

Nebraska Home and Community–Based Services (HCBS) Spending Plan

Quarterly Update – FFY 2024 – Q2

OCTOBER 18, 2023

**Nebraska Department of Health and
Human Services**



NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



October 18, 2023

Jennifer Bowdoin
Director, Division of Community Systems Transformation
Center for Medicaid & CHIP Services (CMCS)
7500 Security Blvd.
Baltimore, MD 21244

Dear Director Bowdoin:

DHHS is submitting the attached information as its quarterly spending plan update to its Home and Community Based Services Spending Plan as outlined in the American Rescue Plan Act of 2021.

As outlined in the general considerations in your original letter, Nebraska acknowledges and agrees that it will notify CMS if we propose changes to our HCBS spending plan to enhance, expand, or strengthen HCBS under ARP Section 9817 in such a way that:

- *Is focused on services other than those listed in SMD# 21-003 Appendix B or that could be listed in Appendix B;*
- *Includes room and board (which CMS would not find to be a permissible use of funds); and/or*
- *Includes activities other than those listed in Appendices C and D.*

Nebraska's quarterly spending plan submission first provides updates on current implementation activities for the conditionally approved spend plan initiatives, per conditional approval letters received from CMS on January 31, 2022; May 2, 2022; August 23, 2022; January 18, 2023; April 10, 2023; and August 18, 2023. This quarterly update includes seven (7) new spend plan initiatives for CMS review. Nebraska also eagerly anticipates approval of the FFY24 Q1 spend plan submission from July 2023 which contains three new initiatives pending CMS approval.

As indicated in our initial spending plan, Nebraska DHHS, as Nebraska's single state agency for Medicaid, serves as the Operating Agency for the HCBS ARP initiatives. Jeremy Brunssen, Deputy Director for Finance and Program Integrity with the Division of Medicaid & Long-Term Care, serves as the primary contact for these initiatives. He can be reached at Jeremy.Brunssen@Nebraska.gov or (402) 540-0380.

Sincerely,

Kevin Bagley, Director
Division of Medicaid & Long-Term Care

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Grants to agencies to purchase telehealth equipment	
Description	<p>Funding for providers to purchase technology that will support provision of direct clinical services through telehealth and telemonitoring for two-way audio/video communication or technology for asynchronous management of chronic diseases.</p> <p>Providers would need to develop protocols for the utilization of the technology, ensure it is HIPAA compliant, and meet all state and federal regulations for the use of technology for telehealth and telemonitoring.</p> <p>DHHS will require providers to submit an application form and proposal that include the services to be provided, technology overview, and budget request. Approved providers will need to maintain invoice records to submit to the state for an audit post-program implementation.</p>
Timeframe	<p>Program will be rolled out 6 months from CMS approval of initial spending plan. Providers would have another 6 months to submit their funding requests.</p>
How it enhances or expands Medicaid HCBS	<p>Expands the use of technology and telehealth. Provides specialized supplies and equipment to agencies, which will allow greater access to HCBS through telehealth. Telehealth is especially critical in rural and other remote areas of the state.</p>
Additional Narrative (10/2021)	<p>Grants to agencies to purchase telehealth equipment are targeted at providers who are delivering services that are listed in Appendix B of SMD# 21-003 if the services can be delivered by telehealth. Services are only eligible to be delivered through telehealth if the service does not require hands-on care, does not put the patient in harm by providing the service through telehealth, and the service description can be met by providing the service through telehealth. An example of services not eligible for a telehealth grant would be personal care services that have to be provided in-person and require hands-on care or are required to be provided by immediate supervision of the patient.</p> <p>Grants to agencies or providers to purchase telehealth equipment will also be considered for providers not listed in Appendix B if providing telehealth equipment will facilitate keeping the patient in their home or community setting. Cases may include a grant to a behavioral health provider in a frontier area that serves patients without transportation who would be unable to attend therapy and may relapse without that treatment. Equipment purchased with these grants may also be used for encounters for medication reviews or mental status exams, or occupational therapy to observe a patient in their home environment and provide rehabilitation services to ensure they can stay in their home or community-based setting.</p> <p>DHHS does not intend to cover ongoing connectivity cost as part of these telehealth equipment grants.</p>
Initiative Sustainability	<p>This is a grant program that will have an established cap amount, and once the cap is reached, no further grants will be awarded.</p>

Beyond 2024?	
Progress update (4/2022)	The project was approved by CMS effective January 31, 2022. Internal planning and implementation has kicked off and is underway, with the intent to release instructions for providers to apply for grants by July 31, 2022.
Additional Information (7/2022)	The state is not seeking additional FFP for the grants described in this spending plan activity.
Progress Update (1/2023)	The state is reviewing grant applications and expects to begin award notifications this quarter.
Progress Update (4/2023)	The state has issued payments and award letters to providers for currently approved applications. The state continues to receive and review new grant applications.
Progress Update (10/2023)	The state continues to receive and review new grant applications.

