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NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

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TITLE 474 SOCIAL SERVICES FOR FAMILIES AND CHILDREN

CHAPTER 1 GENERAL PROGRAM REQUIREMENTS

001. SCOPE AND AUTHORITY. This Title describes the policies and procedures of the Nebraska Department of Health and Human Services, hereinafter, "the Department," for administering Social Services described in Nebraska Revised Statute (Neb. Rev. Stat.) § 68-1202 for families and children. Federal funds are available for programs meeting the federal requirements of Title XX of the Social Security Act dealing with Social Service Block Grants funds.

002. DEFINITIONS. The following definitions apply:

002.01 ADVERSE ACTION. A determination by the Department that services provided to a recipient will be reduced or terminated.

002.03 EMANCIPATED MINOR. A child age 18 or younger is emancipated if the child is married or has moved away from the parent's home and is self-supporting.

003. APPEALS. Every recipient or applicant has the right to appeal for a fair hearing in the following circumstances:

- (A) The Department has determined the applicant is not eligible to receive program services;
- (B) The Department denies a requested service;
- (C) The Department determines a recipient's services will be reduced or terminated; or
- (D) Inaction on an applicant or recipient's request for services.

003.01 EXCEPTION. An applicant or recipient is not entitled to a fair hearing when either state or federal law requires automatic case adjustments for classes of individuals unless the reason for an individual appeal is incorrect eligibility determination.

004. APPLICATIONS. Any Nebraska resident may contact the Department by telephone, in writing or in person to obtain information, explore eligibility or to apply for services on the person's own behalf or as an authorized representative of another person. Applications may be submitted in person, by mail, by fax or by electronic submission. An applicant must submit a completed, signed and dated application on an approved Department form. An applicant may request assistance from the Department when filling out an application.

004.01 INTERVIEWS. An applicant must participate in an interview as part of the initial eligibility determination. Interviews may be conducted face-to-face or telephonically. The Department determines if a face-to-face interview is necessary. If an applicant is unable to participate in a face-to-face interview in a local office, the Department and the applicant will

discuss a mutually acceptable time and place for an interview such as a hospital, a senior or community center or the applicant's home. At least one of the following must attend the interview:

- (A) An adult applicant;
- (B) The applicant's legal guardian or conservator; or
- (C) An adult representing the applicant.

005. ELIGIBILITY. Only Nebraska residents are eligible for program services. Recipients must be United States citizens or qualified aliens as defined in Neb. Rev. Stat. § 4-111 and sign an attestation form verifying lawful presence in the United States. The Department must be able to verify the recipient's status.

005.01 ELIGIBILITY BASED ON FAMILY SIZE. The Department considers an applicant's family size in determining eligibility for services. A family is a unit consisting of one or more adults, age 19 or older, and any children related by blood, marriage, or adoption who reside in the same household. An unborn is included if proof of pregnancy is provided. Foster children may be included when determining the size of the foster family. The following are considered separate families:

- (A) Unmarried adults who reside together;
- (B) Children living with non-legally responsible relatives;
- (C) Emancipated minors;
- (D) Minor parents; and
- (E) Biological parents or usual caretakers with a child in substitute care and children, if any residing in the home.

005.02 INCOME ELIGIBILITY. To be eligible, the applicant must meet the Program's income requirements.

005.02(A) CURRENT FAMILY. Applicants who currently receive assistance through the Title IV-A of the Social Security Act Aid to Dependent Children Program and applicants whose needs were taken into account in determining the needs of Aid to Dependent Children recipients are eligible as Current Family. Recipients of Aid to Dependent Children – Medical Assistance only are not eligible under this category.

005.02(B) LOW INCOME FAMILY. A family unit whose income does not exceed 100 percent of the Federal Poverty Level is eligible as a low-income family. If a family receives an Aid to Dependent Children grant but not all members are included in the Aid to Dependent Children grant unit due to sanctions or ineligibility, the excluded person is determined eligible as a member of the low income family to receive social services. The entire Aid to Dependent Children grant amount must be considered income for that person.

005.02(C) WITHOUT REGARD TO INCOME. A family who requires emergency child protective services or requires child protective family services may be eligible without regard to income. The parent(s) of a child who is a ward of the Department may be eligible without regard to income if the plan is to reunify the family or maintain the child in the parent's home.

005.03 TREATMENT OF INCOME. For a family who must meet the income eligibility requirement, the Department evaluates the family income in accordance with the regulations in section 005.

005.03(A) OFFSET OF EARNINGS. If an applicant has a combination of farm or self-employment income and regular earned income, the regular earnings may be offset with a loss from the self-employment or farm operation.

