to the general health and safety standards, congregate meal facilities must be -

1. Accessible to adult clients and free from architectural barriers to aged or handicapped clients; and
2. Maintained at a comfortable temperature, properly ventilated, and have sufficient space.

5-010.09 Menu and Meal Requirements: Menus for home-delivered and congregate meals must -

1. Reflect the general dietary needs of aged or handicapped people as well as the specific dietary needs of the clients served;
2. Be prepared one week in advance, entered on Form DSS-1053, "Weekly Menu Plan," (or similar form) and kept available for inspection by service unit staff at any time.
3. Contain one-third of the minimum daily nutrition requirement for adults using a variety of foods from day to day. (See Form DSS-1054, "Approved Meals Service Vendor Meals Specification List.")

5-010.10 Meals Service Forms and Instructions: The worker shall complete the following forms as required to evaluate meals service providers:

1. Form DSS-1052, "Home Delivered or Congregate Meals Provider Check List" (473-000-90);
2. Form DSS-1053, "Weekly Menu Plan" (473-000-91) (optional); and
3. DSS-1054, "Approved Meals Service Vendor Meals Specification List" (473-000-92).

5-011 Homemaker Service for Adults

5-011.01 Introduction: This section contains material which governs -

1. The authorization and provision of Homemaker Service for Adults; and
2. The evaluation and approval of homemaker providers.

5-011.01A Homemaker Need: Homemaker service is not provided based on the demand of the client. The instruction provided by the homemaker must maintain or strengthen the client's capacity to function in the most independent living situation possible.

5-011.01B Homemaker Goals: The goals relating to Homemaker Service for Adults are -

1. Achieving or maintaining economic self-support (Goal 1);
2. Achieving or maintaining self-sufficiency, including reduction or prevention of dependency (Goal 2);
3. Preventing or remedying neglect, abuse, or exploitative of adults unable to protect their own interests (Goal 3);
4. Preventing or reducing inappropriate institutional care (Goal 4); and
5. Securing referral or admission for institutional care when other forms of care are not appropriate (Goal 5).

5-011.02 Homemaker Definitions

Homemaker Service for Adults: In-home instruction provided by a trained homemaker to aged and disabled clients. The homemaker provides service based upon the worker's evaluation of need.

Homemaker Service for Adults provides learning experiences for clients and involves the performance of tasks by a homemaker for instruction only.

Homemaker Tasks: The worker and the homemaker shall work together to identify the client's areas of inadequate functioning in -

1. Organization of household activities and time management;
2. Management, maintenance, arrangement, cleaning, and care of home appliances, equipment, eating utensils, furniture, and supplies;
3. Obtaining, storing, planning, preparing, and serving nutritious food for self or family (including any necessary special diets);
4. Management, supervision, training, and proper care of infants, children, or incapacitated family members;

5. Obtaining and properly caring for clothing, household supplies, and sundry needs of self or family (including laundry tasks of sorting, carrying, washing, drying, and ironing);
6. Maintenance of sanitation within the home;
7. Maintenance of personal hygiene and health practices for self and family members, if applicable;
8. Obtaining any necessary medical care and treatment;
9. Management and proper use of income and resources; and
10. Maintaining proper relationships and communication with family members.

5-011.03 Clients Served

5-011.03A Homemaker Eligibility Status: The worker may authorize Homemaker Service for Adults for individuals who are -

1. Current SSI or State Supplemental recipients; or
2. Low income aged or disabled persons.

See 473 NAC 5-011.03D in relation to Adult Protective Service.

5-011.03B Homemaker Need: Eligible clients must -

1. Have an identified service need (see 473 NAC 2-004.02); and
2. Be unable to maintain safe and adequate homemaking practices within their own living facilities. This inability may be caused by -
 - a. A medical condition from which the client is recovering;
 - b. Failure to use safe, efficient, or effective home management techniques;
 - c. Lack of homemaking experience; or
 - d. An unstable home life due to -
 - (1) A change in living situation within the past 12 months;
 - (2) Recent death of or other separation from the usual homemaker;
 - (3) Adjustment to a recent handicapping condition; or
 - (4) A household crisis (e.g., domestic disagreements, natural disasters).

5-011.03C Living Arrangement: Clients who live in a congregate facility are not eligible for homemaker service if the facility -

1. Is responsible to provide either homemaker service; and
2. Includes the cost of homemaker service in its rate

5-011.03D Limits for Adult Protective Service (WI) Clients: Based upon the needs assessment, the worker may authorize homemaker service for client eligible without regard to income for a maximum of 31 days in situations of abuse or neglect of an individual age 18 or older under the following conditions:

1. Form DSS-60 will be filed with the State Central Register; and
2. The client or client's representative has consented to the service by signing Form DSS-3A.

5-011.04 Maximum Rate and Allowable Units:

5-011.04A Rates: Central Office establishes a statewide rate for homemaker services matching the federal minimum wage. See Appendix. Periodic increases or decreases may be made to the homemaker service rate in a percentage amount corresponding with legislative appropriations or budget directives from the Nebraska Legislature which result in general Medicaid service provider increases or decreases.

5-011.04B Frequency: The frequency of service is by the hour.

