

The following case study is the seventh in our series highlighting one of our 56 federally-funded state and territory programs funded under the [Assistive Technology Act of 2004 \(P.L. 108-364\)](#). To learn more and to locate your state/territory program, visit the [AT3 Center website](#).

# NEBRASKA'S AT PARTNERSHIP WITH MEDICAID HOME AND COMMUNITY-BASED SERVICES

## Hundreds of Nebraskans are Diverted From Costly Facilities Each Year

In Nebraska, a unique partnership between the Department of Health and Human Services (DHHS) and the state's Assistive Technology (AT) Act Program offers hope for a national problem. Across the country, many older adults and persons with disabilities have trouble accessing the modifications and AT services they want and need to live in their communities and age in place. Medicaid's Waiver program allows states to create alternatives to facility-based care, but in 2015, 70% of Medicaid Long-Term Services and Supports went to extended-care facilities. If trends continue, the system will experience unsustainable pressure: According to the Kaiser Family Foundation, one in three Americans over age 65 require a "nursing home level of care" at some point in their lives, and by 2060 the number of Americans over age 65 will double.<sup>1</sup> As the statewide expert providing home and vehicle modifications, Nebraska ATP diverts older adults and individuals with disabilities from the costly facilities they wish to avoid. ATP serves between 500 and 800 households annually with Waiver-funded services, saving potentially millions in Medicaid dollars.

### What are Medicaid Waivers?

[Medicaid Home and Community-Based Services \(HCBS\) Waivers](#) allow states that participate in Medicaid to create alternative services and supports to meet the needs of people who prefer to receive long-term care in their home or community rather than in a facility. States apply for different Waivers to design services so that older adults and individuals with disabilities can avoid facility-based care. Waiver services must not cost more than the cost of services provided in an extended care facility.

<sup>1</sup> "Medicaid's Role in Nursing Home Care." KFF, May 10, 2017. <https://www.kff.org/infographic/medicaids-role-in-nursing-home-care/>.

# About the Nebraska Partnership

[Nebraska ATP](#) began providing AT services and supports, including vehicle modifications, in 1988 as a project within the Vocational Rehabilitation (VR) program of the Department of Education. Then in 1998, the state's first Medicaid Waiver opened doors, literally and figuratively, for more Nebraskans and the Nebraska ATP. The "P" in "ATP" evolved from "Project" to "Partnership" when it entered a contract with DHHS to provide services through the state's HCBS Aged and Disabled Waiver. Home-access ramps, vertical platform lifts, ceiling track lifts, entrance and bathroom modifications, vehicle modifications, and a range of AT were funded for eligible applicants. Since then, ATP has entered more partnerships, allowing ATP to serve as a single point of entry for clients of multiple state agencies, nonprofits, and the public to learn about and find funding for AT and modifications. As a result, ATP has grown from a single office with five employees to a staff of 26 among six regional sites. Anchoring ATP's build-out, however, was that initial DHHS agreement to provide Aged and Disabled Waiver services.

## How is AT Defined in Nebraska's Medicaid Waiver?

[Nebraska's HCBS Aged and Disabled Waiver Defines Assistive Technology Supports and Home and Vehicle Modifications Broadly](#)

### AT Supports are:

“Specialized equipment and supplies that enable a participant to increase, maintain, or improve their functional capacities. It includes the evaluation and purchasing, but not leasing, of the assistive technology. It includes selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing the assistive technology device and any training or technical assistance for the participant and family members, guardian, and other interested parties.”<sup>2</sup>

### Home and Vehicle Modifications are:

“The physical adaptations to the primary residence, automobile, or van of the participant or participant's family to accommodate the participant or improve their function.”<sup>3</sup>

## How ATP's DHHS Partnership Developed

Prior to ATP, independent living specialists conducted assessments for independent living needs through the Centers for Independent Living (CILs). In 1998, DHHS centralized this and other AT services with ATP. At this time, ATP was directed by Mark Schultz, a former barrier-free design specialist with a Nebraska CIL. ATP had an existing track record of providing vehicle modifications for VR clients and expertise in assistive technology. Schultz, who has a degree in architectural studies, made the case for and stewarded ATP's expansion to provide home and vehicle modifications for Waiver-funded applicants.

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<sup>2</sup> Home and Community-Based Services Aged and Disabled Waiver Service Requirements, 480 NAC 5 § 003.03(A)(i) (2021).

[https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health\\_and\\_Human\\_Services\\_System/Title-480/Chapter-05.pdf](https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-480/Chapter-05.pdf)

<sup>3</sup> Home and Community-Based Services Aged and Disabled Waiver Service Requirements, 480 NAC 5 § 003.03(A)(ii) (2021).