Convert or renovate facilities for other purposes or enhance purpose	
Description	<p>Make available a sum of money for physical improvements/conversions of established structures that include modernization and facility changes to support care provision to specific patient populations.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Nursing Facility to Rehabilitation facility, Day Rehabilitation, Assisted Living Facility • Therapeutic Group Home • Qualified Residential Treatment Program updates or conversion • Respite spaces <p>Providers would be required to submit their project design and plan with cost estimates. The plan must identify how the project improves the client experience and the specific patient population for the facility type.</p> <p>Financial allocation would be done through the establishment of project progress benchmarks and incremental distribution. Specific project benchmarks would be outlined with grant approval, and 25 percent of the overall grant amount would be provided at start-up. Twenty-five percent would be distributed upon receipt of documentation of successful completion of benchmarks for stage 2, and 50 percent upon completion.</p>
Timeframe	Six months for program roll out. Provider plans must be submitted within 2 years from project initiation.
How it enhances or expands Medicaid HCBS	Expanding provider capacity by providing nursing facilities or other institutional settings with funding to convert to assisted living facilities or to provide adult day services, respite care, or other HCBS.

	This would incentivize investment in communities to support persons in need of HCBS services, as well as increase potential services and access points across the state.
Additional Information (10/2021)	Nebraska plans to pay for permissible capital investments as part of this proposal. We will require applicants to demonstrate compliance with the final settings rule. Developing community housing and services by leveraging and transforming existing and underutilized local infrastructure (especially in rural or frontiers areas) facilitates community inclusion and personal choice within participants' existing communities, which enhances, expands, and strengthens HCBS as described in section 9817 of the ARP.
Initiative Sustainability Beyond 2024	This is a grant program that will have an established cap amount, and once the cap is reached, no further grants will be awarded.
Progress update (4/2022)	The project was approved by CMS effective January 31, 2022. Internal planning and implementation has kicked off and is underway, with the intent to release instructions for providers to apply for grants by July 31, 2022.
Additional Information (7/2022)	The state is not seeking additional FFP for the grants described in this spending plan activity.
Progress Update (1/2023)	The state is reviewing grant applications and expects to begin award notifications this quarter.
Progress Update (4/2023)	The state has issued payments and sent award letters to providers for currently approved applications. The state continues to receive and review grant applications.
Progress Update (10/2023)	The state continues to receive and review new grant applications.

Funding of non-federal share for Administration on Community Living (ACL) grants for the State Unit on Aging	
Description	ARP grants from the ACL included all program areas usually funded by annual formula grants. The ARP grants require state and local match (whereas other emergency funding did not). The ACL ARP awards are about \$7.7 million and require a non-federal share match of 15 percent and 25 percent (local and state), totaling about \$1.2 million overall. This is an unexpected expense at the state and local level, as many programs are grant-funded and have limited outside resources. This proposal is to fund the non-federal share of the ACL ARP grants from the FMAP savings from the HCBS enhanced FMAP, which benefit HCBS and Medicaid participants and the Medicaid system. The need is for the ACL project period, (4/1/21 – 9/30/24), with the additional 10 percent FMAP funds requiring to be spent by March 31, 2024. The federal award is likely to be fully expended prior to the end of the enhanced FMAP expenditure allowed date of March 31, 2024. Funds will support Area Agencies on Aging (AAAs) and local programs managed by the agencies that serve seniors across the state. As described in this section, the state is not seeking additional Medicaid FFP, but is using

	this non-federal share money as the source of the non-federal share match for ACL funds.
Timeframe	Issue sub-awards to AAAs by October 1, 2021 (with spending authorized through 3/31/24).
How it enhances or expands Medicaid HCBS	Increases access to HCBS services.
Additional Information (10/2021)	Additional information related to CMS's questions on this topic are included in Appendix A (pg. 11).
Initiative Sustainability Beyond 2024	This would be a one-time coverage of the non-federal share.
Progress update (4/2022)	The project was approved by CMS effective January 31, 2022. DHHS is currently working with its procurement services to work toward issuing these grants.
Progress Update (1/2023)	All awards have been issued and agencies are regularly requesting reimbursement.

<h2>Procure a fiscal intermediary and change the rate methodology for personal assistance services and chore services</h2>	
Description	This proposal is for two separate, but related activities. This would first pay for the costs of a rate study for PAS and chore services to develop a new methodology for establishing payment rate for these services. Second, this proposal would fund the implementation associated with a third-party fiscal agent or fiscal intermediary who would process payments for these services when billed. These activities are eligible for administrative federal match at 50 percent.
Timeframe	Development of new rate methodologies: 12-15 months Procurement and implementation of a fiscal intermediary: 24-30 months
How it enhances or expands Medicaid HCBS	Addresses provider complaints about PAS and chore services reimbursement rates. Increases efficiency of the state government to process and pay HCBS providers.
Additional Information (10/2021)	Nebraska's plans to procure a fiscal intermediary and change the rate methodology for Personal Assistance Services and Chore services will not result in reduced provider payment rates as compared to those in place as of April 1, 2021. The investments made to complete these activities will strengthen HCBS, as a fiscal intermediary will provide additional support and more resources to these providers than what is currently in place today.

