

CHAPTER 6-000 THE SUPPLEMENTAL SECURITY INCOME -- DISABLED CHILDREN'S PROGRAM (SSI-DCP)

6-001 Introduction

6-001.01 Scope of Program: The SSI-Disabled Children's Program serves children who receive monthly SSI grants and their families by providing needed services to meet the program-specified outcomes of empowerment, care assistance, stress reduction, and access to medical supports. Services provided are based upon a needs assessment plan jointly established by the family and the services coordinator, taking into consideration availability of funding. This needs assessment is shown in the child's Individual Service Plan (ISP), or other jointly-established plan with similar information (e.g., Early Intervention's Individualized Family Service Plan (IFSP)).

Authorized services must not be available through other agencies and must be related to any chronic or congenital disabling condition the child may have. Routine health care is not covered.

6-001.02 Grievances and Fair Hearings: See 467 NAC 1-004. Appeals regarding Social Security eligibility must be made to the Social Security Administration (SSA). Appeals to the Department may only be made on the service plan or provision of service.

6-001.03 Responsibilities of the Department

6-001.03A Central Office Responsibilities: Central Office staff shall -

1. Route referrals received by Central Office to the appropriate district office;
2. Provide consultation and participation in decision-making teams, as appropriate;
3. Review submitted service plans in terms of outcomes, training needs, and budget requirements; and
4. Process billings.

6-001.03B Services Coordinator Responsibilities: The services coordinator shall -

1. Receive all referrals of SSI-eligible children;
2. Ensure that the family of each SSI-eligible child receives appropriate information about and referral to available services;
3. Participate in the development of a plan to meet identified needs;
4. Provide funding to eligible children for service(s) which cannot be obtained from another source (see 467 NAC 6-005);
5. Coordinate services with other agencies; and
6. Initiate and maintain the case file and narrative.

6-001.04 Responsibilities of the Child's Parent or Guardian: The parent(s) or guardian of the child who is receiving services through the SSI-Disabled Children's Program shall -

1. Participate in the development of a plan to meet identified needs and follow through, as indicated;
2. Contact the services coordinator within 10 days if -
 - a. The family situation or address changes; or
 - b. Problems exist in obtaining or using services;
3. Respond to contacts by DCP-designated staff; and
4. Cooperate in providing necessary information to the Department.

6-001.05 Summary of Forms: The following forms are used in the SSI-Disabled Children's Program. Instructions for these forms appear in the appendix.

<u>Form #</u>	<u>Form Title</u>	<u>Appendix Reference</u>
ASD-17	Question Referral	467-000-1
DSS-6	Notice of Action	467-000-10
MHC-3	Request for Coordinated Services/Devices	467-000-13
MHC-24	Billing Document	467-000-34

6-002 Referrals: The services coordinator shall accept referrals of SSI-eligible children from -

1. Parents/guardians whose children have been determined eligible for SSI benefits;
2. Parents/guardians who previously declined services;
3. Parents/guardians whose former SSI-DCP cases have been closed;
4. Central Office, via SSA and the State Disability Determination Section (DDS); or
5. Any other source who knows of an eligible child in need of services.

6-002.01 Verification of SSI Status: If there is any question about the child's SSI eligibility, the services coordinator shall confirm SSI payment status before contacting the child's parent/guardian.

6-003 Eligibility: Children served by SSI-DCP must reside in Nebraska, be age 15 or younger, be eligible for SSI benefits, and have an identified disability-related need.

6-003.01 Needs Assessment: The SSI-DCP services coordinator determines services eligibility based on assessed needs and that all other points of eligibility (e.g., SSI benefit, age, residence) are met. The services coordinator assists the family to assess all needs and develop a plan to meet those needs. To address needs with DCP funds, the services coordinator shall follow outcome, service, and needs assessment criteria (see 467 NAC 6-006).

6-004 Application

6-004.01 Initial Contact: When the services coordinator receives a referral from a source other than the parent/guardian, s/he shall verify the SSI-eligibility and contact the parent/guardian within 14 calendar days to discuss the referral and provide general information about SSI-DCP.

