Intersection of Brain Injury and Cognitive Disabilities in the Juvenile Justice World

Thursday, September 6, 2018
Hruska Law Center, Lincoln
Brains continue to mature and develop throughout childhood and adolescence and well into adulthood. This means juveniles’ decision-making process is very different from adults’, including the way they problem solve. Even with normal brain development juveniles are more likely to act impulsively, less likely to think before they act, consider the consequences of their actions, and engage in dangerous or risky behavior. Therefore, normal brain development is even more compromised for the juvenile who has a brain injury or cognitive disabilities.

This session will also provide GALs and juvenile law attorneys with the means to recognize and manage brain injury and cognitive disabilities in juveniles; understand how brain injury and cognitive disabilities impact the cognitive development of juveniles; understand the differences and overlap between symptoms of brain injury, cognitive disabilities and mental illness; and identify alternative responses in meeting the unique needs of juveniles with brain injury and cognitive disabilities in the juvenile justice system.
FACULTY BIOS

Matthew Garlinghouse, PhD, Division of Neuropsychology, Department of Neurological Science

Dr. Matthew Garlinghouse completed his PhD in clinical psychology at the University of North Dakota. He completed his APA approved internship through the Dartmouth-Hitchcock Internship Program, Neuropsychology Track. He subsequently completed a 2-year clinical fellowship in Neuropsychology, followed by a 2-year fellowship in Neuroimaging at Dartmouth Medical School (now Geisel School of Medicine). He has held faculty positions at Harvard Medical School and Wayne State School of Medicine. He is presently a Clinical Neuropsychologist and Assistant Professor of Neurological Sciences at the University of Nebraska Medical Center.

Peggy Reisher, MSW, Executive Director, Brain Injury Alliance

Peggy Reisher has a Master’s Degree in Social Work and is the executive director of the Brain Injury Alliance of Nebraska (BIA-NE) who’s organizational mission is to create a better future for all Nebraskans through brain injury prevention, education, advocacy and support. Ms. Reisher has over 20 years of experience working and advocating for individuals with brain injury and their families across the state of Nebraska. Her personal goal is to create system improvement for those living with the effects of brain injury.

Joyful Stoves, Program Specialist for Communications, Eligibility and Resources, NDHHS-Division of Developmental Disabilities

Joyful Stoves has worked in the field of developmental disabilities for 20 years. She began her career working residential direct-care with people who have developmental disabilities. Ms. Stoves has worked with Nebraska Department of Health and Human Services-Developmental Disabilities for the past fifteen years doing service coordination, technical assistance, and as Program Specialist. She is currently Program Specialist for Communications, Eligibility, and Resources. Ms. Stoves has a Bachelor of Science degree in Psychology from York College and has completed some post-graduate work at UNL.
Domestic Abuse, Psychiatric Illness and the Developing Brain:

AT THE INTERSECTION OF JUVENILE JUSTICE AND HUMAN PHYSIOLOGY

MATTHEW GARLING HOUSE, PHD

Objectives

- Participants will be able to appreciate the maturational changes in the human brain associated with age.
- Participants will be able to describe the difference and overlap between symptoms of brain injury and mental illness in victims of domestic violence.
- Participants will gain an understanding of strategies to improve communication and manage existing cognitive / emotional difficulties.

Disclosures

- I have no conflicts of interest to disclose
Overview

- Review Brain Development
- Review How Abuse Impacts Brain Development
- Address Ways to Best Care for Persons with Brain Injury / Psychiatric Illness

Take Home Message:

We are talking about the Interaction of the Environment and Development on behavior

The Human Brain - what is it?
Brain is "plastic" in that it does change based on experience throughout our lives -- but more so during our younger years.

Ultimately we have an incredibly complex system that is very "shapable" based on our environment.
So what do you get when it's all said and done?

While some of us choose to clog our brains with malted hops and bong nails...
Connect brain regions with the cables and you have a system with nodes and pathways. Like a complex rail or aviation system.
Cognition & Age

- Growing into Functional Behavioral Routines through experience and brain circuitry pruning.
- How do we "choose" how to act?
- Functional Behavior vs Genetically Predetermined?
- We produce the tabula rasa and set it free to learn.

Our Environment may mediate our free will to some extent, based on how our brain functions.

Learning

- Experience plus our understanding of that experience = how we choose to behave.
- Turns out Chimps don’t worry about lung cancer.
Learning

- Experience plus our understanding of that experience = how we choose to behave.....
- Turns out Chimps don’t worry about killing
Perhaps because Apes don’t think about consequences in the same manner.

Context of Behavior is Super Important

- See next slide......

Our Environment shapes how we behave, and our brain helps us choose which behaviors to engage in. On the field this is OK, off the field = possible arrest.
**To some extent our age determines our behavior.....**

- I can't teach my 3-year old Calculus.....
- Context of Behavior is Super Important but mediated by age.
- Our environment provides us with the “building blocks” of behavior.
  - If I never sat at a table to eat, suddenly being asked to sit for 30-minutes to eat is confusing.
  - My brain development also sets limits on how I can manage my own behavior and make choices.
Context of Behavior is Super Important but mediated by age.

So….. If you take this very fragile and complex organ...
And apply force....

We have a closed space for protection.

This works against us if the injury is bad enough.
You can injure the brain.

Adults vs children does not end well.
It is known that duration of play during the year, and age at which play begins, does impact recovery from head injury and risk for multiple head injuries.

Mechanisms of Injury

- How do environmental events impact our physical health?
- Hypothalamic-pituitary-adrenal axis (HPA)
  - How environmental factors impact physiological function
  - The simple model

Mechanisms of Injury

- System that responds to environmental stressors
- Exposure to stress changes how the HPA Axis functions
- Prolonged stress hormone release throughout the day, as opposed to cyclic release
- Associated with changes in mood and sleep
- Many anti-depressants target neurotransmitters that in part regulate the HPA
- Prenatal or early life stressors may predispose people to have potentially life-long disruptions in HPA Axis function.
Mechanisms of Injury

- Elevated stress hormone levels has been shown to:
  - Be associated with smaller memory centers (hippocampus)
  - Changes in the shape of emotion processing centers (amygdala)
  - These changes are shown to impacted function of these brain regions during fMRI tasks that involve memory and emotion processing

Bremner, 2006

Effects of Brain Injury – based on mechanism of injury.

- It is very important to remember that physical and emotional abuse cause functional AND structural changes in the brain.
- The distinction between emotional and physical abuse is somewhat artificial.
- Both can lead to structural brain changes, and thereby impact brain function.
Mechanisms of Injury

Pay attention to regions where bleeding is most prominent.

Brain bounces off forms in the skull.

Mechanisms of Injury

Planning
Organization
Premonition
Inhibition
Initiation
Language
Attention
Memory
Language

"emotionally blunted, lack of spontaneity, lack of self awareness, lack of self control"

Partridge, 1950 p470
Mechanisms of Injury

- Essentially, whether someone is physically attacked, or emotionally attacked, structural brain and functional brain changes are apparent.
- Both types of aggression cause brain injury.
- Both types of aggression contribute to symptoms that would not have otherwise been present.
- If present at a young age – there is some evidence that people will experience lifelong changes in brain function.

How to care for and manage?

- PTSD / Depression can also impact these functions:
  - Persons with severe symptoms show:
    - Decreased motivation.
    - Decreased energy (due to sleep deprivation / nightmares).
    - Lack of interest / sense of mastery.
    - Feel better when I clean the house / add a fridge to the "man cave".
    - Often times feeling that motivate behaviors are elevated.
    - Anxiety and panic change cognition.
    - Think about giving a speech in front of several hundred strangers.
    - Sometimes say things you don’t mean, have word finding problems, lose your train of thought.

How to care for and manage?

- “Perfect Storm” of ways to diminish cognition / function in daily life!
Some adjustments for Learning and Memory
- Write things down
- Provide way for individuals to record information
- Provide memory supports in the environment
  - Written and posted schedule/instructions; label cabinets/drawers/rooms
- Shorten instructions
  - Present in with words and pictures
- Model tasks
- Checklists for chores/tasks
- Check in for comprehension

Some adjustments for Processing Speed & Fluency
- Complete paperwork in quiet, distraction-free room
- Don’t put on the spot
- Provide cues for time sensitive tasks
- Create an environment that is conducive to asking for help and acknowledging any cognitive or emotional difficulties

Attention, Concentration, & Focus
- Simplify environment
- Control noise and light
- Provide clear visual prompts for environment
- Provide clear structure and predictable routine
- Remove any surprising/startling stimuli
- Check-in for comprehension
- Break larger tasks down
  - Make paperwork as simple as possible
  - Large font
  - Soft colored paper
- Give breaks
- Give few problems at one time
- Shorten instructions
- Provide quiet room to complete tasks
How to care for and manage?

- Use the skills we were all taught in Kindergarten
  - Be patient
  - Don't judge

  - Work together (look for ways to enter the conversation)
    - Asking the why question can be helpful at times
    - Why didn't you discuss this?
  - But sometimes seeking to work together can be more beneficial
    - Let's work on this together
    - Can also informally assess for problems as you work on paperwork together

- Asking the why questions can be helpful at times

- Why didn't you fill out the form?

- But sometimes seeking to work together can be more beneficial
  - Let's work on that together
  - Can also informally assess for problems as you work on paperwork together

How to care for and manage?

- I don't schedule appointments back to back when seeing patients with a brain injury
  - Keep my next slot open
  - May mean I see 1 more patient that day and I get home late
  - But more often than not I use that time to facilitate care

- We often work in our own silos
  - May be best to have discussions as a group of care providers at times

How to care for and manage?

- Look at mood symptoms as not always being volitionally controlled
  - Puts is unpleasant
  - Difficult to treat
  - By definition arises in unexpected situations
  - Is a hijacking of a pre-language method of keeping humans alive
    - Grog and Thog over-simplified example
    - Scuba diving example

- Panic is unpleasant
- Difficult to treat
- By definition arises in unexpected situations
- Is a hijacking of a pre-language method of keeping humans alive
  - Grog and Thog over-simplified example
  - Scuba diving example
How to care for and manage?

- Look at mood symptoms as not always being volitionally controlled
- Symptoms of depression are unpleasant
  - Not enjoy things you used to do
  - Lack of energy
  - Sense of guilt
  - Tendency to focus on negative outcomes

How to care for and manage?

- Examples from the audience?
- Thoughts from the audience?
- It was a pleasure to speak with all of you.
The Intersection of Brain Injury and Cognitive Disability with Juvenile Justice

Peggy Reisher, MSW
Executive Director

BIA-NE Mission

Mission:
To create a better future for all Nebraskans through brain injury prevention, education, advocacy, and support.

What is a brain injury?

- Traumatic Brain Injury (TBI)
  An alteration in brain function, or other evidence of brain pathology, caused by an external force

- Acquired Brain Injury
  An injury to the brain, which is not hereditary, congenital, degenerative, or induced by birth trauma- an injury to the brain that has occurred after birth

www.biausa.org
What is a developmental disability?

- A severe, chronic disability, including an intellectual disability, other than mental illness which:
  - Is attributable to a mental or physical impairment
  - Manifested before the age of 22
  - Is likely to continue indefinitely
  - Results in substantial functional limitations in each of the 3 areas of adaptive functioning (conceptual, social and practical skills)
  - Reflects the need for a combination and sequence of special services and supports or other forms of assistances that are lifelong

As defined in Neb. Rev. Stat. § 83-1205

Statistics

- Youth with disabilities are over-represented in the justice system.
  - Data is inconsistent with ranges from 9 to 77% of youth in the justice system having some type of disability
  - The estimated national average is 33%

Continued...

- Youth with disabilities enter the justice system at a rate 3x higher than non-disabled peers
- Youth with a combination of disruptive behaviors and learning disabilities have the highest rates of delinquency and recidivism
Adolescents with TBI commit more criminal offenses than offenders without TBI.

Juvenile offenders significantly more likely to have moderate to severe injury.

Despite high rates of TBI, most facilities don’t screen therefore injured offenders go undiagnosed, unrecognized, and untreated.

No specialized treatment was provided for the TBI.

Why is brain injury not identified?

