



DHHS – PROVIDER MEETING

HCBS Waivers

Second Quarter: May 7, 2024

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Agenda

1. General Division Updates – *Administrators*

- Revised DD Exception Request Form
- Shared Living Provider Homes
- Offers for the Family Support Waiver
- DD Service Coordination
- AD Service Coordination
- ARPA Payment to AD Waiver Providers
- Provider Webpages

2. Liberty Updates – *Paul from Liberty*

3. Registry Elimination Overview – *Deputy Directors*

4. Questions and Answers

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Revised DD Exception Request Form

- The updated form has been available since April 1, 2024.
- **This version is required as of May 13, 2024.**
- Changes in the Service Coordination Section:
 - Select either New or Renewal only.
 - Include date of previous exception expiration
 - Removed section for Service Coordinator name and participant DOB.
 - Must now select reason: Behavioral, Medical or Both.
 - Section for Residential Funding
 - Either select Group Home or SLP/Host Home.
 - Support Level is specific to each Residential Option.
 - Now includes Consultative Assessment
 - Indicate how many hours and the number of months needed
 - SC can approve 10 hours per month without exception funding.
 - **Request in advance** – It is best to have hours approved and not use them all.

SC, please complete section 1:

Is this request: (*Exception requests do not follow the participant; new agency will require new request)

New

Renewal-Date previous exception expired: [Select date](#)

Provider information

Residential - Click to enter Provider name	Requested Start Date: Click to enter date
Vocational - Click to enter Provider name	Requested End Date: Click to enter date

Participant information

Participant's Name Click or tap here to enter text.	OAP Funding Tier: Click to select Tier
Nfocus #: Click to enter Nfocus	District Number: District Number
Participant's Address: Click to enter Participant Address	
Guardian Name (if own, enter N/A): Click to enter Guardian Name	Guardian Address: Click to enter Guardian Address

Please choose a reason for this exception request: [Choose an item.](#) There are only 3 options: Behavioral, Medical or [both](#)

Residential Needs (Group Home)

- Is residential support being requested and the participant resides in a Group Home?
Yes No
- Indicate Support level requested: [Choose an item.](#)

Residential Needs (Host Home/SLP)

- Is residential support being requested and the participant resides in a Host Home/SLP?
Yes No
- Indicate Support level requested: [Choose an item.](#)
- How many persons are contracted to provide support to the participant? [Choose an item.](#)
- If Living Arrangement is OTHER, ([L.E.](#) Own home, Family home) [Click to specify](#)
- How many OTHER participants live in the home that require support? [Choose an item.](#)
 - Children in the SLP: [Choose an item.](#) Indicate # of Children: [Choose #](#)
 - Children under the age of 13, please indicate the ages: [Click or tap here to enter text.](#)

Day/Vocational Needs

- Is day/vocational support being requested? Yes No
- Support level requested [Choose an item](#)

Consultative Assessment

- 10 hrs./mo. included. How many additional hrs. requested? - ___/hrs. For [# of mos. requested](#) Months.
- Explain how the additional hours will be utilized: [Click here to add explanation](#)

Section 1 completed by: [Click to enter SC Name](#)
 SC Supervisor Name: [Click to enter SC Supervisor Name](#)
 Enter date section was completed: [Click to enter date](#)
 Once section 1 is completed, please send to Provider

DD Exception Request Form – Provider Changes

- The provider must address recommendations made by the reviewer and indicate how they were addressed.
- Provider must indicate the reason for the request: Behavioral, Medical, or Both.
 - Must match the SC reason.
 - If does not match, it will be returned with an indication that a team meeting should be scheduled, and agreement reached.
- Indicate the person completing the form and the date.
- Removed section with the Plan to Decrease Support.
- The form now only allows the use of the drop downs or filling in specific areas. The form itself cannot be edited.
- The form should be submitted as: Exception Request Last name, First name Renewal.docx
- If submitted as PDF it will returned to the team for correction.