6-004.01A No Response: If the contact was made by mail and no response is received within two weeks, the services coordinator shall send a second letter, explaining that the referral will be considered informational only, unless the parent makes contact.

6-004.01B Parent/Guardian Interested: If the child's parent/guardian expresses interest in SSI-DCP, the services coordinator shall send an application (Form MHC-3) as soon as possible and arrange to conduct a face-to-face visit within 30 days of the parent/guardian request.

6-004.01C Parent/Guardian Not Interested: If the child's parent/guardian responds that the family is not interested in participating in the SSI-DCP, the services coordinator shall document the decision in the case record narrative and consider the referral as informational only.

6-004.02 Application Completion

6-004.02A Face-To-Face Visit: If no other jointly determined comprehensive plan exists for the family, the services coordinator shall conduct an interview with at least one of the child's parents or his/her guardian in a location jointly decided by the services coordinator and the family to -

1. Explain the SSI-Disabled Children's Program;
2. Provide assistance in completing Form MHC-3, "Request for Coordinated Services/Devices;"
3. Discuss the needs described on the application as well as any other identified needs; and
4. Jointly develop an individual service plan (see ISP, 467 NAC 6-004.03). If the family already has a designated case manager and/or comprehensive plan through another program (e.g., an IFSP through the Early Intervention Program), the services coordinator shall participate in partnership, as appropriate, with the already-existing effort and obtain a copy of the plan which includes DCP-funded services.

If possible, the services coordinator should meet the child during this visit.

6-004.02B Early Intervention Involvement: If a child is receiving services coordination through Early Intervention, the assessment provided through the Individualized Family Service Plan (IFSP) process meets DCP requirements for a face-to-face visit. The services coordinator may be involved as a member of the IFSP team or may only offer technical assistance and program-specific support to the services coordinator/family.

6-004.02C "Mileage Only" Application Exception: Upon request for disability-related mileage-reimbursement for an SSI-eligible child, the services coordinator shall conduct an office or telephone assessment (or mail, if the family has no telephone) of the medical need for long-distance travel. Based upon reimbursement of 20 cents per mile, and map-shown mileage between destinations, the services coordinator shall determine whether the family typically incurs \$25 or more per month in mileage costs. If so, the services coordinator shall mail an application to the family. Upon receipt of the signed application, the services coordinator shall provide an authorization letter to the family, authorizing them to bill for the full amount in any calendar month in which travel expenses total \$25 or more.

No face-to-face visit or ISP is required for children whose families request only mileage reimbursement. If any other service(s), including meals and lodging, are requested, the services coordinator shall complete a home visit, application, and plan, as usual.

See also 467 NAC 6-008.09.

6-004.03 Individual Service Plans (ISP): If a jointly-developed, comprehensive plan does not already exist, the services coordinator shall assist the family to develop an individual service plan. (See 467-000-13, page 5.)

Each individual service plan must include, but is not limited to -

1. The child's name and social security number;
2. The services coordinator's name and telephone number;
3. The effective date and end date of the plan; and
4. A description of each request listed on the plan, actions that have been or will be taken and by whom, and the amount of service funding authorized through DCP.

6-004.03A Plan Distribution: If Form MHC-3 is used, the plan is formatted as a separate page which may be provided to the family at the end of the visit. The services coordinator shall also submit a copy of the ISP to Central Office.

6-004.03B Changing the Individual Service Plan: Whenever the services coordinator and family jointly determine that a change is needed in the service plan, the services coordinator shall document the change and provide a copy to the family.

6-005 Coordination with Other Programs: The services coordinator shall make all reasonable efforts to coordinate the use of existing services and to obtain funding from any other program which may provide services to the child. Any federally-funded program which is available to meet the child's need must be utilized instead of SSI-DCP funds. Federally-funded programs include Title V (MHCP), Title XIX (Medicaid), and Social Services Block Grant (Title XX).