- Concussions go unnoticed
- When noticed, lack follow up
- Parents, teachers, and medical professionals fail to see the link between the blow to the head subsequent problems at school
- School personnel are not adequately trained to identify or assess
- It is confused with LD or ADHD
Impact

A lack of skills and supports to effectively overcome areas of deficit

- Verbal Skills
  - Difficult time reading and writing
  - Understanding questions and formulating responses
- Abstract Reasoning
  - Difficult time understanding abstract concepts
- Self-control
  - Struggle weighing options and making choices

Impact

Susceptibility to engage in antisocial and delinquent behavior

- Impulse behaviors
  - Anxiety and poor impulse control
  - Struggle with planning ahead
  - Easily led or influenced by others
- Low social skills
  - Social isolation and boredom
  - Difficulty reading social cues

Impact

Differential Treatment

- Processed to more restrictive settings (detention, placement, alternative schools)
  - Difficulty adapting to new or unfamiliar situations
  - Difficulty coping with changes in routine
- Juvenile justice system has become the “default system” for youth who perform poorly
Why is this important?

- Impacts the ability to engage fully in the legal system
- May not fully benefit from traditional interventions
- This has long term impacts including over-representation in the adult justice system
  - Estimates show up to 10% of the prison population are people with developmental disabilities
  - They only represent just over 2% of the total population
- Some experts see prisons, detention and out-of-home placement as the "new institution" restricting the freedoms of disabled persons

#### Behavioral Health Symptoms in Kentucky Prisoners
(Walker, Miller, Shaton & Leukfeld, 2003)

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>No head injury</th>
<th>1 head injury</th>
<th>&gt;1 head injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>39</td>
<td>45</td>
<td>58</td>
</tr>
<tr>
<td>Anxiety</td>
<td>28</td>
<td>31</td>
<td>37</td>
</tr>
<tr>
<td>Hallucinations</td>
<td>6</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Cognition px’s</td>
<td>20</td>
<td>31</td>
<td>44</td>
</tr>
<tr>
<td>Violent thoughts</td>
<td>16</td>
<td>21</td>
<td>34</td>
</tr>
<tr>
<td>Suicidal ideation</td>
<td>11</td>
<td>20</td>
<td>27</td>
</tr>
<tr>
<td>Suicide attempts</td>
<td>14</td>
<td>19</td>
<td>28</td>
</tr>
</tbody>
</table>

#### TBI & In-Prison Behavior
(Piccolino & Solberg, 2014)

<table>
<thead>
<tr>
<th>Likelihood Affected by Previous TBI:</th>
<th>Low (no TBI)</th>
<th>Possible</th>
<th>Probable</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not complete SUD Tx</td>
<td>19.5%</td>
<td>29.3%</td>
<td>37.3%</td>
<td>ns</td>
</tr>
<tr>
<td>Required Crisis Intervention</td>
<td>2.9%</td>
<td>5.7%</td>
<td>11.5%</td>
<td>.001</td>
</tr>
<tr>
<td>Major Disciplinary Infraction</td>
<td>16.4%</td>
<td>23.1%</td>
<td>22.2%</td>
<td>ns</td>
</tr>
<tr>
<td>Minor Disciplinary Infraction</td>
<td>45.6%</td>
<td>50.3%</td>
<td>55.6%</td>
<td>ns</td>
</tr>
<tr>
<td>Recidivism After Release</td>
<td>33.3%</td>
<td>43.3%</td>
<td>51.1%</td>
<td>.011</td>
</tr>
</tbody>
</table>
According to jail and prison studies, 25-87% of inmates report having experienced a head injury or TBI as compared to 8.5% in a general population reporting a history of TBI.

Studies of prisoners’ self-reported health indicate that those with one or more head injuries have significantly higher levels of alcohol and/or drug use during the year preceding their current incarceration.

Among male prisoners, a history of TBI is strongly associated with perpetration of domestic and other kinds of violence.

### Likelihood of Criminal Conviction Following TBI (Schefield et al. 2015)

<table>
<thead>
<tr>
<th>Greater Likelihood of Criminal Offense</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compared to general population</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any conviction</td>
<td>58%</td>
<td>52%</td>
</tr>
<tr>
<td>Violent conviction</td>
<td>65%</td>
<td>73%</td>
</tr>
<tr>
<td>Compared to siblings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any conviction</td>
<td>68%</td>
<td>n.s.</td>
</tr>
<tr>
<td>Violent conviction</td>
<td>89%</td>
<td>n.s.</td>
</tr>
</tbody>
</table>

### Scope of Problem in Adulthood

- According to jail and prison studies, 25-87% of inmates report having experienced a head injury or TBI as compared to 8.5% in a general population reporting a history of TBI.

- Studies of prisoners’ self-reported health indicate that those with one or more head injuries have significantly higher levels of alcohol and/or drug use during the year preceding their current incarceration.

- Among male prisoners, a history of TBI is strongly associated with perpetration of domestic and other kinds of violence.

### Brain Injury & Violence

- 2016 project done by BIA-NE
- 60% of those screen, screened positive for brain injury
- 40% was hit or strangled 1-3 times
- 42% was hit or strangled 6 or more times
- 54% didn’t seek medical attention
- What about their children?
Screening for brain injury

Why Screen for Brain Injury

- Not a visible disorder
- Some people may not know that they have had a brain injury
- Documentation of a history of may not be found in medical records
- They will have problems remembering the details of those injuries, including how many.
- When possible engage family in this conversation.
- Health history must be an interview; it cannot be a form mailed to the parent/caregiver
- Credible history of TBI requires a skilled interviewer to know how to ask certain questions, to ask pointed questions multiple times and in a variety of ways, to establish the details of the injury.
Questions should include

- Where?
- When?
- How?
- Medical intervention(s) sought at the time, later, throughout the recovery?
- There needs to be a reported incident(s) as well as on-going symptoms/behaviors that persist beyond the incident

Questions should include

- Are answers medically plausible?
- Be aware of assumptions – for example, the report of a “scalp laceration” or “head injury” does not automatically define a “brain injury”
- During the health interview, details of the incident should be clear and consistent. The description of the injury should not vary widely from report to report, from reporter to reporter
- If there are multiple injuries, specifics about each injury should be well-detailed and consistent

OSU TBI Identification Method

- Structured interview designed to elicit lifetime history of TBI.
- Avoids misunderstanding about what a TBI is by asking about injuries, then determining if TBI may have occurred.
- Provides richer information about history than simple “yes/no” (e.g., number, severity, effects, timing, etc.)
The HELPS screening tool can:

- Assist you in identifying an individual who may have a brain injury and additional support
- Be used as a script as you talk to someone about the possibility of a brain injury and learning if they need an accommodation, adaptation, or modification during their stay with us.
- The HELPS screening tool is not a medical evaluation and does not provide a diagnosis. Any individuals identified should seek professional medical advice for any concern.

### HELPS Brain Injury Screening Tool and Follow-up Questions

1. **Have you ever had a hit to your head or been strangled or choked?**

   - If yes, when was your head hit or when were you strangled or choked?
   - Was it (check all that apply):
     - Within the year?
     - 1-2 years ago?
     - 3-4 years ago?
     - Longer than 4 years ago?
     - As a child?

   Please describe how it happened. Did it happen:
   - Playing sports?
   - Riding a bike?
   - Were you wearing a helmet?
   - Played a ball?
   - From a fall or fight?
   - Were you pushed, punched, shaken, or strangled?
   - In a car accident?
   - Did you receive whiplash or have a violent shaking of your head or neck?
   - From almost drowning?
   - Did you experience lack of oxygen for a significant amount of time?

   Given the questions above, how many times had your head been hit or you were strangled?
   - 1-3
   - 4-6
   - More than 6
E. Were you ever seen in the emergency room, hospital, or by a doctor because of a hit to your head or because of strangulation or choking?

If yes, were you seen by a:
- Doctor
- Nurse
- Other medical professional

Were you given follow-up recommendations?
- Yes
- No

Did you follow the recommendations?
- Yes
- No

L. Did you ever lose consciousness or experience a period of being dazed and confused because of a hit to the head or due to strangulation or choking?

If yes, for how long did you feel dazed or confused:
- Hours
- Days
- Months

How many times have you felt this way:
- 1-3
- 4-6
- More than 6

P. Do you experience any of these problems in your daily life because of a hit to your head or due to strangulation or choking?

If yes, since the injury, have you experienced or are you experiencing: (mark all that apply)
- Headaches?
- Dizziness?
- Nausea?
- Sensitivity to light?
- Blurred or double vision?
- Numbness or weakness in any of your limbs?
- Insomnia, difficulty sleeping, or changes in your sleeping patterns?
- Feeling irritable or impatient?
- Feeling anxious or depressed?
- Confusion?
- Difficulty remembering?
- Difficulty concentrating or focusing?
- Challenges with going back to school or work and performing the tasks you used to?

Do you think any of the problems are related to a head injury?
- Yes
- No
- Uncertain
Diagnosis

Diagnosis begins with talking to a health care provider about:

- How the injury happened
- The area of the injury with the degree of force
- Loss of consciousness or dazed; if so, how long
- Any changes in behavior, awareness, speech, or coordination

Medically Based Treatment

Hospital and Outpatient based treatment

- Assessment
- Interdisciplinary Therapy
- Follow-up

Brain Injury Treatment Team

<table>
<thead>
<tr>
<th>Profession</th>
<th>Expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCP</td>
<td>health history, basic medicine</td>
</tr>
<tr>
<td>Physiatrist</td>
<td>specialist in rehabilitation medicine: pain, spasticity, etc.</td>
</tr>
<tr>
<td>Neuropsychologist</td>
<td>cognitive function, brain/behavior relationship, behavioral treatment</td>
</tr>
<tr>
<td>Physical Therapist</td>
<td>“below the waist”: motor systems, balance</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td>“above the waist” adaptive behavior; functional assessment</td>
</tr>
<tr>
<td>Speech-Language Pathologist</td>
<td>speech and language assessment; language rehab including cognition related to language</td>
</tr>
<tr>
<td>Audiologist</td>
<td>vestibular system; auditory inputs</td>
</tr>
<tr>
<td>Psychologist</td>
<td>Therapy, sleep hygiene, anxiety management</td>
</tr>
<tr>
<td>Neurologist</td>
<td>brain structure and function; diagnose disease</td>
</tr>
</tbody>
</table>
Beyond the hospital

- Individuals and families need help in overcoming the adjustment to the new normal.
- Small environmental supports can make a big difference.

Community

- Better identification as they return to the community.
- Community re-entry staff should be trained to identify and have access to brain injury professionals.
- Transition services should accommodate problems related to brain injury.

Visual Processing

- Sunglasses inside
- Provide soft lighting and a quiet place for relaxation
- Assist with computer and paperwork
Learning and Memory Adjustments

- Write things down
- Shorten instructions
- Model tasks
- Check in for comprehension

Processing Speed & Fluency Adjustments

- Complete paperwork in quiet, distraction-free room
- Don’t put on the spot
- Provide cues for time sensitive tasks
- Create an environment that is conducive to asking for help and acknowledging any cognitive or emotional difficulties

Emotional/interpersonal difficulty

- Communication should be direct, not subtle
- Nonjudgement, noncritical, supportive feedback
- Remain calm to reduce others’ agitation
- Recognition that self-awareness and/or awareness of deficits may be low or nonexistent
Survivor Tips for Coping

- Write things down
- Develop a routine
- Keep a steady pace, take breaks as needed
- Focus on one thing at a time
- Perform tasks in quiet, non-distracting areas
- If irritable or angry, try relaxation techniques
- Get plenty of sleep
- Don’t self medicate

Brain Injury Specific Resources

- Brain Injury Alliance of Nebraska
  - Biane.org
  - Resource facilitators help individuals and their families identify and access brain injury information, services, and supports.
- CDC
  - cdc.gov/traumaticbraininjury
- Brainline
  - www.brainline.org

Thank you!

