

NEBRASKA

Overview

The Nebraska Department of Health and Human Services (DHHS) requires licensure for any person or legal entity that provides adult day services (ADS) to four or more individuals.¹ ADS are called adult day health care (ADHC) when covered by Medicaid. Both ADS and ADHC are medical models of care. Adult day care (ADC) is a social model of care. Whether furnishing a social or medical model of care, all providers must be licensed.

ADS may be delivered outside the home in either of the following settings: (1) a freestanding facility--an ADS license is required when four or more persons are receiving ADS in a location that is not licensed as another type of health care facility; or (2) a licensed facility--a separate ADS license is required when a licensed facility provides ADS to four or more persons who do not reside at the licensed facility. The ADS program in a licensed facility must have separate, identifiable space available for ADS activities during the hours that ADS are provided.

If a licensed health care facility provides ADS exclusively to individuals residing in that health care facility, it does not require an ADS license. In lieu of licensure, DHHS may accept accreditation or certification by a recognized independent accreditation body or public agency with standards that are at least as stringent as Nebraska's, as evidence that the health care facility complies with the relevant rules, regulations, and standards.

No public funding is available for ADS; participants or their families pay privately. ADHC is covered under the Medicaid 1915(c) waiver for Aged Persons or Adults and Children with Disabilities. In addition to licensure, ADHC providers must meet Medicaid contracting requirements. ADHC providers serving fewer than four persons do not require a license, but must have a provider agreement with the DHHS if they serve Medicaid waiver participants.

The state's social model of care--adult day care--can be reimbursed through Title XX funds. In addition to meeting licensure requirements, ADC providers have to meet requirements specified in the Social Services for Aged and Disabled Adults chapters of the state's administrative rules. These requirements are not described in this profile but links to the relevant rules are provided at the end.

¹ The state uses the term *adult day service* rather than adult day services. To ensure consistent and grammatically correct usage throughout the report, this profile uses the term *adult day services*.

Definitions

Adult day services means the provision of care and an array of social, medical, or other support services for a period of less than 24 consecutive hours, in a community-based program, to four or more participants who need services because of age or functional impairment.

Care is defined as the exercise of concern or responsibility for the comfort, welfare, and habilitation of participants, including the provision of a minimum amount of supervision and assistance with personal care, activities of daily living (ADLs), health maintenance activities, and other supportive services. ADLs are transfers, ambulation, exercise, toileting, self-administered medication, and similar activities.

Medical services are those that address the health concerns and/or needs of participants, including complex interventions within the scope of practice of the health care practitioner.

Social services are those activities that assist participants in carrying out their therapeutic activities as outlined in their participant agreement.

Support services are those that support personal care, provision of medications, ADLs, and health maintenance activities.

Adult day health care is a service that allows for structured social, habilitation² and health activities. It may: (1) alleviate the deteriorating effects of isolation; (2) aid in transition from one living arrangement to another; (3) provide a supervised environment while the regular caregiver is working or otherwise unavailable; and/or (4) provide a setting for the receipt of multiple health services in a coordinated manner. ADHC is provided outside of the participant's place of residence for a period of 4 or more hours daily, but less than 24 hours. The need for this service must be reflected in one or more assessment areas of the participant's plan of services and supports.

Adult day care includes structured and monitored social, manual, physical, and intellectual services/activities provided for a minimum of 3 hours per day. These services are provided in a supervised, ambulatory setting (wheelchairs are permitted)--either a day services home or a center--outside an individual's own home. ADC also includes in-home supervision to allow caregiver participation in employment and training.

ADC is for adults who do not require 24-hour institutional care and yet, because of a physical or mental impairment (or because of social isolation), require services in a group setting to: (1) achieve or maintain self-sufficiency; (2) prevent or remedy neglect, abuse, or exploitation; and (3) prevent or reduce inappropriate institutional care.

² Habilitation is defined as services that develop and/or retain the participant's capacity for independence, self-care, and social and/or economic functioning.

Parameters for Who Can Be Served

Adult Day Services. *No parameters are specified.* ADS providers must have written admission criteria, which include the participant population served (age groups and other relevant characteristics), each level of care and the components of care and services provided, and must ensure that the decision to admit a participant is based upon the provider's capability to meet the participant's identified needs. The ADS program must also have written criteria for participant discharge and must ensure that the discharge decision is based upon its discharge criteria.

