

EFFECTIVE
09/21/2020

NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

15 NAC 3

TITLE 15 AGING SERVICES

CHAPTER 3 CARE MANAGEMENT UNITS

001. SCOPE AND AUTHORITY. These rules and regulations implement Nebraska Revised Statute (Neb. Rev. Stat.) §§ 81-2229 - 81-2235, the Act, which directs the establishment of a statewide system of Care Management Units through the Area Agencies on Aging.

002. DEFINITIONS. Care Management definitions are located in this Title, Chapter 1.

003. CERTIFICATION PROCEDURES. The Plan of Operation must comply with this Title for Care Management Units, and include all the elements specified in Section 4 below.

003.01 PLAN OF OPERATION SUBMISSION. The Care Management Unit must submit the Plan of Operation to the State Unit on Aging, as prescribed by the Department.

003.02 MULTIPLE CERTIFICATIONS. An Area Agency on Aging may create more than one certified Care Management Unit to serve its Planning and Service Area by submitting a Plan of Operation for each Care Management Unit for which it plans to provide and supervise or subaward.

004. PLAN OF OPERATION. Each Plan of Operation for a Care Management Unit must provide the following information:

004.01 REQUIREMENTS. A statement of the philosophy and goals and objectives of the Care Management Unit. The goals and objectives must include a timetable for making care management services available in an entire Planning and Service Area of an Area Agency on Aging.

004.02 APPROACH OF CARE MANAGEMENT UNIT. The statement of philosophy must detail the approach to be used by the Care Management Unit is:

- (A) Involving all support systems of a client, including family members, neighbors, or friends;
- (B) Utilizing all available care resources including community-based services and institutionalization;
- (C) Coordinating the delivery of a continuum of services;
- (D) Assuring that persons are receiving, when reasonably possible, the level of care that best matches their level of need; and
- (E) Person centered.

004.03 CITIZEN INPUT. A statement of the procedures to receive input from local citizens in the formulation and implementation of the Plan of Operation, and the procedures to be used to inform eligible individuals on a regular schedule and in a comprehensive manner about Care Management Unit services.

004.04 PROGRAM EVALUATION. A statement of methods to evaluate the attainment of program goals and objectives for the Care Management Unit, and how the evaluation findings are documented and resolved.

004.05 SEPARATE OPERATION. A written representation that the Care Management Unit is operated separately from Direct Care Programs of an Area Agency on Aging.

004.06 INTERDISCIPLINARY APPROACH. The Care Management Unit's Plan of Operation must outline procedures for utilizing an interdisciplinary approach to care management.

004.07 SERVICE PRIORITY. A statement of criteria to be used to determine the priority of service to eligible clients in the event funds are insufficient to meet all the client needs of a Care Management Unit.

004.08 GRIEVANCE PROCEDURE. A statement detailing the grievance procedure available to clients of the Care Management Unit and the process to be used to resolve client complaints.

004.09 ANNUAL BUDGET. An annual budget of income and expenses for the Care Management Unit that coincides with the state fiscal year and must include units of services to be provided, and details of costs of a casework time unit as explained in Section 11 of these rules and regulations and the Act.

004.10 RECORDING OF SERVICES. The Care Management Unit must have a procedure approved by the State Unit on Aging in its Plan of Operation for recording on a timesheet or other document the actual casework time units and Care Management Unit services provided each client.

004.11 OPERATIONS PROCEDURES. Each Plan of Operation must provide written policies and procedures for the administrative and programmatic operation of the Care Management Unit based upon the following minimum standards.

004.11(A) PERSONNEL POLICIES AND PROCEDURES. The Care Management Unit must have a job description for each position as well as written personnel policies and procedures for hiring and selection, compensation, evaluation, disciplinary action and grievance, and supervision and training of employees, contractors, volunteers, students, and interns. The personnel policies and procedures must include:

- (i) An Equal Opportunity Policy that includes nondiscrimination on the basis of race, disability, color, sex, affiliation or age, and an Affirmative Action statement;
- (ii) An organization chart which identifies the responsibility of each position in the Care Management Unit; and
- (iii) A policy that Care Management services for clients as outlined in this Title of these rules and regulations are the exclusive responsibility of the Care Management Unit

Supervisor or care manager; except that a supervisor or care manager may delegate to staff of the Care Management Unit assistance with the performance of the services of referral, coordination of the Long-Term Care Plan, assessment and monitoring of the delivery of services to clients if supervision is provided by the supervisor or care manager.