005.03(B) INCOME EXCLUSIONS. The following sources of income are not considered when determining eligibility:

- (i) Money received from participation in the Foster Grandparent Program authorized by the ACTION Program;
- (ii) Money awarded by the Indian Claims Commission or the Court of Claims;
- (iii) Alaska Native Claims Settlement Act payments to the extent the payments are exempt from taxation under section 21(a) of the Act;
- (iv) Money received from the sale of property such as stocks, bonds, a house or a car unless the person was engaged in the business of selling the property in which case the net proceeds would be counted as income from self-employment;
- (v) Withdrawals of bank deposits;
- (vi) Tax refunds;
- (vii) Gifts;
- (viii) Earned Income Credits and Advanced Earned Income Credits;
- (ix) Lump sum inheritances or insurance payments;
- (x) Capital gains;
- (xi) The value of the allotment of benefits under the Supplemental Nutrition Assistance Program;
- (xii) The value of United States Department of Agriculture donated foods;
- (xiii) The value of supplemented food assistance under the Child Nutrition Act of 1966 and the special food service program for children under the National School Lunch Act, as amended;
- (xiv) Any payment received under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970;
- (xv) Earnings of a child age 18 or younger who is a full-time student or a part-time student who is not employed full-time. Summer earnings of a child age 18 or younger are excluded if the child plans to return to school in the fall;
- (xvi) Loans;
- (xvii) Any grant to a student for educational purposes;
- (xviii) Adoption subsidy payments;
- (xix) Work study for an undergraduate student;
- (xx) Home produce used for household consumption;
- (xxi) Earnings received by a youth age 18 or younger under a Workforce Innovation and Opportunity Act Program;
- (xxii) Workforce Innovation and Opportunity Act allowance paid for supportive services such as transportation, meals, special tools and clothing;
- (xxiii) Volunteers In Service to America living allowances and stipends;
- (xxiv) Reimbursement from the Senior Companion Program;
- (xxv) Low Income Home Energy Assistance Program funds;

- (xxvi) Housing assistance provided by Housing and Urban Development or by a local housing program;
- (xxvii) Assistance received under the Disaster Relief Act of 1974 or under a federal law because of a presidentially declared major disaster;
- (xxviii) Payments to an applicant or recipient participating in training or school attendance subsidized by Vocational Rehabilitation, within the Department of Education;
- (xxix) Payments made by the Veterans Administration under the Veterans Education and Employment Assistance Act for education expenses of a veteran; and
- (xxx) Payments made by an absent parent to a child care provider, landlord or mortgage holder on behalf of the applicant or recipient.

005.03(C) DEDUCTION OF A NURSING HOME OBLIGATION. If the applicant or recipient pays a portion of the applicant or recipient's income to a nursing home on behalf of an Assistance to the Aged Blind and Disabled recipient, the amount of the payment is deducted from the applicant or recipient's gross monthly income to determine eligibility.

005.04 TYPES OF INCOME. The Department considers different income types in determining eligibility.

005.04(A) IRREGULAR INCOME. Irregular income is income, earned or unearned, which varies in amount from month to month or which is received at irregular intervals. This may be due to irregular employment, but even when an individual works regularly, the income may be irregular because of factors such as seasonal increases or decreases in employment and earnings such as day labor or sales work on a commission basis. The Department averages three consecutive months of irregular income, if available, to project future income unless there has been a significant change. Small, irregular earnings which are not computable or predictable are not considered.

005.04(B) IN-KIND INCOME. In-kind income is any non-monetary consideration received by an applicant or recipient in place of income for services provided or as a payment of an obligation.

005.04(C) LUMP SUM INCOME. Lump sum income is money received on a one-time basis. The lump sum amount is divided by six months and the result is added to the gross monthly income to determine eligibility. If that amount exceeds the income maximum, the applicant is ineligible for that six month period.

005.04(D) EARNED INCOME. Earned income is money received from wages, tips, salary, commissions, self-employment, or items of need received in lieu of wages.

005.04(E) UNEARNED INCOME. Unearned income includes but is not limited to:

- (i) Social Security benefits;
- (ii) Railroad retirement benefits;
- (iii) Child support;
- (iv) Unemployment compensation; and
- (v) Returns from savings or investments.

005.04(F) TREATMENT OF PAYMENT BY ABSENT PARENT. When an absent parent makes a payment for child care or rent or mortgage payment whether court-ordered or through an informal arrangement, the payment is:

- (i) Treated as income if paid to the applicant or recipient; or
- (ii) Excluded if paid to the provider

006. VERIFICATION. To determine initial and ongoing eligibility, the Department may need to verify information provided by the applicant or recipient. The applicant or recipient must cooperate with the verification process. Failure to cooperate with verification may result in services being denied or reduced, termination from the program and establishment of an overpayment.