Adult Day Health Care. In addition to the provisions above, Medicaid waiver program participants must be assessed by a services coordinator and have care needs that can be met through waiver program services at a cost that does not exceed the average Medicaid monthly expenditure for care in a nursing facility.

Adult day care is authorized only for individuals 19 years or older who are current SSI or State Supplement recipients or low-income aged or disabled persons.

Inspection and Monitoring

To determine compliance with operational, care, services, and physical plant standards, DHHS inspects ADS and ADHC sites prior to and following licensure. DHHS determines compliance through on-site inspections, review of schematic and construction plans, and reports of qualified inspectors. DHHS may conduct an on-site inspection any time it deems necessary. Each year, DHHS may conduct an inspection of up to 25 percent of providers based on a random sample. In addition, DHHS will conduct focused inspections in response to complaints and incidents, or when 5 years have passed without an inspection.

Required and Optional Services

All ADS and ADHC programs furnish socialization, social activities, nutrition services, and supervision to ensure safety. They also monitor participants' health and functioning at a basic level to determine if the program can continue to meet participants' health and functional needs. The table below lists additional required and optional services.

Required and Optional Services	Adult Day Services		Adult Day Health Care	
	Required	Optional	Required	Optional
ADL Assistance	X		X	
Health Education and Counseling			X	
Health Monitoring/Health-Related Services	X		X	
Medication Administration	X		X	
Nursing Services		X	X	
Physical Therapy, Occupational Therapy, or Speech Therapy				
Skilled Nursing Services		X	X	
Social Services	X		X	
Transportation				

Medication Provisions

The ADS program must establish and implement policies and procedures to ensure that participants receive medications only as legally prescribed by a medical practitioner; and must ensure that medication aides and other unlicensed persons who provide medications are trained and have successfully passed a competency assessment as specified in the relevant rules. Documentation of successful course completion may be met by a signed statement from the licensed health care professional who provided or directed the competency assessment.

Medication administration means providing medications for another person according to the five rights (the right drug to the right recipient in the right dosage by the right route at the right time). Medication provision means giving or applying a dose of medication to an individual and includes helping an individual in giving or applying the medication to himself or herself. When the ADS program is not responsible for medication administration or provision, the program must maintain responsibility for the overall supervision, safety, and welfare of the participants.

Participants may be allowed to self-administer medications, with or without visual supervision, when the ADS program determines that the participant is competent and capable of doing so and has the capacity to make an informed decision about taking medications in a safe manner.

Staffing Requirements

Adult Day Services

Type of Staff. The *administrator* is responsible for planning, organizing, and directing the day-to-day operation of the ADS program. The administrator must be on the premises a sufficient number of hours to ensure adequate attention to the program's management and designate a responsible and accountable substitute to act in his or her absence. At least one staff person must be on-site at all times when participants are present.

Staffing Ratios. No requirements for staffing ratios are specified but the ADS program must ensure that staffing resources and training are sufficient to meet the level of supervision and assistance that participants need with ADLs, personal care, and health maintenance activities as defined in their services agreement.

Adult Day Health Care

Type of Staff. The provider must have a *licensed nurse* on staff, or contract with a licensed nurse, who will provide the health assessment/nursing services component of the ADHC program and supervise ADLs/personal care and ADL training. Counseling may be provided only by a certified *social worker*, a certified *master social worker*, or a certified *professional counselor*. Direct care staff members must have training or 1 or more years' experience in working with adults in a health care/social services setting, and have knowledge of cardiovascular pulmonary resuscitation and first-aid. Each ADHC center must be staffed at all times by at least one full-time trained staff person.

Staffing Ratios. The ADHC center shall maintain a ratio of direct care staff member to participants sufficient to ensure that participants' needs are met.

Training Requirements

Adult Day Services. The ADS program must provide each direct care staff person with orientation to the program before they have direct responsibility for care and services to participants. The training must include, but is not limited to: (1) job duties and responsibilities; (2) infection control practices; (3) information on any physical and mental special care needs of the ADS program participants; and (4) disaster preparedness plans.

The ADS program must provide and maintain evidence of ongoing/continuous in-services or continuing education for staff. Training must include, but is not limited to: (1) infection control practices; (2) the facility's emergency procedures and information regarding advance directives; (3) information on abuse, neglect, and misappropriation of money or property of a participant, and reporting procedures; (4) disaster preparedness plans; (5) participant rights; and (6) other topics determined by the program.