004.11(B) DESIGNATION OF SUPERVISOR. The designation of a Care Management Unit Supervisor responsible to implement the Plan of Operation and to supervise the activities of the Care Management Unit.

004.11(C) QUALIFICATIONS. The Care Management Unit Supervisor and care managers must have the following minimum qualifications:

- (i) A current Nebraska license as a registered nurse, or baccalaureate or graduate degree in the human services field, or certification as a social worker or master social worker under the Mental Health Practice Act;
- (ii) At least an equivalency of two years of related, professional experience; paid or unpaid; (employment; college internships; volunteering at philanthropic, community and social organizations) in long-term care, gerontology or community health. Candidates will receive credit for all qualified experience; and
- (iii) In addition, a Care Management Unit Supervisor shall have at least an equivalency of two years of related, professional supervisory or management experience.

004.11(D) ORGANIZATION. Each Plan of Operation must provide information about the organization of the Care Management Unit as follows:

- (i) An organizational chart which shows that the Care Management Unit is operated separately from any Area Agency on Aging Direct Care Programs or from any Direct Care programs of another provider of a Care Management Unit;
- (ii) An organizational chart showing the line of authority between the Care Management Unit and the Area Agency on Aging or other public or private entity operating the unit;
- (iii) A description of the process that the Care Management Unit uses to monitor sub grantees;
- (iv) Each Care Management Unit must maintain accounting records as necessary for presentation of financial statements in accordance with generally accepted accounting principles; and
- (v) Each Care Management Unit must obtain and file with the State Unit on Aging an annual audit report in compliance with the Office of Management and Budget (OMB) Code of Federal Regulations (CFR) 200 Part F. The audit must be conducted in accordance with generally accepted auditing standards resulting in an opinion of the financial statements.

004.11(E) CLIENT RIGHTS. The Care Management Unit must have written policies and procedures on client rights, and those rights must be given to the client prior to the assessment. Written policies and procedures must include as a minimum the following:

- (i) Each client has the right to accept or reject care management services;
- (ii) Each client has the right to be consulted in the development and to approve or disapprove his or her Long-Term Care Plan;

- (iii) Each client has the right to choose available services and providers of services;
- (iv) Each client has the right to receive care management services without regard to race, color, sex, national origin, religion, or disability;
- (v) Each client has the right to be informed of the name of the care manager responsible for their case;
- (vi) Each client has the right to receive a description of available care management services, fees charged, and billing mechanisms;
- (vii) Each client has the right to have access to his or her care management service file and record unless access is restricted by applicable law or a state or federal regulation; and
- (viii) Each client has the right to register complaints and the right to file grievances without discrimination or reprisal from the Care Management Unit.

004.11(F) CONFIDENTIALITY. The Care Management Unit must have written policies and procedures which govern confidentiality of case records and information including the following:

- (i) Procedures for maintaining confidentiality in releasing information to other agencies or professionals and in obtaining information from outside agencies or professionals. Forms for the release and receipt of client information must be part of the policies and procedures;
- (ii) Methods and procedures used to secure and to control access to records;
- (iii) Procedures to be followed by the Care Management Unit and contractors when participating in Long-Term Care Plan conferences or consultations involving outside agencies or professionals;
- (iv) Procedures to put all release forms and other documents legally approving the release of information in the client file or record;
- (v) Procedures for maintaining confidentiality of case records in use and in storage, including computerized case data; and
- (vi) Procedures must be compliant with CFR 45 Sec.160, Sec.162, Sec.164, and all applicable law.

004.12 CLIENT FILES. Each Plan of Operation must include policies and procedures for establishment of client files and records which includes all documents relating to the client.

