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.[i] 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): Developmental Disabilities Day Services Waiver for Adults

C. Control Number(s):

NE 0394.R03.04

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

X	**Pandemic or Epidemic**
○	**Natural Disaster**
○	**National Security Emergency**
○	**Environmental**
○	**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. There will be no delay or waiver of initial and annual background checks.

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. There will be no delay or waiver of initial and annual background checks.

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 and not to exceed the end date of this Appendix K amendment. 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.

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 annual Level of Care (LOC) re-assessment requirement will be delayed for participants in which the DHHS-DD Service Coordinator cannot complete the re-assessment by phone in accordance with HIPAA requirements. 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 re-assessment will not be extended more than 9 months from the original due date.

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. This increase may not exceed 15% of current rates. 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.]

Person-Centered Service Plans that are due to expire within the next 60 days require service coordination contact to the participant using allowable remote contact methods to verify with the participant or representative that the current assessment and services, including providers, remain acceptable and approvable for the upcoming year. The state will verify by obtaining electronic signatures/or electronic verification via secure email consent from service providers and the individual or representative, in accordance with the state's HIPAA requirements.

The state will ensure the service plan is modified to allow for additional supports/and or services to respond to the COVID-19 pandemic. The specificity of such services including amount, duration and scope will be appended as soon as possible to ensure that the specific service is delineated accordingly to the date it began to be received. The Service Coordinator must submit the request for additional supports/services no later than 30 days from the date the service begins.

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 for the following habilitative services which include personal care: Independent Living, Supported Family Living, Adult Day, Enclave, Habilitative Community Inclusion, Habilitative Workshop, Prevocational, Supported Employment – Individual, and Supported Employment – Follow-Along. Retainer payments may be provided in circumstances in which the above services were not available to the participant due to COVID-19 containment efforts because the waiver participant is sick due to COVID-19; or the waiver participant is sequestered and/or quarantined based on local, state, federal and/or medical requirements/orders. Retainer payments will be authorized only for the amount of service attributable to when the participant is not with the provider. The retainer time limit will not exceed 30 consecutive days of billing or the number of bed hold days in the state's SPA within the timeframe identified in this Appendix. 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._X_ 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]

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.

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:

First Name:	Tony
Last Name	Green
Title:	Interim Director, Division of Developmental Disabilities
Agency:	Nebraska Department of Health and Human Services
Address 1:	P.O. Box 98947
Address 2:	301 Centennial Mall South
City	Lincoln
State	NE
Zip Code	68509-8947
Telephone:	402-471-6038
E-mail	Tony.Green@nebraska.gov
First Name:	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: 3/31/2020**

____________/S/_____________________
State Medicaid Director or Designee

First Name:	Jeremey
Last Name	Brunssen
Title:	Interim Director, Division of Medicaid and Long-Term Care
Agency:	Nebraska Department of Health and Human Services
Address 1:	P.O. Box 95026
Address 2:	301 Centennial Mall South
City	Lincoln
State	NE
Zip Code	68509-5026
Telephone:	402-471-2135
E-mail	Jeremy.Brunssen@Nebraska.gov
Fax Number	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:	**Respite**
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:	
Service Definition (Scope)**:**	
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. 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 may temporarily exceed 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 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. The Respite cap of 240 hours may be exceeded for anyone placed in isolation, quarantine or following the CDC guidelines for people with disabilities.
- During the COVID-19 pandemic and not to extend past the end date of this Appendix K amendment, subcontractors, as independent contractors of the provider agency authorized to deliver direct services and supports may deliver this service.
- 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) *(check one or both)*:	■	Individual. List types:	■	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 *(check each that applies)*:	☐	Legally Responsible Person	☐	Relative/Legal Guardian

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

Provider Type:	License *(specify)*	Certificate *(specify)*	Other Standard *(specify)*

Independent Respite Care Service Agency	175 NAC Health Care Facilities and Services Licensure.	No Certificate is required.	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 of this service must: • Meet and adhere to all applicable employment standards established by the hiring agency; • Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable, or upon request: o Abuse, neglect, and exploitation and state law reporting requirements and prevention; o Cardiopulmonary resuscitation; and o Basic first aid; • Be authorized to work in the United States; • Not be a legally responsible individual or guardian to the participant; and • Not be an employee of DHHS, unless approved by DHHS as compliant with DHHS policy and applicable law and regulation.