5-011.04C Maximum Allowable Units: Department staff shall not authorize more than 65 hours per month for homemaker services.

5-011.04D Time Limit: Maximum of six months The worker shall not authorize Homemaker Services beyond an initial six-month period unless approval is received from Central Office. (See 473 NAC 2-007.04.)

5-011.05 Authorization Procedures: When authorizing homemaker service, the worker shall -

1. List specific assistance and instruction to be provided by the homemaker; and
2. Set time frames in which the client is to learn to perform each authorized homemaking task.

5-011.06 Homemaker Provider Requirements: See 473 NAC 3-002.02 for general provider requirements.

Both contracted providers and staff-provided homemakers must -

1. Have experience in performing homemaker tasks;
2. Be free of communicable disease, have the physical capability to provide service, and be willing to provide a physician's verification statement if requested by the worker;
3. Exhibit good grooming and personal hygiene practices;
4. Demonstrate acceptance of, respect for, and a positive attitude toward other people, especially those who are aged or disabled;
5. Exhibit emotional maturity in assuming responsibility, maintaining schedules, and adapting to new situations; and
6. Possess the necessary skills to -
 - a. Demonstrate, complete (if necessary), and instruct individuals to adopt proper activities to overcome identified deficiencies; and

- b. Observe and report all changes to the case manager.

5-011.08 Homemaker Forms and Instructions: The worker shall use the following forms as necessary in relation to Homemaker Service for Adults:

1. Form DSS-1151, "Homemaker Provider Check List" (473-000-100);
2. Form DSS-1153, "Homemaker Weekly Time Sheet" (473-000-101); and
3. Form DSS-1154, "Homemaker Service Task List" (473-000-102).

5-012 (Reserved)

5-013 Respite Care for Adults

5-013.01 Purpose: Respite Care for Adults is a service designed to provide temporary relief to the usual caregiver from the continuous support and care of a dependent aged or disabled client.

Respite care may be used to -

1. Reduce stress;
2. Reduce the social isolation of the caregiver;
3. Assist the caregiver through an emergency;
4. Reduce out-of-home placement; or
5. Increase the stability of the household.

5-013.02 Definitions

Client: An adult who requires supervision to maintain his/her present living situation.

In-Home Care: Care provided in the client's residence.

Out-of-Home Care: Care provided in a home or facility where the client does not reside.

Respite Care: Temporary care of an aged or disabled adult provided on behalf of and in the absence of the usual caregiver to allow that caregiver relief from the stresses and responsibilities of providing continued care.

Usual Caregiver: A person who resides with the client and is available on a 24-hour per day basis to assume responsibility for the care and supervision of the aged or disabled adult. This may include a caregiver who is employed outside the home if s/he retains "on-call" responsibility while away from the client.

5-013.03 Goals: The goals which relate to respite care are -

1. Preventing or remedying neglect, abuse, or exploitation of adults unable to protect their own interests (Goal 3);
2. Preventing or reducing inappropriate institutional care (Goal 4); and
3. Securing referral or admission for institutional care when other forms of care are not appropriate (Goal 5).

5-013.04 Eligibility

5-013.04A Eligibility Status: The worker may authorize respite care for individuals age 19 or older who have access to no other source of respite funding and are -

1. Current SSI or State Supplemental recipients; or
2. Low income aged or disabled persons. If determining low income eligibility for a married client, the income of his/her spouse must be included.

See 473 NAC 5-013.04C in relation to Adult Protective Services.

5-013.04B Caregiver Need: Need for this service is based upon the worker's assessment of -

1. The stress placed upon the caregiver;
2. The responsibilities the caregiver is assuming;
3. Other available non-financial resources (e.g., other relatives or community volunteers); and
4. The probable consequences to the client.

The worker shall not consider the financial circumstances of the usual caregiver, except as stated in 473 NAC 5-013.04A, item 2.

5-013.04B1 Duplicate Payments: If the caregiver is paid through another source to provide care or supervision for the client, Respite Care for Adults funds must not be used to duplicate payments.

5-013.04B1a Excluded Caregivers: The following caregivers are not eligible to receive respite service:

1. Caregivers paid for service/care provided to the client by Title XIX or Title XX;
2. Operators of facilities who are paid to provide supervision (e.g., adult family home, residential care facilities); or
3. Operators of domiciliary facilities or room and board homes. (Exception: If the client resides with a relative or friend on a room-and-board basis and that caregiver also provides supervision for the client, the caregiver may be eligible for respite care.)

Note: A facility which has an opening may wish to admit an additional client on a respite basis. As long as the facility is not being paid for the additional client through another source, the facility may contract with and bill Title XX. (Example: Mr. A is a permanent resident of a certified Adult Family Home. Mr. B lives with his adult daughter who provides his care. The AFH sponsor is not an eligible caregiver for respite from Mr. A's care, but may be the provider of respite care for Mr. B.)

5-013.04B2 Respite Situations: The worker may authorize respite service for one or more of the following situations:

1. An emergency or crisis arises which -
 - a. Requires the caregiver's absence; or
 - b. Places an unusual amount of stress on the caregiver;
2. The caregiver requires health services (e.g., dental care, doctor appointments, or hospitalization);
3. The caregiver needs relief for regular, pre-scheduled, personal activities (e.g., religious services, grocery shopping, or club meetings);
4. The caregiver requires irregular periods of "time out" for rest and relaxation; or
5. Caregiver vacations.

