

3. Arrange and authorize provision of appropriate services, using an approved provider;
4. Periodically review the service plan; and
5. Provide information and referral.

1-002.02B Resource Development: Local staff assigned resource development duties are responsible for the following:

1. Resource recruitment;
2. Provider approvals and contracts;
3. Staff development and training;
4. Provider training; and
5. Public relations and public information activities.

1-002.02C Service Administration: Administrative staff are responsible to -

1. Review and edit social services documents;
2. Review and analyze reports;
3. Complete necessary accounting and research reports;
4. Provide analysis of statistical data; and
5. Consider clients' needs, mandated policies, and administrative dictates in determining -
 - a. Staffing needs;
 - b. Training needs;
 - c. Facilities;
 - d. Intra-agency policies and procedures;
 - e. Budgeting;
 - f. Data support; and
 - g. Client processing.

1-003 Definitions

Adverse Action: A determination by the worker that the service(s) provided to a client will be reduced or terminated.

Department: the Department of Health and Human Services (DHHS) as established by the Health and Human Services Act

Department Staff: Employees of the Department of Health and Human Services or designees assigned those responsibilities.

Emancipated Minor: A child age 18 or younger is considered emancipated if s/he has -

1. Married; or
2. Moved away from the parent's home and is self-supporting.

Follow Up: The maintenance of any necessary contact with a client to monitor the continued appropriateness of service.

Legally Responsible Individual – A parent or guardian of a minor child, or spouse.

Prudent Person: The practice of assessing all circumstances regarding case eligibility and using good judgment in requiring further verification or information before determining initial or continuing eligibility.

1-004 Service Client Appeal: Every service applicant or client has the right to appeal for a fair hearing in relation to the following:

1. Determination that the applicant is not eligible to receive social services;
2. Denial of service;
3. Termination or reduction of service; or
4. Inaction or improper actions of the local service unit.

Exception: A client is not entitled to a fair hearing when either state or federal law requires automatic case adjustments for classes of clients unless the reason for an individual appeal is incorrect eligibility determination.

1-004.01 Local Unit Responsibilities Regarding Appeals: The local unit shall -

1. Inform each applicant of his/her right to file an appeal with the Director;
2. Inform the applicant/client of the method for filing an appeal;
3. Inform the applicant/client that s/he may designate an authorized representative or that s/he may represent himself/herself at the hearing;
4. Inform the client that service will continue unchanged until a hearing decision is made if a fair hearing is requested in writing within ten days of the date Form ~~DSS-6~~, "Client's Notice of Action," was mailed (see 473 NAC 2-006.03D); and
5. Refer to ~~IX-8200 ff.~~ 465 NAC for instructions on appeals procedures.

1-005 Summary of Forms: ~~The following forms are used by local offices to administer the Social Services Program for adults.~~ Instructions for these forms are contained in the appendix at the end of to this title:

<u>Form</u>		<u>Appendix</u>
<u>Number</u>	<u>Form Title</u>	<u>Reference</u>
DPW-1	Request for Assistance and/or Services	473-000-10
DPW-19	Client Referral	473-000-11
DPW-46	Authorization for Investigation	473-000-12
DPW-100	De-Institutionalization Referral	473-000-13
DSS-2A	Social Service Exception	473-000-21
DSS-3A	Social Services Application	473-000-22
DSS-3B	Physician's Disability Determination	473-000-23
DSS-4	Case Information Summary	473-000-25
DSS-4A	Social Services Provider Authorization	473-000-26
DSS-4C	Service Provider Notification	473-000-27
DSS-5B	Social Services Billing Document	473-000-28
DSS-6	Client's Notice of Action	473-000-29
DSS-8	Agency Service Provider Agreement	473-000-30