The parent(s)/guardian must apply for other programs available to meet the child's disability-related needs (see 467 NAC 2-004.01C).

6-006 Needs Assessment Criteria: The services coordinator shall discuss the following criteria with the family to determine the need for services through SSI-DCP -

1. The child's medical, social, developmental, rehabilitative, and referral needs;
2. The family's potential for maintaining the child in the family home;
3. The extent to which a requested item or service is necessary to maintain the child in the home as independently as possible;
4. The extent to which an interruption of services or not initiating services at this time will have an adverse effect on or delay progress toward becoming self-sufficient or self-supporting;
5. The severity of the disabling condition;
6. The degree to which the child can readily benefit from the services; and
7. The availability of other resources such as -
 - a. Family members or caregivers who can meet identified needs;
 - b. Other relatives, friends, or volunteers who will provide identified needs at no cost;
 - c. Services already in place for the child or other programs for which the child may be eligible (e.g., MHCP, special education, or Social Services Block Grant, Medicaid Waiver); or
 - d. Other programs which have assumed responsibility for the child by supporting out-of-home placements or through court actions altering parental responsibilities.

Note: When appropriate service is available through an agency with a sliding fee scale, families are encouraged to use that agency. DCP funds cannot be used to pay the amount the agency has determined to be the family's responsibility.

After need for service has been established using the general criteria, the services coordinator and the family shall jointly determine the appropriate program outcome(s) toward which the family is working and DCP-funded services are directed and document the outcome(s) in the case file.

6-006.01 Empowerment Outcome: The family gains self-confidence and the knowledge necessary to make their own decisions about the child's special care needs and access needed services.

This outcome is supported by the following case management or purchased DCP services:

1. Listening;
2. Assisting with decision making and problem solving;
3. Providing resource information and referral;
4. Serving as family advocate and liaison with other Department, public, and community resources and programs, as requested and appropriate; and
5. Purchasing training.

6-006.01A Measurements: This outcome may be measured as follows:

1. Parents report an improved knowledge and feelings of increased competence and ability to problem solve.
2. Better community involvement and appropriate integration into service systems for the family.
3. Fewer inappropriate telephone calls by the family to the services coordinator.
4. Less case management time and effort.
5. Fewer "non-emergency" emergency room visits.

6-006.02 Care Assistance Outcomes: Families are better able to care for children in their homes.

This outcome is supported by the following case management or purchased DCP services:

1. Purchasing special equipment;
2. Purchasing home modifications;
3. Providing home visit leading to assessment of physical environment or need for in-home services;
4. Providing resource information and referral;
5. Serving as family advocate and liaison with other Department, public, and community resources and programs, as requested and necessary; and
6. Purchasing relative-provided personal care.

6-006.02A Measurements: This outcome may be measured as follows:

1. Positive statements from parents about ease of care.
2. Reduction in needed ongoing services.
3. Family decides against institutionalization.
4. Proper medical care is received (e.g., appointments are kept, follow-up care recommendations are completed).

6-006.03 Stress Reduction Outcomes: Families are able to deal more effectively with their child's special care needs with reduced stress within the household.

This outcome is supported by the following case management or purchased DCP services:

1. Listening.
2. Assisting with decision making and problem solving.
3. Serving as family advocate and liaison with other Department, public, and community resources and programs, as requested and appropriate.
4. Conducting home visits to assess needs.
5. Providing resource information and referral.
6. Purchasing respite care.
7. Purchasing home modifications.

8. Purchasing special equipment.
9. Purchasing training.
10. Purchasing respite care for siblings.
11. Purchasing relative-provided personal care.
12. Purchasing attendant care.

6-006.03A Measurements: This outcome may be measured as follows:

1. Parents' report.
2. Family remains intact.
3. Health status of parents and siblings.
4. Fewer crisis telephone calls by the family to the services coordinator.
5. Adjustment in the amount of respite care hours used, in relation to assessed needs.
6. Reports of less job absenteeism.
7. Reduced CPS involvement.

6-006.04 Medical Outcomes: Families are able to obtain specialized medical care for their children.