DD Agency	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.	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: • Meet and adhere to all applicable employment standards established by the hiring agency; • Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable or upon request: o Abuse, neglect, and exploitation and state law reporting requirements and prevention; o Cardiopulmonary resuscitation; and o Basic first aid; • Be authorized to work in the United States; • Not be a legally responsible individual or guardian to the participant; and • Not be an employee of DHHS, unless approved by DHHS as compliant with DHHS policy and applicable law and regulation.

Independent Individual	No license is required.	No Certificate is required.	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 of this service must: • Complete all provider enrollment requirements; • Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable, or upon request: o Abuse, neglect, and exploitation and state law reporting requirements and prevention within 90 calendar days of enrollment; o Cardiopulmonary resuscitation within 12 calendar months of enrollment; and o Basic first aid within 12 calendar months of enrollment; • Be age 19 or older and authorized to work in the United States; • Not be a legally responsible individual or guardian to the participant; and • Not be an employee of DHHS, unless approved by DHHS as compliant with 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 and not to extend past the end date of this Appendix K amendment.

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 and not to extend past the end date of this Appendix K amendment.
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 and not to extend past the end date of this Appendix K amendment.

Service Delivery Method				
Service Delivery Method *(check each that applies)*:	■	Participant-directed as specified in Appendix E	■	Provider managed

Service Specification	
Service Title:	**Adult Day Services**
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:	
Service Definition (Scope)**:**	
Adult Day 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. 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: 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. • 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. • During the COVID-19 pandemic and not to extend past the end date of this Appendix K amendment, subcontractors, as independent contractors of the provider agency authorized to deliver direct services and supports may deliver this service. • 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) *(check one or both)*:	☐	Individual. List types:	■	Agency. List the types of agencies:
			DD Agency	

Specify whether the service may be provided by *(check each that applies):*	☐	Legally Responsible Person	☐	Relative/Legal Guardian

Provider Qualifications (*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.	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: • Meet and adhere to all applicable employment standards established by the hiring agency; • Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable or upon request: o Abuse, neglect, and exploitation and state law reporting requirements and prevention; o Cardiopulmonary resuscitation; and o Basic first aid; • Be authorized to work in the United States; • Not be a legally responsible individual or guardian to the participant; and • Not be an employee of DHHS, unless approved by DHHS as compliant with DHHS policy and applicable law and regulation.

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 and not to extend past the end date of this Appendix K amendment.

Service Delivery Method				
Service Delivery Method *(check each that applies)*:	☐	Participant-directed as specified in Appendix E	■	Provider managed

Service Specification	
Service Title:	**Habilitative Community Inclusion**

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 m embers 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 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 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 may temporarily exceed the participant's approved annual budget.
- During the COVID-19 pandemic and not to extend past the end date of this Appendix K amendment, subcontractors, as independent contractors of the provider agency authorized to deliver direct services and supports may deliver this service.
- 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)*:	■	Individual. List types:	■	Agency. List the types of agencies:
	Independent Individual – Habilitative Services		DD Agency	
			Independent Agency – Habilitative Services	

Specify whether the service may be provided by *(check each that applies)*:	☐	Legally Responsible Person	☐	Relative/Legal Guardian

Provider Qualifications (*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.	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: • Meet and adhere to all applicable employment standards established by the hiring agency; • Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable or upon request: o Abuse, neglect, and exploitation and state law reporting requirements and prevention; o Cardiopulmonary resuscitation; and o Basic first aid; • Be authorized to work in the United States; • Not be a legally responsible individual or guardian to the participant; and • Not be an employee of DHHS, unless approved by DHHS as compliant with DHHS policy and applicable law and regulation.