<u>Form Number</u>	<u>Form Title</u>	<u>Appendix Reference</u>
DSS-8A	Agency Service Provider Agreement Amendment	473-000-31
DSS-9	Individual Service Provider Agreement	473-000-32
DSS-10	Social Service Provider Identification	473-000-33
DSS-60	Adult Abuse/Neglect Report	473-000-39
DSS-0151	Chore Service Provider Check List	473-000-50
DSS-0251	Adult Day Service Provider Check List	473-000-60
DSS-0750	Adult Family Home Application	473-000-70
DSS-0751	Adult Family Home Sponsor Medical Report	473-000-71
DSS-0752	Adult Family Home Agreement	473-000-72
DSS-0753	Adult Family Home Inspection Referral	473-000-73
DSS-0754	Evaluation of Adult Family Home	473-000-74
DSS-0755	Adult Family Home Certificate	473-000-75
DSS-0926	Request for State Health Department Investigation	473-000-80
DSS-1052	Home Delivered or Congregate Meals Provider Check List	473-000-90
DSS-1053	Weekly Menu Plan	473-000-91
DSS-1054	Approved Meals Service Vendor Meals Specification List	473-000-92
DSS-1151	Homemaker Provider Check List	473-000-100
DSS-1153	Homemaker Weekly Time Sheet	473-000-101
DSS-1154	Homemaker Service Task List	473-000-102
DSS-1650	Abuse/Neglect Hotline Intake Form	473-000-120
DSS-1851	Transportation Review Guide and Check List	473-000-130
IRS-2678	Employer Appointment of Agent	473-000-140
PDS-100	Client Identification Data	473-000-150
SDX-260	SDX Master File by County	473-000-160
SS-1610	Social Security -- Public Assistance Agency Information Request and Report	473-000-170

1-006 Title Organization: Title 473, "Social Services for Aged and Disabled Adults," is divided as follows:

1. Chapter 1-000, "Administration";
2. Chapter 2-000, "Application and Eligibility";
3. Chapter 3-000, "Social Services Providers";
4. Chapter 4-000, Reserved;
5. Chapter 5-000, "Defined Services" -
 - a. Chore Service (Section 5-001);
 - b. Adult Day Services (Section 5-002);
 - c. Alternate Care Service (Section 5-007);
 - d. Home Delivered and Congregate Meals Service (Section 5-010);
 - e. Homemaker Service for Adults (Section 5-011);
 - f. Adult Protective Services (Section 5-015);
 - g. Transportation Services for Adults (Section 5-018); and

- h. Special Services for Mentally Retarded Persons (Section 5-019); ~~and~~
- 6. Chapter 6-000, "Supportive Services" -
 - a. Adult Family Homes (Section 6-001); and
 - b. Reporting Unlicensed Facilities and Homes (Section 6-002); and
- 7. Chapter 7-000 "Adult Protective Services".

2-005.02B Forms: Service planning and authorization is documented on Forms DSS-4, DSS-4A, and DSS-6, "Client's Notice of Action."

2-005.03 Referral: When no service plan can be formed or agreed upon, the worker shall -

1. Assess the problem and need for referral;
2. Provide information to the individual about other resources; and
3. Follow up, as appropriate.

2-005.04 Authorization: Form DSS-4A designates the vendor responsible for providing the service authorized in the plan and gives special instructions and service limitations. Each provider from whom service is purchased must receive Form DSS-4A for prior authorization of service. Data entry of Form DSS-4A is optional; if it is desired the local unit shall notify Central Office.

If an individual in-home service provider is authorized, the client shall sign Form IRS-2678, "Employer Appointment of Agent" (see 473 NAC 3-003.01).

2-005.04A Authorization Standards: To authorize any service, whether staff-provided or purchased, the worker shall -

1. Determine that the client has been found eligible on Form DSS-3A (see 473 NAC 5-015.09 in regard to Adult Protective Services). In no case will the beginning service authorization date be prior to the beginning eligibility date shown on the application;
2. Determine that the client's need relates to one of the defined program goals and can be met within the service definition;
3. Determine that the provider is an approved vendor;
4. Identify the service on Form DSS-4;
5. Describe and authorize purchased service on Form DSS-4A before service is provided;
6. Set an authorization period which is within the eligibility period;
7. Refer to the code, maximum rate, and unit authorization policies set for each service and on each provider agreement; and
8. Explain that any authorization is subject to review to ensure that the service is delivered as authorized.

~~2-005.04B Client Relatives as Providers: The Department discourages authorization of providers who are related to the clients they serve. Before considering a relative provider, the worker shall determine that the provider would not donate his/her service to the client at no cost.~~

~~Relative providers may receive social services reimbursement only if-~~

- ~~1. The client for whom service is provided is not the provider's spouse or legal dependent; and~~
- ~~2. No other provider is available; or~~
- ~~3. The relative provider's rate is less than that of any other available provider.~~

2-005.04GB Authorization Termination: When a Form DSS-4A service authorization must be terminated before the end of the authorization period, the worker shall notify the affected provider in a timely manner. (Form DSS-4C may be used.)

