

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Medicaid Benefits and Health Programs Group

March 1, 2024

Matthew Ahern, Medicaid Director
Nebraska Department of Health and Human Services
Division of Medicaid & Long-Term Care
PO BOX 95026
Lincoln, NE 68509

Dear Mr. Ahern:

We are approving your request for an initial 1915(c) home and community-based services (HCBS) waiver for children through age 21 with intellectual and developmental disabilities, which the state has titled the “Family Supports Waiver.” This waiver has been assigned CMS control number NE 2366.R00.00, which should be referenced on all future correspondence relating to this waiver.

For this HCBS waiver, you have requested a waiver of 1902(a)(10)(B) of the Social Security Act in order to waive comparability of services. CMS approves this waiver for a three-year period with an effective date of March 1, 2024.

This waiver will offer the following supports for waiver participants: respite, assistive technology, child day habilitation, community integration, day supports, environmental modification assessment, family and peer mentoring, family caregiver training, home modifications, homemaker, independent living, personal emergency response system (PERS), supported family living, non-medical transportation, and vehicle modifications. Some of these services include participant direction opportunities.

The following number of unduplicated recipients and estimates of average per capita cost of waiver services have been approved:

<u>Year</u>	<u>Unduplicated Recipients</u>	<u>Average Per Capita Cost of Waiver Services (Factor D + D')</u>
1	895	\$23,244.96
2	975	\$22,950.41
3	975	\$24,404.00

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This approval is subject to your agreement to serve no more individuals than those indicated above. If the state wishes to serve more individuals or make any other alterations to this waiver, an amendment must be submitted for approval. The state may renew the waiver at the end of the initial three-year period by providing evidence and documentation of satisfactory performance and oversight. CMS will send to the state a letter requesting evidence by August 31, 2025 including the template for the state to use in the submission of this information.

It is important to note that CMS' approval of this waiver solely addresses the state's compliance with the applicable Medicaid authorities. CMS' approval does not address the state's independent and separate obligations under federal laws including, but not limited to, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, or the Supreme Court's Olmstead decision. Guidance from the Department of Justice concerning compliance with the Americans with Disabilities Act and the Olmstead decision is available at http://www.ada.gov/olmstead/q&a_olmstead.htm.

The state has identified its intent to use money realized from section 9817 of the American Rescue Plan (ARP). Approval of this action does not constitute approval of the state's spending plan. The state must have an approved spending plan in order to use the money realized from section 9817 of the ARP.

We appreciate the cooperation and effort provided by you and your staff during the development of this new home and community-based services waiver program. Please contact Ciera Lucas at Ciera.Lucas@cms.hhs.gov with any questions related to this approval.

Sincerely,

Melissa Harris, Deputy Director
MBHPG

C: George P. Failla, Jr., Director
Division of HCBS Operations and Oversight
Medicaid & CHIP Operations Group, CMCS