ATTACHMENT 3.1-A Item 26 Applies to both Categorically and Medically Needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – PERSONAL ASSISTANCE SERVICES

NMAP covers personal assistance services, which are a defined range of human assistance that enable persons with disabilities and chronic conditions of all ages to accomplish tasks that they would normally do for themselves if they did not have a disability; chosen and directed by the individual or designee.

NMAP generally limits personal assistance services to 40 hours per client per seven-day period, subject to utilization review. Medicaid Division approval must be obtained for services authorized in excess of 40 hours per week.

Personal assistance services may not be provided at a client's worksite except when the client is engaged in competitive integrated employment. Personal assistance services may only be provided at a client's worksite to the extent the authorized task might otherwise be needed in the home and community.

Personal assistance service may not be provided to individuals residing in residential facilities where personal assistance services are required under the licensing requirements.

Telehealth:

Personal assistance services are not covered when provided via telehealth technologies.

TN No. MS-04-03

Supersedes TN No. MS-01-02 Approval Date Sep 23 2004

Effective Date Jun 2 2004

ATTACHMENT 3.1-A Item 26, Page 2 Applies to both Categorically and Medically Needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

PROVIDER QUALIFICATIONS - PERSONAL ASSISTANCE SERVICES

Nebraska Medicaid covers personal assistance services providers who meet requirements that include being age 19 or older; being capable of recognizing signs of distress in client and knowing how to access available emergency resources if a crisis situation occurs; understanding and accepting responsibility for the client's safety and property; and having the knowledge, experience, and/or skills necessary to perform the task(s).

Personal Assistance Services will be provided in accordance with, and meet the requirements of 42 CFR 440.167.

TN No. NE 23-0010

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