Peggy Reisher, MSW
Executive Director
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Division of Developmental Disabilities

Developmental Disabilities in Youth Involved with Juvenile Justice

&

Eligibility for Developmental Disabilities

2018
Governor Pete Ricketts

Vision:
Grow Nebraska

Mission:
Create opportunity through more effective, more efficient, and customer focused state government

Priorities:
• Efficiency and Effectiveness
• Customer Service
• Growth
• Public Safety
• Reduced Regulatory Burden

We Value:
• The Taxpayer
• Our Team
• Simplicity
• Transparency
• Accountability
• Integrity
• Respect
DHHS Accomplishments

- Completed 19 of 25 initiatives in last years' Business Plan and made substantial progress on the others. Over 93% of the 213 deliverables were completed.
- Implemented Heritage Health, Medicaid’s managed care program integrating physical, behavioral and pharmacy health services.
- Launched the Behavioral Health System of Care for children and youth, integrating services and supports for those with a serious emotional disturbance through collaboration with public and private partners. Youth Mobile Crisis Response was the first service available statewide.
- Improved Economic Assistance ACCESSNebraska average call wait times from nearly 24 minutes in August 2014 to under the goal of five minutes.
- Since April 2016, ACCESSNebraska has exceeded the federal standard to process 95% of SNAP applications on time, consistently processing 98%-99% on time.
- Expanded Medicaid services for at-risk youth, gaining federal approval for multi-systemic therapy and functional family therapy.
- Established a Family Focused Case Management pilot in North Platte and Omaha, coordinating economic assistance and child welfare services to identify barriers and help clients reach self-sufficiency.
- Developed, gained federal approval for, and implemented Medicaid Developmental Disabilities Home and Community-Based Services waivers focused on person-centered, customer-focused planning.
- Reviewed all individuals on the Developmental Disability Registry of Unmet Needs to better determine service needs, funding source, and utilization data.
- Expanded the use of Alternative Response, which addresses the needs of families with less severe reports of child abuse and/or neglect so they avoid further involvement in the child welfare system, to 57 Nebraska counties.
- Developed a Medicaid Long Term Services and Supports redesign plan outlining opportunities for improvement and integration of services.
- Expanded access to, and enhanced use of, the Prescription Drug Overdose Prevention and Prescription Drug Monitoring program by providers.
- Created a more user friendly application process for Developmental Disability services, reducing the number of pages from 14 to 3, and slashing the wait time to determine eligibility from 69 days to 14.
- Developed a Centralized Data System across behavioral health system partners, allowing for improved data analysis and service planning for children and adults.
- Achieved national accreditation for the Division of Public Health, meeting national standards and increasing accountability and continuous improvement.
- Simplified licensing applications, streamlined screening, and shortened turnaround times for nurse, medication aide, and other licensees. The medication aide process decreased from 39 to nine days.
DHHS 2017-2018 Priorities

- Increase availability of community-based services through the Behavioral Health System of Care for children and youth, reducing reliance on inpatient and residential services.
- Keep families together by stabilizing and strengthening families, helping prevent intergenerational poverty and achieving self-sufficiency.
- Establish the Beatrice State Developmental Center as a statewide resource providing short term intervention and respite services for individuals with developmental disabilities.
- Develop a standardized assessment and transition plan as part of the Medicaid managed care Long-Term Services and Supports Redesign initiative.
- Decrease the amount of time that elapses between when an individual accepts a funding offer for developmental disability services and when services begin.
- Increase the participation of pharmacies and enrollment of eligible users in the Prescription Drug Monitoring Program, and develop and implement naloxone education resources.
- Safely prevent and reduce the percent of state wards in out-of-home placements by implementing best-practice interventions and services.
- Implement Alternative Response statewide, resulting in families engaged with Alternative Response more likely to have their children remain in their home six months after case closure than families in Traditional Response.
- Develop and implement a web-based portal for caseworkers to use when completing a caregiver survey with foster parents in their home, saving 15 minutes per survey.
- Launch an electronic benefits transfer pilot for the WIC program, known as eWIC, that will offer flexibility and individualized nutrition education to families as well as providing additional data for program management.

- Reduce single state audit findings and questioned costs.
- Develop a web portal and implement changes to the child and adult abuse central registry to improve timeliness and accuracy of background checks.
- Improve the integration of community-based behavioral health treatment and fiscal data through the Centralized Data System and Electronic Billing System.
- Develop the data management analytics system and claims broker services as part of the Medicaid Management Information System replacement project.
- Implement NTRAC, a new Medicaid eligibility and enrollment system to ensure compliance with federal requirements.
- Decrease the average days waiting for admission to the Lincoln Regional Center for both court-ordered individuals and mental health board-committed individuals.
- Develop and implement a quality management system for developmental disability home and community-based services and intermediate care facility services.
- Streamline operations to reduce new hire turnover and the average length of time from job posting to job offer, and to consolidate document imaging and interactive voice technologies.
- Decrease time for issuing provisional center-based child care program licenses and initial certification for community-based developmental disability provider agencies.
- Review child care and preschool regulations to determine modifications to reduce regulatory burden and make them clearer.

Division of Developmental Disabilities

- Responsible for the delivery of developmental disabilities services in Nebraska
  - Medicaid Home and Community-Based Services (HCBS) Waiver programs
  - State-Operated Services (BSDC)

- Home and Community-Based Services
  - Determining eligibility
  - Providing funding
  - Providing oversight
Home and Community-Based Services

DHHS-DD is responsible to serve as many eligible persons as possible, while ensuring the health & safety of those served

- Use funding allocated by Legislature
- Maximize federal funding available from the Centers for Medicare and Medicaid Services (CMS) by using Home and Community-Based Services (HCBS) Waivers
  - Comprehensive Developmental Disabilities (CDD) Waiver
  - Developmental Disabilities Adult Day (DDAD) Waiver

To help maximize federal funding, participants must:
1. Apply for and accept federal Medicaid benefits.
2. Use benefits from other funding sources within DHHS, the State Department of Education, NebraskaVR (vocational rehabilitation), and other agencies.
Defining Developmental Disabilities

Developmental disabilities are defined in Neb. Rev. Stat. § 83-1205:

- A severe, chronic disability, including intellectual disability, other than mental illness, which is attributable to a mental or physical impairment:
  - A developmental disability is diagnosed by licensed psychologist or medical doctor
  - A medical diagnosis of a developmental disability such as cerebral palsy, spina bifida, or certain genetic disorders

- Substantial limitations in each of the 3 areas:
  - Conceptual skills
  - Social skills
  - Practical skills
### Understanding Limitations

Assessments are needed to identify limitations

<table>
<thead>
<tr>
<th>Conceptual Skills</th>
<th>Social Skills</th>
<th>Practical Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language</td>
<td>Interpersonal skills</td>
<td>Activities of daily living</td>
</tr>
<tr>
<td>Literacy</td>
<td>Social responsibility</td>
<td>Personal care</td>
</tr>
<tr>
<td>Money</td>
<td>Self-esteem</td>
<td>Occupational skills</td>
</tr>
<tr>
<td>Time</td>
<td>Gullibility</td>
<td>Healthcare</td>
</tr>
<tr>
<td>Number concepts</td>
<td>Wariness</td>
<td>Mobility</td>
</tr>
<tr>
<td>Self-direction</td>
<td>Social problem solving</td>
<td>Transportation</td>
</tr>
<tr>
<td></td>
<td>Ability to follow rules and laws</td>
<td>Capacity for independent living</td>
</tr>
<tr>
<td></td>
<td>Avoiding victimization</td>
<td>Safety</td>
</tr>
</tbody>
</table>
Disabilities and Delinquency

• People with developmental disabilities are over-represented in the justice system

• For youth, some studies estimate the full-scale IQ for Justice-involved youth is 20 points lower than the mean full-scale IQ of the general population

• There are long-term impacts, including over-representation in the adult justice system:
  • Estimates show up to 10% of the prison population has developmental disabilities
  • In society, those with developmental disabilities represent 2-3% of the population
Justice-Involved Youth with Disabilities

- Youth with intellectual disabilities and emotional disturbances have higher rates of justice involvement than non-disabled peers
  - Research estimates up to 65-70% have some type of disability
  - Youth with developmental disabilities enter the justice system at a rate three times higher than non-disabled peers
  - Youth with a combination of disruptive behaviors and learning disabilities have the highest rates of delinquency and reoffending
- Involvement with Juvenile Justice may increase due to limited access to meaningful assessments, resources, and supports
- Up to 85% of youth in detention qualify for an Individualized education plan (IEP)
  - It is estimated that less than 40% of those youth had an IEP from their school
Youth with developmental disabilities may:
- Misinterpret cues
- Have a difficult time with reading and writing
- Have a difficult time learning or lack opportunity to learn effectively
- Struggle weighing options and making choices
- Have a difficult time understanding questions
- Struggle with planning ahead
- Have anxiety and poor impulse control
- Be easily led or influenced by others
- Socially isolate and be bored
- Have trouble understanding abstract concepts
- Have a difficult time adapting to new or unfamiliar situations
- Have a difficult time coping with changes in routine
## Developmental Disabilities and Aggression

<table>
<thead>
<tr>
<th>Aggression Serves Many Purposes</th>
<th>Reasons Aggression is Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attention seeking</td>
<td>Developmental changes</td>
</tr>
<tr>
<td>Communication of want or need</td>
<td>Changes in routine</td>
</tr>
<tr>
<td>Desire to escape or avoid unwanted situations</td>
<td>Grief or loss</td>
</tr>
<tr>
<td>Expression of frustration or other emotion</td>
<td>Novelty</td>
</tr>
<tr>
<td>Expression of physical pain or a medical problem</td>
<td>Pain</td>
</tr>
<tr>
<td>Signal of an psychiatric problem</td>
<td>Stress</td>
</tr>
</tbody>
</table>
Tools to Address Problem Behaviors

Functional Behavior Assessment (FBA)
- Seeks to identify the underlying cause of a behavior
- Behaviors are a form of communication
- Behaviors serve a purpose and occur in response to an event
- Behaviors are managed by the support they receive
- Helps to understand the adaptive function of the behavior
- Can be done by the school or other trained professionals

Behavior Support Plan (BSP)
- Describes the problem behavior
- Identifies the reasons for the behavior
- Outlines intervention strategies to address the problem behavior
- Ongoing monitoring and adjustments are required to maximize success
Developmental Disabilities in the Courts

Persons with developmental disabilities are at a disadvantage when working with the courts because they may not understand what is happening:

• The Justice system is not designed for early identification of disabilities
• Most people with developmental disabilities do not look different from their peers
• People with disabilities may fear rejection and resist disclosing their disability
• Over time, many people learn how to fake understanding and “get by” without others understanding the extent of their disability
• “Faking it” limits access to services, supports, and interventions necessary to prevent or divert involvement in the justice system
The Impact of Disabilities in Court

- Disabilities decrease the ability to engage fully in the legal system
- Persons with disabilities may not fully benefit from traditional interventions
- Failure in court-ordered services increases the likelihood of out-of-home placement
- Some experts see prisons, detention, and out-of-home placement as the “new institution” restricting the freedoms of disabled persons
The Impact of Detention on Youth with Disabilities

- Detention can worsen the behavior of youth with disabilities
- Confinement disrupts essential educational, vocational, medication, and therapeutic services
  - Interruptions of a few days has a negative impact on relationship, social and emotional development, educational success, and youth trauma
  - This is more profound for youth with disabilities who may be impacted more significantly by changes to routine, environment, and relationships
- Detention does not improve the underlying causes of the behavior, which may include:
  - Low literacy
  - Poor academic achievement
  - Difficulty managing anger, emotions, and relationships
The most effective way to divert youth from the Juvenile Justice System is to ensure they are properly evaluated and being provided interventions to meet their individual needs using research-based supports.
Developmental Disability Services

Developmental disabilities services are person-centered and help eligible participants live the most independent lives possible.

- Services are based on:
  - What a person wants (what’s important to them);
  - What a person needs (what’s important for them);
- Services teach skills, based on assessed needs, to increase independence;
- Services help participants experience quality of life in their community;
- Services support what is meaningful to the participant; and
- Services are voluntary
Developmental Disabilities Service Options

**Habilitation**: The assisting of a person with improving and achieving developmental skills when impairments have caused delaying or blocking of initial acquisition of the skills.

- **Day Services** focus on daytime community inclusion and integration.
- **Residential Services** include training and supports to teach independent living skills.

**Other services include**: Respite, Transportation, Assistive Technology, and Home & Vehicle Modifications.
To be eligible to receive developmental disabilities services, an applicant must:

• Be a citizen or legal resident of US
• Be a legal resident of the State of Nebraska
• Have a developmental disability
  • Disability is manifest before age 22
  • Need for services and supports is expected to be lifelong
Applying for Developmental Disabilities Services

DHHS-DD aims to provide accurate eligibility determinations in a timely manner

The application is simple. It includes a release of information so DHHS-DD can contact identified medical and educational professionals to obtain records.

An application can be made by the individual, guardian, or legal representative.