007. PARENTS OF DEPARTMENT WARDS OR TRIBAL WARDS. The parent of a child who is a ward of the Department or the parent of a tribal ward who attests the parent is unable to receive homemaker or transportation services from the tribe, is eligible for services without regard to income if the plan is to reunify the family or maintain the child in the home of the parent and the following conditions are met:

- (A) One of the following applies:
 - (i) The parent is not eligible as low income;
 - (ii) The parent is not willing to be determined eligible as low income; or
 - (iii) Due to the circumstances of the case, it is not possible for the worker to make an eligibility determination regarding income;
- (B) There is an agreement for the parent to pay part of the cost of services or the worker has determined that it is in the best interests of the family to authorize services at no cost to the family;
- (C) The family meets the needs eligibility requirements; and
- (D) The services are directly supportive of the family case plan or any written service agreement.

008. NEEDS ELIGIBILITY. Social Services are authorized based on the applicant or recipient's income eligibility and needs and are not provided based on demand. Need for a particular service implies that the provision of that service will assist the applicant, recipient or the family members toward achieving one of the following five program goals in 42 U.S.C. §1397:

- (A) Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency;
- (B) Achieving or maintaining self-sufficiency, including reduction or prevention of dependency;
- (C) Preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating, or reuniting families;
- (D) Preventing or reducing inappropriate institutional care by providing for community based care, home based care, or other forms of less intensive care; or
- (E) Securing referral or admission for institutional care when other forms of care are not appropriate.

008.01 ECONOMIC SELF-SUPPORT. Economic self-support means that a recipient no longer receives any public assistance. Recipients working on this goal are in various levels of achievement or maintenance of economic self-support. Services available include homemaker and transportation services.

008.02 SELF SUFFICIENCY. Recipients working on this goal must have realistic expectations of residing in their own homes or current living arrangements while receiving only limited services. Services available include homemaker and transportation services.

008.03 PREVENTING OR REMEDYING NEGLECT, ABUSE OR EXPLOITATION OF CHILDREN AND REUNITING FAMILIES. A family achieves this goal when the family no longer requires intervention or support to ensure against neglect, abuse or exploitation or when a family in which these behavior have occurred no longer requires intervention or support to prevent recurrence. Services available include adoption services, including subsidized adoption, permanent planning services for children, homemaker, interstate placement, child protective services and transportation.

008.04 NEEDS CRITERIA. An applicant or recipient has no defined service need when:

- (A) The applicant or recipient is able to perform or provide for identified service needs;
- (B) The applicant or recipient has household members or caretakers who have the responsibility or capability to meet identified service needs;
- (C) The applicant or client has other relatives, friends, or interested individuals who will provide identified service needs at no cost to the applicant or recipient;
- (D) The applicant or recipient has access to financial resources which may be used to meet the needs;
- (E) The applicant or recipient is residing in an institution except in relation to deinstitutionalization and short-term care; or
- (F) The applicant or recipient does not meet the requirements specified for each service.

008.05 SERVICE PLAN OBJECTIVES. The applicant or recipient must cooperate with the Department in formulating a service plan. The service plan assists with evaluating the approach, determining whether the goals are attainable and determining whether social services are appropriate. The objectives in formulating a service plan are to:

- (A) Identify the applicant or recipient's current situation;
- (B) Determine if the applicant or recipient is functioning at the highest possible level;
- (C) Identify barriers which hinder maintenance or improvement in the applicant or recipient's present level of functioning;
- (D) Determine which available services, if any, will remove or overcome the barriers to maintaining or improving the present level of functioning; and
- (E) Develop a plan for delivery of specific services directed at removing specific barriers to enable the applicant or recipient to maintain or attain goals.

009. RELATIVES AS PROVIDERS. The Department discourages authorization of providers who are related to the applicants or recipients. Before considering a relative as a provider, the Department must determine that the relative would not donate services to the applicant or recipient at no cost. Relative providers may receive social service reimbursement only if:

- (A) The recipient for whom services are provided is not the provider's minor child, spouse or other legal dependent; and
- (B) No other provider is available; or
- (C) The relative provider's rate is significantly less than that of any other available provider.

010. DUTY TO CONTACT THE DEPARTMENT. The applicant or recipient must contact the Department when:

- (A) The applicant or recipient's situation has changed such as an address change, a change in family composition or change in health;
- (B) The applicant or recipient is dissatisfied or experiencing problems with the service delivery plan; or
- (C) When instructed to do so.

011. NOTICES FROM THE DEPARTMENT. The Department notifies the applicant or recipient in writing when:

- (A) An applicant is determined eligible or ineligible for social services;
- (B) A recipient is found eligible or ineligible at the time of verification or redetermination; or
- (C) A requested service is denied or provided services are to be changed, reduced or terminated.

011.01 NOTICE NOT REQUIRED. A written notice to the applicant or recipient is not required when:

- (A) The applicant or recipient reports services are no longer required and requests that the case be closed;
- (B) The Department learns the applicant or recipient has died;
- (C) The applicant or recipient is committed to an institution or admitted to a nursing home on a long-term basis;
- (D) The applicant or recipient's whereabouts are unknown;
- (E) The Department has verified services are being received through another local office; or
- (F) An authorization period is ending and the recipient has not acted upon a request for redetermination information.