Independent Individual	No license is required.	No certification is required.	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 of this service must:
			• Complete all provider enrollment requirements;
			• Have necessary education and experience, and provide evidence upon request:
			  o Have a Bachelor's degree or equivalent coursework/training in: education, psychology, social work, sociology, human services, or a related field; OR
			  o 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
			  o Have any combination of education and experience identified above equaling four years or more;
			• Have training and provide evidence of current certificate of completion from an accredited source, when applicable, or upon request:
			  o Abuse, neglect, and exploitation and state law reporting requirements and prevention within 90 days of enrollment;
			  o Cardiopulmonary resuscitation within 12 months of enrollment; and
			  o Basic first aid within 12 months of enrollment;
			• Be age 19 or older and authorized to work in the United States;
			• Not be a legally responsible individual or guardian to the participant; and

			• Not be an employee of DHHS, unless approved by DHHS as compliant with DHHS policy and applicable law and regulation.
Independent Agency	No license is required.	No Certificate is required.	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 of this service must: • Complete all provider enrollment requirements; • Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable, or upon request: o Abuse, neglect, and exploitation and state law reporting requirements and prevention within 90 calendar days of enrollment; o Cardiopulmonary resuscitation within 12 calendar months of enrollment; and o Basic first aid within 12 calendar months of enrollment; • Be age 19 or older and authorized to work in the United States; • Not be a legally responsible individual or guardian to the participant; and • Not be an employee of DHHS, unless approved by DHHS as compliant with DHHS policy and applicable law and regulation.

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 and not to extend past the end date of this Appendix K amendment.
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 and not to extend past the end date of this Appendix K amendment.
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 and not to extend past the end date of this Appendix K amendment.

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, 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 may temporarily exceed the participant's approved annual budget.
- During the COVID-19 pandemic and not to extend past the end date of this Appendix K amendment, subcontractors, as independent contractors of the provider agency authorized to deliver direct services and supports may deliver this service.
- 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) *(check one or both)*:	☐	Individual. List types:	■	Agency. List the types of agencies:
			DD Agency	

Specify whether the service may be provided by *(check each that applies)*:	☐	Legally Responsible Person	☐	Relative/Legal Guardian

Provider Qualifications (*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.	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: • Meet and adhere to all applicable employment standards established by the hiring agency; • Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable or upon request: o Abuse, neglect, and exploitation and state law reporting requirements and prevention; o Cardiopulmonary resuscitation; and o Basic first aid; • Be authorized to work in the United States; • Not be a legally responsible individual or guardian to the participant; and • Not be an employee of DHHS, unless approved by DHHS as compliant with DHHS policy and applicable law and regulation.

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 and not to extend past the end date of this Appendix K amendment.

Service Delivery Method

Service Delivery Method *(check each that applies)*:	☐	Participant-directed as specified in Appendix E	■	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 may temporarily exceed 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. During the COVID-19 pandemic and not to extend past the end date of this Appendix K amendment, subcontractors, as independent contractors of the provider agency authorized to deliver direct services and supports may deliver this service.
- 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) *(check one or both)*:	■	Individual. List types:	■	Agency. List the types of agencies:
	Independent Individual – Non-habilitative Services		DD Agency	

<table>
<tr><td colspan="2">Specify whether the service may be provided by (check each that applies):</td><td>☐</td><td>Legally Responsible Person</td><td>☐</td><td>Relative/Legal Guardian</td></tr>
<tr><td colspan="6">Provider Qualifications (provide the following information for each type of provider):</td></tr>
<tr><td>Provider Type:</td><td>License (specify)</td><td colspan="2">Certificate (specify)</td><td colspan="2">Other Standard (specify)</td></tr>
<tr><td>DD Agency</td><td>No license is required.</td><td colspan="2">Certification by DHHS in accordance with applicable state laws and regulations. Neb. Rev. Stat. §§83-1201 - 83-1226 – Developmental Disabilities Services Act.</td><td colspan="2">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:
• Meet and adhere to all applicable employment standards established by the hiring agency;
• Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable or upon request:
o Abuse, neglect, and exploitation and state law reporting requirements and prevention;
o Cardiopulmonary resuscitation; and
o Basic first aid;
• Be authorized to work in the United States;
• Not be a legally responsible individual or guardian to the participant; and
• Not be an employee of DHHS, unless approved by DHHS as compliant with DHHS policy and applicable law and regulation.</td></tr>
</table>