- Apply online at AccessNebraska www.ACCESSNebraska.ne.gov
- Apply at any local DHHS office
- Apply with paper application

Once an application is received, DHHS-DD will reach out to the applicant and obtain information:

- School records (all MDTs, most recent IEP)
- Medical records showing diagnosis

Eligibility Determination by DHHS-DD

• Notice of Decision is sent to applicant
  • If “Not Eligible,” applicant may appeal the decision
  • If “Eligible,” designated Service Coordination staff will contact applicant and determine what services are needed

• For an eligible applicant:
  • May receive a Service Coordinator
  • Level of Care will be assessed
  • Will receive funding based on availability

A person eligible for DD services must also apply for and accept all other services they may be eligible for, including Medicaid.
Developmental Disabilities Registry & Wait List

• Registry
  • Everyone determined eligible for developmental disabilities services
  • Level of care determined
  • Eligibility reviewed at ages 9 and 18

• Wait List
  • People past their date of need
  • On Medicaid or child
  • Services offered to this list when funding available
Funding Prioritization in Statute

**Nebraska Revised Statute 83-1216** (operative July 19, 2018):

The priorities for funding the Medicaid home and community-based services waivers:

1. persons with developmental disabilities in immediate crisis due to caregiver death, homelessness, or a threat to the life and safety of the person;
2. persons with developmental disabilities who have resided in an institutional setting for a period of at least twelve consecutive months and who are requesting community-based services;
3. persons with developmental disabilities who are wards of the department or persons placed under the supervision of the Office of Probation Administration by the Nebraska court system who are transitioning upon age nineteen with no other alternatives as determined by the department to support residential services necessary to pursue economic self-sufficiency;
4. persons with developmental disabilities transitioning from the education system upon attaining twenty-one years of age to maintain skills and receive the day services necessary to pursue economic self-sufficiency;
5. (upon approval by the Centers for Medicare and Medicaid Services) persons with developmental disabilities who are a dependent of a member of the armed forces of the United States who is a legal resident of this state due to the service member's military assignment in Nebraska; and
6. all other persons with developmental disabilities by date of application.
Funding Amount & Planning

- Service Coordination meets with the participant to discuss service options available
- The objective assessment process determines the funding amount
- Proposed budget is developed to purchase services needed
- Providers are selected by participant
- Team meeting is held to develop the Individual Support Plan
- Service Coordination provides ongoing monitoring and advocacy
What About Those Who are Not Eligible?

Keys to long-term success
• Focus on strengths and needs
• Empower the person and his/her family to become a part of the solution
• Support relationship development
• Encourage personal choice
• Respond to behavior as communication
• Utilize pro-active strategies
• Adapt the environment to the individual
• Provide targeted skills training
• Link with community-based supports
• Identify support for caregivers
• Develop sustainable solutions
Medicaid-Funded Therapy

Anyone with Medicaid has access to funding for therapy

• Behavior modification therapy (B-mod)
  • Recognized by Medicaid as an evidence-based practice
  • Available up to age 21
  • Outpatient, intensive outpatient, and day treatment options are available

• B-mod Models:
  • Applied Behavior Analysis (ABA)
  • Intensive Treatment Management Services (ITMS)
  • Parent Child Interactive Training (PCIT)
  • Parent Management Training (PMT)

Cognitive behavioral therapy is not an evidence-based practice for people with developmental disabilities.
Effective Planning

- **Individualized Education Plan (IEP) – Nebraska Dept of Education**
  - Identifies the student’s present level of performance
  - Develops annual goals
  - Combination of educational, vocational, behavioral, and life skills planning
  - Outlines supports and services the school will provide
  - Includes transition planning for teens
  - School is responsible until the end of the school year in which student turns 21

- **Vocational Rehabilitation – Nebraska VR**
  - Support for people with disabilities to prepare for, find, and keep employment
  - Transition services for youth with disabilities for ages of 14-21
    - Assessment of needs
    - Work-based learning
    - Education
    - Training
  - Adult services for ages 21+
Innovative Solutions

- **Disability Response Teams**
  - Collaborative response between the disability and justice systems
  - Evaluate, train, and plan community responses across systems

- **The Challenging Behaviors Toolkit**
  - Created by Autism Speaks to identify, plan, and manage challenging behaviors
  - Created for youth on the spectrum, but has implications beyond this population when trying to plan around challenging behaviors

- **The Nebraska Lifespan Respite Network**
  - Provides a short-term break for those caring for people with special needs
Community-based programs designed to educate and support people with disabilities and their caregivers

- Omni Behavioral Health - Provides free webinars and live training across the state
- The Arc of Nebraska - Statewide advocacy and support with 10 offices across Nebraska
- Disability Rights of Nebraska - Nationally funded protection and advocacy group protecting the rights of Disabled Nebraskans
- PTI Nebraska - Supports parents to be informed leaders for their child’s needs
- People First Nebraska - Advocacy for and by people with disabilities
Welcome to the Division of Developmental Disabilities (DD).

The Division of Developmental Disabilities provides funding and oversight for community-based services. The Division also operates Beatrice State Developmental Center, which provide direct services.

If you, or someone you represent, receive services from the Division or you are interested in receiving services, please select the section for participants.

The Division determines eligibility for developmental disabilities (DD) services, provides service coordination for eligible individuals, determines eligibility for DD Medicaid Waivers, and monitors and pays providers of home and community-based DD services.

General Information
Contacts

Courtney Miller, Director
Courtney.Miller@Nebraska.gov  402-471-6038

Tony Green, Deputy Director of Community Based Services
Tony.Green@Nebraska.gov  402-471-7909

Tammy Westfall, Deputy Director of Communications
Tammy.Westfall@Nebraska.gov  402-471-8704
Applying for Developmental Disabilities (DD) Services

How to apply for DD services online

DDD has simplified the process to apply for DD services. Just follow these steps:

1) Start by clicking on ACCESSNebraska wherever you see the icon.

2) You can enter the site in English or Spanish. Click on ENTER in English to do so.

3) To apply for DD services, click Developmental Disabilities Application.
4) Instructions for the application will open in a new window. Once you have read the instructions, including assistance with the form and supporting documentation/records, click CONTINUE to apply online.

5) Know if you already have an ACCESSNebraska account.
6) Login using existing account

OR Create an ACCESSNebraska account by following instructions.

When creating a password, it must:
- Be between 8-10 characters long;
- Include at least 1 number, but the first character cannot be a number;
- Cannot include symbols;
- Cannot repeat any character sequence more than 2 times;
- Have at least 1 lowercase and 1 uppercase letter; and
- May not include: password, husker, or admin.
7) Once you are logged in, or register, you will be asked if you want to change your password. Unless you want to create a new password, click CONTINUE.

8) Read the "Important Information" screen and click CONTINUE.
9) Fill out all information about the applicant. If you are helping someone who you are legally responsible for (such as a child or ward), be sure to fill out their information and not yours. When all information is entered, click CONTINUE.
10) Review applicant information. If the applicant has an authorized representative helping with the application, select “Authorized Representative” and click Add.
AND/OR on the same screen, if the applicant has a guardian or attorney in fact, select Guardian/Attorney in Fact and click Add.

Enter all information about guardian or attorney in fact. More than one can be entered by clicking Add Another. When done, click CONTINUE.

AND/OR on the same screen, if the applicant is a minor and a parent is their natural guardian, select Parent of Minor and click Add.

Enter all information about the parent of minor. More than one can be entered by clicking Add Another. When done, click CONTINUE.
OR on the same screen, if the applicant has none of the above, select None of the above and click CONTINUE.
11) Provide contact information for schools and doctors that will support a diagnosis of DD and/or show your skills. **IT IS IMPORTANT TO COMPLETE THIS SECTION SO DDD MAY GATHER ALL NECESSARY RECORDS AND MAKE AN ACCURATE DETERMINATION IN A TIMELY MANNER. When finished click CONTINUE.**

![Contact Information Form]

When you select Yes, you will be given the option Add Contact. Click on this option. You may select Yes and enter records for all fields.

**Only click CONTINUE on this screen once all schools and doctors are entered.**

Enter all contact information for the professional selected. More than one can be entered by clicking Add Another. When done, click CONTINUE.
12) The authorized disclosure section **must be completed** to give DDD permission to contact the schools and doctors provided in the previous section. When finished click CONTINUE.

![Disclosure Authorization](image)

The Reason for Disclosure is automatically completed as Eligibility Determination and My Request. You do not need to do anything in this area.

You must select the types of information you would like your school(s) and/or doctor(s) to provide to DDD. It is recommended you check those that appear checked in the example.
13) Review application by clicking on Application Summary, Rights and Responsibilities, and Authorization for the Disclosure of Protected Health Information. As you review click the checkbox. Then click CONTINUE.

14) Submit the application by clicking on who you are, typing your name, and clicking Submit.

If you are someone other than the applicant, your information should match that of someone entered in step 10 of this document.
15) You will receive a confirmation number for your application. Click on Print and be sure to save this number.
Available Services for Teens & Young Adults with Developmental Disabilities

You have many changes coming your way during the transition from school services to adult services.

This guide will help you know who to contact and what to expect.
**AGENCY OVERVIEW**

Your high school teachers, Nebraska VR, and the Division of Developmental Disabilities (DDD) work together to help you gain employment, increase independence, and access your community. With your parent’s permission, your school can invite Nebraska VR and/or DDD to your meetings to help develop your transition plan.

As an 18 to 21 year old student, you should be using resources from your school and Nebraska VR. After high school, Nebraska VR can continue to work with you. Once you are 21 years old, services from DDD become available if you are eligible.

This guide explains services you receive from your school. It then compares services available from Nebraska VR and DDD.

**School**

You are entitled to special educational services and accommodations as long as you have a disability and need for special education. This is available until you graduate, or until the end of the school year when you turn 21.

**Nebraska VR (Vocational Rehabilitation)**

Nebraska VR helps people with disabilities prepare for, find, and keep a job. It helps businesses recruit, train, and retain employees with disabilities. Pre-employment transition services include job exploration, work-based learning, training opportunity counseling, workplace readiness training, and self-advocacy instruction.

**DHHS - Division of Developmental Disabilities (DDD)**

DHHS – Division of Developmental Disabilities (DDD) provides funding and oversight for community-based services. These are available when you have a developmental disability (DD) and meet eligibility and level of care requirements. The focus is to help you obtain employment, live independently, and access your community.
DO I NEED A GUARDIAN?

School: Your parent(s) or legal guardian must participate in developing your IEP until you are 21 years old, even if you have reached the 19 years of age (the age of majority).

<table>
<thead>
<tr>
<th>Nebraska VR</th>
<th>DHHS - DDD</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you are under 19 years old, a parent or guardian needs to sign your Pre-Employment Transition Services Consent and Release Form.</td>
<td>You do not need a guardian to receive services.</td>
</tr>
</tbody>
</table>

You may consider less restrictive support, such as power of attorney (POA) for medical and/or financial decisions.

If you, or your parent, have questions about the need for a guardian or POA, the following agencies may be able to help:

- **Arc of Nebraska** 402-475-4407
- **Disability Rights of Nebraska** 800-422-6691
- **League of Human Dignity** 402-441-7871
- **Office of Public Guardian** 402-471-2862
- **PTI (Parent Training & Instruction)** 800-284-8520

**Tip:**

There are different words for your written plan depending on who provides your services. Teams of people who support and serve you develop each plan with you. Plans are written during meetings.

**Individual Educational Program (IEP):** School plan for education goals and special services. Includes yearly education goals and goals for after your graduate. Goals may include where you want to work, what you will need to learn, and where you want to live. Your IEP includes special education, accommodations, and activities to help reach your goals.

**Individualized Plan for Employment (IPE):** Nebraska VR's plan for employment. Includes services to help you meet your goals.

**Individual Supports Plan (ISP):** DDD plan for personal goals. May include community participation, daily living skills, employment, and leisure activities.

WHAT SERVICES CAN I GET?

School: Your Special education services, activities, and accommodations are based on your yearly goals, and goals for after you leave high school. This includes where you want to work (employment), what you need to learn (college or training), and where you want to live. As your interests and skills change your IEP goals, special education services, and activities may change.