011.02 SERVICE CONTINUATION DURING APPEAL. In cases where advance notice has been given, the applicant or recipient may appeal. If an appeal is requested in writing within ten days following the date the written notice was mailed, the Department will not carry out the adverse action until a fair hearing decision is made.

011.03 SERVICES NOT CONTINUED DURING APPEAL. In situations where only adequate notice was required, service is not continued pending a hearing decision.

011.04 NOTICE OF PROVIDER TERMINATION. When a recipient's provider is disapproved or will not be reapproved, the Department will notify the recipient. A new method of service provision is established to prevent a gap in service provision.

012. ASSIGNMENT OF PAYEE, GUARDIANSHIP OR CONSERVATOR STATUS. No employee of the Department shall serve as a protective payee, guardian or conservator for any recipient when the employee:

- (A) Determines eligibility;
- (B) Authorizes services;
- (C) Provides direct service; or
- (D) Has any other professional relationship which may be considered a conflict of interest.

012.01 DEPARTMENT EMPLOYEE AS PROTECTIVE PAYEE. A service worker may act as protective payee for a recipient only if the employee does not determine eligibility for a

categorical program for that recipient. All other community resources must be explored before a services worker may accept the payee assignment.

013. ELIGIBILITY REDETERMINATION. The Department reviews each recipient's plan and needs at least once every 12 months or whenever necessary as circumstances change. The Department completes a redetermination of eligibility when information is obtained about changes in the recipient's circumstances that may change eligibility for services.

014. SERVICE PROVIDERS. This section contains definitions, requirements and standards used in evaluating and approving providers who wish to enroll and provide services through this Program.

014.01 DEFINITIONS. The following definitions apply:

014.01(A) PROVIDER IDENTIFICATION NUMBER. A nine-digit Federal Identification number or a nine-digit Social Security number followed by a two-digit suffix code.

014.01(B) SERVICE PROVIDER ENROLLMENT FORM. A document whereby the provider indicates willingness to participate in the program and provide services to recipients. The enrollment form describes the services to be provided, the agreed upon unit(s) and the unit rate(s) for the each provider. The provider's responsibilities are stated in the enrollment form.

014.01(C) SUBCONTRACTING. When a service provider pays someone other than a provider's employee to provide the contracted service.

014.01(D) TWO-DIGIT SUFFIX CODE. Two identifying numbers attached to the Federal Identification number of providers who share the same Federal Identification number due to affiliation with a larger agency.

014.02 FACE-TO-FACE INTERVIEW. A face-to-face interview is required of each potential provider.

014.03 FAILURE TO MEET STANDARDS. If the potential provider does not meet standards at the time of the initial visit or face-to-face interview, but is able to correct the deficiency within 30 days, the enrollment process will continue when proof of compliance with standards is received.

014.04 CONFLICT OF INTEREST. No employee of the Department may be approved as a service provider if the employee is in a position to influence the employee's own approval or utilization.

014.05 RECIPIENT RELATIVE AS PROVIDER. A relative provider may not be a legally responsible relative or legal dependent of the recipient. A non-legally responsible relative of a recipient may be a provider if it is documented that the relative provider is held to the same provider requirements as non-relative providers.

014.06 SERVICE PROVIDER ENROLLMENTS. The following policies govern service provider enrollments:

- (A) The provider must obtain any necessary registration or child care license before being enrolled as a provider;
- (B) Each provider must be properly enrolled before services can be authorized for purchase;
- (C) The Department must evaluate the need for service provider in the area; if capacity is not met, additional providers will not be enrolled;
- (D) Enrollments are effective up to 12 months, are never back-dated, and must be signed by the provider on or before the effective date;
- (E) Changes in the service provider services or terms require a new enrollment. Address changes which do not affect the service location do not require a new enrollment but an amendment must be completed showing the provider's new address;
- (F) Notice of any changes in services, units or unit rates proposed by either the provider or the service agency must be given as soon as possible; and
- (G) Service provider enrollments must be approved by the Department.

014.07 PROVIDER EVALUATION. As part of the provider approval process, the Department conducts an evaluation consisting of the following:

- (1) A face-to-face interview with each potential provider at least annually;
- (2) Annual visits to each facility in which services are provided to recipients outside of recipients' homes; and
- (3) Assessment of the quality of service provision at least once during the enrollment period by observing service delivery, visiting the service facility, interviewing the provider, or interviewing a recipient served by the provider.

014.07(A) SECONDARY AGREEMENTS. Site visits are not required for facilities with secondary agreements. The service provider shall ensure that providers with secondary agreements meet all standards and requirements.