Provider please complete section 2:

Please review section 1 and verify the information provided is correct, answer accordingly before submitting request for a clinical review: [Click to choose](#)
If No, explain what is not correct and send it back to the SC to have it updated in section 1: [Click to enter](#)
If recommendations were made by the CST, Provider please comment how they were addressed: [Click here to add statement.](#)

Records from the last 90 days; a nursing, health, or safety plan, behavioral assessment, medication records, or rehabilitative program data will be reviewed by the clinical team for this request. If the participant is new, please attach proposed treatment plans.
GERs and T-logs are accessible by the clinical team, **please do not attach them to this request.**

Please choose a reason for this exception request: [Choose an item.](#) There are only 3 options: Behavioral, Medical or [both](#)

Identify what services and supports are needed that require exception funding such as: additional staffing, awake/overnight staffing, etc. [Click to enter additional services/supports needed. Detail how the additional funding will be utilized to support the participant.](#)

Section 2 completed by: [Click to enter name](#)
Enter date section 2 was completed: [Click to enter date.](#)
Please forward to Exception Requests via Therap scomm, CC the SC and the SCS

Clinical staff please complete section 3:

I reviewed this document, the ISP, Safety Plan, BSP, FBA, GERs, and/or T-Logs for the 90-day review period beginning: [Click to enter date.](#)

Residential Request:
This exception has been [Residential Decision](#) for [Choose an item](#). Residential Support for dates beginning [Choose a date](#) and ending [Choose a date](#).

Day/Vocational Request:
This exception has been [Day/Vocational Decision](#) for [Choose an item](#) Day/Vocational Support for dates beginning [Choose a date](#) and ending [Choose a date](#).

Consultative Assessment:
This exception has been [Consultative Assessment decision](#) for [Choose an item](#). Hours/mos. for dates beginning [Choose a date](#) and ending [Choose a date](#).

Summary/recommendations from clinical review: [Click to enter summary](#)

Section 3 completed by: [Click to enter name](#)
Enter date section was completed: [Click to enter date](#)

Shared Living Provider (SLP) Homes

- DD Agency Providers need to have conversations with their SLPs when additional support is needed:
 - What can happen in the home to help?
 - Potential respite placement
 - Does the participant need a different place to meet their needs?
- The SC is a part of the participant's team and should assist with suggestions and ideas on how to best support the participant.
- DD Agency Providers are responsible for the participant's residential service when they have a Shared Living authorization:
 - The agency needs to provide alternative support or placement when an SLP they contract with will no longer provide Shared Living.
 - If the SLP refuses to support a participant and gives less than 60-day notice to them, the DD Agency Provider is required to provide support until the 60-day notice is up.

Offers for the Family Support Waiver

- Offers are being mailed for the Family Support Waiver.
- The first offers were sent in March 2024.
- By September, all 850 offers will be made.

Month	Base Number of Participants	Change
Mar	150	0
Apr	150	150
May	300	175
Jun	475	175
Jul	650	150
Aug	800	50