004.12(A) REVIEW OF CLIENT FILES. The Care Management Unit must permit the State Unit on Aging to inspect and review client files and records to evaluate performance and achievement of the Care Management Unit and to verify and audit the services provided and information published by the Care Management Unit.

004.13 TRAINING. Each Plan of Operation must include a training plan including at a minimum:

- (A) An orientation training for employees, contractors, volunteers, students or interns commensurate with their responsibilities in the Care Management Unit;
- (B) Required participation by the Care Management Unit in training provided by the State Unit on Aging; and
- (C) A schedule for in-service training, which must include, but not be limited to, policies and procedures of the Care Management Unit, and techniques, methods, and research on Care Management.

004.14 STANDARDIZED LONG-TERM CARE ASSESSMENT DOCUMENT. Each Plan of Operation must provide for the use of the standardized long-term care assessment document, as prescribed by the Department.

004.14(A) TRAINING. Each care manager must be trained by the Care Management Unit Supervisor prior to using the assessment document.

004.14(B) ASSESSMENT COMPLETION. This assessment document is to be completed in its entirety and to be used with the initial assessment and development of the Long-Term Care Plan as well as with subsequent annual reassessments and reviews of the Long-Term Care Plan.

004.15 LONG-TERM CARE PLAN. Each Plan of Operation must have written policies and procedures concerning Long-Term Care Plan development.

004.15(A) REQUIREMENTS. Each Long-Term Care Plan must outline procedures for utilizing an interdisciplinary, person centered, approach to care management which involves input from a variety of professionals, agencies, which may be already involved with the client, and support systems which may be available to the client.

004.15(B) SERVICES NOT UTILIZED. Services which are needed but not available must be recorded in the Long-Term Care Plan, as well as those rejected by the client.

004.15(C) REQUIREMENTS. As a minimum, the Long-Term Care Plan must:

- (i) Establish individual goals and objectives agreed to by the client;
- (ii) Establish a time frame for implementation of the Long-Term Care Plan;
- (iii) Define the services which are needed, including any equipment or supplies;
- (iv) Define who provides each service;
- (v) Specify the availability of services, supplies and equipment;
- (vi) Specify the costs and methods of service delivery; and
- (vii) Provide for reassessment upon change in client status.

004.15(D) MONITORING. The purpose of periodic monitoring is to reasonably ensure the continued appropriateness and effectiveness of the services being delivered as outlined in the Long-Term Care Plan.

004.15(E) REVIEW. The review of the client's Long-Term Care Plan is to determine its continued appropriateness and must occur at least annually and upon significant change in client status.

004.15(F) ON-GOING CONSULTATION. There must be ongoing consultation, including the regular exchange of ideas and comments between the client and the Care Management Unit.

004.15(F)(i) CLIENT CONTACT. The Care Management Unit must have ongoing contact with each client to ensure that their service needs are being met. This includes a minimum of quarterly client contact with at least two face-to-face visits per year, one

of which is to complete an annual client reassessment using the State Unit on Aging's standardized assessment document, and review and update to the Plan of Care.

004.15(F)(ii) CLIENT CONTACT AFTER SIGNIFICANT CHANGE. Client contact, for purposes of reassessment and updating the Plan of Care, must also be made within 10 calendar days of notification of client returning to non-institutional setting of choice for continued Care Management services, after a significant change in health or functional status.

004.16 ACCESSIBILITY OF SERVICES. Each Plan of Operation must provide for development of a comprehensive directory of available public and private resources that documents Continuum of Care services, including both formal and informal community-based services and institutions for use in referral activities of the Care Management Unit.

004.17 UNIFORM DATA COLLECTION. Each Plan of Operation must provide for use of the Aging Designated Service Reporting System as defined in these regulations and which must be provided by the State Unit on Aging to the Care Management Unit upon Certification.

004.17(A) DATA ENTRY. Each Care Management Unit must have access to a compatible computer in order to use the Aging Designated Service Reporting System and is responsible for data entry and verification for quarterly and annual reports.