	Furthermore, completing a rate study and formal analysis, which has not been done in many years, will inform DHHS on the state of Medicaid payment for these HCBS. This information then can be used to make future decisions regarding payment rates that can positively affect access for these services.
Initiative Sustainability Beyond 2024	<p>Procuring a fiscal intermediary: This would add some new costs to the Medicaid program, while providing switch savings, as it would have the benefit of sun setting some legacy functionality in NFOCUS and would likely fit into the longer-term strategy of Nebraska’s new iServe system under iBEEM. This would also likely significantly improve the provider experience in several ways.</p> <p>Changing rate methodologies: In the event the rate study determines that rates need to be increased in an amount that is not able to be absorbed within current appropriations, a budget issue may be needed, or provider associations may present a bill for funding in the Nebraska Legislature.</p>
Progress update (4/2022)	The project was approved by CMS effective January 31, 2022. Internal planning and implementation are currently underway.
Additional Information (7/2022)	The state is obtaining additional FFP through leveraging the 50 percent Administrative FFP match for the activities described in this spend plan initiative.
Progress Update (1/2023)	<p>Rate study: The external consultant has completed the rate study for HCBS services in the spend plan initiative.</p> <p>Fiscal intermediary: The project will have formal kick-off in January 2023.</p>
Progress Update (4/2023)	<p>Rate study: The state is evaluating the completed rate study and determining next steps.</p> <p>Fiscal intermediary: The state is actively documenting current business and technical processes, in conjunction with evaluating the fiscal intermediary model best suited for the state to develop requirements to be established for the RFP, as well as for creating a project roadmap.</p>
Progress Update (7/2023)	Fiscal intermediary: Review of business and technical processes is ongoing. The state completed the review of the current-state systems diagrams.
Progress Update (10/2023)	Fiscal Intermediary: The project has completed programmatic decisions and is now moving into the estimation phase of the RFP development work.

Funding increase to address workforce shortages and continued increased costs due to COVID-19 for all four of Nebraska's Waivers (TBI, AD, CDD, and DDAD)

Description	<p>This proposal is to provide for temporary rate increases for all 1915(c) waiver services. This funding proposal includes approximately \$30.3 million to temporarily increase provider rates by 15 percent for all HCBS waiver programs (Aged and Disabled Waiver; Adult Day DD Waiver; and Comprehensive DD Waiver), with the exception of payments for Assisted Living Facility and Traumatic Brain Injury services. Separately, this includes approximately \$6.3 million to fund a \$20 per patient per day temporary increase for Traumatic Brain Injury and Assisted Living Facilities.</p> <p>This funding proposal will be used to supplement multiple activities as stated in the ARPA law to enhance the Medicaid waiver services by:</p> <ul style="list-style-type: none"> • Supporting and protecting the HCBS workforce • Ensuring financial stability for HCBS providers
Timeframe	The rate increases will be administered to providers for dates of service from January 1, 2022, through June 30, 2022.
How it enhances or expands Medicaid HCBS	<p>The first funding increase proposal is to assist providers with two separate operational barriers. First, funds will provide a temporary rate increase of 15 percent for all CDD, DDAD, and AD community-based waiver services to aid providers with persistent workforce shortages. The increased funding will help providers pay staff overtime for direct care during the pandemic. Secondly, the increased funding will help stabilize operations by helping providers handle increased costs due to COVID-19.</p> <p>The second funding increase proposal is to assist AD/TBI providers with two separate operational barriers. First, funds will provide a temporary rate increase of an additional \$20 per patient per day for TBI and AD Assisted Living waiver services to aid providers with persistent workforce shortages. The increased funding will help providers pay staff overtime for direct care during the pandemic. Increased funding will also help stabilize operations by assisting providers in absorbing increased costs due to COVID-19.</p> <p>Both funding proposals will enhance providers' abilities to provide timely and quality Medicaid HCBS services across all of Nebraska's Medicaid waivers and benefit both waiver providers and waiver participants.</p>
Initiative Sustainability Beyond 2024	Both of the proposed rate increases end on June 30, 2022.
Additional Information (7/2022)	The project was approved by CMS effective May 2, 2022. Additionally, the state received approval of the Appendix Ks for the federal share/FFP associated with this spend plan activity on March 17, 2022.
Progress Update (1/2023)	All rate increases have been executed.