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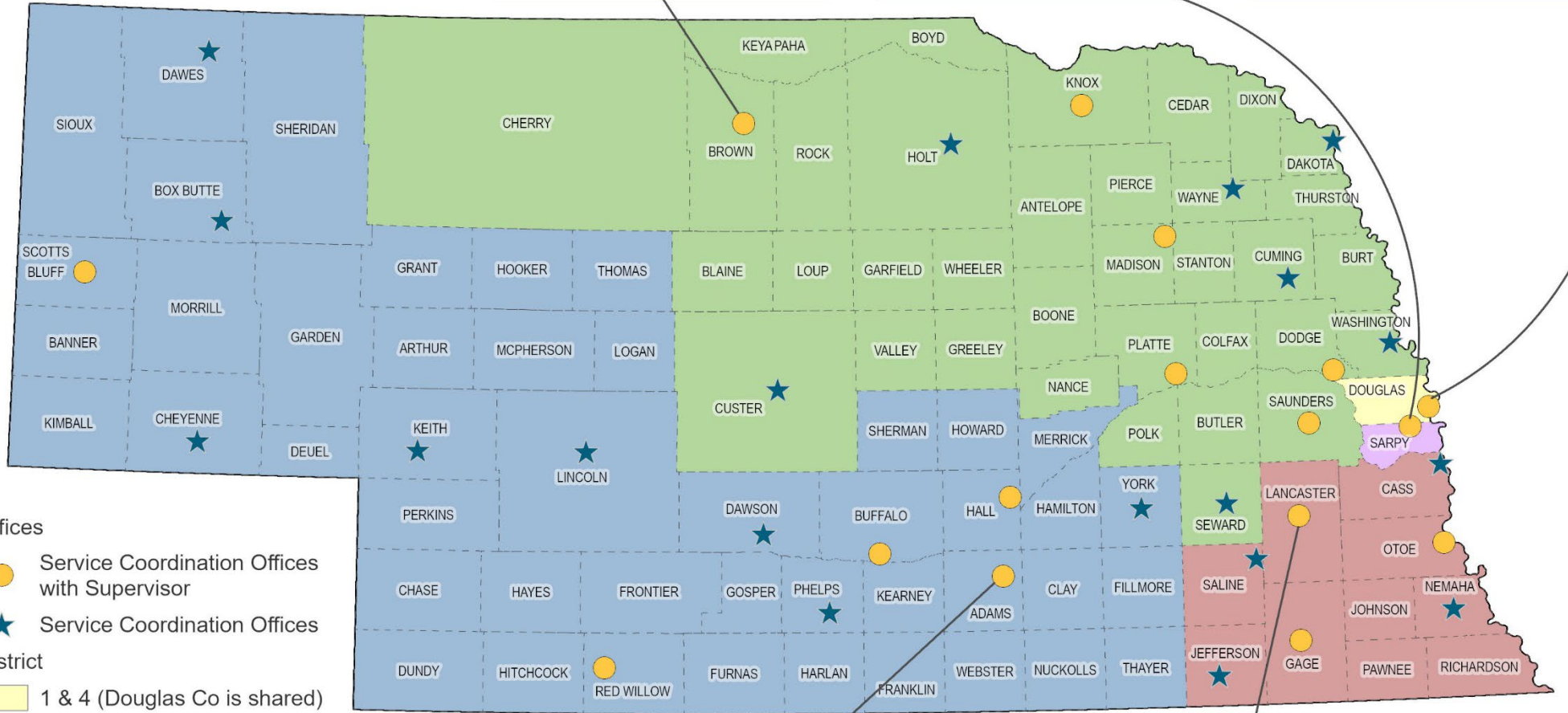
DD Service Coordination District Changes

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 Jillion.Lieske@nebraska.gov
 402-471-8662

District 5: Staci Ellermeier
 Staci.Ellermeier@nebraska.gov
 308-528-2657

District 4: Amy Nutter
 Amy.Nutter@nebraska.gov
 402-416-6473

District 1: Lynnae Johannes
 Lynnae.Johannes@nebraska.gov
 531-721-1243



District 3: Cindy Ashmoreblunck
 Cindy.Ashmoreblunck@nebraska.gov
 402-902-2079

District 2: Kristie Christianson
 Kristie.Christianson@nebraska.gov
 402-480-8649

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Map revised: 04/22/2024

DD Waivers SC Map & Directory on the Website

Tony Green, Director
Division of Developmental Disabilities

[Apply online for DD Waivers](#)

[Apply for any waiver: HCBS paper application](#)

[Contact Us](#)

[Online Complaint Form](#)

Report Abuse or Neglect

(800) 652-1999

Appeal Rights

- Request for Fair Hearing Form
- Aviso Y Peticion Del Departamento De Salud Y Servicios Humanos Para Una Audiencia Justa
- Email Us

[Division Organizational Chart](#)

[Directory of DDD Leadership](#)

[AD Waiver Service Coordination Offices](#)

[DD Waivers Service Coordination Offices](#)

Services On Developmental Disabilities Waivers

[Share](#)

As a participant in Medicaid Home and Community-Based Services (HCBS) Waiver services, there are many community-based services you may choose. The services available to you are based on which waiver you have. HCBS Waivers Available for Eligible People looks at the waivers and includes a chart of services by waiver.

The Medicaid Home and Community-Based Services (HCBS) Developmental Disabilities (DD) Waivers offer an array of services to support people in their homes. This page focuses on those services, coordination of services, and providers of services.

Eligibility

To be eligible, you must have a developmental disability, as defined in Neb. Rev. Stat. §83-1205, meet Level of Care for an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), and have a need for waiver services.

- Learn more on our Eligibility page.