014.08 RATE NEGOTIATION AND ESTABLISHMENT. For all services, the rate negotiated must:

- (A) Be usual and customary or less for similar services in the community;
- (B) Not exceed amounts reasonable and necessary to ensure the quality of service;
- (C) Not exceed the rate charged to non-social services clients for comparable service; and
- (D) Not exceed the service's maximums unless approved by the Department.

014.09 SERVICE PROVIDER ENROLLMENT RENEWAL. The provider will undergo evaluation at time of renewal before the expiration of the enrollment term and any time there is reason to believe the provider is not fulfilling the provider's responsibilities.

014.10 PROVIDER TERMINATIONS. Either the Department or the provider may terminate an enrollment by giving at least 30 days advance written notice. The 30-day requirement may be waived in case of emergencies such as illness, death, injury or fire. A written notice will be sent to the provider when the Department terminates a provider enrollment. Written notice to the provider is not required when the provider or potential provider voluntarily withdraws an application to enroll.

014.10(A) IMMEDIATE TERMINATIONS. The Department may terminate this agreement immediately if determined necessary to protect the health or safety of the recipient, or if the provider provides false information to the Department or otherwise breached the agreement.

014.11 PROVIDER STANDARDS. The following standards apply to all providers:

- (1) The proposed service must meet the service definitions and must be purchasable;
- (2) The Department need not enroll a potential provider if the proposed service is sufficiently available;
- (3) All service providers must have a Federal Identification number or Social Security number whichever is appropriate before being approved for enrollment;
- (4) The provider must not be the parent of the minor child receiving services nor the legal guardian, spouse, or minor child of the recipient;
- (5) The provider must not have a history of chronic incorrect or inaccurate billings whether intentional or unintentional for services that have been provided or have a criminal history of financial mismanagement; and
- (6) The provider must not engage in or have an ongoing history of criminal activity that may be harmful or endanger individuals served by the potential provider. This may include a substantiated listing as a perpetrator on the child or adult Central Registries of abuse or neglect, a criminal conviction for a crime endangering the life, well-being or safety of the victim or a member of the public or a crime involving fraud or theft of property or services.

014.11(A) PROVIDER AGENCIES. If the provider is an agency, the agency must review its policies regarding hiring and reporting to ensure appropriate procedures regarding abuse, neglect and other criminal violations are in place to protect recipients of services. The Department may require background checks on the agency employees when enrolling or reviewing an agency provider.

014.11(B) PROVIDERS. To participate as a provider or as an employee of a provider agency, the Department may conduct the following background checks:

- (1) A search of the following registries, repositories, or databases in the State of Nebraska plus each State where the individual has resided during the preceding two years;
 - (a) State criminal registry or repository;
 - (b) State sex offender registry; and
 - (c) Child and Adult Abuse and Neglect Central Registry; and
- (2) Providers transporting vulnerable adults or persons under age 19, must comply with the requirements of Neb. Rev. Stat. § 81-6,120 and undergo the necessary national criminal history background checks.

014.11(B)(i) ADDITIONAL CRIMES. Provider enrollment will be revoked or application denied when the provider has a conviction or pending charges for a crime including crimes against a child or vulnerable adult, crimes involving intentional bodily harm, crimes involving the illegal use of a controlled substance, or crimes involving moral turpitude.

014.11(C) DEPARTMENT DISCRETION. The Department has discretion to not approve a potential provider and terminate a current provider based upon the provider's failure to meet standards, the results of the criminal history check or the provider's failure to cooperate with the process

014.12 ENROLLMENT FORMS. Before furnishing any service, each provider shall sign an enrollment form agreeing to provide services in compliance with the enrollment form terms.

014.13 PROVIDER AGE QUALIFICATIONS. Service providers must be at least 19 years old.

015. DEFINED SERVICES. This section discusses the allowable homemaker services for eligible recipients.

015.01 HOMEMAKER SERVICES. Services are not provided based upon on the demand of the applicant or recipient. The services provided by the homemaker must maintain or strengthen the family's capacity to function as independently as possible.

015.01(A) HOMEMAKER GOALS. The goals of Homemaker Services for Families are:

- (i) Achieving or maintaining economic self-support to prevent, reduce or eliminate dependency;
- (ii) Achieving or maintaining self-sufficiency, including reduction or prevention of dependency; and
- (iii) Preventing or remedying neglect, abuse or exploitation of children unable to protect their own interests.

015.02 ALLOWED HOMEMAKER SERVICES FOR FAMILIES. The services allow in-home assistance and instruction provided by a homemaker to maintain and strengthen families and alleviate stresses in the home.

015.02(A) SERVICES DUE TO ILLNESS OR HOSPITALIZATION. In-home or out-of-home supervision and care of children may be provided for up to 24 hours per day due to temporary absence of the parent or usual caretaker due to hospitalization or the parent or usual caretaker's need for assistance during recovery from illness.