This outcome is supported by the following case management or purchased DCP services:

1. Assisting with decision making and problem solving.
2. Serving as family advocate and liaison with other departments, public, and community resources and programs, as requested and appropriate.
3. Conducting home visits to assess need.
4. Providing resource information and referral.
5. Reimbursing families for medical mileage.
6. Purchasing commercial transportation.
7. Reimbursing families for extraordinary telephone charges related to medical care.
8. Purchasing meals and lodging.
9. Purchasing special equipment.
10. Purchasing respite care for siblings.
11. Purchasing training.
12. Purchasing ramps for home accessibility.

6-006.04A Measurements: This outcome may be measured as follows:

1. Child receives proper medical care (e.g., family keeps medical appointments, family follows through on medical recommendations/treatment plans).
2. Parents report feelings of increased competence and ability to support medical care needs in their home.
3. Reports of child death do not indicate neglect or lack of care.
4. A decrease occurs in the number and/or length of hospitalizations.
5. A decrease occurs in the number of emergency room visits.
6. A decrease occurs in the rate of child protective services reports regarding SSI-eligible children.
7. School attendance is improved or maintained.

6-007 Service Authorization: The services coordinator shall prior authorize all services for individuals under the SSI-Disabled Children's Program and retain a written record of the authorization in the individual's case file. Prior authorization is given via the computerized MIS or on Form MHC-24, "SSI-Disabled Children's Program Billing Document," as appropriate. For ongoing types of service, the services coordinator may provide an adequate supply of Form MHC-24 for monthly billings. (See also 467 NAC 6-011.03.)

The services coordinator shall not authorize payment for any service provided or item purchased before the services coordinator was made aware of the need. All services authorized by DCP must be included in the child's service plan.

6-007.01 Decision-Making Team: When the services coordinator needs consultation on meeting needs of an eligible child/family or determines that a requested service would exceed the following costs, s/he shall create a decision-making team:

1. The cost of an item or the monthly total for a type of assistance would exceed \$150, when no other limitation exists for the service type;
2. More than \$75 a month per family for respite care for the DCP-eligible child is needed under special circumstances (467 NAC 6-008.01);
3. A decision-making team determines the appropriateness of proposed architectural modifications whenever a job is bid at \$500 or less; and
4. When a job is bid at \$500 or more, the services coordinator shall obtain an assessment from an Independent Living Specialist. When additional information is gathered through the Independent Living Specialist or Central Office review, the services coordinator shall convene a decision-making team.

A team is a three-person, telephone, in person, or via automation-connected unit, consisting of the DCP services coordinator with an issue to discuss, one other districts' DCP services coordinator (contacted on a rotating basis), and a program representative. The three would discuss the specific issue and reach a majority decision on direction. One member would be assigned to inform all DCP-involved staff, if the decision seems precedence-setting.

6-007.02 Priority Criteria: In an effort to focus on program outcomes (467 NAC 6-006 ff.), decision-making teams may evaluate requests to determine priorities consistent with available funding. Each high-cost request must be evaluated and a priority determination made using criteria which include but are not limited to -

1. The potential for the family maintaining the child with a disability in the family home;
2. The extent to which this item/service is necessary to maintain the child in the home as independently as possible;
3. The cost of providing requested assistance;
4. Other concurrent needs identified by the family; and
5. Other payments (both DCP and other) which are being made or have been made on behalf of the child for disability-related needs.

6-007.03 Eligibility Period: The services coordinator shall determine the effective date of services to be authorized to meet the needs identified in the service plan. This is the earliest date payment for service can be covered. This date may be as early as the date the services coordinator received the referral and extend for one year.