<table>
<thead>
<tr>
<th>Nebraska VR</th>
<th>DHHS - DDD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services are available to all students with disabilities aged 14 to 21.</td>
<td>Services are based on your written plan and available funding.</td>
</tr>
<tr>
<td>These Pre-Employment Transition Services include:</td>
<td>Once determined eligible:</td>
</tr>
<tr>
<td>✦ job exploration</td>
<td>✦ You get a Developmental Disabilities Service Coordinator (DDSC) to help you access services.</td>
</tr>
<tr>
<td>✦ workplace readiness training</td>
<td>✦ Assistive technology, home and vehicle modifications, and personal emergency response systems (PERS) are available as needed.</td>
</tr>
<tr>
<td>✦ training opportunity counseling</td>
<td></td>
</tr>
<tr>
<td>✦ work-based learning</td>
<td></td>
</tr>
<tr>
<td>✦ self-advocacy instruction</td>
<td></td>
</tr>
</tbody>
</table>

Nebraska VR can attend your IEP meetings.

If more individualized services are required, you may apply for VR services.

Once determined eligible and placed in a priority group that is being served:

✦ You and your counselor identify your strengths, abilities, interests, existing skills, and needs.
✦ Your job goal is identified.
✦ The goods and services needed to meet your goal are identified.
✦ Nebraska VR can attend your IEP meetings.

Once you are 21 years old and a high school graduate:

✦ Day services are available to help you find employment, volunteer, or increase skills needed to work.

Funding is available on a priority basis for:

✦ Residential services to help with daily living skills and community access.
**HOW DO I APPLY?**

*School:* Being eligible for Special Education Services does not guarantee you will be eligible for services with either Nebraska VR or DDD.

<table>
<thead>
<tr>
<th>Nebraska VR</th>
<th>DHHS - DDD</th>
</tr>
</thead>
<tbody>
<tr>
<td>You can request a consent and release form:</td>
<td>You can apply online at: ACCESSNebraska.ne.gov or you can request a paper application:</td>
</tr>
<tr>
<td>✔ At your school</td>
<td>✔ At any DDD office in Nebraska.</td>
</tr>
<tr>
<td>✔ At any Nebraska VR office.</td>
<td>✔ By calling (402) 471-3121 or toll free (877) 667-6266</td>
</tr>
</tbody>
</table>

**Tip:**

Anyone can request an application for DDD eligibility determination.

“Ready, Set, Go!” website (http://dhhs.ne.gov/developmental_disabilities/Pages/RSG-HOME.aspx) explains services available through DDD. Your school may also have a paper version of “Ready, Set, Go!”

When applying for services from DDD, you should include Multidisciplinary Team (MDT) reports from your school. If you do not have these records, DDD will obtain them.

MDT reports are most helpful when they include information on Intellectual Assessment, Adaptive Assessment, Impressions and Autism Spectrum. A qualified professional must complete and sign the report.

Your teacher should talk with you, and your parent or guardian, before sending a referral to Nebraska VR.

---

**WHEN CAN I GET SERVICES?**

*School:* You have an IEP and receive special education services as long as your disability greatly affects your learning in school. When you graduate or reach age 21 years of age before the next school year, you no longer receive special education services.

<table>
<thead>
<tr>
<th>Nebraska VR</th>
<th>DHHS - DDD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services are available to all students with disabilities aged 14 to 21.</td>
<td>Eligibility can be determined at any age.</td>
</tr>
</tbody>
</table>

**These Pre-Employment Transition Services include:**

- job exploration
- workplace readiness training
- training opportunity counseling
- work-based learning
- self-advocacy instruction

Nebraska VR can attend your IEP meetings.

**Tip:**

A 21-year old is offered DD funding under the fourth priority, per Nebraska Rev Statute 83-1216 (link). This priority sets aside 200 DDAD waiver slots per year for persons transitioning from the education system upon attaining twenty-one years of age to maintain skills and receive the day services necessary to pursue economic self-sufficiency. Based on availability of this funding, an eligible person may receive applicable DD services upon turning 21 years old, and receive DD day services upon graduating from the educational system.
### WHAT ARE THE ELIGIBILITY CRITERIA?

**School:** To receive special education you must have a disability, which greatly affects your learning, skills, and abilities. Your IEP team (teachers, parents, and other who work with you) review your goals and the progress you are making and decide if you continue to need special education.

<table>
<thead>
<tr>
<th>Nebraska VR</th>
<th>DHHS - DDD</th>
</tr>
</thead>
<tbody>
<tr>
<td>You must have a disability to receive Pre-Employment Transition Services.</td>
<td>You must meet the federal and state definition of developmental disability.</td>
</tr>
<tr>
<td>Mental illness cannot be the sole cause of your disability.</td>
<td></td>
</tr>
<tr>
<td>Your disability must have started before you are 22 years old and be likely to continue for life.</td>
<td></td>
</tr>
<tr>
<td>Your disability must result in a substantial limitation in these areas:</td>
<td></td>
</tr>
<tr>
<td>♦ Conceptual skills: language, literacy, money, time, numbers, self-direction.</td>
<td></td>
</tr>
<tr>
<td>♦ Social skills: interpersonal skills, social responsibility, self-esteem, gullibility, wariness, social problem solving, ability to follow rules, avoid being victimized.</td>
<td></td>
</tr>
<tr>
<td>♦ Practical skills: activities of daily living, personal care, occupational skills, healthcare, mobility, capacity for independent living.</td>
<td></td>
</tr>
</tbody>
</table>

**Nebraska VR** works with your school and parents to collect information. This may include special education or medical records.

**DDD** works with you and your parents to collect information. This includes special education and medical records.

### HOW IS ELIGIBILITY DETERMINED?

**School:** Every 3 years, your teachers gather information about how your disability is affecting your learning in school. Your IEP team (your parents, teachers and others who work with you) decide if you continue to be eligible to receive special education.

<table>
<thead>
<tr>
<th>Nebraska VR</th>
<th>DHHS - DDD</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Pre-Employment Transition Services, a parent or guardian’s signature confirming a disability is sufficient.</td>
<td>DDD receives application and reviews all records submitted.</td>
</tr>
<tr>
<td>For VR Services, a signed application and eligibility documentation are required.</td>
<td>DDD may request further assessment.</td>
</tr>
<tr>
<td>Nebraska VR has 60 days to make a decision.</td>
<td>DDD has 90 days to make a decision.</td>
</tr>
<tr>
<td>Nebraska VR will notify you of the decision.</td>
<td>DDD will notify you of the decision in writing.</td>
</tr>
</tbody>
</table>

### DO I HAVE TO WAIT FOR SERVICES?

**School:** If you have a disability and need for special education, you receive special education, services, and accommodations according to your IEP.

<table>
<thead>
<tr>
<th>Nebraska VR</th>
<th>DHHS - DDD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Employment Transition Services are available to all students with disabilities with a signed consent and release immediately.</td>
<td>Once eligible, Service Coordination is available.</td>
</tr>
<tr>
<td>There is a waiting list for more individualized VR Services based on priority.</td>
<td>Once eligible, a high school graduate, and over 21 years old, there is no wait for day services.</td>
</tr>
<tr>
<td></td>
<td>Once eligible, residential services are available at any age when given priority status or when funding is appropriated by the legislature.</td>
</tr>
<tr>
<td></td>
<td>A Registry of Unmet Needs tracks people who are eligible, but for whom funding is not yet available.</td>
</tr>
</tbody>
</table>
### WHAT IF I AM NOT ELIGIBLE?

**School:** If you have a disability, and are no longer eligible for special education, you can request to be considered for a 504 plan. A 504 plan is for students who have a disability and may only need some accommodations. These accommodations may be the same as you were receiving with your IEP.

<table>
<thead>
<tr>
<th>Nebraska VR</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Pre-Employment Transition Services are available to all students with disabilities aged 14 to 21.</td>
<td>If you are determined not eligible for services, you can appeal the decision.</td>
</tr>
<tr>
<td>For more individualized VR services, if you are determined ineligible or no longer eligible, you can appeal the decision.</td>
<td></td>
</tr>
<tr>
<td>Nebraska VR must show clear and convincing evidence of their decision. Evidence includes trial work experiences.</td>
<td></td>
</tr>
<tr>
<td>Eligibility does not guarantee there will be available funding.</td>
<td></td>
</tr>
</tbody>
</table>

### WHAT HAPPENS DURING HIGH SCHOOL?

**School:** When you are 16, your teachers help you learn about your skills, abilities, and interests, including where you want to work (employment), what you need to learn (training/college), and where you want to live. Your IEP also has goals for after high school. To help you prepare for these goals, your IEP lists classes you will take in high school. Your IEP also includes transition activities like: job shadows, work experiences, career visits, job exploration, career fairs, and career readiness. Your goals for after high school may change as you learn more about your skills, abilities, and interests.

With your parent’s permission, other agencies who may help you after you graduate, can be invited to your IEP meeting to help plan for after school.

<table>
<thead>
<tr>
<th>Nebraska VR</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Nebraska VR works with your school to provide Pre-Employment Transition Services.</td>
<td>While you are in high school, services are limited because DD services cannot replace services available from the school system.</td>
</tr>
<tr>
<td>Pre-Employment Transition Services available:</td>
<td></td>
</tr>
<tr>
<td>️ Exploring job options.</td>
<td>️ Your DDSC can attend school meetings to get to know your interests and goals.</td>
</tr>
<tr>
<td>️ Work-based learning experiences.</td>
<td>️ Your DDSC can meet with you and your family to provide information.</td>
</tr>
<tr>
<td>️ Discussing training certificates, trade school, or college.</td>
<td>️ Your DDSC can assist you with finding and applying for other services.</td>
</tr>
<tr>
<td>️ Teaching skills you can use to get a job, such as social and independent living skills.</td>
<td>️ DD services, such as residential or respite services, are based on available funding.</td>
</tr>
<tr>
<td>️ Learning to speak up for yourself.</td>
<td></td>
</tr>
</tbody>
</table>

**Tip:**
Apply for all services for which you may be eligible.

### WHAT IF I CHOOSE NOT TO PARTICIPATE?

**School:** If you drop out of school, decide to get a GED, or your parents refuse special education, you can change your mind. Your parent can contact your school to request special education.

<table>
<thead>
<tr>
<th>Nebraska VR</th>
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<tbody>
<tr>
<td>Services are voluntary and you may leave services at any time. It is recommended that students and families discuss this decision with the service coordinator.</td>
<td>You may reapply in the future.</td>
</tr>
<tr>
<td>You may reapply in the future.</td>
<td>When you reapply, DDD will look at eligibility. You are not guaranteed available funding.</td>
</tr>
</tbody>
</table>

**Tip:**
It is expected that everyone between the ages of 18 and 65 years old at least explore VR services.
**WHAT HAPPENS WHEN I EXIT SCHOOL?**

**School:** When you receive a diploma or reach 21 years of age, your teacher gives you a written Summary of Performance (SOP). This is a summary of your skills and abilities. It includes the accommodations, technology, and strategies that help you reach your goals for employment, college/training, and living.

**Nebraska VR**
Transition services start while you are in school and guide you during the change from school to work.

**DHHS - DDD**
Day habilitation funding is available after you graduate from high school, are 21 years old, and are eligible for DD services.

Once you exit school, you can continue to work with Nebraska VR on employment goals, subject to available funding.

<table>
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<tr>
<td>Transition services start while you are in school and guide you during the change from school to work.</td>
<td>Day habilitation funding is available after you graduate from high school, are 21 years old, and are eligible for DD services.</td>
</tr>
</tbody>
</table>

Your DDSC:
- Meets with you and your team to decide what type of day services you want
- Helps you obtain services
- Monitors the quality of services
- Checks in with you at least monthly

Nebraska VR helps you prepare for employment. This may include filling out applications, making a resume, and learning how to interview.

Day services include vocational planning, supported employment, volunteer work, and accessing your community.

All services occur in your community. You can choose which services you want to use and how.

Any DD services you already have continue. Examples are respite or residential services.

It is important that you keep in touch with your Nebraska VR counselor. You should keep appointments and complete your tasks.

**HOW ARE GOALS DECIDED?**

**School:** Your annual school goals are based on your present levels of academic achievement and functional performance (PLAAFP) and how your disability affects your learning.

Your IEP also has goals for after you graduate from high school. These goals are: where you want to work, where you will learn, and where you will live. Goals are based on your interests, job exploration, career exploration activities, skills, and abilities.

It is important that you attend and talk at your IEP meeting. You and your IEP team decide your goals. It is important that you, your school, Nebraska VR, and DDD share information about your goals with each other.

**Nebraska VR**
When you receive Pre-Employment Transition Services, the main focus is job exploration and workplace readiness.

When you are receiving Pre-Employment Transition Services, the main focus is job exploration and workplace readiness.