5-013.04C Limits for Adult Protective Service (WI) Clients: Based upon the needs assessment, the worker may authorize respite service for clients eligible without regard to income for a maximum of 31 days in situations of abuse or neglect of an individual age 18 or older under the following conditions:

1. Form DSS-60 will be filed with the State Central Register; and
2. The client or client's representative has consented to the service by signing From DSS-3A.

5-013.05 Budget Restrictions: Funds appropriated for Respite Care for Adults are limited. If available funds are exhausted, it will be necessary to send notices of closing or reduction in service to affected clients.

5-013.06 Maximum Rate and Allowable Units:

5-013.06A Rates: Central Office establishes a statewide rate for respite services matching the federal minimum wage. See Appendix. Periodic increases may be made to the respite service rate in a percentage amount corresponding with legislative appropriations or budget directives from the Nebraska Legislature which result in general Medicaid service provider increases or decreases.

5-013.06B Frequency: The frequency of service is by the hour or by the day. Service provided for more than 6 hours through 24 hours is equal to one day.

5-013.06C Maximum Allowable Units: The worker shall authorize in the same six- month time period no more than 120 hours per six months or 18 days per six months of respite services.

5-013.07 Respite Exceptions: The worker may request exceptions based upon special situations, rates, and/or maximum units by following the procedures in 473 NAC 2-007 et seq.

5-013.08 Department Responsibilities

5-013.08A Case Management Functions: The worker shall -

1. Identify and document the stresses and responsibilities which relate to the caregiver's capacity for providing care;
2. Assist the caregiver in locating a suitable respite care provider; and
3. Complete and submit to data entry Form DSS-4A for each respite provider.

5-013.08B Resource Development Functions: The worker shall -

1. Check the State Central Register of Abuse/Neglect. If any reports indicate a situation which may endanger the client, the Department may reject the application or revoke the provider contract;
2. Complete Form DSS-XXXX, "Respite Provider Checklist," with each provider; and
3. Consider negotiating a lower rate per client if more than one client resides in the same household.

5-013.09 Caregiver Responsibilities: The usual caregiver/client has the following responsibilities:

1. To obtain a provider who is able and willing to provide the supervision required and to accept Department payment;
2. To ensure that the provider is instructed in the proper care of the client. This includes but is not limited to -
 - a. An explanation of any adaptive equipment to be used;
 - b. A discussion of the client's limitations and abilities;
 - c. An understanding of emergency procedures (including how to contact the caregiver and the client's doctor); and
 - d. Dietary restrictions;
3. Notify the worker of any problems with service delivery.

5-013.10 Respite Provider Standards: See 473 NAC 3-002.02 for general provider requirements.

Each contracted respite provider must -

1. Meet any applicable local, state, and federal laws and regulations;
2. Be able to perform the tasks required for the client's care;
3. Accept the philosophy of care which includes acceptance of, respect for, and a positive attitude toward people who are aged or disabled;
4. Exhibit emotional maturity in assuming responsibility, maintaining schedules, and adapting to new situations;

5. Be free of communicable disease, have the physical capability to provide service, and be willing to provide a physician's verification statement, if requested by the worker;
6. Exhibit good grooming and personal hygiene practices;
7. Agree to never leave the client alone; and
8. Observe and report all changes to the caregiver and the case manager.

5-013.10A Additional Out-of-Home Standards: If respite care is to be provided outside of the client's home, the provider must also -

1. Certify that no household members or staff have been involved in a substantiated report of adult abuse/neglect;
2. Develop tornado safety and fire evacuation plans;
3. Have available an operable telephone;
4. Post emergency phone numbers by the telephone;
5. Ensure that the home/facility is accessible to the client, clean, in good repair, free from hazards, and free of rodents and insects;
6. Ensure that toilet facilities are clean and in working order;
7. Ensure that the eating areas and equipment are clean and in good repair;
8. Ensure that the home/facility is free from fire hazards;
9. Ensure that the furnace and water heater and any firearms, medications, and poisons are inaccessible to the client; and
10. Ensure that any household pets have all necessary vaccinations.

5-013.11 Forms: The first time a respite care provider is being approved, the worker shall complete Form DSS-1351, "Respite Provider Checklist."

If the client receives in-home service, Form IRS-2678, "Employer Appointment of Agent," must be completed and a copy retained in the client's file.

5-014 (Reserved)

5-018 Transportation Services

5-018.01 Introduction: Transportation service is transporting an eligible client to and from allowable community resources when the client has no other transportation. Service may be provided by an individual, exempt provider, or by common carrier.

5-018.01A Outcomes: Department staff must select one of the following outcomes to authorize transportation services:

1. Client is able to experience the optimal level of health, safety, and independence in a healthy and safe home environment.
2. Client is able to receive ongoing support from unpaid caregivers.
3. Client's risk of abuse, neglect, and/or exploitation is prevented, reduced, or eliminated.

5-018.01B Transportation Definitions:

Common Carrier means any person who transports passengers by motor vehicle for hire and is licensed as such with the Public Service Commission (PSC).

