15-005.03D Provider Notice: When a client's personal assistance services are being changed in any way or terminated, the Social Services Worker or designee must provide written notice to the provider of the change in service provision or termination of payment for personal assistance services (Form MILTC-4C or computer-generated notice).

15-005.04 Client Appeals of Adverse Actions: Persons who request, apply for, or receive services may appeal any adverse action or inaction of the Department. These may include a potential client being denied personal assistance services, a client's services being reduced, or a client being determined ineligible for continued personal assistance services or other similar decisions. The Department of Health and Human Services must provide opportunities for fair hearings as defined in 42 CFR 431, Subpart E, to clients or their legal representatives who are denied personal assistance services (see 465 NAC 2-001.02 and 6-000).

15-006 Provider Requirements

15-006.01 Basic Provider Qualifications: To become an approved personal assistance provider, an applicant must:

1. Be age 19 or older;
2. Agree to all General Provider Standards listed on Form ~~MILTC-9~~ MC-19, "Service Provider Agreement," (see 471 NAC 15-006.01A);
3. Not be an employee of the Department or its designees if s/he is in a position to influence his/her own approval or utilization;
4. Not be a relative of the Department staff person or designee responsible for his/her approval as a personal assistance service provider. (NOTE: In situations where a Department staff person's or designee's relative is the only resource, staff must obtain approval from the HHS Service Area Long-Term Care Administrator);
5. Be capable of recognizing signs of distress in client and know how to access available emergency resources if a crisis situation occurs;
6. Not be a recipient of personal assistance services for the tasks s/he is being paid to perform; and
7. If the provider is an Adult Day Service, maintain all standards and requirements outlined in 473 NAC 5-002.

15-006.01A General Provider Standards: As listed on Form ~~MILTC-9~~ MC-19, an approved provider must agree to:

1. Follow all applicable regulations in Nebraska Administrative Code Titles 465, 471, 473, 474, and 480;
   a. Bill only for services which are authorized and actually provided.
   b. ~~Submit billing documents after service is provided and within 90 days.~~ Comply with the requirements of 471 NAC 3 for the submission of claims for payment.