<table>
<thead>
<tr>
<th>Nebraska VR</th>
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</tr>
</thead>
<tbody>
<tr>
<td>When you are receiving Pre-Employment Transition Services, the main focus is job exploration and workplace readiness.</td>
<td>When you are between 21 years old and retirement age, the main focus of DD day services is employment.</td>
</tr>
</tbody>
</table>

You are important to planning your goals. You should attend your meetings. Your participation in meetings and activities helps you reach your goal. You will also develop self-determination and self-advocacy skills.

Your goals are based on what is important to you. Your hopes and dreams are the focus. You and your team meet with your DDSC to develop goals. Assessment of your skills identifies what you may need to reach goals.

**Tip:**
Nebraska VR services can help you make the most of all your skills. This is their goal for all individuals, including those with the most significant disabilities. Nebraska VR can help you find a job working along with co-workers who do not have disabilities. Nebraska VR can custom-make job opportunities, support you in your job, or provide other services to meet your needs, subject to availability.

The Workforce Innovation and Opportunity Act (WIOA), Section 511, prohibits sub-minimum wages for people 24 years old and younger. There is an exception if there is substantial evidence, over time, that the goal of competitive integrated employment is unattainable.
**How Do I Plan My Services?**

**School:** You and your IEP team (teachers, principal, parents, and others) decide what special education services, accommodations, assistive technology and activities will help you reach your goals. During the year, you work toward your goals and complete activities in your IEP.

Each year, you and your IEP team meet to talk about your progress toward your goals, your skills, your abilities, and what helps you learn. Each year, a new IEP is written. The special education services you receive are based on your IEP.

<table>
<thead>
<tr>
<th>Nebraska VR</th>
<th>DHHS - DDD</th>
</tr>
</thead>
<tbody>
<tr>
<td>You and your team develop an Individualized Plan for Employment (IPE). The process helps you decide on your employment goals. Your written plan outlines specific services needed to reach your goals and who will provide those services. Your plan includes who pays for services.</td>
<td>You and your team develop an Individual Supports Plan (ISP). Your written plan identifies the services you will receive and who will provide them.</td>
</tr>
<tr>
<td>Nebraska VR Counselors work with you to identify what is making it hard for you to find employment. They help you make the right job goal based on your skills and abilities.</td>
<td>Your team develops your plan. This team includes you, your family, your guardian (if you have one), any provider(s) of DD services, and any other people you invite. Your DDSC documents your plan in your ISP.</td>
</tr>
<tr>
<td>Nebraska VR staff work as a team, so you may work with several people as you develop your employment goal.</td>
<td></td>
</tr>
</tbody>
</table>

**For What Else Should I Apply?**

**Social Security**

You should apply for Social Security. You may be qualified for Social Security (SSA), Supplemental Security Income (SSI), and/or Social Security Disability Insurance (SSDI). To find out more, visit your local Social Security office or [www.ssa.gov/disabilityssi](http://www.ssa.gov/disabilityssi).

**Medicaid**

DDD requires that you apply for Medicaid benefits and accept if qualified. Medicaid provides a federal match to state funding, so DDD can fund services for more people. You should apply for Medicaid at age 18. You can apply through ACCESSNebraska: [ACCESSNebraska.ne.gov](http://ACCESSNebraska.ne.gov).

**Financial Assistance**

You may be eligible for financial assistance from DHHS - Children & Family Services (CFS) programs, such as:

- Assistance to Aged, Blind, or Disabled (AABD)
- Social Security Supplement
- Supplemental Nutritional Assistance Program (SNAP)
- Energy assistance
- You can apply through ACCESSNebraska: [ACCESSNebraska.ne.gov](http://ACCESSNebraska.ne.gov)

**Other Resources**

You may be eligible for:

- Local housing assistance
- Food banks or food nets

Information is available from Nebraska 2-1-1, by the United Way of the Midlands. To find the help you need, dial "211" on any telephone or go online to [www.unitedwaymidlands.org/call211](http://www.unitedwaymidlands.org/call211).
AGENCY CONTACTS

Nebraska VR (Vocational Rehabilitation)

Nebraska VR
Department of Education
P.O. Box 94987
Lincoln, NE 68509
402-471-3644
877-637-3422 (toll free)
402-471-0788 (fax)
marketingteam.vr@nebraska.gov

DHHS - Division of Developmental Disabilities (DDD)

Department of Health & Human Services
Division of Developmental Disabilities
301 Centennial Mall South
P.O. Box 98947
Lincoln, NE 68509-8947
(402) 471-8501
(402) 471-8792 (fax)
dhhs.developmentaldisabilities@nebraska.gov

Distributed by:
Department of Health and Human Services
Division of Developmental Disabilities
P.O. Box 98947
Lincoln, NE 68509-8947
Nebraska Medicaid Home and Community-Based Services (HCBS) DD Waivers

SERVICES QUICK GUIDE

A brief overview of services available. For full service descriptions including definitions, limits, frequency, duration, provider types, and provider qualifications, you may refer to the Developmental Disabilities Service Directory.

Effective
April 2017
SERVICES AVAILABLE

Services are available based on which Medicaid Home and Community-Based Services (HCBS) waiver you have.

Developmental Disabilities Adult Day Waver = DDAD
Comprehensive Developmental Disabilities Waiver = CDD

<table>
<thead>
<tr>
<th>Service</th>
<th>DADD Waiver</th>
<th>CDD Waiver</th>
<th>Page No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Day Services</td>
<td>Yes</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>Adult Companion Services</td>
<td>Yes</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>Consultative Assessment Service</td>
<td>Yes</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>Crisis Intervention Support</td>
<td>Yes</td>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>Environmental Modification Assessment</td>
<td>Yes</td>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>Habilitative Community Inclusion</td>
<td>Yes</td>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>Habilitative Workshop</td>
<td>Yes</td>
<td>Yes</td>
<td>3</td>
</tr>
<tr>
<td>Home Modifications</td>
<td>Yes</td>
<td>Yes</td>
<td>3</td>
</tr>
<tr>
<td>Homemaker Services</td>
<td>-</td>
<td>Yes</td>
<td>3</td>
</tr>
<tr>
<td>In-Home Residential Habilitation</td>
<td>-</td>
<td>Yes</td>
<td>4</td>
</tr>
<tr>
<td>Personal Emergency Response System (PERS)</td>
<td>Yes</td>
<td>Yes</td>
<td>4</td>
</tr>
<tr>
<td>Prevocational Services</td>
<td>Yes</td>
<td>Yes</td>
<td>4</td>
</tr>
<tr>
<td>Residential Habilitation</td>
<td>-</td>
<td>Yes</td>
<td>5</td>
</tr>
<tr>
<td>Respite Service</td>
<td>Yes</td>
<td>Yes</td>
<td>5</td>
</tr>
<tr>
<td>Supported Employment - Enclave</td>
<td>Yes</td>
<td>Yes</td>
<td>5</td>
</tr>
<tr>
<td>Supported Employment - Follow Along</td>
<td>Yes</td>
<td>Yes</td>
<td>5</td>
</tr>
<tr>
<td>Supported Employment - Individual</td>
<td>Yes</td>
<td>Yes</td>
<td>6</td>
</tr>
<tr>
<td>Transitional Services</td>
<td>Yes</td>
<td>Yes</td>
<td>6</td>
</tr>
<tr>
<td>Transportation</td>
<td>Yes</td>
<td>Yes</td>
<td>6</td>
</tr>
<tr>
<td>Vehicle Modifications</td>
<td>Yes</td>
<td>Yes</td>
<td>6</td>
</tr>
</tbody>
</table>

ADULT DAY SERVICES

Non-habilitative service. Provides supervision and support in a safe, supervised setting. Supports increase your independence with health and social needs. You may be assisted with activities of daily living (ADL) and health maintenance. You may not do work activities for no pay when others would be paid. You may volunteer. Service is provided away from where you live. You should access your community as much as possible. Your provider must be near to provide support, supervision, safety, security, and activities.

ADULT COMPANION SERVICES

Habilitative service. Provided in your home, as needed. Service includes prompting and supervising you to complete tasks such as activities of daily living (ADL); health maintenance; meal preparation; laundry; teaching the use of police, fire, and emergency assistance; performing routine household activities to maintain a clean and safe home; and managing personal financial affairs. Provider does not complete these tasks for you.

ASSISTIVE TECHNOLOGY

Equipment to increase, maintain, or improve your abilities. Assistive technology helps you increase your abilities to perform activities of daily living in your home, or to perceive, control, or communicate with your environment, thereby decreasing your need for others to help you.

CONSULTATIVE ASSESSMENT SERVICE

Provides positive behavior support and non-physical crisis intervention to keep you safe. Provided under the direction of a Licensed Independent Mental Health Practitioner (LIMHP), Licensed Psychologist, or Advanced Practice Registered Nurse (APRN). You will be observed where you live and/or receive day services at any time of the day or night in person or by Telehealth. Current interventions are assessed. Your team is given best practices in intervention strategies, medical and psychological conditions, and/or environmental impact. A behavior support plan is developed and implemented to help you maintain your current living situation while ensuring both you and others are safe. Behavioral interventions are developed, piloted, evaluated, and revised, as necessary.
CRISIS INTERVENTION SUPPORT
Habilitation services that is immediate, intensive, and short-term. May be added to your plan to address temporary increased behavior or severe occurrences of behavior. Provided under the direction of a Licensed Independent Mental Health Practitioner (LIMHP), Licensed Psychologist, or Advanced Practice Registered Nurse. Service includes the development of a behavior support plan, development of habilitative strategies, training, and technical assistance to carry out the plan. Treatment integrity support is included for you and your provider in the ongoing implementation of the plan. This service may be delivered in your home or in the community.

ENVIRONMENTAL MODIFICATION ASSESSMENT
On-site evaluation decides what devices may be able to help you access your community and live in your private home, while ensuring your health, welfare, and safety. The evaluation includes functional necessity, appropriate assistive technology, home, or vehicle modification, and the need for the modification to ensure cost effectiveness.

HABILITATIVE COMMUNITY INCLUSION
Habilitative service. Training and supports to help you learn or improve your skills in self-help, behavioral, social, and adaptive areas. Occurs in the community, separate from where you live. Activities are designed to increase your independence, community networking, and personal choice. You may not perform work activities, paid or unpaid, while receiving this service. You may practice skills taught in therapies, counseling, or other settings. You can plan and participate in regularly scheduled community activities, learn to use your community’s transportation system, or build relationships. Includes assistance with activities of daily living (ADL), health maintenance, and supervision. If you are a child, services offer extra staffing necessary to meet exceptional care needs in a day-care setting.

HABILITATIVE WORKSHOP
Habilitative service. Offers activities in a provider-controlled non-residential setting. May include supervision, regularly scheduled activities, formal training, and staff supports. Supports help you learn or improve skills in self-help, personal care, behavioral, health maintenance, and adaptive skills. You can learn skills for activities of daily living (ADL) and community living. Available when you do not have a plan for employment and do not want to work. Supports may reinforce but not replace skills taught in therapy, counseling, or other settings.

HOME MODIFICATIONS
Modifications are physical adaptations to your private residence to ensure your health, welfare, and safety. They should give you greater independence. Modifications are provided within the current foundation of the house and may include the installation of ramps, widening of doorways, modification of bathroom facilities, or the installation of specialized electric and plumbing necessary to accommodate medical equipment.

HOMEMAKER SERVICES
Non-habilitative service. Performance of general household activities, such as meal preparation, laundry service, errands, and routine household care. Temporarily provided when the person regularly responsible for household tasks is absent or unable to manage. Does not include care or supervision.
IN-HOME RESIDENTIAL HABILITATION
Habilitation service in your own private residence. Helps you with the acquisition, retention, or improvement in skills related to living in the community. May include adaptive skill development, assistance with activities of daily living (ADL); habilitative community inclusion; transportation; opportunities for practicing skills taught in therapies, counseling sessions, or other settings; social and leisure skill development to assist you to live in the most integrated setting appropriate. Includes personal care, protective oversight, and supervision when needed.

PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)
An electronic device that helps you get help in an emergency. The system is connected to your telephone and programmed to notify a response center when you push the button.