Independent Individual	No license is required.	No certification is required.	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 of this service must: • Complete all provider enrollment requirements; • Have necessary education and experience, and provide evidence upon request: o Have a Bachelor's degree or equivalent coursework/training in: education, psychology, social work, sociology, human services, or a related field; OR o 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 o Have any combination of education and experience identified above equaling four years or more; • Have training and provide evidence of current certificate of completion from an accredited source, when applicable, or upon request: o Abuse, neglect, and exploitation and state law reporting requirements and prevention within 90 days of enrollment; o Cardiopulmonary resuscitation within 12 months of enrollment; and o Basic first aid within 12 months of enrollment; • Be age 19 or older and authorized to work in the United States; • Not be a legally responsible individual or guardian to the participant; and • Not be an employee of DHHS, unless approved by DHHS as compliant with

			DHHS policy and applicable law and regulation.

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 and not to extend past the end date of this Appendix K amendment.
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 and not to extend past the end date of this Appendix K amendment.

Service Delivery Method				
Service Delivery Method *(check each that applies)*:	■	Participant-directed as specified in Appendix E	■	Provider managed

Service Specification	
Service Title:	**Supported Family Living**
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:	
Service Definition (Scope)**:**	
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. 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. 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. Supported Family Living may be self-directed.	
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 isolation, quarantine or following the CDC guidelines for people with disabilities, the amount of prior authorized services may temporarily exceed 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. During the COVID-19 pandemic and not to extend past the end date of this Appendix K amendment, subcontractors, as independent contractors of the provider agency authorized to deliver direct services and supports may deliver this service.
- 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 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 Supported Family Living cannot receive Independent Living.
- 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) *(check one or both)*:	■ Individual. List types:	■ Agency. List the types of agencies:
	Independent Individual – Habilitative Services	DD Agency
		Independent Agency – Habilitative Services

Specify whether the service may be provided by *(check each that applies)*:	☐ Legally Responsible Person	☐ Relative/Legal Guardian

Provider Qualifications (*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.	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: • Meet and adhere to all applicable employment standards established by the hiring agency; • Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable or upon request: o Abuse, neglect, and exploitation and state law reporting requirements and prevention; o Cardiopulmonary resuscitation; and o Basic first aid; • Be authorized to work in the United States; • Not be a legally responsible individual or guardian to the participant; and • Not be an employee of DHHS, unless approved by DHHS as compliant with DHHS policy and applicable law and regulation.

Independent Individual	No license is required.	No certification is required.	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 of this service must: • Complete all provider enrollment requirements; • Have necessary education and experience, and provide evidence upon request: o Have a Bachelor's degree or equivalent coursework/training in: education, psychology, social work, sociology, human services, or a related field; OR o 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 o Have any combination of education and experience identified above equaling four years or more; • Have training and provide evidence of current certificate of completion from an accredited source, when applicable, or upon request: o Abuse, neglect, and exploitation and state law reporting requirements and prevention within 90 days of enrollment; o Cardiopulmonary resuscitation within 12 months of enrollment; and o Basic first aid within 12 months of enrollment; • Be age 19 or older and authorized to work in the United States; • Not be a legally responsible individual or guardian to the participant; and • Not be an employee of DHHS, unless approved by DHHS as compliant with

			DHHS policy and applicable law and regulation.
Independent Agency	No license is required.	No Certificate is required.	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 of this service must: • Complete all provider enrollment requirements; • Have training in the following areas, and provide evidence of current certificate of completion from an accredited source, when applicable, or upon request: o Abuse, neglect, and exploitation and state law reporting requirements and prevention within 90 calendar days of enrollment; o Cardiopulmonary resuscitation within 12 calendar months of enrollment; and o Basic first aid within 12 calendar months of enrollment; • Be age 19 or older and authorized to work in the United States; • Not be a legally responsible individual or guardian to the participant; and • Not be an employee of DHHS, unless approved by DHHS as compliant with DHHS policy and applicable law and regulation.

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 and not to extend past the end date of this Appendix K amendment.
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 and not to extend past the end date of this Appendix K amendment.
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 and not to extend past the end date of this Appendix K amendment.

Service Delivery Method				
Service Delivery Method *(check each that applies)*:	■	Participant-directed as specified in Appendix E	■	Provider managed

[i] 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.