Service Coordination

When you are on a waiver, a Service Coordinator provides case management to coordinate and oversee your services.

[Read More](#)

Contact For Home And Community-Based Services

[Share](#)

General Information

Department of Health & Human Services - Home and Community-Based Services

Phone Number

(402) 471-8501

Toll Free Number

(877) 667-6266

Email Address

dhhs.DDDCommunityBasedServices@nebraska.gov

[Link](#)

Mailing Address

P.O. Box 98947, Lincoln, Nebraska 68509-8947

[Email us about waiver eligibility](#)

Special Health Care Needs

Department of Health & Human Services - Medically Handicapped Children's Program (MHCP) and Lifespan Respite

Phone Number - MHCP

(402) 471-5379

Phone Number - Lifespan Respite

(866) 737-7483

Email Addresses

Email Address - MHCP

dhhs.mhcp@nebraska.gov

Email Address - Lifespan Respite

dhhs.respite@nebraska.gov

Mailing Address

P.O. Box 95026, Lincoln, Nebraska 68509-5026

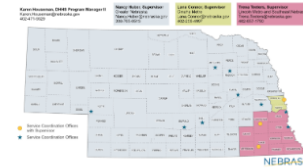
DDD Organization and Contact Information

[Division Organizational Chart](#)

[Directory of DDD Leadership](#)

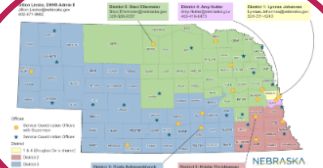
DHHS Service Coordination Offices

Aged and Disabled Service Coordination



[Click for AD Waiver Office Directory PDF](#)

Developmental Disabilities Service Coordination



[Click for DD Waivers Office Directory PDF](#)

DDD Homepage: <https://dhhs.ne.gov/Pages/Developmental-Disabilities.aspx>

DD Services page: <https://dhhs.ne.gov/Pages/DD-Service-Array.aspx>

Contact page: <https://dhhs.ne.gov/Pages/DD-Contact-Us.aspx>

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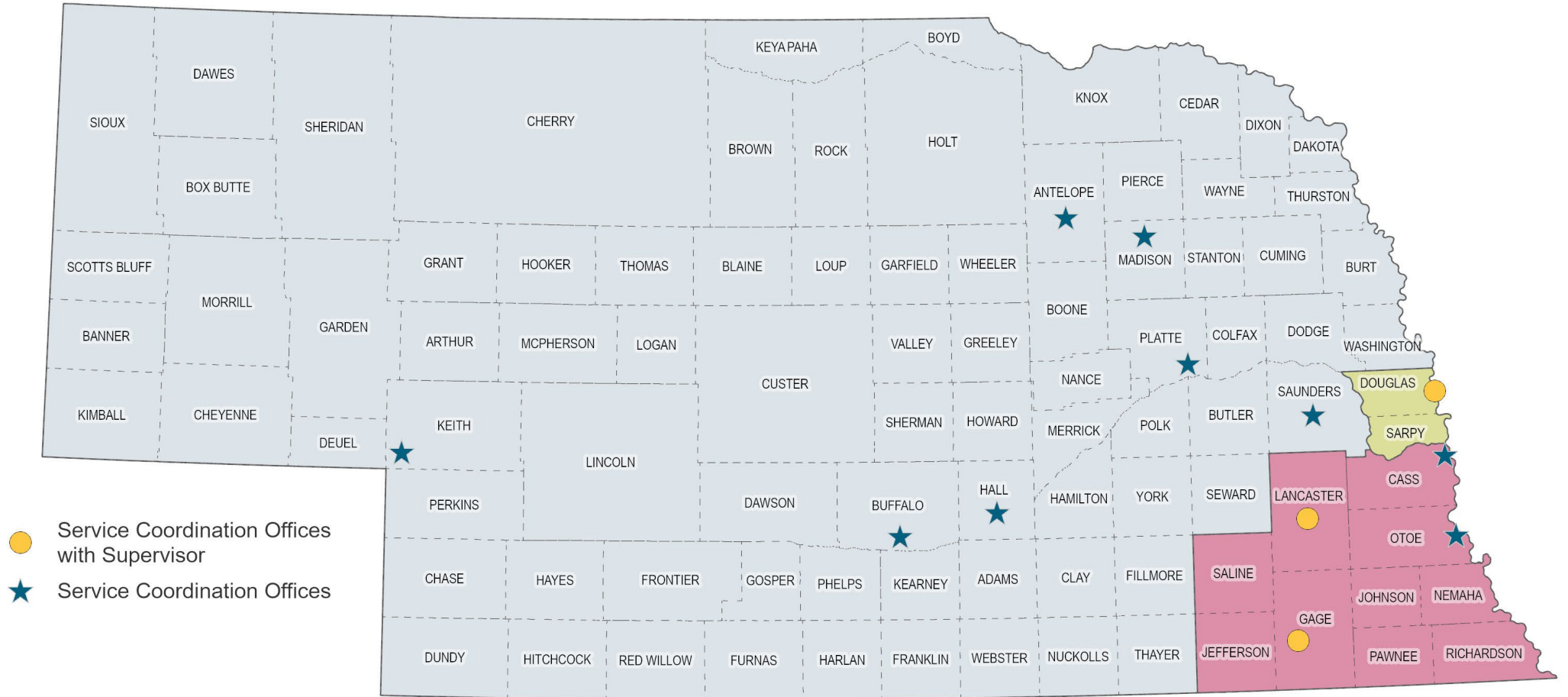
AD Service Coordination DHHS Offices