Department means the Department of Health and Human Services (DHHS) as established by the Health and Human Services Act (Laws 2007, LB 296).

Department staff means employees of the Department of Health and Human Services or contractors of the Department of Health and Human Services assigned those responsibilities.

Escort Services means an attendant or caregiver accompanying a minor or persons who are physically, mentally, or developmentally disabled and unable to travel or wait without assistance or supervision.

Exempt Provider means carriers exempted from PSC licensure by law including those that:

1. Transport for hire persons who are aged and their spouses and dependents under a contract with a municipality or county;
2. Are owned and operated by a nonprofit organization which has been exempted from the payment of federal income taxes as provided by Section 501(c)(4), Internal Revenue Code, and transporting solely those persons over age 60, their spouses and dependents, and/or persons experiencing disabilities;

3. Are operated by a municipality or county as authorized by law in the transportation of persons who are aged;
4. Are operated by a governmental subdivision or a qualified public purpose organization having motor vehicles with a seating capacity of 20 or less and are engaged in the transportation of passengers in the state;
5. Are engaged in the transportation of passengers and are operated by a transit authority created under and acting pursuant to the laws of the State of Nebraska; and
6. Provide escort services under contract with the Department of Health and Human Services or with any agency organized under the Nebraska Community Aging Services Act.

Individual Provider means a person who is not in the business of providing transportation for hire; for example, a friend, neighbor, or non-legally responsible relative.

Medical Escort means an attendant or caregiver accompanying a minor or persons who are physically, mentally, or developmentally disabled and unable to travel or wait without assistance or supervision to receive a Nebraska Medicaid coverable service.

Nebraska Medicaid Coverable Services means a medical service that could be covered by the Nebraska Medical Assistance Program (NMAP) as specified in Nebraska Administrative Code (NAC) Title 471 (see 473-000-200).

Tariff means the geographic and rate parameters of operation assigned to a particular carrier by the Public Service Commission.

5-018.02 Need for Service: Department staff must determine a client has the need for transportation services. Transportation services are not provided based on the demand of the client. Need for a service implies that the provision of that service will assist the client in achieving program outcomes. Eligible clients must:

1. Have no access to a working licensed vehicle or a valid driver's license;
2. Be unable to drive due to physical or cognitive limitation;
3. Be unable to secure transportation from relatives, friends, or other organizations at no cost; or
4. Require transportation in relationship to one or more of the transportation components in 473 NAC 5-018.03.

5-018.02A Medicaid Managed Care Enrollees: If the client is enrolled in one of the Medicaid Managed Care HMO plans, the HMO is responsible for authorizing transportation for the client's medical services and Department staff must not authorize medical transportation. Exception: Department staff may authorize transportation for adult day care or mental health day rehab services and for dental-related appointments and pharmacy services under Medical Transportation codes. Staff may authorize non-medical transportation for Medicaid Managed Care enrollees if the client meets the SSAD program guidelines. If the client is enrolled in one of the Medicaid Managed Care "Primary Care" plans, the responsibility for transportation authorizations remains with the Department worker.

5-018.02B Medicaid Mental Health Managed Care Enrollees: If the client is enrolled in the Medicaid Mental Health/Substance Abuse Managed Care Plan, the Mental Health/Substance Abuse Plan is responsible for authorizing transportation for mental health/substance abuse services and Department staff must not authorize mental health or substance abuse related transportation. Exception: Department staff may authorize transportation for adult day care or mental health day rehab services, and for other medical appointments under Medical Transportation codes, unless the client is enrolled in the Medicaid Managed Care HMO Program. Staff may authorize non-medical transportation for Medicaid Mental Health Managed Care enrollees if the client meets SSAD program guidelines.

5-018.02C Residents of Nursing Facilities or ICF/MR's: Residents of nursing facilities or ICF/MR's are not eligible to receive transportation through the Social Services for the Aged and Disabled (SSAD) program, except discharge transportation. All other transportation is the responsibility of the facility (nursing facility or ICF/MR). Transportation, including moving the client's household goods or personal property, may not be authorized for these clients.

5-018.03 Transportation Service Components: Transportation must be authorized only to allow a client to meet the following areas of need:

5-018.03A Medical Transportation: Medical transportation must be authorized only for a client to receive medical care under the following conditions:

1. To allow a client to receive a Nebraska Medicaid-coverable service. It is the service which must be Medicaid coverable not necessarily the provider of the service (see 473-000-200). For example, a physician visit (Medicaid coverable) at a Veterans Administration Hospital (not a Medicaid provider) would be coverable for transportation services; and
2. To allow a client to attend an adult day service program or a mental health adult day rehab program.

5-018.03A1 Medicaid eligible clients who are not eligible for SSAD Services may be eligible for medical transportation. The client must meet the need for transportation services. The client is only eligible for medical transportation services; the client is not eligible for other SSAD services or non-medical transportation services. Department staff must submit Form HHS-2A to the Central Office Transportation Coordinator for review and approval.

5-018.03A2 Medical Escort Services: Department staff must determine whether a client requires medical escort assistance. To be eligible for Medical Escort Services, the client must:

1. Be physically or mentally unable to travel or wait by him/herself to obtain a Medicaid coverable service;
2. Require assistance with personal care; or
3. Require supervision.