6-008 Outcome-Based Services

6-008.01 Respite Care

6-008.01A Respite Care for the DCP-Eligible Child: The following conditions apply to authorization and receipt of respite care as a DCP-funded service for the DCP-eligible child:

1. A maximum of \$75 a month applies per family. A larger amount may be approved by a decision-making team under special circumstances (e.g., the child's care needs require a health care professional, the family includes more than one SSI-DCP eligible child).
2. Based on a needs assessment, determined jointly with the family, a monthly amount less than \$75 must be considered for families with two or more available helping adults; when the child is in school at least four hours per day; or when the caregiver is employed outside the home. When large amounts of personal care aide or other in-home assistance are required by the household, an adjustment may also be appropriate--less if needs are being met, or more if care needs are extraordinary.
3. Respite care is not intended to support a concentrated effort by a parent to obtain a degree or some other educational pursuit. If a parent wants to take a class as a means of relaxation or "time-out," use of respite care may be appropriate.
4. Families may "save" two months' respite allowance to "spend" on a larger block of time in a third consecutive month (e.g., family vacation).

6-008.01B Respite Care for Siblings: DCP funds may be appropriately authorized and received to pay the costs of child care for the brother(s) and/or sister(s) of the SSI-eligible child to allow the parent(s) to accompany the SSI-DCP child to medical treatment or care.

Services coordinators shall refer sibling care costs to other resources or no cost programs (e.g., DSS-funded child care, Social Services Block Grant homemaker, or friends and relatives), as appropriate. In the absence of other alternatives, services coordinators may authorize sibling care.

Usual and customary child care rates in the community are the basis for sibling care payments. A daily rate should be negotiated when the number of consecutive hours of care exceeds six.

6-008.02 Training: DCP funds may be authorized to cover the cost of training for parents in specific skills which are related to the child's disability until the parent achieves sufficient proficiency to care for the child at home. Costs for attendance at conferences related to the disability are not covered. For example, payment for a parent to attend a class to learn sign language could be covered, while costs would not be allowed for attending an informational conference on children with hearing impairments.

6-008.03 Special Equipment: The following conditions apply to authorization and receipt of special equipment as a DCP-funded item:

1. Services coordinators may authorize a maximum of \$3,600 per family per 12-month period, beginning with the effective date of the current service plan, in a combination of special equipment and home accessibility, working with each family to determine the single highest priority need. Costs within this maximum allowance include the initial evaluation/assessment to determine appropriate item, purchase price, installation, and repair of special equipment.
2. Services coordinators shall not authorize DCP funds until all other possible funding resources for purchase of equipment have been thoroughly explored.

3. All requests for special equipment must be referred to Assistive Technology for evaluation and services to be paid by DCP.
4. Special equipment may include but is not limited to -
 - a. Van lifts. The services coordinator shall consult with a decision-making team regarding the type of lift and cost, and the age, condition, and mileage of the van into which the lift will be installed. If the van is more than five years old, or if the family plans to get a different van within the next few years, the services coordinator shall investigate whether the lift can be transferred to a different van and the most appropriate lift to facilitate this transfer. A van lift may be purchased for a family only one time in a five-year period. DCP funds may also be authorized to cover the cost of van lift installation and related needs (e.g., tie downs).
 - b. Used van, porch, or stair lifts. These may be purchased, following an evaluation by a qualified expert (e.g., League of Human Dignity, Assistive Technology Project). Van lifts may be already installed or available separately. DCP may authorize payment up to the estimated value of the lift.
 - c. Air purification systems, air conditioners: DCP funds may be authorized for the purchase of air purification systems or air conditioning only if a child's allergy is severe enough to meet MHCP criteria for asthma service or if asthma is the single qualifying disability for SSI. If the child is not eligible for MHCP, the services coordinator shall obtain approval from the MHCP medical consultant.
 - d. Positioning equipment; bath aids: These items may be considered for purchase/reimbursement through DCP if medical necessity is evidenced by a statement obtained from a physician or therapist, as appropriate, detailing the benefits expected.

If the services coordinator has a question about medical necessity, s/he shall consult with the MHCP nurse consultant at Central Office.