015.02(B) OUT-OF-HOME INSTRUCTION. Out of home instruction may be provided by homemaker service providers or service workers in foster care or child protective services cases to:

- (i) Maintain and strengthen families and alleviate stresses in the home; or
- (ii) Prepare the natural family for the return of the child to the home.

015.02(C) HOMEMAKER TASKS. The homemaker service provider shall identify areas of inadequate family functioning and need for training or assistance in:

- (i) Management, supervision, training and proper care of children or incapacitated family members;
- (ii) Organization of household activities and time management;
- (iii) Management, maintenance, arrangement, cleaning and care of home appliances, equipment, eating utensils, furniture and supplies;

- (iv) Obtaining, storing, planning, preparing, and serving nutritious food for the recipient and the family, including accommodating special diets;
- (v) Obtaining and properly caring for clothing, household supplies, and sundry needs of self or family, including laundry tasks;
- (vi) Maintenance of sanitation within the home;
- (vii) Maintenance of personal hygiene and health practices for self or family members;
- (viii) Obtaining any necessary medical care and treatment;
- (ix) Management and proper use of income and resources; and
- (x) Maintaining proper relationships and communication with family members.

015.03 AUTHORIZING ELIGIBLE RECIPIENTS. Services may be authorized only for the following parents or caretakers:

- (1) Current Aid to Dependent Children program recipients;
- (2) Low income Families; or
- (3) Families eligible without regard to income.

015.03(A) NEED FOR SERVICE. Eligible families must also have an identified homemaker service need.

015.04 MAXIMUM RATE AND UNIT AUTHORIZATION. The Department establishes the maximum rate and the authorized units with the provider based upon the recipient's needs.

015.05 AUTHORIZATION LIMITS. When authorizing homemaker services, the Department provides instruction to the homemaker including the assistance to be performed by the homemaker and the time frames in which the recipient is to learn to perform each authorized homemaking task.

015.06 HOMEMAKER PROVIDER REQUIREMENTS. All Homemaker providers must:

- (A) Meet all the provider standards in 474 NAC 1-014.11;
- (B) Have experience in performing homemaking tasks;
- (C) Be free of communicable disease, have the physical capability to provide service and be willing to provide a medical provider's statement if the worker requests one;
- (D) Exhibit good grooming and personal hygiene practices;
- (E) Demonstrate acceptance of, respect for, and a positive attitude toward other people;
- (F) Exhibit emotional maturity in assuming responsibility, maintaining schedules, and adapting to new situations;
- (G) Possess the necessary skills to demonstrate, complete and instruct individuals in performing identified homemaker tasks;
- (H) Observe and report all changes to the Department;
- (I) Participate in or show proof of past participation in training related to the abuse and neglect of children and demonstrate an understanding of this problem before providing service in child protective service cases; and
- (J) Participate in or show proof of past participation in training related to permanent planning for children before providing service to natural parents in foster care cases.

016. TRANSPORTATION AND ESCORT SERVICES FOR FAMILIES. This section provides direction for the authorization and provision of Transportation or Escort Services for Families and the process for evaluation and approval of transportation providers, including individual providers.

016.01 TRANSPORTATION DEFINITIONS. The following definitions are used in this section:

016.01(A) COMMON CARRIER. Any person who transports passengers by motor vehicle for hire and is licensed as such with the Nebraska Public Service Commission.

016.01(B) DEPARTMENT. The Nebraska Department of Health and Human Services.

016.01(C) ESCORT SERVICES. An attendant or caregiver accompanying a minor or persons who are physically, mentally, or developmentally disabled and unable to travel or wait without assistance or supervision.

016.01(D) EXEMPT PROVIDER. Carriers exempt from the Public Service Commission licensure by law including those that:

- (i) Transport for hire persons who are aged and their spouses and dependents under a contract with a municipality or county;
- (ii) Are owned and operated by a nonprofit organization which has been exempted from the payment of federal income taxes as provided by the Internal Revenue Code and transporting solely those persons over age 60, their spouses and dependents or disabled persons;
- (iii) Are operated by a municipality or county as authorized by law in the transportation of the persons who are aged;
- (iv) Are operated by a governmental subdivision or a qualified public purpose organization having motor vehicles with a seating capacity of 20 or less and are engaged in the transportation of passengers in the state;
- (v) Are engaged in the transportation of passengers and are operated by a transit authority created under and acting pursuant to the laws of the State of Nebraska; and
- (vi) Provide escort service under contract with the Department or with any agency organized under the Nebraska Community Aging Services Act.

016.01(E) INDIVIDUAL PROVIDER. A person who is not in the business of providing transportation for hire; for example, a friend, neighbor or non-legally responsible relative.

016.01(F) MEDICAL ESCORT. An attendant or caregiver accompanying a minor or persons who are physically, mentally, or developmentally disabled and unable to travel or wait without assistance or supervision to receive a Nebraska Medicaid covered service.