5-018.03B Non-Medical Transportation: This service must be authorized only for the following conditions:

1. Apply for Benefits: To allow the client to apply or be recertified for benefits and services from programs such as:
 - a. Medicaid, Food Stamps, State Supplement, AABD, and SSAD Services;
 - b. Social Security Administration;
 - c. Veteran's Administration.
2. Shop for Food and Essential Items: To allow a client to:
 - a. Shop for food;
 - b. Receive commodities or food pantry services; or
 - c. Obtain clothing or personal care items.
3. Obtain Legal and Financial Services: To allow the client to:
 - a. Receive legal counsel from legal aid societies, private attorneys, county attorneys and other professional legal sources;
 - b. Allow the client to take care of financial matters.
4. Secure Housing: To allow a client to locate, secure or retain adequate housing or independent living arrangement. Transportation may be provided for a client to return home from a hospital or nursing facility.
5. Receive SSAD Services: To allow the client transportation to and from congregate meals. (Transportation to and from Adult Day Services is covered under Medical Transportation, see 473 NAC 5-018.03A).
6. Arrange Education/training: To allow the client to make arrangements for participation in a formal educational or employment skill training program directed toward a self-support goal.
7. Secure Employment: To allow the client to locate, apply for, or secure paid employment or training leading to paid employment. DHHS does not pay for transportation to and from employment.

5-018.04 Transportation Services Provider Standards: Department staff approve provider agreements with common carriers, exempt providers, escort providers, and individual providers. To be approved, providers must meet all general provider standards in addition to the service specific standards. Department staff annually review provider agreements and renew the agreement when the provider continues to meet all provider standards and service specific standards.

5-018.04A Common Carrier Standards: The Public Service Commission certifies common carriers. Taxis and van companies are certified by the PSC as common carriers. Staff must:

1. Verify that the carrier is certified by the Public Service Commission;
2. Request and receive a copy of the carrier's tariff; and
3. Verify that the carrier has a special DHHS designation.

5-018.04B Exempt Provider Standards: Exempt providers must ensure that their employees meet the individual provider standards in 473 NAC 5-018.04D.

5-018.04C Escort Provider Standards: The provider must:

1. Be an individual age 19 or older;
2. Have training or experience in working with persons who are aged or who have a disability;
3. Have training or experience in providing personal assistance;
4. Agree to have his/her driving records reviewed, if the escort will drive;
5. Maintain information on specific needs of each client served; and
6. Report all changes observed to the client's services coordinator.

The escort provider who personally drives the client must also meet all individual provider standards in 473 NAC 5-018.04D. The escort provider must complete the individual transportation provider self-certification.

If the client requires an escort and the escort will not drive (for example, handibus, taxi, or airfare), Department staff must authorize sufficient transportation units for both the client and the escort.

5-018.04D Individual Provider Standards: Department staff are authorized to approve provider agreements with individual providers by Neb. Rev. Stat. § 75-303.03 only if the following driver and vehicle standards are met at all times when the individual is providing transportation for a client.

5-018.04D1 Driver Standards: The individual provider must:

1. Have been chosen by the client or the usual caregiver to provide transportation;
2. Be age 19 or older;
3. (Possess a current and valid driver's license;
4. Have no more than three points assessed against his/her Nebraska driver's license, or meet a comparable standard in the state where s/he is licensed to drive;
5. Currently have no limitations that would interfere with safe driving;
6. Personally drive his/her own vehicle to transport the client;
7. Use seat belts and child passenger restraint devices as required by law;
8. Not smoke while transporting the client;
9. Not transport the client while under the influence of alcohol or any drug that impairs the ability to drive safely;
10. Not provide transportation if s/he has a communicable disease which may pose a threat to the health and well-being of the client;
11. Have and maintain the minimum automobile liability and medical insurance coverage as required by law; and
12. Report disqualification from any Department program for intentional program violation.

5-018.04D2 Vehicle Standards: The individual provider's vehicle must be:

1. Currently licensed and registered as required by law;
2. Kept at all times in proper physical and mechanical conditions;
3. Equipped with operable seat belts, turn signals, lights, and horn;
4. Equipped with proper child passenger restraint devices as required by law when transporting children; and
5. Equipped to provide comfortable temperature and ventilation conditions.

5-018.04D3 Registry Checks and Criminal Background Checks: Department staff must complete and document registry checks and criminal background checks on each potential individual provider.

5-018.04D3a Registry Checks: Department staff must check:

1. Adult Protective Services Central Registry;
2. Central Register of Child Protection Cases; and
3. Nebraska State Patrol Sex Offender Registry.

If the potential provider does not reside in Nebraska or has resided in Nebraska for less than one year, Department staff must check registries in the state of residence or previous residence, if possible.

5-018.04D3a(1) Department staff must not approve a provider agreement with the potential individual provider if a report of abuse or neglect concerning the individual provider has been determined to be "Court Substantiated" or "Department Substantiated" on the APS Central Registry or "Court Substantiated", "Court Pending", or "Inconclusive" on the Central Register of Child Protection Cases.

5-018.04D3a(2) Department staff must not approve a provider agreement with a potential individual provider if the individual's name appears on the Nebraska State Patrol Sex Offender Registry.