Adult Day Health Care. Training requirements are the same as for ADS above. No additional training requirements are specified for ADHC programs.

Location of Licensing, Certification, or Other Requirements

Nebraska Administrative Code. Title 175, Health Care Facilities and Services Licensure, Chapter 5: Adult Day Services. Nebraska Department of Health and Human Services. [June 16, 2008]

http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-175/Chapter-05.pdf

Nebraska Administrative Code, Title 172, Professional and Occupational Licensure, Chapter 95: Administration of Medications by Medication Aides and Medication Staff. Nebraska Department of Health and Human Services. [May 6, 2008]

http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-095.pdf

Nebraska Administrative Code, Title 172, Professional and Occupational Licensure, Chapter 96: Medication Aide Registry. Nebraska Department of Health and Human Services. [May 6, 2008]

http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-096.pdf

Nebraska Administrative Code, Title 473, Social Services for Aged and Disabled Adults, Chapter 3: Services Providers. Nebraska Department of Social Services Program Manual. [February 26, 2013]

http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-473/Chapter-3.pdf

Nebraska Administrative Code, Title 473, Social Services for Aged and Disabled Adults, Chapter: 5.002, Adult Day Services. Nebraska Department of Health and Human Services. [February 26, 2013]

http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-473/Chapter-5.pdf

Nebraska Administrative Code, Title 480, Home and Community-Based Waiver Services for Aged Persons or Adults or Children with Disabilities, Chapter 5-005: Waiver Services, Adult Day Health Care. Nebraska Department of Health and Human Services. [June 8, 1998]

http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-480/Chapter-05.pdf

Nebraska Department of Health and Human Services, official website: Adult Day Services, Licensing requirements. [last updated December 6, 2013]

http://dhhs.ne.gov/publichealth/Pages/crl_adultday_adultday.aspx#description

Information Sources

Jeanette Denson
Administrator
Custer Care Adult Day Services
and
President
Nebraska Adult Day Services Association

REGULATORY REVIEW OF ADULT DAY SERVICES: FINAL REPORT, 2014 EDITION

Files Available for This Report

FULL REPORT

Executive Summary <http://aspe.hhs.gov/daltcp/reports/2014/adultday14es.cfm>
HTML <http://aspe.hhs.gov/daltcp/reports/2014/adultday14.cfm>
PDF <http://aspe.hhs.gov/daltcp/reports/2014/adultday14.pdf>

SEPARATE STATE PROFILES

[**NOTE:** These profiles are available in the full HTML and PDF versions, as well as each state available as a separate PDF listed below.]

Alabama	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AL.pdf
Alaska	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AK.pdf
Arizona	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AZ.pdf
Arkansas	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AR.pdf
California	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CA.pdf
Colorado	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CO.pdf
Connecticut	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CT.pdf
Delaware	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-DE.pdf
District of Columbia	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-DC.pdf
Florida	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-FL.pdf
Georgia	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-GA.pdf
Hawaii	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-HI.pdf
Idaho	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ID.pdf
Illinois	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IL.pdf
Indiana	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IN.pdf
Iowa	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IA.pdf
Kansas	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-KS.pdf
Kentucky	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-KY.pdf
Louisiana	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-LA.pdf

Maine	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ME.pdf
Maryland	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MD.pdf
Massachusetts	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MA.pdf
Michigan	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MI.pdf
Minnesota	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MN.pdf
Mississippi	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MS.pdf
Missouri	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MO.pdf
Montana	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MT.pdf
Nebraska	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NE.pdf
Nevada	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NV.pdf
New Hampshire	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NH.pdf
New Jersey	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NJ.pdf
New Mexico	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NM.pdf
New York	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NY.pdf
North Carolina	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NC.pdf
North Dakota	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ND.pdf
Ohio	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OH.pdf
Oklahoma	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OK.pdf
Oregon	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OR.pdf
Pennsylvania	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-PA.pdf
Rhode Island	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-RI.pdf
South Carolina	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-SC.pdf
South Dakota	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-SD.pdf
Tennessee	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-TN.pdf
Texas	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-TX.pdf
Utah	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-UT.pdf
Vermont	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-VT.pdf
Virginia	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-VA.pdf
Washington	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WA.pdf
West Virginia	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WV.pdf
Wisconsin	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WI.pdf
Wyoming	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WY.pdf