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 Karen.Houseman@nebraska.gov
 402-471-9329

Nancy Huber, Supervisor
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 Nancy.Huber@nebraska.gov
 308-765-0513

Lana Connor, Supervisor
 Omaha Metro
 Lana.Connor@nebraska.gov
 402-206-4997

Trena Teeters, Supervisor
 Lincoln Metro and Southeast Nebraska
 Trena.Teeters@nebraska.gov
 402-657-1750



AD Waiver SC Map & Directory on the Website

Tony Green, Director
Division of Developmental Disabilities

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- Email Us

Division Organizational Chart

Directory of DDD Leadership

AD Waiver Service Coordination Offices

DD Waivers Service Coordination Offices

Services On The Aged And Disabled Waiver

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As a participant in Medicaid Home and Community-Based Services (HCBS) Waiver services, there are many community-based services you may choose. The services available to you are based on which waiver you have. HCBS Waivers Available for Eligible People looks at the four waivers and includes a chart of services by waiver.

The Medicaid Home and Community-Based Services (HCBS) Aged and Disabled (AD) Waiver offers an array of services to support people in their homes. This page focuses on those services, coordination of services, and providers of services.

Eligibility

To be eligible for AD Waiver services, you must receive Nebraska Medicaid, have a disability or be over the age of 65, meet Nursing Facility Level of Care, and have a need for waiver services.

- Learn more on our Eligibility webpage.

Service Coordination

When you are on a waiver, a Service Coordinator provides case management to coordinate and oversee your services.

Read More

Charting the LifeCourse Resource

Charting the LifeCourse (CTLC) can be used at any stage of life.

- Focus on Aging Quick Guide
- Focus on Aging Quick Guide LARGE PRINT

Contact For Home And Community-Based Services

Share

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Toll Free Number
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Email Address
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Mailing Address
P.O. Box 98947, Lincoln, Nebraska 68509-8947

Email us about waiver eligibility

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Department of Health & Human Services - Medically Handicapped Children's Program (MHCP) and Lifespan Respite

Phone Number - MHCP
(402) 471-5379

Phone Number - Lifespan Respite
(866) 737-7483

Email Address - MHCP
dhhs.mhcp@nebraska.gov

Email Address - Lifespan Respite
dhhs.respite@nebraska.gov

Mailing Address
P.O. Box 95026, Lincoln, Nebraska 68509-5026

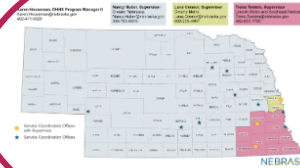
DDD Organization and Contact Information