5-018.04D3b Criminal Background Checks: Department staff must:

1. Obtain a criminal history statement from the potential individual provider; and
2. Perform a criminal history check of the potential individual provider.

5-018.04D3b(1) General Criminal History: Department staff must not approve a provider agreement with a potential individual provider if a history of convictions for misdemeanor or felony actions that endanger the health and safety of any client is indicated. This includes crimes against a child or vulnerable adult, crimes involving intentional bodily harm, crimes involving the illegal use of a controlled substance, and crimes involving moral turpitude on the part of the potential provider, or any major traffic violations.

5-018.04D3b(2) Specific Criminal History: Department staff must deny or terminate a provider agreement when conviction has occurred in the following areas:

1. Child pornography;
2. Child or adult abuse;
3. Driving under the influence: a DUI conviction within the past eight years;
4. Domestic assault;
5. Shoplifting after age 19 and within the last three years;
6. Felony fraud within the last 10 years;
7. Misdemeanor fraud within the last five years;

8. Termination of provider status for cause from any Department program within the last 10 years;
9. Possession of any controlled substance within the last five years;
10. Possession of a controlled substance with intent to deliver within the last 10 years;
11. Felony or misdemeanor assault without a weapon in the last 10 years;
12. Felony or misdemeanor assault with a weapon in the last 15 years;
13. Prostitution or solicitation of prostitution within the last five years;
14. Felony or misdemeanor robbery or burglary within the last 10 years;
15. Rape or sexual assault; or
16. Homicide.

Pending charges must be reviewed by Department staff to determine whether the client's safety is in jeopardy. Other convictions must be considered using the guidance in 473 NAC 5-018.04D3b(1) and weighted to similar offenses included in this list.

5-018.04D4 Individual Provider Approval Process: Department staff must obtain a copy of the individual's current driver's license, insurance card, and vehicle registration. The provider must complete and sign the provider self-certification and the provider agreement. In addition to having no more than three points assessed against his/her driver's license, each provider's past eight-year driving history must be considered. If a license has been suspended or revoked, the provider must not be approved for eight years from the date of suspension or revocation.

5-018.04D4a Renewal: The provider self-certification and the provider agreement must be renewed annually. The registry checks and criminal history checks required under 473 NAC 5-018.04D3 must be completed for each renewal. Department staff must obtain a copy of the individual's current driver's license, insurance card, and vehicle registration. Department staff must not renew any provider agreement with a provider whose name appears on the registries or whose criminal history check indicates any convictions as specified in 473 NAC 5-018.04D3.

5-018.04D4b Termination: Department staff must terminate the provider agreement if the individual provider is found to be in violation of any of the standards in 473 NAC 5-018.04D1 and 04D2. Department staff must terminate any provider agreement with a provider whose name appears on the registries or whose criminal history check indicates any convictions as specified in 473 NAC 5-018.04D3.

5-018.05 Authorization Procedures: Before authorizing transportation/escort services, Department staff must explore with the client the use of family, neighbors, friends, or community agencies that will provide this service without charge whenever possible. Department staff must discuss types and options of providers with the client before authorizing transportation services. Department staff must assure the client is aware of the associated costs.

5-018.05A Medical Transportation: Department staff must offer the client choice of providers for medical transportation.

5-018.05B Transportation for Out-of-State Medical Treatment: Medicaid may cover transportation for out-of-state medical treatment for Medicaid-eligible clients.

If out-of-state treatment is approved by Medicaid, Department staff may authorize transportation. The client is not eligible for transportation assistance if the client is driving him/herself.

If out-of-state treatment is not approved because of a non-medical reason such as the out-of-state provider refusing to participate in Medicaid, transportation for out-of-state treatment may be approved (see 473 NAC 5-018.05B2). If out-of-state treatment is not approved for lack of medical necessity, transportation for out-of-state treatment must not be approved.

If prior authorization for out-of-state treatment is not required (for example, receiving services in a border state), Department staff may authorize transportation under the usual procedures.

5-018.05B1 Medicare (Primary) and Medicaid (Secondary): If the client has Medicare as his/her primary insurance and Medicaid is secondary, the client does not require out-of-state treatment approval from Medicaid. The DHHS Central Office Transportation Coordinator will determine if out-of-state transportation assistance is approved. The Coordinator must use components of the definition of medical necessity found in 471 NAC 1-002.02A to determine whether out-of-state transportation may be authorized. If out-of-state transportation assistance is disapproved because the client is requesting routine medical services (for example, using a distant out-of-state clinic as the primary care provider), Department staff must deny the transportation service.

5-018.05B2 Private Health Insurance (Primary) and Medicaid (Secondary): If the client is using private insurance as his/her primary insurance and Medicaid is secondary, Medicaid prior authorization of the out-of-state medical treatment is required.

If out-of-state treatment is approved by Medicaid, Department staff may authorize transportation. The client is not eligible for assistance if the client is driving him/herself.

If Medicaid denies prior authorization of payment for out-of-state treatment because of a non-medical reason such as the out-of-state provider refusing to participate in Medicaid, Department staff must request prior authorization from the DHHS Central Office Transportation Coordinator. If the Coordinator denies out-of-state transportation, Department staff must deny the transportation service. If the Coordinator approves the out-of-state transportation, Department staff must approve the transportation service.