PREVOCATIONAL SERVICES
Habilitation services. Provides learning and work experiences, including career planning, job searching, and work experiences, so you can develop general strengths and skills that may lead to paid employment in an integrated job matched to your interests, strengths, priorities, abilities, and capabilities. Job-related skills may include the ability to communicate effectively with supervisors, co-workers and customers; generally accepted community workplace conduct and dress; ability to follow directions; ability to attend to tasks; workplace problem-solving skills and strategies; general workplace safety and mobility training. Services happen over a defined period of time and with specific outcomes to be achieved. You may use a program for benefits planning, such as Employment Network, the Nebraska Work Incentive Network (WIN), Ticket to Work services, or Work Incentive Planning and Assistance (WIPA) services. Job searching is one to one. Services include assistance with personal care, protective oversight and supervision when needed.

RESIDENTIAL HABILITATION
Habilitation service in a residence controlled by an agency provider. Helps you learn or improve skills for living in the community. May include adaptive, social, and leisure skill development. Includes habilitative community inclusion, transportation, and practicing skills taught in therapies. May include prompting and supervision to help you complete tasks such as activities of daily living (ADL), health maintenance, meal preparation, performing routine household activities to maintain a clean and safe home, and managing money.

RESPITE SERVICE
Non-habilitative service. Provided when you are unable to care for yourself. It is a short-term, temporary relief to your usual caregiver living in the same private residence as you. Includes assistance with activities of daily living (ADL), health maintenance, and supervision.

SUPPORTED EMPLOYMENT - ENCLAVE
Habilitation service. Occurs in a regular business setting for groups. You work with a team at a worksite with initial training, supervision, and ongoing support provided by a specially trained on-site supervisor employed by your DD provider agency. You are paid by your DD provider at a subminimum wage. The goal is continued paid employment and work experience leading to a job in the community where you are paid at or above the minimum wage, equal to the wages and benefits of coworkers without disabilities. You may learn work skills, appropriate work behavior, and behavioral and adaptive skills needed to hold a job. Services must promote integration into the workplace and interaction with people without disabilities.

SUPPORTED EMPLOYMENT - FOLLOW ALONG
Habilitation service. Helps you keep your job in the community where you are paid at or above minimum wage. Services may include support through phone calls with your employer. Your provider will have regular as-needed contact and follow-up with your employer and you to help you keep your job. Service may include observation and supervision, teaching job tasks and monitoring at the work site a minimum of twice a month.
SUPPORTED EMPLOYMENT - INDIVIDUAL

Habilitative services. Formal training and staff support provided one-to-one to help you obtain and keep a competitive job in the general workforce or customize self-employment. At your job, you should make at or above the minimum wage, equal to the wages and benefits of coworkers without disabilities. The goal is paid employment that meets your personal career goals. Activities needed to stay employed can include supervision and training. You may use a program for benefits planning, such as Employment Network, the Nebraska Work Incentive Network (WIN), Ticket to Work services, or Work Incentive Planning and Assistance (WIPA) services. Does not include supervisory activities that are a normal part of a business setting.

TRANSITIONAL SERVICES

One-time basic household set-up expenses needed for transitioning from an institution to a private residence. Transitional Services may include essential furniture, furnishings, household supplies, security deposits, basic utility (such as water, gas, and electricity) fees or deposits, or moving expenses.

TRANSPORTATION

Non-habilitative service. Enables you to access waiver services, community activities, and resources as specified in your service plan. Not intended to replace formal or informal transportation options, like the use of natural supports.

VEHICLE MODIFICATIONS

Service provides adaptations or alterations to an automobile in order to accommodate your special needs. The vehicle must be your primary means of transportation. Modifications are specified in your service plan as necessary so you can fully access your community in a safe manner.
Nebraska Rev. Statute 83-1216

addresses priority funding for persons who have been determined eligible with developmental disabilities.

The priorities for receiving funding for DD services, via Medicaid home and community-based services (HCBS) waivers are:

1) The first funding priority is to respond to the needs of persons in immediate crisis due to caregiver death, homelessness, or a threat to the life and safety of the person;

2) The second funding priority is to respond to the needs of persons that have resided in an institutional setting for a period of at least twelve consecutive months and are requesting community-based services;

3) The third funding priority is to respond to the needs of persons who are wards of the department or persons placed under the supervision of the Office of Probation Administration by the Nebraska court system who are transitioning upon age nineteen with no other alternatives as determined by the department to support residential services necessary to pursue economic self-sufficiency;

4) The fourth funding priority is to respond to the needs of persons transitioning from the education system upon attaining twenty-one years of age to maintain skills and receive the day services necessary to pursue economic self-sufficiency; and

5) The fifth funding priority is to respond to the needs of all other persons by date of application.
The process to receive funding continues to be the same for eligible persons. Prior to May 24, 2017, persons received services in accordance with the Developmental Disabilities Services Act. When they: (1) were determined to be eligible for specialized services, (2) graduated from high school on or after September 6, 1993, and (3) reached the age of 21 years.

After May 24, 2017, there is no longer this “entitlement” to receive DD services. This means that a 21 year old graduate will not automatically receive funding when there is someone with a higher priority need.

A 21-year-old is offered funding under the fourth funding priority for persons transitioning from the educational system. This priority is to maintain skills and receive day services necessary to pursue economic self-sufficiency. Funding is for day services.

Based on historical data, the state has reserved a sufficient number of waiver slots (200 per year) to continue serving all new graduates under the fourth funding priority category.

**Other Benefits and Services**

All applicants eligible for DD funding must apply for and accept any federal Medicaid benefits for which they may be eligible and benefits from other funding sources within the Department and other agencies, to the maximum extent possible.

This includes the Department of Education, specifically Vocational Rehabilitation Services.

**DD Funding Offers for Day Services to Graduates**

The process to receive funding continues to be the same for eligible persons.

- DD Service Coordinators (SCs) will explain DD service options at Individual Educational Program (IEP) meetings during the person’s last year in the educational program.
- 90 days before an eligible person turns 21, SC will receive their name to begin process.
- DD staff will contact eligible person and offer waiver slot. This waiver slot will provide funding for DD day services after graduation.
- The person must accept a day waiver slot in order to become a participant of DD services under the fourth priority.
- DHHS will complete an ICAP assessment to determine the funding amount the participant will receive to meet their needs.
- Participant will choose which provider(s) to use for DD services.
- SC will complete referral for any agency providers and help any independent providers with enrollment.
- SC will hold intake Individual Supports Planning (ISP) meeting to identify DD services and supports and assign responsibility.
- SC will complete service authorization(s) assigning funding to provider(s).

**The DD “Wait List”**

Once an applicant is found eligible for DD services, they are placed on the DD wait list to await funding under the fifth priority (date of application/need).

The list of eligible persons turning 21 years old is generated based on the wait list. The fourth funding priority is based on state statute.

A participant receiving day services may remain on the wait list for residential services. A person who declines a waiver spot when offered under the fourth priority will need to wait until their date of application for a new offer under fifth priority.

**DD Service Coordinators**

A service coordinator (SC) is available for all persons on the wait list for DD funding. This SC can help with the access of other benefits and services even before DD services begin.

The SC can attend Individual Educational Program (IEP) meetings to form relationships and start learning interests and goals. The school will need permission to invite the SC. They will work with the school system and NebraskaVR to help with a smooth transition to adult services.

For questions about the wait list, or to request a SC be assigned:

Call toll free 877-667-6266

Email DHHS.DDRegistry@nebraska.gov
Important
Initials to Know

DD
Developmental Disabilities

DDD
Division of Developmental Disabilities

HCBS
Home and Community-Based Services

SC
Service Coordination

VR
Vocational Rehabilitation

DD Services
Eligibility

DHHS
Division of Developmental Disabilities

Nebraska State Office Building, 3rd floor
301 Centennial Mall South
PO Box 98947
Lincoln, NE 68509-8947
Phone: 877-667-6266
Fax: 402-471-8792
E-mail: dhhs.developmentaldisabilities@nebraska.gov

“Helping People Live Better Lives”
What is a Developmental Disability?

As defined in Nebraska Revised Statute 83-1205: “Developmental disability shall mean a severe, chronic disability, including an intellectual disability, other than mental illness, which:

1) Is attributable to a mental or physical impairment unless the impairment is solely attributable to a severe emotional disturbance or persistent mental illness;
2) Is manifested before the age of twenty-two years;
3) Is likely to continue indefinitely;
4) Results in substantial functional limitations in one of each of the following areas of adaptive functioning:
   a) Conceptual skills, including language, literacy, money, time, number concepts, and self-direction;
   b) Social skills, including interpersonal skills, social responsibility, self-esteem, gullibility, wariness, social problem solving, and the ability to follow laws and rules and to avoid being victimized; and
   c) Practical skills, including activities of daily living, personal care, occupational skills, healthcare, mobility, and the capacity for independent living; and
5) Reflects the individual’s need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

An individual from birth through the age of nine years inclusive who has a substantial developmental delay or specific congenital or acquired condition may be considered to have a developmental disability without meeting three or more of the major life activities described in subdivision (4) of this section if the individual, without services and support, has a high probability of meeting those criteria later in life.”

Who is Eligible?

To be eligible for DD services, an applicant must:
1) Be a citizen of the United States of America or a qualified alien under the federal Immigration and Nationality Act and be lawfully present in the United States
2) Be a resident of the State of Nebraska
3) Have a developmental disability (DD)

What is Waiver Eligibility?

Being eligible for a Home & Community Based Services (HCBS) Waiver is the second step. Being eligible for Medicaid assistance does not mean an applicant will automatically meet eligibility requirements for DD.

To be eligible for a Medicaid HCBS Waiver, an applicant must:
1) Submit an application via a Department-approved format;
2) Be eligible for Medicaid in accordance with 477 NAC;
3) Meet the definition of developmental disability, as determined by the Department in accordance with Neb. Rev. Stat. §83-1205;
4) Meet Institutional Level of Care criteria initially and annually thereafter;
5) Elect to receive Medicaid Home and Community-Based Waiver services as an alternative to institutional placement;
6) Have a physical health screen within the past 12 months and annually thereafter; and
7) Accept Service Coordination service.

Service Coordination

Upon request, Service Coordination (SC) is provided to all eligible individuals when all statutory and regulatory requirements are fulfilled. Acceptance of SC is required to receive any other DD services.

Other Benefits and Services

All applicants eligible for DD funding must apply for and accept any federal Medicaid benefits for which they may be eligible and benefits from other funding sources within the Department and other agencies, to the maximum extent possible. This includes the Department of Education, specifically Vocational Rehabilitation Services with Nebraska VR.

How to Apply

Submit an application to DDD eligibility to be determined. The application is located at www.ACCESSNebraska.ne.gov. Just fill out the application electronically!

Or you can complete, print, sign, and mail to DD Eligibility, PO Box 98947, Lincoln NE 68509-8947; scan and email to DHHS.DDEligibility@nebraska.gov; or fax to (402) 742-8384.

You can call DDD toll-free at (877) 667-6266 if you have questions or would like to request a paper application be mailed to you.

You can also go into any local DHHS office and ask for assistance.
Helpful Contacts at the Division of Developmental Disabilities for Eligibility and Services

Application & Eligibility
If you have questions about your DD application or eligibility, please contact:

877-667-6266 (toll free)

DHHS.DDEligibility@nebraska.gov

Registry / Wait List
If you are waiting for DD services and have questions about the registry, please contact:

877-667-6266 (toll free)

DHHS.DDRegistry@nebraska.gov

Service Coordination
If you have any questions about your Service Coordinator, please use the DDD Staff Directory (found online on our homepage: http://dhhs.ne.gov/developmental_disabilities) or use the general contact information below.

General Questions for Community-Based Services
For any other questions, contact DD Community-Based Services at:

877-667-6266 (toll free)

DHHS.DDDCommunityBasedServices@nebraska.gov
it’s all about choice

SERVICE OPTIONS FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES
Funding for the development of this booklet was provided by the Nebraska Planning Council on Developmental Disabilities.
Hello! We are happy you are taking the time to learn more about Nebraska Developmental Disabilities (DD) services. We hope this booklet provides you with useful information about how you can take advantage of the many service options available. We have organized the booklet into three parts:

- **Are you eligible for services?**
  If yes, go forward!

- **What do you need and want?**
  Know your budget, know your choices, and make a plan!

- **It's time to:** choose your supports, create your life, and realize your dreams. You are in the driver’s seat!

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The first thing you need to do is get ready! Here’s a look at answers to some of the questions you might be asking.