6-008.03A Excluded Items: The services coordinator shall not authorize DCP fund expenditure for the following:

1. Telephone devices for the deaf (TTDs, TTYs).
2. Television closed caption devices.
3. Pagers or cellular phones..
4. Computers or computer software.
5. Therapeutic toys.
6. Routine costs of maintaining special equipment (e.g., no funding for wheelchair batteries, annual clean and check of central air conditioning).
7. Portable ramps.

6-008.04 Home Accessibility: Services coordinators may authorize a maximum of \$3,600 per family per 12 month period, beginning with the effective date of the current service plan, in a combination of special equipment and home modifications. Staff shall work with each family to determine the single highest priority need. Total DCP payments for a single item or project must not exceed the \$3,600 yearly maximum. The following conditions apply to authorization and receipt of home accessibility as a DCP-funded service:

1. All requests for home modifications must be referred to Assistive Technology for evaluation and services to be paid by DCP.
2. For any home accessibility modifications, information is needed on whether the home is owned by the family or rented. If rented, the services coordinator shall consider how long the family has lived there, history of their moving pattern (every year, frequently, etc.), the availability of other accessible rental options in the community, and whether the landlord has agreed to the modification in writing. A copy of the landlord's permission must be included in the child's file.
3. DCP will only consider making one entrance to the home accessible. If one entrance to the home is accessible, DCP does not cover the cost to make another accessible entrance.
4. Home modification is limited to accessibility and usability for the child with the disability. Payment for construction of new rooms, making a room out of an existing area, making a second living area or level accessible, making a second accessible bathroom, or additions to a home are beyond this scope. However, DCP can consider covering the cost of accessible fixtures (such as accessible toilet, sink, or shower) when a room or addition is being built and the actual construction of the room is funded by another source (e.g., the family, another program).

For jobs bid at \$500 or less, the services coordinator shall discuss the situation with a decision-making team to determine the appropriateness of the proposed modifications.

6-008.04A Excluded Modifications: Services coordinators shall not authorize DCP fund expenditures for the following home modifications:

1. Requests which would result in isolation of the child (e.g., construction or repair of fences, a room for the child separate from the family's living area, padded walls);
2. Portable ramps; and
3. Modifications not related to making the child's home physically accessible.

6-008.05 Personal Care: Personal care services may be authorized through DCP only when the service is not available to the child through the Medicaid program. This is expected to be limited to times when the preferred provider is a relative of the child who needs service.

6-008.06 Attendant Care: Attendant care is assistance in caring for the DCP-eligible child. It may be authorized if each parent is employed or going to school. (Going to school is defined in Social Services child care as enrolled in and regularly attending vocational or educational training to obtain a high school or equivalent diploma or an undergraduate degree or certificate designed to fit him/her for paid employment. This excludes students pursuing second undergraduate degrees, second certificates, or any post-graduate schooling.)

The services coordinator and/or family shall explore eligibility for Social Services child care before attendant care may be authorized through DCP. Medicaid personal care aid must be explored, when appropriate, and used instead of DCP attendant care. For a hospitalized caregiver, or recovering caregiver, Social Services homemaker should be explored before attendant care is authorized through DCP.

Payments are never made to the parents as providers.

Attendant care is provided, following a needs assessment, for two categories of need:

1. Child. Only the disability-related cost of attendant care is covered when the service is provided to enable the usual caregiver to be employed or attend school. If the child would require care or supervision regardless of disability because of the parent's absence, and the parent would normally pay a lesser charge per day, DCP funds may be used to cover the costs of extraordinary charges. For example, if the parent would normally pay \$10 per day, but because of the disability the provider charges \$15 per day, the \$5 per day difference could be paid through DCP as a disability-related attendant care expense.
2. Youth. For youth who require care and supervision during a parent's absence for work or school, solely due to their disability rather than to age, DCP funds may be used to cover the full costs of attendant care. General guidelines indicate that a child is normally considered to not need supervision on an ongoing basis at age 12 or older.

6-008.07 Medical Mileage Reimbursement: Medical mileage reimbursement is available to parents who transport their children to disability-related medical care or treatment. Mileage is reimbursed at a rate of 20 cents per mile.