The expansion was relatively easy under the VR umbrella, notes Tobias Orr, ATP's current director. VR already maintained regional offices statewide, and ATP kept overhead low by hiring technology specialists to staff existing VR locations. In regions without the volume to support an additional FTE, ATP shared positions with other programs and funding sources as those positions ramped up to full time. The DHHS partnership now funds eight full-time technology specialists who provide assessments and case oversight and one full-time program supervisor. Regional contractors provide home and vehicle modifications and certain AT products and services.

***Orr notes that one way AT Act Programs could ramp up services would be to contract for assessments with occupational therapists while gauging regional needs.***

## **The Contract: Cost Reimbursement, Not Fee-for-Service**

ATP moved to a cost-reimbursement model because using a fee for services was challenging to manage in a rural state where some jobs require extensive travel and time. Although nearby assignments should balance out the more remote jobs, they also raised alarm. "No one wants to see a simple grab bar project in Omaha billed for \$1,200," says Orr. ATP negotiated an annual budget for serving the entire state based on salaries, benefits, estimated total travel, and overhead. "We bill against the budget monthly. We don't make any money off these jobs, but as a state agency we're also not in business to make a profit," Orr says. However, ATP is now also a service provider for the Developmental Disabilities Medicaid Waivers, and those jobs are paid on a fee-for-service basis (and represent just a small fraction of the households ATP serves).

## **The Case for Providing Waiver-Funded AT Services**

In 2021, the median cost for a semi-private room in a long-term care facility in the US was \$7,800/month or \$93,600/year.<sup>4</sup> With ATP's Waiver-funded services, eligible Nebraskans stay (or return) home, avoiding costly long-term care placements. They may also avoid falls, and resultant expensive hospital stays. ATP reports home modifications typically cost between \$700 and \$12,500 per household and keep Nebraskans living in their community for months to many years. "We are helping someone stay independent and saving the taxpayers' money at the same time," Orr emphasizes. "So long as we've kept someone out of a nursing home for (on average) an extra two or three months, the service pays for itself."

<sup>4</sup> "Median Cost of Nursing Home, Assisted Living, & Home Care." Genworth. Accessed April 25, 2022. <https://www.genworth.com/aging-and-you/finances/cost-of-care/cost-of-care-trends-and-insights.html>.

## ATP Provides DHHS and Consumers:

**Quality Control.** Most human service employees don't have the technical expertise necessary to oversee construction. ATP ensures that grab bars are installed with extra blocking behind the wall, that ADA specifications are the standard, and materials are appropriate (such as treated lumber for ramps). "We make sure a job is done right for client safety and quality control," Orr says.

**Cost Efficiency.** Because ATP is not selling AT or its services, there is no incentive to provide a more expensive solution than is necessary. "A lot of times [a client] may want marble countertops, for example," Orr says, "but we find the lowest-cost solution that will meet the needs."

**AT Expertise.** ATP has broad experience with a range of disabilities and has complementary programs that clients may benefit from, including equipment demonstration, loan, and reutilization. Clients have an opportunity to learn about devices that may benefit their independence beyond a home or vehicle modification. Technology specialists may identify other cost-effective supports that can make a difference for a consumer during their home assessment.

## How ATP Provides Waiver Services

### Step 1: The referral is made.

Service coordinators at DHHS, Centers for Independent Living, or Area Agencies on Aging refer clients to ATP using a [Service Coordinator Referral Form found on the ATP website](#). Once submitted, the ATP program coordinator confirms the referral is appropriate for the program and forwards it to the client's regional technology specialist.

(Note: some referrals may also come from the ATP [Service and Device Application](#). This form is used by the public to apply for ATP assistance and is accepted by multiple agencies and nonprofits; applicants are screened for eligibility with potential funders, public and private. If the application identifies that a consumer is Medicaid eligible or working with a services coordinator, contact is made with their coordinator for a referral. ATP has a full-time resource specialist who directs consumers to funding sources, helps stitch funding sources together, and provides support for filling out applications.)

### Step 2: The assessment is conducted.

The technology specialist contacts the client to assess their home and/or vehicle access needs based on their functional limitations. The technology specialist then drafts specifications and plans for the lowest-cost solution that will provide access.

Technology specialists are hired with a range of experiences. Many are occupational therapists; some have experience with durable medical equipment; some have design or construction experience. ATP trains all Waiver technology specialists to be proficient with Vectorworks 3D Design software and accessibility standards. ATP specialists with particular areas of AT expertise (e.g., speech-generating devices, smarthome technologies, sip-and-puff systems) may be

tapped for any project statewide that requires their skills, including specialists who were not hired to provide Waiver services. All ATP technology specialists may code hours to DHHS funding as needed.