Progress Update (7/2023)	All funds have now been expended from the HCBS Increased FMAP fund pursuant to this initiative.
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Home Health Provider Relief Payments	
Description	Issue one-time provider relief payments for Medicaid-enrolled Home Health (HH) providers who provided services during the PHE.
Timeframe	Implement within 90 days of approval of the spending plan initiative.
How it enhances or expands Medicaid HCBS	<p>These relief payments will help HH providers to address their specific challenges to increase their ability to continue to provide HH services and expand the number and type of services provided under HCBS. The payments can be used for hiring and/or retention bonuses, increasing staff wages, and investing in infrastructure needed by the provider to enhance or expand HCBS Services for Medicaid beneficiaries.</p> <p>Medicaid plans to issue the payments with the state-only funds created from the 10 percent enhanced FMAP and does not anticipate seeking to match any of the payments with additional FFP or seeking underlying authority to do so. This plan includes approximately \$10,000,000 for provider payments.</p>
Initiative Sustainability Beyond 2024	This initiative will not create sustainability concerns, as it includes one-time payments.
Additional Information (10/2022)	The project was approved by CMS effective August 23, 2022. Internal planning and implementation are currently underway.
Progress Update (1/2023)	The state has engaged in provider stakeholder meetings and is in the process of developing a provider relief payment application and process.
Progress Update (4/2023)	The state is currently accepting applications for provider relief. Provider relief forms are due by April 14, 2023.
Progress Update (7/2023)	The state reviewed applications and submitted payments from the first application period. The state is considering opening a second application period to use remaining funds.
Progress Update (10/2023)	The state opened a secondary application window with applications accepted until early October. The state is currently in the process of reviewing the applications received.

Program for All-Inclusive Care for the Elderly Provider Relief Payment	
Description	Issue a one-time \$100,000 provider relief payment for the Medicaid-enrolled Program for All-Inclusive Care for the Elderly (PACE) providers who provided services during the PHE.
Timeframe	Implement within 90 days of approval of the spending plan initiative.
How it enhances or expands	This provider relief payment will help Nebraska's PACE provider to address their specific challenges to increase their ability to continue to provide PACE services and expand the number and type of services provided under HCBS.

Medicaid HCBS	<p>The payments can be used for hiring and/or retention bonuses, increasing staff wages, and investing in infrastructure needed by the provider to enhance or expand HCBS Services for Medicaid beneficiaries.</p> <p>Medicaid plans to issue the payments with the state-only funds created from the 10 percent enhanced FMAP and does not anticipate seeking to match any of the payments with additional FFP or seeking underlying authority to do so.</p>
Initiative Sustainability Beyond 2024	This initiative will not create sustainability concerns, as it is a one-time payment.
Additional Information (10/2022)	The project was approved by CMS effective August 23, 2022. Internal planning and implementation are currently underway.
Progress Update (1/2023)	The state will be executing this provider relief payment this quarter.
Progress Update (4/2023)	The state completed this spend plan initiative and expended the funds as intended in the spend plan activity.

(Updated 4/2023) Personal Assistance Services Provider Rate Increase	
Description	<p>This updated proposal is to increase provider rates for State Plan Personal Assistance Services (PAS) by approximately 25 percent effective July 1, 2023, and another 11 percent effective July 1, 2024.</p> <p>Issue one time provider relief payments for Medicaid-enrolled Personal Assistance Services (PAS) providers who provided services during the PHE.</p>
Timeframe	Implement within 90 days of approval of the spending plan initiative.
How it enhances or expands Medicaid HCBS	<p>These relief payments provider rate increases will help PAS providers to address their specific challenges, to increase their ability to continue to provide PAS services, and to expand the number of recipients receiving services and type of services provided under HCBS. The payments can be used for hiring and/or retention bonuses, increasing staff wages, and investing in infrastructure needed by the provider to enhance or expand HCBS Services for Medicaid beneficiaries.</p> <p>Nebraska Medicaid plans to submit a State Plan Amendment to seek federal financial participation for these provider rate increases and use the state general funds saved/generated from the 10 percent enhanced FMAP to fund the non-federal share for the initial quarters of the increased payments.</p> <p>The state estimates that this will result in approximately \$6.4 million in total fund new/additional payments to providers, of which approximately \$2.6 million will be funded as non-federal share from the spend plan initiative.</p>

	Medicaid plans to issue the payments with the state-only funds created from the 10% enhanced FMAP and does not anticipate seeking to match any of the payments with additional FFP or seeking underlying authority to do so. This plan includes approximately \$1.5 million for provider payments.
Initiative Sustainability Beyond 2024	This initiative will not create sustainability concerns as it includes one-time payments. Nebraska Medicaid is securing the necessary ongoing non-federal share of these increased provider rates through general fund appropriations to continue paying these rates beyond the expiration of the ARP spend plan authority.
Additional Information (10/2022)	The project was approved by CMS effective August 23, 2022. Internal planning and implementation are currently underway.
Progress Update (1/2023)	The state is evaluating the methodology to implement this spend plan initiative and will provide additional updates next quarter.
Progress Update (4/2023)	Nebraska is submitting a signification revision to the spend plan initiative for CMS consideration of approval.
Progress Update (7/2023)	Nebraska is awaiting CMS approval of the revised initiative submitted in April 2023.
Progress Update (10/2023)	The state has received State Plan Amendment approval for rate increases and will begin accounting for the 25% rate increase using ARPA funds.