004.18 PERIODIC REVIEW. The Care Management Unit must cooperate fully during periodic reviews, including on-site assessments, for the purpose of evaluating compliance with the Act and this Title to retain Certification.

004.18(A) ACCESS TO FILES AND RECORDS. In conducting a periodic review, the Care Management Unit must provide access to the State Unit on Aging to files and records of the Care Management Unit as well as the files and records of the provider or contractor of a Care Management Unit.

004.19 AMENDMENT OF THE PLAN OF OPERATION. A certified Care Management Unit must not change its Plan of Operation or its practice under the Plan unless the Area Agency on Aging's proposed amendment submission has been approved by the State Unit on Aging.

004.20 DURATION OF CERTIFICATION. Approval of a Plan of Operation and Certification of Care Management Unit is valid for four years from the date granted unless revoked by the State Unit on Aging at an earlier date.

005. DENIAL OF PLAN OF OPERATION AND CERTIFICATION OF A CARE MANAGEMENT UNIT. The State Unit on Aging may deny certification for any or all of the following reasons:

- (A) Failure of the Area Agency on Aging to submit a complete Plan of Operation as outlined in these rules and regulations;
- (B) Failure of the Area Agency on Aging to provide a Plan of Operation reasonably calculated to achieve the intent of the Act;

- (C) Failure of the Area Agency on Aging to provide in the initial Plan of Operation a reasonable time frame for providing the opportunity for care management services to all eligible individuals within the Planning and Service Area of an Area Agency on Aging; or
- (D) The Area Agency on Aging putting into effect any change to the Plan of Operation without prior approval from the State Unit on Aging.

005.01 PLAN OF OPERATION RESUBMISSION. The Area Agency on Aging may submit a revised Plan of Operation within 30 days of the date that the State Unit on Aging mails or otherwise notifies the Area Agency on Aging of the denial of certification.

006. APPEAL PROCESS. A decision by the Department to revoke or deny Certification of a Care Management Unit may be appealed by the Area Agency on Aging by filing a notice of appeal with the Director of the Department within 10 days after postmark of notice by the Department. The appeal follows the procedures of the Administrative Procedures Act, Neb. Rev. Stat. Sec. 84-917.

007. REAPPLICATION FOR CERTIFICATION. If the State Unit on Aging has not yet certified another agency as the Care Management Unit for the geographic area for which a provider has had its certification revoked or denied, the provider may reapply for certification 90 days after the date of the revocation or denial of certification. Revocation becomes final after all appeals under the Administrative Procedures act have expired.

008. REVOCATION OF CERTIFICATION. The State Unit on Aging may revoke Certification of a Care Management Unit at any time for any of the following reasons:

- (A) There is a change in ownership of the company or organization operating a Care Management Unit without the prior approval of the State Unit on Aging;
- (B) The Care Management Unit clients are being inadequately served; or that the resources allocated to the Care Management Unit by the State Unit on Aging or any other state or federal source are being used in violation of the Act or of these rules and regulations;
- (C) The Care Management Unit fails to perform according to the approved Plan of Operation;
- (D) The Care Management Unit fails to provide services to all eligible persons in the Planning and Service Area of the Area Agency on Aging as required by the Act, these rules and regulations and the Plan of Operation;
- (E) The Care Management Unit is not a separate operation from a Direct Care Program of the Area Agency on Aging;
- (F) The Care Management Unit fails to obtain approval from the State Unit on Aging for a change in its Plan of Operation; or
- (G) The Care Management Unit is in violation of any of these rules and regulations, the Act, or any other applicable law.

008.01 SERVING CLIENTS DURING APPEAL. During an appeal of a revocation of Certification, a Care Management Unit may continue to serve existing clients. New clients cannot be accepted without prior approval of the State Unit on Aging.

008.01(A) SUSPENSION OF PAYMENTS. A Care Management Unit will not receive reimbursement payments for any time period its certification as a Care Management Unit is suspended or revoked. Suspension of reimbursement payments will continue during the pendency of any appeal of the suspension of reimbursement payments. To the extent

that a suspension is not ultimately upheld in an appeal process, reimbursement payments otherwise due for the time period at issue will be paid.