016.01(G) NEBRASKA MEDICAID COVERED SERVICE. A medical service that could be covered by a Nebraska Medical Assistance Program as specified in Title 471 of the Nebraska Administrative Code.

016.01(H) PUBLIC CONTRACTED TRANSPORTATION. Public transportation such as a taxi, bus, train or plane.

016.01(I) TARIFF. The geographic rate parameters of operation assigned to a particular carrier by the Public Service Commission.

016.01(J) TRANSPORTATION OR ESCORT SERVICE FOR FAMILIES. Means services enabling:

- (i) Children to travel to:
 - (1) Child care;
 - (2) Health-related treatment or care when Medicaid does not cover the transportation service; or
 - (3) Department or other community resource services as a part of a child protective services safety plan or case plan;
- (ii) Parents or usual caregivers to travel to:
 - (1) Health services when not covered by Medicaid;
 - (2) Department or a community resource to receive services as a part of a child protective services safety plan or case plan; or
 - (3) Visit a hospitalized child included in the family unit or in foster care when Medicaid does not cover the transportation; and
- (iii) Biological parents or usual caregivers with children in foster care to receive services directed toward returning the child home.

016.02 ELIGIBILITY STATUS. The Department may authorize transportation or escort service for applicants or recipients who are:

- (A) Current Aid to Dependent Children recipients;
- (B) Current Supplemental Security Income and State Supplemental recipients age 18 or younger;
- (C) State wards;
- (D) Low-income families; or
- (E) Families eligible without regard to income.

016.03 TRANSPORTATION OR ESCORT NEED. Transportation services are not provided based on the demand of the applicant or recipient. Need for a service implies that the provision of that service will assist the applicant or recipient in achieving program goals. To be eligible, the applicant or recipient must:

- (1) Have no access to a working licensed vehicle or a valid driver's license;
- (2) Be unable to drive due to physical or cognitive limitation;
- (3) Be unable to secure transportation from relatives, friends, or other organizations at no costs;
- (4) Require transportation in relation to a defined area of need;
- (5) Have a current safety plan or case plan; or
- (6) Accept the authorized case plan.

016.03(A) RESIDENTS OF NURSING FACILITIES OR INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES. Residents of nursing facilities or intermediate care facilities for individuals with developmental disabilities are not eligible to receive transportation through Social Services Block Grant Programs, except discharge transportation unless the transportation service is covered by Medicaid. All other transportation is the responsibility of the facility. Transportation, including moving the recipient's household goods or personal property is not allowable for these recipients.

016.03(B) CHILD PROTECTIVE SERVICES TRANSPORTATION OR ESCORT. The Department may authorize transportation or escort services only to meet the recipient's defined needs as part of a child protection safety plan or case plan.

016.03(C) STATE WARD AND FOSTER CARE TRANSPORTATION OR ESCORT. Transportation services may be authorized to allow biological parents or usual caretakers with a child who is a Department ward to receive services directed toward the return of the child to the home or the maintenance of the child in the home.

016.03(D) TRANSPORTATION FOR VISIT. Transportation or escort services may be authorized to enable a family member or caregiver to visit a hospitalized child who is included in the family unit or in foster care.

016.04 TRANSPORTATION SERVICES PROVIDER STANDARDS. The Department enrolls common carriers, exempt providers, escort providers, and individual providers. Providers must meet all general provider standards in section 014.11 in addition to the service specific standards.

016.04(A) COMMON CARRIER STANDARDS. The Nebraska Public Service Commission certifies common carriers. Taxis and van companies are certified by the Public Service Commission as common carriers. The Department verifies the common carrier is certified, requests and receives a copy of the carrier's tariff and verifies the carrier has a special Department designation.

016.04(A)(i) TRANSPORTATION BY OTHERS. Transportation provided by child care providers, family support providers and foster parents are exempt from Public Service Commission certification requirements since it is incidental to the service provided. Exempt providers must ensure their employees meet the individual provider standards of this Chapter.

016.04(B) ESCORT PROVIDER STANDARDS. The provider must:

- (i) Meet all provider standards contained in 474 NAC 1-14.11;
- (ii) Be an individual age 19 or older;
- (iii) Have training or experience working with children;
- (iv) Have training or experience in providing personal assistance;
- (v) Agree to have the escort's driving records reviewed if the escort will drive;
- (vi) Maintain information on specific needs of each recipient served;
- (vii) Report all changes observed to the recipient's services coordinator;
- (viii) Escort providers who drive the recipient must also meet all individual transportation provider standards in this Chapter. The escort provider must complete the individual transportation provider self-certification;
- (ix) If the escort provider will be driving a recipient who is a vulnerable adult or a person under age 19, the provider must meet the transportation service standards of Neb. Rev. Stat. § 81-6,120, including the criminal history records check required by the statute.