Provider Relief Payments to Targeted Case Management Option (TCMO) Providers	
Description	Issue one-time provider relief payments for TCMO providers. TCMO providers deliver direct case management and service coordination to clients receiving services through 1915(c) waivers in Nebraska.
Timeframe	Implement within 90 days of approval of the spending plan initiative.
How it enhances or expands Medicaid HCBS	Funding will enhance provider's ability to provide timely and quality service coordination and case management to clients receiving waiver services. The funding will allow for increased efforts towards recruitment and retention. Medicaid plans to issue the payments with the state-only funds created from the 10 percent enhanced FMAP and does not anticipate seeking to match any of the payments with additional FFP or seeking underlying authority to do so. This plan includes approximately \$3.7 million for these provider payments.
Initiative Sustainability Beyond 2024	This initiative will not create sustainability concerns, as it includes one-time payments.
Additional Information (10/2022)	The project was approved by CMS effective August 23, 2022. Internal planning and implementation are currently underway.

Progress Update (1/2023)	The provider relief payments have been fully executed.
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Americans with Disabilities Act (ADA) Consulting	
Description	This proposal aims to hire a consultant as staff augmentation to evaluate and facilitate enhancements to Nebraska’s support of the ADA as it relates to eligibility, case management and service provision. This proposal would affect all populations accessing these services regardless of funding type, including Aged & Disabled Waiver, Behavioral Health Regions, or Medicaid state plan services.
Timeframe	Consultant services are anticipated to be onboarded within 90 days of this spend plan initiative being approved and will be in place for up to 18 months.
How it enhances or expands Medicaid HCBS	<p>Funding will enhance the state’s ability to provide effective and integrated community-based living options that prevents the need for institutional care. A consultant/project manager will facilitate the implementation of identified strategies, which will all be aimed at enhancing Nebraska’s options to identify populations and provide appropriate support to their local communities.</p> <p>Nebraska requests approval for this spend plan activity for up to \$900,000. Nebraska may seek underlying authority approval for 50 percent administrative FFP match rate for this activity, resulting in approximately \$500,000 in HCBS ARPA costs and \$500,000 in administrative FFP.</p>
Initiative Sustainability Beyond 2024	This initiative will not create sustainability concerns, as consultation is not expected to last beyond the allowable spending period.
Additional Information (10/2022)	The project, as submitted with the April 2022 submission, was approved by CMS effective August 23, 2022. Nebraska submitted this updated project description with the July 2022 spending plan submission.
Progress Update (1/2023)	The project is underway in planning phase and is evaluating opportunities to strengthen ADA compliance through initiatives such as: CCBHCs, Level 1 Screening, Discharge Assessment, and Congregate Care Licensing improvements.
Progress Update (7/2023)	DHHS continues to hold monthly meetings and work on deliverables has begun. The Level 1 screen report was submitted to DHHS on June 30, 2023.

Development of a proposal to reduce Nebraska’s reliance on congregate care in support of independent living for DD clients	
Description	This proposal aims to hire a consultant as staff augmentation to evaluate and provide recommendations to incentivize independent living versus congregate 24-hour residential waiver services in the 1915(c) Waiver for the Developmentally Disabled population in Nebraska.

Timeframe	Consultant services are anticipated to be onboarded within 90 days of this spend plan initiative being approved and will be in place for up to 18 months.
How it enhances or expands Medicaid HCBS	<p>Funding will provide for a consultant and a report of strategies for Nebraska to consider in policy, practice, or waiver implementation that incentivize services in the least restrictive environment. Nebraska is interested in learning how it could create opportunities for waiver participants to freely choose independent living over congregate care.</p> <p>Nebraska requests approval for this spend plan activity for up to \$655,200. Nebraska plans to use 50 percent administrative FFP match rate for this activity, resulting in approximately \$327,600 in HCBS ARPA costs and \$327,600 in administrative FFP.</p>
Initiative Sustainability Beyond 2024	This initiative will not create sustainability concerns, as consultation is not expected to last beyond the allowable spending period.
Additional Information (10/2022)	The project was approved by CMS effective August 23, 2022. Internal planning and implementation are currently underway.
Progress Update (1/2023)	The state is currently drafting scope of work for a competitive procurement of a vendor to evaluate and provide recommendations.
Progress Update (4/2023)	DHHS will release the Congregate Care RFP on May 1, 2023.
Progress Update (7/2023)	DHHS completed RFP scoring for four vendors on June 30, 2023.