Division Organizational Chart

Directory of DDD Leadership

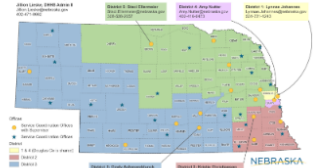
DDD Service Coordination Offices

Aged and Disabled Service Coordination



Click for AD Waiver Office Directory PDF

Developmental Disabilities Service Coordination



Click for DD Waivers Office Directory PDF

DDD Homepage: <https://dhhs.ne.gov/Pages/Developmental-Disabilities.aspx>

AD Services page: <https://dhhs.ne.gov/Pages/Medicaid-Aged-and-Disabled-Waiver.aspx>

Contact page: <https://dhhs.ne.gov/Pages/DD-Contact-Us.aspx>

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ARPA Payment to AD Waiver Providers

- Active AD Waiver providers will receive a one-time payment in August 2024.
 - Payment amounts are based on information provided in state fiscal year 2023 (July 1, 2022 through June 30, 2023).
 - At a minimum, each active agency provider or assisted living facility will receive a \$1,500 grant. Payments will total approximately \$11,500,000.
 - To be considered an active provider, agencies must have a paid claim between the services dates of January 1 through March 31, 2024. Submit claims now to ensure you are considered active by May 31, 2024.
- The purpose of the payments is to aide in stabilizing active providers and increase the provider's ability to hire and retain staff.
 - These funds may not be used for generic administrative costs.
 - Examples of allowable uses include but are not limited to, direct service workforce bonuses, recruitment activities, direct service workforce incentives, and other benefits (such as zoo or gym memberships).

Providers Of Medicaid HCBS Waiver Services

Subscribe For Updates

As a provider, you are responsible to know the information on this page, as well as the information on the page specific to the waiver for which you offer services.

AD & TBI Waiver Providers

DD Waiver Providers

Prospective HCBS Provider

MLTC Provider Bulletins

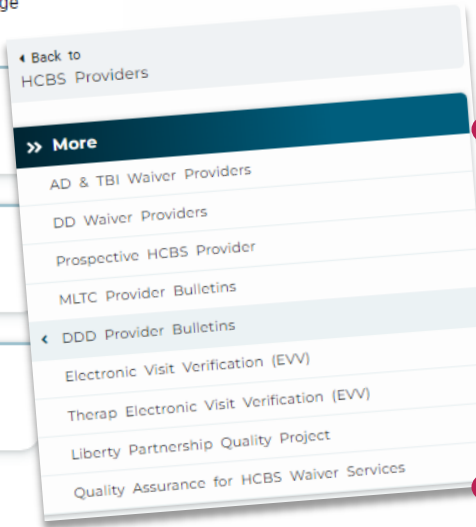
DDD Provider Bulletins

Electronic Visit Verification (EVV)

Therap Electronic Visit Verification (EVV)

Liberty Partnership Quality Project

Quality Assurance for HCBS Waiver Services



Provider Webpages

Providers For Aged & Disabled (AD) Waiver And Traumatic Brain Injury (TBI) Waiver

Subscribe For Updates

Share

This page helps you provide important services to Medicaid HCBS AD and TBI Waiver participants. Resources can be used at any time as long as you are providing services. Be sure to also use the HCBS Provider Homepage, the Training page, and the Resources page.

You are also responsible to know information from MLTC Provider Bulletins and DDD Provider Bulletins.

Developmental Disabilities (DD) Waiver Providers

Subscribe For Updates

Share

This page helps you provide important services to Medicaid HCBS DD Waiver participants. Be sure to also use the HCBS Provider Homepage, the Training page, and the Resources page.

You are also responsible to know information from MLTC Provider Bulletins and DDD Provider Bulletins.

Conversations with the DDD Quality Unit - Quarterly Meetings - Updated March 2024

DDD Provider Meetings - Quarterly Meetings for HCBS Providers - April 2024

HCBS Final Settings Rule

HCBS Spending Plan - Updated October 2023

Quality Management Framework

Resources to Mitigate Risk

- Familiarize yourself with the provider section of the DDD website.
- Subscribe to provider webpages to keep informed.

