Personal Care

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

Personal Care 5761

TBI Personal Care 6222

Personal Care Live-in 6442

Service Definition

Personal Care and Personal Care Live-in are a service of the HCBS Waiver for Aged and Adults and Children with Disabilities (AD) and Personal Care is a service on the Traumatic Brain Injury (TBI) for participants aged 18 and older, which provides needed assistance with Activities of Daily Living (ADLs), health-maintenance activities, and supervision provided in a person's home and other community settings when hands-on care is required for the participant. Personal Care offers a range of assistance to enable waiver participants to accomplish tasks a person would do for themselves if they did not have a disability.

AD Waiver Codes:

Personal Care 5761

This code is used when the providers come in to provide services, but do not live with the particpant

Personal Care Live-in 6442

This code is used when the provider lives with the particpant.

Conditions of Provision

A. A Participant chooses each service based on their assessed needs.
   1. The chosen waiver services and who provides them are documented in the participant's Person-Centered Plan (PCP).

B. Providers cannot provide services to more than one participant at a time unless otherwise noted in the participant's PCP.

C. Personal Care Service may include these services with hands-on support:
   1. Assisting with eating and drinking;
   2. Bathing;
   3. Dressing;
   4. Grooming;
   5. Mobility;
   6. Toileting;
   7. Transferring;
   8. Continence;
   9. Health-related services; and
   10. Vision/Hearing/Communication.

D. Personal Care is provided to the participant in a way to maintain as much independence and privacy as possible.

E. Personal Care has the following limitations:

1. General household tasks are limited to those necessary for maintaining and operating the participant's home when they are solely responsible for the home.
2. Personal Care is a service for adults aged 18 years and older.
    a. Assistance must take the form of hands-on support.
    b. When a participant is a child aged 16 or 17 years old and transitioning to adult services, they may receive Personal Care when there is a documented need.
    c. Child service is limited to additional services not otherwise covered under the Medicaid state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.
    d. Services covered under the Medicaid state plan should be furnished to participants under the age of 21 years old as services required under EPSDT rather than Personal Care.
3. Personal Care is not a habilitative service.
4. This service cannot overlap with:
    a. Companion;
    b. Adult Day Health;
    c. Respite;
    d. Independent Skills Building;
    e. Supported Residential Living;
    f. LRI Personal Care;
    g. Extra Care for Children with Disabilities; or
    h. Transportation Services.
5. This service does not cover natural supports provided by relatives, legal guardians, or fictive kin living in the home that would be part of a normal household routine, unless support is clearly above and beyond what is typically expected for someone without a disability.
6. Personal Care under the AD and TBI waivers differs in scope and nature from personal care offered under the Medicaid state plan, as supervision may be provided. A participant cannot be authorized to receive both services at the same time.
7. Personal Care can only be provided during overnight sleeping hours when the participant's PCP outlines specific care needs that require assistance overnight.
    a. The Service Coordinator will include the specific tasks in the service authorization. These tasks can include, but are not limited to, the following:
        i. Repositioning and turning to prevent pressure sores;
        ii. Attending to participant's incontinence issues; and
        iii. Tracheostomy suctioning.

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

G. Incidental supervision is only allowable if the participant has an assessed need and cognitive or physical risk requiring support and monitoring in the home or community setting to ensure their safety.

a. Supervision may only be authorized if the assessment identifies a cognitive or physical risk and individualized support is being provided.

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.
6. Have training in the following areas, and provide evidence of a current certificate of completion from an accredited source, when applicable or upon request:
    i. Abuse, neglect, and exploitation, and state law reporting requirements and prevention;
    ii. Cardiopulmonary resuscitation; and
    iii. Basic first aid

B. Providers of Personal Care must:

1. Have an operational electronic visit verification (EVV) system that allows the check-in and out of service appointments electronically;
2. Have adequate computer skills and access to the technology for the EVV system; and
3. TBI Waiver providers must complete DHHS-approved TBI training before providing Personal Care.

C. Independent providers, who are legal guardians, must be approved by DDA Central Office to provide this service.

D. Agency providers are responsible for ensuring that all agency employees and volunteers complete required criminal history screenings prior to direct participant contact and annually thereafter.

1. This includes Nebraska Data Exchange Network (NDEN) screening.

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 the usual and customary rates that are not more than the provider would charge a private paying individual.
C. Services may be authorized in frequencies of hourly, daily, or on an occurrence basis.
D. Providers must bill for the quarter of the hour when the participant is not in attendance for a full hour.