2-006 Service Client Contacts and Notices

2-006.01 Client Responsibility to Contact: The client or representative shall contact the worker when -

1. The client's situation has changed (e.g., address, income, family composition, health);
2. The client is dissatisfied or experiencing problems with the service delivery plan; and
3. Instructed to do so by the case manager.

2-006.02 Worker Responsibility to Contact: The worker shall contact the client when -

1. There is reason to suspect that the client's eligibility has changed;
2. It is necessary to discuss the process or problems of service delivery;
3. Follow up is necessary; or
4. The service or delivery plan must be changed or terminated.

2-006.03 Notice of Agency Action: The worker shall use Form DSS-6 to provide written notification of agency action to applicants or recipients (or their representatives) when -

1. An applicant is determined ineligible for social services or a client is found ineligible at the time of verification or redetermination; and
2. A requested service is denied or provided services are to be reduced or terminated.

3. Complete any necessary checklists and approval forms; and
4. Inform the provider whether standards have been met or, if the decision has not been made, when s/he will be notified.

If the provider does not meet standards at the time of the initial visit or interview, but is willing to correct the deficiency within a reasonable period of time, the worker shall continue the application process when proof of compliance is received.

3-001.04 Conflict of Interest: No employee of NDSS or its subdivisions may be approved as a service provider if s/he is in a position to influence his/her own approval or utilization.

~~3-001.05 Relative Providers:~~

~~3-001.05A Worker Relatives as Providers: Service staff members shall not approve, reapprove, evaluate, negotiate provider agreements with, or authorize service provision from, providers to whom they are related. In situations where a relative provider is the only resource, staff shall request prior Central Office approval.~~

~~See 473 NAC 2-005.04B for authorization of clients' relatives.~~

3-001.05 Client Relative: A relative provider may not be a legally responsible relative or legal dependent of the client.

A non-legally responsible relative of a client may be a provider if it is documented that the relative is held to the same provider requirements as non-relative providers.

3-001.06 Service Provider Agreements: The following policies govern service provider agreements:

1. Each provider must have a service provider agreement in effect before service can be authorized for purchase;
2. Resource development staff shall evaluate and approve or disapprove all service providers located within the unit's jurisdiction;
3. Service provider agreements are effective up to 12 months, are never back-dated, and must be negotiated and signed by all parties on or before the effective date;
4. Changes in service provider agreements require renegotiation of the contract. Address changes which do not affect the service location do not require a new agreement, but Form DSS-8A, "Agency Service Provider Agreement Amendment," should be completed showing the new address;
5. Notice of any change in services, units, or unit rates proposed by either the provider or the service agency must be given as soon as possible; and
6. The staff member who completes Form DSS-8 and his/her supervisor shall both sign the agency agreement.

3-001.07 Agreement Completion: When a potential provider has met all necessary requirements, the worker shall -

1. Negotiate with the provider and complete the agreement (Form DSS-8 or DSS-9); and
2. State all provider limitations on the agreements; then
3. Complete and route Form DSS-10, "Social Service Provider Identification," and
4. Notify case management staff of the agreement.

CHAPTER 5-000 DEFINED SERVICES

5-001 Chore Service

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

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

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

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

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

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

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

Cleaning (0103): Light housecleaning which is required to maintain the client in a safe and sanitary environment. This includes only vacuuming, sweeping, mopping, dusting, trash removal, and cleaning and sanitation of kitchen and bathroom, cleaning and clearing refrigerator of old and spoiled foods, cleaning stove and oven as appropriate. It does not include window washing; furniture moving; cleaning closets or drawers; ~~cleaning ovens; defrosting or cleaning out refrigerators;~~ any exterior cleaning or maintenance; or other non-essential tasks. For essential tasks, the client shall provide necessary supplies.

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

Essential Shopping (0102): Obtaining food, clothing, housing, or personal care items a maximum of one time per week.

Food Preparation (0103): Preparing meals necessary and related clean-up to maintain the client's independence. The client shall provide necessary meal preparation supplies.

Full-Time/Live-In Housekeeping (0104): Providing all chore service components, as needed.