Evaluation of Nebraska’s developmental disability system & supports (LB376)	
Description	The evaluation shall analyze the array of services and programs existing in Nebraska for persons with developmental disabilities and address potential areas for improvement, with an emphasis on maximizing impact, effectiveness, and cost-efficiencies. The evaluation shall consider: (a) services offered and provided by the state through the Medicaid state plan or by current Medicaid waivers; (b) services offered by other states through Medicaid state plans, Medicaid waivers, or other mechanisms; and (c) any other areas that may be beneficial to the state in the assessment of its developmental disability services.
Timeframe	The contractor will be secured 3 months from CMS approval of initial spending plan. Evaluation will be due by December 31, 2023.
How it enhances or expands Medicaid HCBS	The evaluation will provide a roadmap for Nebraska in exploring enhancements to HCBS services for our aged, physically disabled and developmentally disabled populations. It will enhance the state’s ability to provide these services by offering ideas/solutions to reduce the HCBS DD Comprehensive Waiver’s waiting list, expanding services offered via new waivers or optional State Plan services.

	Nebraska requests approval for this spend plan activity for up to \$500,000. Nebraska plans to use 50 percent administrative FFP match rate for this activity, resulting in approximately \$250,000 in HCBS ARPA costs and \$250,000 in administrative FFP.
Initiative Sustainability Beyond 2024	This is a one-time evaluation for enhancement considerations, and therefore this request does not have sustainability concerns.
Additional Information (10/2022)	The project was approved by CMS effective August 23, 2022. Internal planning and implementation are currently underway.
Progress Update (1/2023)	Evaluation activities have begun.
Progress Update (7/2023)	Evaluation activities continued and DHHS worked with contract partners with stakeholder listening sessions through the end of June. Draft analysis slated for end of July.

Community-Based Behavioral Health System Enhancements	
Description	This proposal aims to identify and onboard strategic consulting services for project management and subject matter expertise to support Nebraska's efforts to design a suite of community-based behavioral health service and support enhancements, including prevention, stabilization, de-escalation, and relapse prevention services delivered in home and community-based settings for youth and adults.
Timeframe	Consultant services are anticipated to be onboarded within 90 days of this spend plan initiative being approved and will be in place for up to 18 months.
How it enhances or expands Medicaid HCBS	<p>Funding will enhance the State's ability to provide an effective and integrated community-based suite of service enhancements that are designed to prevent the need for institutional care, including services that address:</p> <ul style="list-style-type: none"> • 24/7 crisis mental health services including mobile crisis response • Screening, assessment, and diagnosis • Patient-centered treatment planning • Outpatient mental health and substance use services • Enhanced care coordination • Psychiatric rehabilitation services • Peer support, counseling, and family support services <p>Nebraska requests approval for this spend plan activity for up to \$1,950,000.</p> <p>Nebraska anticipates that the community-based behavioral health system enhancements will result in cost savings through the avoidance of care in costlier settings.</p>
Initiative Sustainability Beyond 2024	This initiative will not create sustainability concerns, as consultation is not expected to last beyond the allowable spending period.

Additional Information	The state anticipates pursuing additional FFP through leveraging the 50 percent administrative FFP match for the activities described in this spend plan initiative.
Progress Update (4/2023)	Nebraska received approval of this spend plan initiative on April 10, 2023.
Progress Update (10/2023)	Nebraska continues its initial project planning for the eventual implementation of Medicaid coverage for Certified Community Behavioral Health Clinics (CCBHCs) . Nebraska also continues development of a 1915i state plan amendment submission to CMS in support of crisis intervention services targeting foster care youth.

Family Support Waiver	
Description	<p>This proposal aims to develop and implement a new 1915C family support waiver as authorized by Nebraska Legislative Bill 376 (2022). This waiver is designed to provide up to \$10,000 in support to 850 individuals currently on the Developmental Disabilities registry. This proposal also proposes paying for any initial new waiver services authorized during the allowable period for ARP expenditures.</p> <p>Nebraska estimates the administrative costs to develop and implement the new waiver to be approximately \$2 million, of which approximately \$1 million is being requested to be funded via ARP funds. Nebraska estimates new waiver services aid to be approximately \$15.7 million, of which \$6.5 million is being requested to be funded via ARP funds.</p>
Timeframe	A family support waiver is currently in development. Current timelines indicate submission to CMS for approval summer 2023 and implementation of the waiver by January 2024.
How it enhances or expands Medicaid HCBS	<p>Funding will enhance the state’s ability to provide an effective and integrated community-based suite of service enhancements that are designed to provide support to individuals to prevent the need for institutional care or out of home placement. Individuals will be prioritized for acceptance to the waiver in the following order:</p> <ol style="list-style-type: none"> 1) Disabled children and family units in crisis situations in which the disabled child tends to self-injure or injure siblings and other family members; 2) Disabled children who are at risk for placement in juvenile detention centers, other institutional settings, or out-of-home placements; 3) Disabled children whose primary caretakers are grandparents because no other family caregivers are available to provide care; 4) Families who have more than one disabled child residing in the family home; and 5) Date of application under the program.