Transportation costs cannot be covered when travel is within the metropolitan area in which the child lives or when total mileage expenditures are less than \$25 per month. The services coordinator may authorize exceptional transportation costs when daily or very frequent trips are necessary and the trip is more than a few miles each way (e.g., south Omaha to Children's Hospital every day for two weeks).

6-008.08 Commercial Transportation: When the child's condition is life threatening or surgery is being performed and the presence of the second parent is warranted, DCP may fund the second parent's commercial transportation.

Transportation costs are not covered by DCP in the following instances:

1. DCP funds cannot be used to purchase service from a provider (e.g., airline, taxi, or individual) for the first parent. This service is funded through Social Services Block Grant/Medicaid.
2. Parking is not covered by DCP.

6-008.09 Meals and Lodging: Meals and lodging expenses for a Medicaid-eligible child and his/her attendant (e.g., one parent) are available through Medicaid when the meals and lodging are provided by a hospital which is enrolled as a Nebraska Medicaid ambulatory board and room provider. DCP funds are not available for parents' meals and lodging when care is provided by a Medicaid ambulatory board and room provider. The only exceptions are when the child's condition is life threatening or surgery is being performed and the presence of the second parent is warranted or when a second attendant is medically necessary. In this case, DCP may fund the second parent's meals and any additional lodging cost.

When a child will travel to receive care at a facility which does not contract with Medicaid as an ambulatory room and board provider, DCP funds may be authorized for reimbursement during calendar months in which these costs exceed \$25. For example, if meals are purchased for two days during January, totaling \$24, none of the cost is covered. If meals are purchased for five days in February, the entire \$60 is reimbursable.

Lodging rates are based on actual expenditures up to the State reimbursement rate. Meals expenditures are limited to \$20 per day per attendant (usually the parent). Additional expenditures for meals and lodging for siblings is not allowed. Cost of sibling's meals may be included in the parent's daily allowance, but an additional allowance for a sibling is not allowed.

DCP funds cannot be authorized to cover expenditures of paid providers (e.g., personal care aides, medical escorts). The rate of pay allowed those attendants should reflect the cost of providing service.

6-008.10 Utilities

6-008.10A Telephone Expenses: DCP can consider covering the cost of phone installation, ONLY if the child will not be released from the hospital without telephone service at home.

If the family has identified a need for assistance due to high long distance telephone costs, DCP can pay for long distance charges from the family to medical personnel or facilities which are currently involved in the child's treatment plan which is related to the disability.

6-008.10B Electricity Costs: If a family requests assistance with electric bills due to high costs related to the use of special equipment (e.g., a ventilator) or because the child has asthma severe enough to qualify for MHCP asthma service or if asthma is the single qualifying disability for SSI, DCP funds may be used to pay a portion of the electric bill.

The services coordinator shall use the following formula to determine the amount covered by DCP:

1. If the family is eligible for a heating/cooling program, add \$35 (if the family lives in a multi-family dwelling) or \$55 (if the family lives in a single-family dwelling) to the monthly amount of heating/cooling assistance. Deduct that sum from the family's monthly electric bill. DCP funds may be authorized to cover the difference as a disability-related expense.
2. If the family is not eligible for a heating/cooling program, subtract \$35 (if the family lives in a multi-family dwelling) or \$55 (if the family lives in a single-family dwelling) from the family's monthly electric bill. DCP funds may be authorized to cover the balance, as a disability-related expense.

If the services coordinator has a question about medical necessity, s/he shall consult with the MHCP nurse consultant at Central Office.

6-009 Redetermination

6-009.01 Annual Review: The services coordinator shall annually review each child's needs and service plan, meeting with the parent(s)/guardian and the child in any convenient location. Reviews must take place annually, beginning from the effective date of the service plan (see 467 NAC 6-007.03).

6-009.02 Change in Circumstances: The services coordinator shall complete a redetermination of eligibility when information is obtained about changes in a family's circumstances that may change the child's eligibility. The services coordinator shall complete this review as soon as possible and within 30 days.