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Liberty Update

April/May 2024



Human and Legal Rights Advisory Committee (HLRAC)

- The Provider Bulletin and Guide for entering Agency Human and Legal Rights Committee (HLRC) information in Therap is available on the website: [Provider Bulletins from Division Of Developmental Disabilities \(ne.gov\)](#)
- The guide was recently updated with the new HLRAC Referral Criteria:
 - Non-medication restrictions in place for 5 years or longer with little to no change;
 - There are five or more restrictions in place;
 - The reduction plan requires more than 6 months for measurable criteria and/or zero target behavior occurrence;
 - Documentation of previously tried methods before implementing the restriction has three or fewer alternative methods listed; or
 - The supports in place are not teaching the skills to reduce the restriction.
- Cases that meet criteria are reviewed and triaged prior to referral to the HLRAC.

Case Example (1/2)

Rights Restrictions:

- 1) Psychotropic medications.
- 2) Internet and communications monitoring for certain relationships due to concerns of abuse and exploitation.
- 3) Dietary recommendation from the medical provider.

Reason for Referral to the HLRAC:

- Restrictions in place for at least 5 years.
- Other possible resources for the team to consider.
- Several psychotropic medications that are on the higher range of sedation levels.

Case Example (2/2)

Types of Recommendations Made:

- Additional behavioral data collection to support the need for one of the restrictions.
- Medical experts on the committee recommended a further medication review due to some concerns with the participant taking several medications and some are at high dosage levels.
- In addition to the dietitian and habilitation programs, other resources provided to the team to consider for health and chronic disease self-management. Examples provided for the team to consider:
 - Local Healthy Living Classes
 - CtLC Healthy Living Tools
 - National Center on Health, Physical Activity and Disability (NCHPAD)

Referrals for HLRAC and Assistance

- Referral can be made to the HLRAC for review.
- Therap mailbox: "HLRCReferrals"
- Technical assistance available:
 - Case Note Entry Questions- Erin.Davis@nebraska.gov
 - Rights Restrictions and Policy Questions- Sarah.Henrichs@nebraska.gov

Critical Incident Management (CIMP)

Based on data analysis and provider feedback, incidents meeting the criteria for a Root Cause Analysis (formerly known as Targeted Analysis or TA) will be triaged into two categories: High-Level and Routine.

High-Level Root Cause Analyses:

- The existing timeframe of 12 business days with two business days to return document requests will be maintained.
- These analyses will be completed for incidents involving substantiated abuse, neglect, and exploitation; incidents that identify others to be at risk; incidents involving a participant who is missing for 24 hours or more; and incidents that are initiated by a mortality review.
- Providers will have five business days to return an action plan for all Root Cause Analyses (previously two business days).

Routine-Level Root Cause Analyses:

- Extended time frames will apply for these analyses.
- They will be completed for incidents involving prohibited practices; incidents involving participant or provider trending; and incidents involving high-level medication errors.
- Providers will have five business days to return document requests.
- Provider-related activities such as interviews and onsite reviews will be extended up to 28 business days, allowing more time for preparation.
- Providers will have five business days to return an action plan for all Root Cause Analyses (previously two business days).

The provider bulleting can be found here: [DD PB 24-03 CIMP Update.pdf \(ne.gov\)](#)

Technical Assistance Program (TAP)

- TAP will start in May 2024.
- Coming Soon!
 - TA training plan, which includes the training topics, dates, and registration information will be published soon.
 - The request form and Technical Assistance Plan will be posted on the Liberty Partnership site.
 - A resource library is being created and will be available on the Liberty Partnership site.
 - [Liberty Partnership with Nebraska to Strengthen the Quality Management Strategy](#)

Registry Elimination Overview

- Upcoming Townhalls (all 6:00 – 8:00 PM)
 - **May 8** in Lincoln at Holiday Inn, Folsom and Lincoln Rooms, 2500 Tamarin Ridge Rd.
 - **May 9** in Norfolk at the Lifelong Learning Center, Suites E & H, 701 E Benjamin Ave.
 - **May 13** on Zoom
- Webpage dedicated to this project.
 - Includes FAQs
 - Currently being gathered from townhalls
 - Will continue to add as the process continues
 - <https://dhhs.ne.gov/Pages/DD-Wait-List.aspx>
- Stakeholder meetings coming in Summer/Fall 2024:
 - Parents only
 - Advocates

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Questions & Answers



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THANK YOU

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Kristen Smith

Deputy Director of Eligibility, Policy, and Quality
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Colin Large

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Brianne Berres

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Z Winfrey

Data Analytics Administrator I
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