	This waiver will therefore provide critical services and supports for in-home, community-based living.
Initiative Sustainability Beyond 2024	This new waiver is subject to CMS approval and will, as a pilot, extend for 3 years from its date of implementation and has secured state funding for that period. It will have the option of renewal for a 5-year period pending CMS approval and legislative appropriation. Nebraska is also securing ongoing state general funds through appropriations to continue paying for the non-federal share of the waiver services proposed in this new spend plan initiative.
Additional Information	The state is in the process of requesting aid FFP through the submission of a new 1915C waiver application submission. Additionally, Nebraska will seek 50 percent administrative FFP match for the planning and implementation activities described in this spend plan initiative.

(New 7/18/23 – Pending Approval) Funding for a Rate Study for Early Development Network care coordination services	
Description	This proposal is to fund the administrative cost to perform a rate study to determine the adequacy of the current rates paid for care coordination services for children covered under the Home and Community Based Services Waiver programs.
Timeframe	To complete the rate study within 12 months of the approved spend plan initiative.
How it enhances or expands Medicaid HCBS	This proposal is to ensure sustainability and access for services coordination for EDN (children birth – 3 years). EDN agencies provide a needed service for children birth to 3 years of age to ensure the child receives HCBS services as early as possible, remain in their home with their family, and promote healthy development. EDN services are designed to prevent the more costly need for institutional care. EDN agencies expand community education and outreach so more children have the choice of HCBS services.
Additional Narrative	We request approval of \$125,000 in this spend plan activity from the HCBS enhanced FMAP funds (non-federal share), which will be matched with 50 percent federal administrative funds, for a total cost of \$250,000.
Initiative Sustainability Beyond 2024	This is a request to fund a one-time rate study, so there is not an issue with sustainability.

(New 7/18/23 – Pending Approval) Grants to Agencies to Provide Supervisor Training Opportunities to Front Line Supervisors

Description	<p>Funding for providers via mini-grants to purchase training opportunities that will support the professional development and skill development of their Front Line Supervisors of HCBS settings. Providers can utilize this funding to pay for the cost of the training or to purchase a training program package. The training may include topics such as motivation and engagement, teamwork and collaboration, communication, time management, coaching and supporting, managing conflict, managing change, peer-to-supervisor transition, and/or any HCBS target population-specific training.</p> <p>DHHS will require providers to submit an application form and proposal that will include the training(s) to be provided, the vendor, the training schedule, the training topics to be included, and a budget request. Approved providers will need to maintain invoice records to submit to the state for an audit post-program implementation. Additionally, the provider will need to maintain the Front Line Supervisor's training record in their personnel file and provide as requested.</p>
Timeframe	Mini-grant applications will be accepted from the provider upon CMS approval.
How it enhances or expands Medicaid HCBS	Supervisory training will increase the skill set of Front Line Supervisors with a projected result of furthering Front Line Supervisor and Direct Care staff retention, improved productivity, boosted employee engagement and potential, and improved staffing stability for participants served. It will enhance the current workforce, which has the potential to result in expanded availability of HCBS services and improve the quality of services.
Additional Narrative	The state is requesting \$500,000 of the HCBS enhanced FMAP funds for this initiative. Nebraska is not requesting any additional FFP for this spend plan initiative. The specific providers receiving these grants will be providers providing the services authorized under the Section 1915(c) waiver HCBS Authority, as identified on page 16 of SMD# 21-003.
Initiative Sustainability Beyond 2024	This is a one-time grant opportunity, and therefore this request does not have sustainability concerns.

(New 7/18/23 – Pending Approval) Implementation of Standardized Assessment Tools for Intermediate Care Facility (ICF) Level of Care (LOC)