If Medicaid denies prior authorization for out-of-state treatment due to lack of medical necessity, transportation for out-of-state treatment must also be denied.

5-018.05C Non-Medical Transportation: For areas where exempt providers are available or the client has chosen to use an individual provider, the client will not be allowed to use common carriers unless the exempt or individual provider cannot provide the service.

5-018.05D Authorization of Exempt Providers: Department staff may approve a provider agreement with and authorize services for a provider who is exempt from PSC licensure as appropriate to meet a client's needs. The availability of a common carrier does not limit the use of an exempt provider.

5-018.05E Medical Escort: Department staff must use the following criteria to determine when to authorize an hourly rate for medical escort services:

1. The escort is not a legally responsible member of the client's family;
2. The client is not able to secure an escort at no cost; and
3. The escort is not receiving payment from another source.

5-018.05E1 Utilization of Exempt Providers as the Driver: When transportation is provided by an exempt provider, Department staff may authorize the cost of the escort's transportation only if there is an extra charge for the escort's transportation, such as air fares, rural transit system, city bus systems, etc.

5-018.05E2 Utilization of Common Carrier: When transportation is provided by common carrier provider, the provider may not charge an extra cost for transporting the escort.

5-018.05E3 Utilization of Individual Providers as the Driver: When transportation is provided to a client and an escort by an individual provider, the provider will not be paid an additional amount for transporting the escort.

5-018.05F Individual Providers: Department staff must authorize an individual provider if the following criteria are met:

1. The client has chosen the individual provider;
2. The individual will personally drive the vehicle; and
3. The individual meets provider standards in 473 NAC 5-018.04D.

5-018.06 Transportation Services Rates, Frequency, and Maximum Allowable Units

5-018.06A Conditions for Payment: The Department will pay for transportation services only:

1. When the client is actually in the vehicle; and
2. Using the most direct and logical route from the client's residence to the service location.

5-018.06B Upper Limits: DHHS Central Office establishes transportation rates according to the following limits. Department staff assigned resource development responsibilities may negotiate rates lower than the established rates.

5-018.06B1 Common Carriers: Neb. Rev. Stat. § 75-303.02 limits the distance rates for common carriers at a rate no greater than three times the state employee mileage rate. The maximum reimbursement rate does not apply when the carrier:

7. Transports the client wholly within the corporate limits of the city or village where the transportation of the client originated; or
8. Transports a disabled person as defined by the federal Americans with Disabilities Act of 1990 in a vehicle that is compliant with the regulations for the transportation of the disabled person.

5-018.06B2 Taxis: Taxi rates may be no greater than 95% of published rates.

5-018.06B3 Exempt Providers: DHHS Central Office will establish rates for exempt providers.

5-018.06B4 Escort Providers: The mileage rate for escort providers must not exceed the state employee mileage rate unless the escort is a certified carrier. The hourly rate is set by DHHS Central Office.

5-018.06B5 Individual Providers: As provided in Neb. Rev. Stat. § 75-303.03, the Department of Health and Human Services will reimburse the individual provider for costs incurred in transportation at a rate no greater than that paid for reimbursement of state employees under Neb. Rev. Stat. § 81-1176.

5-018.06C Frequency: The frequency for medical and non-medical transportation is by miles or trip. The frequency for medical escort services is by:

1. The hour(s) and miles; or
2. The hours and trip.

Department staff must authorize time and miles traveled separately.

5-018.06D Maximum Allowable Units: Department staff must authorize transportation units based on client need not to exceed the following limits:

1. Non-medical Transportation:
 - a. 50 miles per one way trip;
 - b. One round trip per week for shopping for food and essential items;
 - c. Two round trips per month for necessary business; and/or
 - d. One round trip per day for congregate meals.
2. Medical Transportation: Based on needed treatment and care.

5-019 Special Services for Mentally Retarded Persons

5-019.01 Introduction: Nebraska's six Community-Based Mental Retardation Programs (CBMRs) are responsible for providing needed services to mentally retarded persons regardless of the individual's financial situation. This section contains instructions for CBMR staff members to follow in providing Special Services for Mentally Retarded Persons.

5-019.01A Service Goals: The goals related to Special Services for Mentally Retarded Persons are -

1. Achieving or maintaining economic self-support (Goal 1);
2. Achieving or maintaining self-sufficiency (Goal 2);
3. Preventing or remedying neglect, abuse, or exploitation (Goal 3);
4. Preventing or reducing inappropriate institutional care (Goal 4); and
5. Securing referral and admission for institutional care (Goal 5);

5-019.02 Definition of Special Services for Mentally Retarded Persons: Service components include -

1. Day Services - Adult: Vocational services, sheltered workshop, work station in industry, community living/integration training, and day activities program;
2. Day Services - School Age (16-21): Same as above, except no day activities program;
3. School Age Services (5-21): Child development center and in-home training;
4. Pre-School Services (0-5): Same as School Age Services;
5. Residential Services - Adult (age 19 and older): Adult training for independent living;
6. Residential Services - Children (age 18 and younger): Training for social behavior skills achievement; and
7. General Services: Social services, follow-along assistance/enabler, facilitator assistance, physical therapy, speech therapy, recreation, transportation, and respite/emergency.