Laundry Service (0102/0103*): Washing, drying, folding, and storing laundry in the client's home; or utilizing laundromat services on behalf of the client using soap and machine use fees which the client provides. ~~(*Code 0102 is used when laundry is done away from the client's residence or when it is the only component purchased from the provider. Code 0103 is used when laundry service is provided in combination with one or more other chore components.)~~

Personal Care (0103): Only bathing, dressing, shaving, and shampooing.

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

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

See 473 NAC 5-001.05 in relation to Adult Protective Service.

5-001.04 Conditions of Provision

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

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

5-001.06 Maximum Rates and Allowable Units:

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

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

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

The following information is used by workers when completing provider contracts, Forms DSS-4 and DSS-4A, and by providers when billing on Form DSS-5B:

-Client Service				
Service		Max.	Authorization	Service
Description	Unit	Unit Rate	Max. Units/Mo.	Code
Chore task	Job	\$5.00	8	0102
Chore housekeeper	Hour	Federal	65	0103
		- Min. Wage		
Chore housekeeper	Day	\$10.00	31	0104
-(full-time)				

5-001.06D Limit Exceptions: Local units shall submit requests to exceed policy maximums to Central Office for prior approval. (See 473 NAC 2-007.) Requests to increase the number of maximum units provided under ~~service code 0103~~ will not be granted unless the request is related to an active APS case.

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

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

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

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

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

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

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

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

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

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

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

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

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

5-002.06 Maximum Rates and Allowable Units:

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

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

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

~~The following information is used by workers when completing provider contracts, Forms DSS-4 and DSS-4A, and by providers when billing on Form DSS-5B.~~

<u>Service Description</u>	<u>Unit</u>	<u>Max. Unit Rate</u>	<u>Client Service Authorization Max. Units/Mon.</u>	<u>Service Code</u>
In-Home Day Services	Hour	\$1.25	8 hrs./day up to 26 days/mon.	0201
In-Home Day Services	Day	\$10.00	26	0202
In-Home Day Services	Week	\$50.00	5	0203
Day Services Center	Hour	\$1.00	4 hrs./day up to 26 days/mon.	0205
Day Services Center	Day	\$7.50	26	0206
Day Services Center	Week	\$37.50	5	0207
Day Services Home	Hour	\$1.00	4 hrs./day up to 26 days/mon.	0208
Day Services Home	Day	\$7.50	26	0209
Day Services Home	Week	\$37.50	5	0210

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

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

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

5-010.05 Maximum Rates and Allowable Units

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

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

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

The following information is used by workers when completing provider contracts, Forms DSS-4, and DSS-4A and by providers when billing on Form DSS-5B:

Service Description	Unit	Max. Unit Rate	Client Service Authorization	
			Max. Units/Mon.	Service Code
Congregate Meals (food & preparation)	Meal	\$1.50	31	1001
Home-Delivered Meals (food, preparation, & delivery)	Meal	\$1.75	31	1002

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

1. Actual service cost in the provision of meal service is not a basis for granting a rate increase. A number of meal programs have multiple sources of funding and rate negotiation must always be explored before requesting an exception;
2. Special rates will not be granted to providers who prepare meals catering to the various dietary requirements of their clientele. Providers are required to prepare meals for special diets; and

3. No exceptions will be approved for area agencies on aging as their rates are standardized.

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

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

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

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

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

5-011.04 Maximum Rate and Allowable Units:

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

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

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

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

The following information is used by workers when completing provider contracts, Forms DSS-4 and DSS-4A, and by providers when billing on Form DSS-5B:

Client Service					
Service	Max.		Authorization		Service
Description	Unit	Unit Rate	Max. Units/Mon.	Code	
Homemaker	Hour	Federal	65	1102	
Min. Wage					

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

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

~~5-011.06 Time Limits:~~ The worker shall not authorize Homemaker Service beyond an initial six-month period unless approval is received from Central Office. (See 473 NAC 2-007.04.)

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

Both contracted providers and staff-provided homemakers must -

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

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

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

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

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

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

5-013.06 Maximum Rate and Allowable Units:

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

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

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

The following information is used by workers when completing provider contracts, Forms DSS-4 and DSS-4A, and by providers when billing on Form DSS-5B:

Service Description	Maximum Authorization		Service Code
	Unit	Max. Units	
Respite	Hour	\$ 2.00 120 per 6 months	1304
Respite	Day*	\$12.00 18 per 6 months	1302

*Service provided for more than 6 hours through 24 hours is equal to one day.

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