**Is this booklet for me?**
This booklet is for people who are eligible for developmental disabilities (DD) services in Nebraska. If you don’t know what this is, haven’t applied for, or been determined eligible for DD services, stop here.

You can learn more by visiting the Division of Developmental Disabilities (DDD) website at: [http://dhhs.ne.gov/developmental_disabilities/Pages/aDDIF-Eligibility.aspx](http://dhhs.ne.gov/developmental_disabilities/Pages/aDDIF-Eligibility.aspx)
Or, call toll free at (877) 667-6266.

**I’m eligible for DD services. Now what?**
Being eligible for services is the first step! Unfortunately, it doesn’t mean you will immediately receive services. Because there is only so much money to go around, services will be offered only when funding is available for you. In the meantime, you will be assigned a DD coordinator (either a Service Coordinator or Community Coordinator Specialist) to help you through the process.

**I’m approved for funding. What’s next?**
This is great news! You can now begin to think about what is possible for you to live out your dreams of living, working, and playing in your community. There are many choices, both in the type of services and in who can deliver the services. The first step is to know how much service funding you will receive. Your DD coordinator will tell you what this amount is per year. Then, you can begin to make your plan. Not to worry, it is your DD coordinator’s job to help you make these important decisions and put together the plan that is best for you.
How can I manage my services?
It is great when you can be in charge of the services you choose. This is called self-directing. You may not be familiar with the term “self-directed services.” This is where you decide what services and supports you need to help you be as independent as possible. When you self-direct, you are responsible for hiring, training, scheduling, supervising, and firing your independent providers.

On the other hand, if you use an agency provider for services, the agency is responsible for these tasks. If you want to know more about self-direction, see the “Participant Guide for Self-Direction” at:


What services are offered?
For full details on services, go to the DD Service Directory at:


For an overview to get you started, check out the summary on the following pages. Keep in mind, this is only a very brief description. For more details, talk with your DD coordinator.

A couple things to note:
- All of the services described in this booklet may not be available to you. Your DD coordinator can tell you what services you may choose.
- The terms “habilitation” and “habilitative” refer to training or teaching skills to help you become more independent.
Day Services

Prevocational Services:
Do you want to get a job, but need help learning the skills to do that? Or, maybe you need help figuring out what kind of work you want to do. Prevocational Services will help you get ready for a job. This might be done on a one-on-one basis (one staff person working with just you) or in a small group. You can work on your communication skills, how to dress for work, how to be safe on the job, develop a resume, and so much more!

Habilitative Community Inclusion:
If you want to be more connected to your community, this service may be for you! Habilitative Community Inclusion takes place in the community and might be done on a one-on-one basis (one staff person working with just you) or in a small group. You can get support for things such as volunteer work, joining a community group, or learning to take the bus. This service is also available for children who need extra help in a day care setting (but does not cover the cost of routine child care).

Adult Day Services:
At an Adult Day Service program, you can take part in many activities and get help with your day-to-day needs. Services are provided in a large group setting by an agency in your community. Many Adult Day Service providers offer transportation to and from their program.

Habilitative Workshop:
If you are not currently planning to get a job, but want training to learn general skills for living, habilitative workshop services may be right for you. These services are provided in a place operated by an agency (not a residential location) and follow a regular schedule during daytime hours throughout the week.

Employment Services

Supported Employment – Enclave:
If you like team work, this may be a very good option for you! The word enclave means a small group. This service involves working with a small group of your peers to complete work tasks at a community business. Staff will help you learn important work skills and appropriate on-the-job behavior. Most importantly, it will help you learn skills to get and keep a job!

Supported Employment – Individual:
Let’s say you want to get a job or already have one, but you need a coach to help you in the workplace. This service is designed to help you get and keep a job. You can even start up your own business. A job coach helps you on a one-on-one basis to meet your employment goals.

Supported Employment – Follow Along:
You already have a job. Good for you! Most of the time you are great at your job, but sometimes you may need a little extra help. This service can support you in many ways, such as learning new tasks, communicating with your supervisor, or getting along with your co-workers.

Day Services occur most often during daytime hours and outside of your home.

Employment Services are designed to help you get and keep a job.
Residential Habilitation Services

In-Home Residential Habilitation:
Do you live in your own apartment, with your family, or with a roommate who does not have a disability? Do you need help learning how to get out and do things in your community? Or, do you need to learn how to take care of housecleaning, budgeting, laundry, and cooking? This service can help you with all that and much more!

Residential Habilitation:
If you are not ready to live independently, Residential Habilitation may be the right service for you. These services take place in what most people call ‘group homes.’ Staff help you and other people with disabilities live in a house or apartment together. This service can also be provided by a host family, which means you live with a family or person who does not have a disability. Either way, you are supported in living as independently as possible in your community.

Adult Companion:
Are you someone who wants to live as independently as possible? Do you want to learn more about cooking, laundry, safety, cleaning, or budgeting? If so, consider this service. A staff comes to your home on a schedule you have agreed upon. They work with you to learn skills to help you live independently.

Consultative Assessment:
Sometimes it is hard to deal with changes or even to deal with everyday life. We all experience those times. Consultative Assessment is a service provided by professionals (such as a nurse, counselor, or psychologist). This service will help you to learn how to deal with life’s ups and downs; keep you safe, as well as the people around you; and make life more enjoyable for all.

Crisis Intervention Support:
You may sometimes have behaviors that can be harmful to yourself or others. When this happens, Crisis Intervention Support is available. This service is immediate (within 48 hours of request) and is conducted in your home or in a community location designated by the provider. The service is provided under the direction of a counselor, psychologist, or nurse and cannot be provided for more than 5 days.

Other Habilitation Services

Other Habilitation Services provide supports for you to live and learn in your community.

In-Home Residential Habilitation Services are designed to help you live in your community.
Supportive Services

**Homemaker:**
Homemaker services are available to you if you are under 21 years of age and live in your family home. A Homemaker comes into your home and helps with general household activities, such as meal preparation, laundry, errands, and routine household care.

**Respite:**
If you are living with your family or other people who care for you, they may, at times, need a respite. Respite means rest or relief. When you get respite services, someone besides your regular caregiver can come into your home. Or, you can go to another home to give your usual caregiver a break.

**Transportation:**
Transportation services help you get around the community when friends or family cannot drive you or when public transportation is not an option. Of course, this is not unlimited. This service won’t take you to Disneyland! Your budget for transportation cannot go over $5,000 each year, unless you have an emergency situation.

**Transitional Services:**
If you are moving from an institution to a private home in the community, Transitional Services may assist you. Transitional means halfway; you are in an institution, but plan to move to the community. Maybe you don’t have the money to buy what you need to set up your home, such as a bed, dresser, or couch. This service can help you pay for what you need in your new home.

**Assistive Technology:**
Assistive Technology is equipment or devices that help you to live more independently in your community. You may either buy or lease the equipment. You may use up to $2,500 of your annual budget for equipment or devices. Check it out!

**Environmental Modification Assessment:**
Environmental Modification Assessment is a mouthful! But, it is pretty easy to understand. It is when a professional comes into your home and helps you and your family or caregiver decide on changes to your home and equipment or devices that might help you to live as safely and independently as possible. This is required before any home or vehicle modifications can be approved.

**Home Modifications:**
Home Modification means changes that make it easier and safer for you to get around in your home. Examples of home modifications are ramps, widening doorways, bathroom modifications, and electrical and plumbing upgrades to support medical equipment.

**Personal Emergency Response System (PERS):**
PERS is an electronic device that assists you in getting help in an emergency. The system is connected to your phone. When you press a button, a call goes to the company that provided the PERS device and they notify someone to help.

**Vehicle Modifications:**
Vehicle Modifications are changes to a car or van that are needed for you to be able to safely ride in the vehicle. These modifications must be necessary to allow you to safely get where you want to go in your community.

**Here are more services to support you!**

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Now, you are ready to go! Your DD coordinator will help you create an Individual Support Plan (ISP) to meet your unique needs. A good plan will reflect choice, flexibility, and control. Make sure to consider all the possibilities!

**Choice!** Decide what supports you need.
Select the individuals who support you.
Choose with whom you spend your time.

**Flexibility!** Schedule your supports when and where you need them.
Determine how much or how little support you receive.
Design your plan based on your interests.
Mix services and supports to meet your needs.

**Control!** Build upon your strengths and address your needs.
Determine how your individual budget will be spent.
Change your plan when needed.
What is Medicaid?
- Public health insurance program that covers a low-income population, including seniors, children, and individuals with disabilities.
- Enacted in 1965 under Social Security Act.
- Administered by states with oversight from the Centers for Medicare & Medicaid Services (CMS).
- Funding is a joint effort between the federal and state governments.
- Eligibility and benefits vary from state to state:
  - The Federal Social Security Act requires certain services be offered by all states
  - Nebraska offers some additional services

Medicaid Primary Eligibility Factors
- Complete an application;
- Have US citizenship or qualifying alien status;
- Be a Nebraska resident;
- Have a Social Security Number;
- Provide information for any relative with responsibility;
- Have income and resources within established limits for certain eligibility categories;
- Cooperation with child support;
- Have a qualifying living arrangement; and
- Accept assignment of third-party medical payments.

There are different Medicaid categories based on different needs. Most individuals who are eligible for DD services are eligible for Medicaid under the Aged, Blind, & Disabled (ABD) category.

Aged, Blind, & Disabled (ABD)
- Aged is 65 or older;
- Blind or disabled individual, age 64 and younger, who has been determined disabled by the Social Security Administration or by the State Review Team;
- Receiving either Social Security Income (SSI) and/or Social Security disability payments;
- Income and resources of the individual are considered:
  - Income limit is 100% of the federal poverty level (FPL) and
  - Resource limits of $4,000 for one person, $6,000 for two people;
- Private health insurance expenses are an allowable income deduction with some restrictions.

Medically Needy – Share of Cost (SOC)
- May be applied for individuals who have a medical need with income exceeding the Medicaid guideline:
  - Parent/caretaker relatives;
  - Children; or
  - Aged, Blind, or Disabled.
All eligibility requirements for Medicaid must be met.
Share of Cost may vary based on income, deductions, and the individuals living arrangement when compared to the Medically Needy Income Level (MNIL).

**How Share of Cost Works**
- When a Medicaid applicant is determined to be over income for Medicaid, but reports a medical need, a Share of Cost can be determined for them. Depending on the number of persons in their household, minus allowable disregards, the remaining income will be compared to the appropriate medically needy income level.
- The Medicaid Share of Cost participant is responsible for the determined share of cost amount. This amount renews each month and can differ month to month, depending on income and allowable expense deductions.
- The SOC is automatically obligated to a Medicaid provider, usually the provider of the costliest waiver service.
- Payment for medical services is not paid by Medicaid until the share of cost is obligated.
- Medicaid may close if the share of cost exceeds the individual’s monthly needs.

**Medicaid Insurance for Workers with Disabilities (MIWD)**
- MIWD is another Medicaid category for people who meet disability criteria and are working.
- If someone is going to lose Medicaid due to earned income, this may be an option.
- To be eligible a person must:
  - Qualify for Medicaid except for income;
  - Meet the Social Security or State Review Team definition of disability;
  - Be working;
  - Have income within MIWD income guidelines:
    - 200% federal poverty level (FPL) or
    - 250% of FPL with premium;
  - Meet Medicaid resource limits; and
  - Pay a premium if required.

**Ability to Pay (ATP): for those eligible for DD services, but not Medicaid**
- ATP means the amount determined by the Department that a participant or legally responsible relative can pay monthly toward the cost of services.
- ATP is based on taxable income, chargeable assets, and unearned income.
- Prior to entry to DD services and annually, the Department will assess the ability of an individual to pay for all or part of the cost of service coordination or services.
- A participant who does not have Medicaid will need to complete a financial questionnaire and provide requested financial information as requested by the Department.
- A participant assessed an ATP, must pay the amounts determined or the State of Nebraska may proceed in the manner authorized by law for the recovery of money owed to a creditor.

**ENABLE accounts: for those who would otherwise be at risk of being over resources**
- Accounts under $100,000 do not count toward resources for Medicaid.
- Tax favored savings program for eligible individuals with disabilities.
- Used to pay for disability-related expenses.
- Eligibility based on blindness or disability occurring prior to age 26.
- Nebraska State Treasurer is trustee.
- First National Bank of Omaha is Program Manager.
- Options: investment, bank savings account, and checking account.
- [www.enable savings.com](http://www.enable savings.com) (Launched June 30, 2016)