**Step 3: The plans are approved.**

The technology specialist shares the plans with the consumer, who must approve the project before it goes forward.

**Step 4: Three quotes are collected.**

The ATP program coordinator sends plans/specifications to contractors/vendors for competitive quotes (using the [Approved Provider Standard Quote Forms](#)). Quotes are due back in two weeks. Ideally, three bids are sought; however, there are often not enough contractors to support that requirement in rural areas.

**Step 5: The project is awarded.**

The ATP program coordinator sends a Service Authorization to the contractor with the lowest, most appropriate bid. They have 60 days to complete it. Exceptions due to weather and unforeseen circumstances can be made; however, the contractor must inform the technology specialist overseeing the project. The technology specialist is available to both the consumer and contractor to answer questions or address concerns during the project.

**Step 6: An invoice is submitted.**

The contractor/vendor submits an invoice to the technology specialist upon project completion.

**Step 7: The project is inspected.**

The technology specialist inspects the project with the consumer, and the consumer signs an Acceptance and Agreement form when the project is completed to their satisfaction. The technology specialist provides training in new equipment as needed.

**Step 8: The invoice is forwarded.**

ATP accounting staff submits the invoice for payment to DHHS. Payment is made to the contractor/vendor. No funds are provided to contractors until the job is complete.

## Lessons Learned From the Assistive Technology Partnership with DHHS

**Inappropriate referrals.** Service coordinators at Centers for Independent Living and Area Agencies on Aging tend to have a high turnover rate. As a result, they often make inappropriate referrals. (For example, the Waiver will not pay for installing an elevator in a residence or modifying an older model vehicle.) Inappropriate referrals with high-client expectations are time consuming and challenging. The program coordinator must carefully screen referrals and not forward projects that Medicaid regulations will not cover.

**Ongoing tech support.** Orr acknowledges ATP is not installing a large volume of smart home technologies because their contractor model is not designed for ongoing tech support. "Before we install smart home devices, we have to know there is someone connected to the household

who can troubleshoot the technology, such as if a new password is required or if a Wi-Fi router needs rebooting. Simple problems in a remote rural location are frustrating to solve without someone on site who can assist."

**Funding for upfront expenses.** A barrier for contractors has been the inability to get a deposit upfront to obtain materials and supplies. ATP is negotiating with DHHS to address this. Currently, the contractor fronts these costs until the project is completed.

**Contractor recruitment.** Recruiting contractors requires every means possible. ATP launched a Contractor Recruitment Committee to address a shortage of contractors who bid on jobs. ATP's best recruitment results come not from social media ads, radio PSAs, or email blasts but from snail mailings to contractor lists acquired from the Home Builders Associations and the Department of Labor. ATP has also had success placing ads in Home Builders Association newsletters and posting fliers in hardware stores with tear-off numbers. Orr says that the contractors who take on this work do so because they are happy to have steady year-round pay, know the state's checks won't bounce, and see the difference they make in people's lives.

**Contractor approval.** Contractors must be approved as Medicaid providers. This paperwork is intimidating and discourages applicants. ATP now has a staff person assigned to ushering contractor-applicants through the process, including background checks, and completing paperwork. Orr says this process has made a considerable difference and was a suggestion made by a staff person on the Contractor Recruitment Committee.

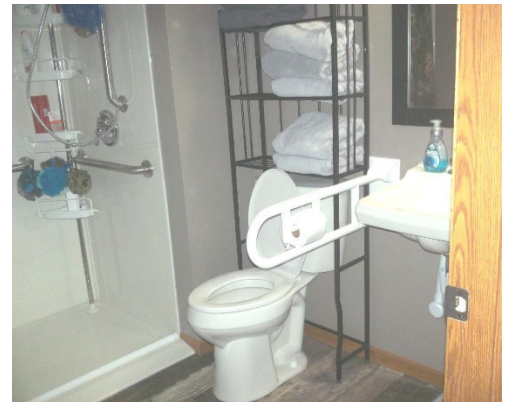
## Home Modification Success

A consumer from Central Nebraska faced several daily challenges to maintain his independence. The first was maneuvering his wheelchair through the bathroom door. The second was using the facility without the assistance of his parents or a caregiver.

Access was achieved with a wider doorway, barrier-free shower, wall-mounted sink, a higher toilet, and grab bars.

"The modifications provided the consumer independence and eliminated the need to hire more state-funded caregivers to help him," says ATP Technology Specialist Donna Buschkoetter.

"There are consumers ATP worked with years ago who are still living independently," Orr notes. "It's just a win-win for everybody."



*Preparation of this publication was financed by Grant Number 90ATTA0001-05-00 from the US Department of Health and Human Services, Administration for Community Living under provisions of the Assistive Technology Act of 1998, as amended (Public Law 108-364)*