6-010 Denial, Reduction, or Termination of Services

6-010.01 Denial or Reduction: If a requested service (i.e., a request included on the service plan) is denied funding through DCP or funding levels will be reduced, the services coordinator shall provide notice of action to the family using Form DSS-6. If services are being reduced, the services coordinator shall provide the notice at least ten calendar days before the effective date.

6-010.02 Termination: When a child's SSI-DCP case is to be terminated, the services coordinator shall immediately provide written notice to the parent/guardian, using Form DSS-6, at least ten calendar days before the termination's effective date. The notice must include information about -

1. The effective date;
2. Services terminated;
3. The reason for termination; and
4. The family's right to appeal.

No notice is required when the service plan is scheduled to expire and no further services are needed.

6-010.02A Reasons for Termination: The services coordinator shall immediately notify the parent/guardian of termination of SSI-DCP benefits when -

1. The child's eligibility for SSI benefits has been terminated. The services coordinator shall allow ten days notice of adverse action unless -
 - a. Services have been started and the service plan indicates that the commitment of monies was made for the service in a written authorization for the specific service before receipt of the notice of termination (e.g., a piece of equipment has been ordered, but not yet delivered or a bid for architectural modification has been accepted);
 - b. Abrupt termination of the medically-related services being provided would prevent the completion of a specific medical plan (e.g., meals and lodging have been authorized for an already-scheduled medical trip); or
 - c. SSI benefits are discontinued for a period not to exceed six months. The services coordinator shall consult with a decision-making team to continue payment beyond six months.
2. The parent/guardian fails to comply with the service plan. The services coordinator shall provide the parent/guardian ten days advance notice of termination.
3. A needs assessment determines that service needs no longer exist. The services coordinator shall provide the parent/guardian ten days advance notice of termination.
4. Services available through SSI-DCP are discontinued due to budget restrictions.

5. The child moves from Nebraska.
6. The child is placed in foster care with no immediate plans for reunification.
7. The child is institutionalized for an indefinite period.
8. The child becomes a state ward.

Services also terminate upon the death of the child and if whereabouts are unknown. Services coordinator discretion is allowed in the provision of notice for those reasons (e.g., providing notice to a provider, mailing to the last known address). The action must be documented in the case record.

6-010.03 Providing Referral: The services coordinator shall make all reasonable efforts to refer children whose service is denied, reduced, or terminated and who require additional services to other agencies which can provide services.

6-011 Payment for Services: SSI-DCP payments may be provided as vendor payments to qualified providers or made as reimbursements to the parent/guardian for services which s/he has provided (i.e., transportation) or for prior authorized items or services purchased in advance of billing to SSI-DCP.

6-011.01 Provider Standards: SSI-DCP providers shall follow the policies in 467 NAC 7-000. If the provider does not participate in MHCP, s/he shall meet any applicable local, state, or federal laws and regulations.

6-011.02 Abuse/Neglect Registry Checks: DCP funds cannot be used to pay a direct care provider (e.g., respite care, attendant care) or reimburse a family for services from a direct care provider if that provider is identified on the Department's child or adult registries as a substantiated perpetrator of abuse/neglect. The services coordinator shall conduct such a search before authorizing DCP funds. This includes -

1. Explaining to both families and providers that an abuse/neglect registry check is required for any provider who will provide direct care and supervision of children.
2. Obtaining the name of each potential provider of direct care before service is authorized through DCP.
3. Obtaining signed consent from the provider, allowing his/her name to be checked with both the child and the adult registries.
4. Accessing, or arranging access to, the automated registries.
5. If no match is found: Notifying the provider and family that service may begin.
6. If a match is found: Notifying the provider and family that DCP funds are not available. The services coordinator shall explain to the provider proper procedures to request a record expungement through protective services staff in Central Office.

6-011.03 Billing: Either the provider or the parent/guardian may bill SSI-DCP by submitting Form MHC-24 or the provider's regular billing document.

The services coordinator shall retain a copy in the child's case file and forward the original to Central Office for payment.