009. RECERTIFICATION. A Care Management Unit that seeks recertification must submit an application for recertification to the State Unit on Aging at least 90 calendar days prior to the expiration of each certification period.

009.01 APPLICATION FOR RECERTIFICATION. The Area Agency on Aging must submit an application for recertification on the form issued by the State Unit on Aging, as prescribed by the Department.

009.02 REVIEW OF APPLICATION FOR RECERTIFICATION. An application for recertification will be reviewed on the basis of the results of periodic reviews and onsite inspections, including but not limited to a review of files and records and visits with clients and cooperating agencies to determine compliance with these rules and regulations and the Plan of Operation.

009.03 CERTIFICATION EXPIRATION. Failure to file for recertification results in Certification expiration at the end of the current Certification period.

009.04 APPROVAL OR DENIAL OF RECERTIFICATION. The basis for approval or denial of recertification is set forth in Section 005, Subsections A – D, and Section 008, Subsections A - G of this section of this Title, and is based upon the results of the review conducted in Subsection 2 of this section and an evaluation of the performance of the Care Management Unit in meeting its goals and objectives outlined in its approved Plan of Operation.

009.05 APPEAL PROCEDURES. In case of a denial, appeal procedures are set forth in Section 6.

010. FEE SCALE. Each Care Management Unit must use the fee scale as prescribed by the Department.

010.01 POVERTY INDEX. The State Unit on Aging adopts as its poverty index the poverty income guidelines issued by the U.S. Department of Health and Human Services.

010.02 FEE FOR SERVICES. The Care Management Unit shall inform the individual of the fee for services prior to the delivery of services. Monthly statements of the services rendered and prior balance receivable, charges at full fee, sliding fee scale adjustments, payments received and ending balance receivable shall be sent to each client.

010.03 PAYMENT OF FEE. A client whose family income is below 300% of the poverty level in the index issued by the Department must pay from 0 to 90 percent of the fee for the Care Management Unit services based on the fee scale as prescribed by the Department.

011. REIMBURSEMENT. The Department may reimburse a Care Management Unit for costs not required to be paid for by the client and not paid through other sources.

011.01 REIMBURSABLE SERVICES. A casework time unit is one hour of reimbursable service by a Care Management Unit for a client. The reimbursable services are consultation, assessment, Care Plan development and coordination, referral of a client to other agencies and services, and Care Plan review and monitoring.

011.02 VALUE OF TIME UNITS. The value of a casework time unit is calculated by dividing all expenses by the number of actual casework time units to be delivered by a Care Management Unit during the fiscal year as approved by the State Unit on Aging in the budget for the Care Management Unit.

011.03 REIMBURSABLE TIME. The reimbursable amount of a casework time unit is based upon the difference between actual value of a casework time unit less fees required to be paid for by the client, payment from Medicaid and other third-party payers, and other sources of income to the Care Management Unit as specified in the Act.

011.04 MAXIMUM REIMBURSABLE AMOUNT. The maximum reimbursable dollar amount per casework time unit follows the fee schedule as prescribed by the Department, however, the maximum reimbursement must not exceed the cost of an actual casework time unit minus costs required to be paid for by the client or through other reimbursement specified in the Act.

011.05 REIMBURSEMENT LIMIT. The State Unit on Aging provides reimbursement only up to the limit of funds appropriated to the State Unit on Aging under the Act and may not exceed the approved budget and projected actual casework time units in a Care Management Unit's Plan of Operation.

011.06 VERIFICATION OF SERVICES DELIVERED. In requesting reimbursement, the Care Management Unit grants authority to the State Unit on Aging to verify the service delivered to the client by inspecting individual client files and records which must be maintained in the client files and records which must be maintained in the Care Management Unit office, to verify costs allocated to the casework time unit, and to verify total income from an individual or client and from other sources.

011.06(A) NON REIMBURSABLE UNITS OR COSTS. A Care Management Unit may seek reimbursement from the State Unit on Aging for otherwise allowable costs, except for costs required to be paid by the client or those that are paid by another person or entity.