016.04(C) INDIVIDUAL PROVIDER STANDARDS. The Department may enroll individual providers only if the driver and vehicle standards are met at all times when the individual is providing transportation for a recipient.

016.04(C)(i) PROVIDER STANDARDS. The individual must meet the following driver standards:

- (1) Meet all provider standards contained in 474 NAC 1-14.11;
- (2) Meet the transportation service provider standards of Neb. Rev. Stat. § 81-6,120 if the provider is transporting a person under age 19 or vulnerable adult, including the national criminal history records check required by the statute;
- (3) The individual provider must be chosen by recipient or by the usual caregiver to provide transportation;
- (4) Be age 19 or older;
- (5) Possess a current and valid driver's license;
- (6) Have no more than three points assessed against the provider's Nebraska driver's license or meet a comparable standard in the state where the provider is licensed to drive.
- (7) Currently have no limitations that would interfere with safe driving;
- (8) Personally drive the provider's own vehicle to transport the recipient;
- (9) Use seat belts and child passenger restraint devices as required by law;
- (10) Not smoke or vape while transporting the recipient;
- (11) Not transport the recipient while under the influence of alcohol or any drug that impairs the ability to drive safely;
- (12) Not provide transportation if the provider has a communicable disease which may poses a threat to the health and well-being of the recipient;
- (13) Have and maintain the minimum automobile liability and medical insurance coverage as required by law; and
- (14) Report disqualification from any Department program for intentional program violation.

016.04(C)(ii) VEHICLE STANDARDS. The individual provider's vehicle must be:

- (1) Currently licensed and registered as required by law;
- (2) Kept at all time in proper physical and mechanical conditions;
- (3) Equipped with operable seat belts, turn signals, lights and horn;
- (4) Equipped with proper child passenger restraint devices as required by law when transporting children; and
- (5) Equipped to provide comfortable temperature and ventilation conditions.

016.04(C)(iii) PROVIDERS RESIDING OUTSIDE OF NEBRASKA. If the potential provider does not reside in Nebraska, the Department will check registries in the provider's state of residence.

016.04(C)(iv) RENEWAL OF PROVIDERS. Providers are reviewed annually for renewal. If the Department determines circumstances warrant more frequent checks, the Department may review more frequently. Providers must cooperate with the review and renewal process. Failure to cooperate may result in termination or disapproval as a provider.

016.04(D) ALTERNATIVE ASSISTANCE AVAILABILITY. Before authorizing transportation or escort services, the Department will explore with the applicant use of family, neighbors, friends or community agencies that will provide the service to the applicant without charge when possible.

016.05 NON-MEDICAL TRANSPORTATION FOR RECIPIENTS WHO ARE ELIGIBLE AS A CURRENT FAMILY OR A LOW-INCOME FAMILY. For areas where exempt providers are available or the recipient has chosen to use an individual provider, the recipient may only use a common carrier when the exempt provider or individual provider cannot provide the service.

016.06. TRANSPORTATION RATES, FREQUENCY AND MAXIMUM ALLOWABLE UNITS.

Transportation services are paid only when:

- (1) The recipient is in the vehicle; and
- (2) The provider uses the most direct and logical route from the recipient's residence to the service location.

016.07(A) UPPER LIMITS. The Department establishes transportation rates.

016.07(A)(i) COMMON CARRIER RATES. Common carrier rates are set by the Nebraska Public Service Commission pursuant to Nebraska Revised Statute (Neb. Rev. Stat.) §75-303.03. The maximum rate does not apply when the carrier:

- (1) Transports the recipient wholly within the corporate limits of the city or village where the transportation of the recipient originated; or
- (2) Transports a disabled person as defined by the Americans with Disabilities Act of 1990 in a vehicle compliant with the regulations governing transportation of disabled persons.

016.07(A)(ii) TAXIS. Taxi rates may be no greater than 95% of the published rates.

016.07(A)(iii) EXEMPT PROVIDERS. The Department establishes rates for exempt providers.

016.07(A)(iv) ESCORT PROVIDERS. The mileage rate for escort providers must not exceed the state employee mileage rate unless the escort is a certified carrier. The hourly rate is set by the Department.

016.07(A)(v) INDIVIDUAL PROVIDERS. As provided in Neb. Rev. Stat. §75-303.03, the Department will reimburse individual providers for costs incurred in transportation at a rate no greater than that paid for reimbursement of state employees under Neb. Rev. Stat. § 81-1176 only for mileage.

016.07(B) FREQUENCY. The frequency for medical and non-medical transportation is by miles or trip. The frequency for medical escort services is by the hours and miles or the hours and trip.

016.07(C) MAXIMUM ALLOWABLE UNITS. Transportation units are authorized based upon recipient need and must not exceed the following limits:

- (i) Non-medical Transportation:

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- (1) To and from child care; and
- (2) To and from community services based upon the child protective services safety plan or case plan.