5-019.03 Delegation of Authority to Community-Based Mental Retardation Programs (CBMR): Under annual agreements between NDSS and the six Mental Retardation Regions, the CBMR Programs shall -

1. Determine individual's eligibility for Special Services for Mentally Retarded Persons;
2. Authorize and provide appropriate Special Services for Mentally Retarded Persons; and
3. Comply with all provisions of their annual agreements with NDSS.

5-019.04 Clients Served: Eligibility categories for Special Services for Mentally Retarded Persons are -

1. Current recipients of SSI or State Supplemental (CD); or
2. All other mentally retarded individuals in need of service (MD).

5-019.05 Service Units and Codes

<u>Service Description</u>	<u>Unit Provided</u>	<u>Service Code</u>
Day Services - Adult		
Vocational Services	Hour in Direct Service	1904
Sheltered Workshop (Regular Program)	Hour in Direct Service	1905
Work Station in Industry (WSI)	Hour in Direct Service	1906
Community Living/Integration Training	Hour in Direct Service	1907
Day Activities Program	Hour in Direct Service	1908
Day Services - School Age (16-21)		
Vocational Services	Hour of Direct Service	1914
Sheltered Workshop (Regular Program)	Hour of Direct Service	1915
Work Station in Industry (WI)	Hour of Direct Service	1916
Community Living/Integration Training	Hour of Direct Service	1917
School Age Services (5-21)		
Child Developmental Center	Hour of Direct Service	1940
In-Home Training	Hour of Direct Service	1941
Pre-School Services (0-5)		
Child Developmental Center	Hour of Direct Service	1950
In-Home Training	Hour of Direct Service	1951
Residential Services - Adult (age 19 and older)		
Adult Training for Independent Living	Night/Day of Training	1920
Residential Services - Children (age 18 and younger)		
Training for Social Behavior Skills Achievement	Night/Day of Training	1960
General Services		
Social Services/Case Management plus Direct Services	Significant contact or contacts during month with or on behalf of the client	1980

<u>Service Description</u>	<u>Unit Provided</u>	<u>Service Code</u>
Social Services/Case Management Only plus Direct Services	Significant contact or contacts during month with or on behalf of the client	1981
Follow-along Assistance/Enabler, Facilitator Assistance	Significant contact during day with or on behalf of the client. Counted as one per day when service is received.	1982
Physical Therapy	Number of days during month that client receives direct services	1983
Speech Therapy	Number of days during month that client receives direct service	1984
Recreation	Number of days during month that client receives direct service	1985
Transportation	Number of miles transported during month to and from vocational facilities	1986
Respite/Emergency	One night in respite or emergency placement	1987

5-019.06 Local Service Unit Responsibilities: Local unit staff shall -

1. Provide mentally retarded persons with information and referral to the appropriate CBMR;
2. Respond to requests from CBMR staff for written confirmation of an applicant's SSI or State Supplemental Status; and
3. Determine eligibility and authorize social services to meet the needs of eligible mentally retarded individuals for services other than Special Services for Mentally Retarded Persons. Note: Transportation may not be authorized for CBMR programs. See 473 NAC 5-018.08.

5-019.07 CBMR Case Management Responsibilities: CBMR staff shall -

1. Not be required to use Form DSS-3A, "Social Services Application," when determining Title XX eligibility, but may use their standard application form for their intake when determining an individual's eligibility for Special Services for Mentally Retarded Persons.

2. Determine that an applicant is either eligible through Title XX for Special Services for Mentally Retarded Persons as a current recipient of SSI or State Supplemental assistance ("CD"), or eligible for CBMR services on the basis of the CBMR's eligibility criteria ("MO"), or ineligible for Special Services for Mentally Retarded Persons;
3. Obtain verification of mental retardation diagnosis before declaring eligibility for, and authorizing, Special Services for Mentally Retarded Persons through Title XX;
4. Document in an applicant's file a finding of eligibility, ineligibility, or termination of eligibility. This documentation must also be provided in writing to a client, client's representative, or guardian, when applicable;
5. Not deny anyone the right to apply for Special Services for Mentally Retarded Persons; and
6. Change a client's eligibility classification code from "CD" to "MD" or vice versa only at the time of eligibility redetermination. A change in eligibility classification is needed when a client either becomes, or is terminated as, a current recipient of SSI or State Supplemental assistance. Because CBMRs must continue to serve clients in need, regardless of eligibility classification, any change in codes is unnecessary until the customary eligibility redetermination process is conducted.

CBMR staff shall also refer to the OMR publication, "Rules, Regulations, and Minimum Standards for Programs, Facilities, or Services Funded in Whole or in Part Through the State Office of Mental Retardation."

5-010.08 Case Record Maintenance: CBMR staff shall retain case records for at least four years. Service case records must contain at least the following:

1. A written application for CBMR services;
2. A written diagnosis of mental retardation;
3. Income verification if there is reason to question a client's status as a current SSI or State Supplemental recipient;
4. Narrative documentation of needs assessment, service planning, and client evaluation;
5. Documentation of service eligibility, ineligibility, or termination of eligibility; and
6. Documentation of service provision (e.g., attendance sheets).