Companion

The service definition and limits outlined below do not include all details and requirements. For the service standards, limitations, provider types and qualification, and reimbursement information, refer to the appropriate Medicaid HCBS AD/TBI Waivers.

NFOCUS Service Codes

Companion 9510

Companion 2 2551

Companion 3 2241

TBI Companion 7934

TBI Companion 2 4167

TBI Companion 3 5074

Service Definition

Companion is a service for adults on the HCBS Waiver for Aged and Adults and Children with Disabilities (AD) or Traumatic Brain Injury (TBI) Waiver. It provides social supports to participants aged 18 years and older in their homes and in community settings. Companion includes supports of Instrumental Activities of Daily Living (IADLs), such as light housekeeping, bill paying, errand service, essential shopping, food preparation, laundry service, and other tasks incidental to the care and supervision of the participant.

Conditions of Provision

A. A participant chooses each service based on their needs.
   1. Services should increase independence and community integration; and
   2. The chosen waiver services and who provides them are documented in the participant's Person-Centered Plan (PCP).

B. Companion services may be provided for up to three participants in a single residence, based on assessed need.

C. Companion is not intended to provide round-the-clock supervision.
   1. Participants must be able to live independently or have informal/natural support to supplement care, particularly for overnight needs.

D. Companion will be provided to the participant in a way to maintain as much independence and privacy as possible.

E. Companion may include:
   1. Bill Paying
   2. Errands
      a. When the participant accompanies the provider, the provider cannot bill an additional amount for transportation.
   3. Essential Shopping
   4. Food Preparation
   5. Laundry Service
   6. Light Housekeeping
   7. Supervision

a. Supervision refers to the oversight essential for individuals with high mobility, cognitive, or behavioral needs that may pose a risk to themselves or others. This supervision must be provided to ensure their safety, well-being, and to prevent institutionalization. It is delivered in conjunction with paid providers and natural supports, unless no natural supports or live-in caregivers are identified.

F. Companion is not a habilitative service.

G. Companion is not intended to provide round-the-clock supervision. Participants must be able to live independently or have informal/natural support to maintain care, especially for overnight needs.

H. Companion has the following limitations:
   1. Companion does not entail hands-on care.
      a. If assistance with ADLs or health-related tasks is required, this service should not be authorized for those tasks or timeframes, and another service should be considered instead.
   2. Companion cannot be authorized at times that overlap with:
      a. Extra Care for Children with Disabilities;
      b. Personal Care;
      c. Adult Day Health;
      d. Respite;
      e. Independent Skills Building;
      f. Transportation services;
      g. Supported Residential Living; or
      h. LRI Personal Care.
   3. Companion cannot duplicate services provided by Personal Care, LRI Personal Care, or Chore when authorized together.
   4. This service cannot be provided during school hours set by the local school district. This limitation includes any and all public education programs funded by the Individuals with Disabilities Education Act (IDEA).
      a. Regular school hours and days apply for a student who receives homeschooling.
   5. The services under the AD and TBI Waivers are limited to additional services not otherwise covered under the Medicaid state plan, but consistent with waiver objectives of avoiding institutionalization.

I. Participants are responsible for overseeing and supervising individual providers on an ongoing basis.

J. Companion services that can be covered under the State Plan must be furnished to waiver participants under the age of 21 as services required under EPSDT.

Provider Requirements

The information outlined below does not include all provider requirements. It is intended to be general information about providers of this specific AD/TBI service.

A. All providers of waiver services must:
   1. Be a Medicaid provider;
   2. Comply with all applicable Titles of the Nebraska Administrative Code and Nebraska State Statutes;
   3. Adhere to standards described in the Division of Medicaid and Long-Term Care Service Provider Agreement;
   4. Complete DHHS trainings upon request; and
   5. Use universal precautions.

B. TBI Waiver providers must complete DHHS-approved TBI training before providing Companion.

C. Companion requires an operational electronic visit verification (EVV) system which allows the check-in and out of service appointments electronically.
D. Computer skills and access to the technology for the EVV system are required for Companion providers.
E. Providers must bill Companion when hands-on care is taking place.
    1. This may require providers to clock in and out of services throughout the day if a block of time exceeding one hour does not involve hands-on care.
F. Providers of Companion must obtain adequate information on the medical and personal needs of each participant and observe and report all changes to the Service Coordinator.
G. A provider may be an individual or agency.
H. Providers must have training in the following areas, and provide evidence of current certificate of completion from an accredited source:
    1. Abuse, neglect, and exploitation, and state law reporting requirements and prevention;
    2. Cardiopulmonary resuscitation; and
    3. Basic first aid
I. Companion may be provided by a relative or legal guardian.
    1. All guardians enrolling as a provider must comply with Neb. Rev. Stat 30-2627
J. Each agency provider must:
    1. Employ staff based on their qualifications, experience, and demonstrated abilities;
    2. Provide training to ensure staff are qualified to provide the necessary level of care;
    3. Agree to make training plans available to DHHS; and
    4. Ensure adequate availability and quality of services.

Rates

A. Rates are set on an individual provider basis through a negotiation process between the provider and the Resource Developer (RD).
B. Rates are established based on usual and customary rates that are not more than the provider would charge a private paying individual.
C. Frequency of service is hourly, daily, or occurrence.