Description	<p>DHHS has a vested interest in working to strengthen and modernize eligibility, enrollment, and person-centered planning practices for DHHS' developmental disability HCBS 1915(c) waivers. Building upon work already completed for nursing facility level of care (NF-LOC) waivers in the state, DHHS is proposing to implement two standardized and validated</p>
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	<p>assessment tools for use in determining the level of care and budget planning for individuals enrolling in the intermediate care facility for individuals with intellectual disabilities (ICF/IID) waivers.</p> <p>As stated, this initiative builds upon similar work DHHS undertook for the approved NF-LOC waivers in the last several years. Analysis of these efforts demonstrated that standardized and validated assessment tools positively impacted the eligibility determination process for individuals enrolling in one of two NF-LOC waivers. The streamlined effort and processes resulting from the implementation of these tools have improved the participant experience and strengthened the HCBS system.</p> <p>The proposed work will include planning for and implementing two new assessment tools for the ICF/IID waivers. As part of this work, a population impact analysis will be conducted to ensure there are no inadvertent negative impacts to individuals enrolling in the ICF/IID waivers. Work will also include training and education for DHHS staff and stakeholders.</p>
Timeframe	<p>Consultant services are anticipated to be onboarded within 90 days of CMS approval of this spend plan initiative and will be in place for the duration of the implementation, which is anticipated to be between July 1, 2024 to March 31, 2025.</p>
How it enhances or expands Medicaid HCBS	<p>These assessment tools will help support consistent outcomes for eligibility determinations and budget planning, two areas stakeholders highlight as opportunities for improvement within the state.</p>
Additional Narrative	<p>We request approval of \$250,000 in this spend plan activity from the HCBS enhanced FMAP funds (non-federal share), which will be matched with 50 percent federal administrative funds, for a total cost of \$500,000.</p> <p>The intent of Nebraska is not to impose stricter eligibility standards, methodologies, or procedures when implementing a new standardized assessment tool to determine ICF/IID LOC. DHHS will ensure this by conducting concurrent assessments using the existing assessment tools (Developmental Index and the Inventory for Client and Agency Planning) and the proposed new tools (interRAI ID and interRAI ChYMH-DD). Data obtained from the concurrent assessments will inform a population impact analysis prior to implementation. Should this analysis indicate any negative impacts of transitioning to the new standardized assessments, DHHS will mitigate potential negative impacts prior to implementation.</p> <p>Nebraska has implemented similar tools in the past and has experience using the same process to determine potential population impacts, such as for the Aged and Disabled (AD) waiver. DHHS did not impose changes to eligibility standards or LOC criteria as part of the transition to utilizing interRAI tools. The population impact analysis showed a small, less restrictive impact to AD waiver eligibility as the standardized assessment was determined to capture individuals' needs more accurately.</p>

	DHHS is evaluating a timeframe for implementing the new assessment tools and anticipates implementing the new tool between July 1, 2024, and March 31, 2025.
Initiative Sustainability Beyond 2024	This initiative will not create sustainability concerns, as consultation is not expected to last beyond the allowable spending period.

(New 10/18/2023) HCBS Direct Service Workforce Stabilization Grant – Aged and Disabled Waiver	
Description	<p>Issue one-time provider stabilization grants for active Medicaid-enrolled Home and Community-Based (HCBS) providers for the Aged and Disabled Waiver (AD Waiver). The purpose of this grant is to help (HCBS) providers invest in their direct service workforce through financial compensation, retention, and other benefits. Additionally, the grants will stabilize the active independent providers to meet the needs of Nebraskans. Nebraska’s HCBS services rely on a strong workforce to provide high-quality services and to ensure access to services for all participants.</p> <p>Agency providers may utilize this funding for the specific purposes of recruiting, building, and retaining their direct care and support workforce. Examples of allowable uses include but are not limited to, direct service workforce bonuses, recruitment activities, direct service workforce incentives, and other benefits (such as zoo memberships, gym memberships, and others). At a minimum, each active agency provider will receive a \$1,500 grant if their Medicaid claim total is less than 0.01% of the total amount of Medicaid claims for the time period selected by DHHS for this grant opportunity. All other active agency providers will be tiered based on the percentages of their agency’s total of Medicaid claims for the same selected time period. Specific agency amounts will be shared directly with agency owners. This one-time stabilization grant for agency providers will total approximately \$11,500,000.</p> <p>Active independent providers will receive a one-time payment amount of \$1,500. Active is defined as “an independent provider who has provided a paid service in the last 60 days as the date of grant program implementation.” The one-time stabilization grant for independent providers will total approximately \$2,500,000.</p>
Timeframe	DHHS will provide the active agency and independent providers with the stabilization grants within 120 days of CMS approval of this spend plan initiative.
How it enhances or expands	These one-time, short-term grant opportunities will support the HCBS providers in maintaining a critical workforce that is necessary for the operations of HCBS services. Stabilization grants will ensure that Nebraska

Medicaid HCBS	families and participants have access to quality HCBS services and ensure the workforce is rewarded for the important work that they do each day.
Initiative Sustainability Beyond 2024	This is a grant program that will have an established cap amount and once the cap is reached, no further grants will be awarded. This is a one-time grant opportunity.
Additional Information	The total amount for the stabilization grants is \$14,000,000 and the state is not seeking additional FFP for this initiative.

(New 10/18/2023) HCBS Strengthening Person-Centered Planning Training Grants

Description	<p>Issue one-time provider training grants for Medicaid-enrolled Home and Community-Based (HCBS) agency providers of waiver programs (Aged and Disabled Waiver, Adult Day DD Waiver, Comprehensive DD Waiver, and Traumatic Brain Injury Waiver) to purchase Charting the LifeCourse (CtLC) training for provider staff, participants, and their families and/or guardians.</p> <p>The Division of Developmental Disabilities (DDD) has implemented CtLC as a formal Person-Centered Planning (PCP) platform. Charting the LifeCourse was created for people and families of all abilities and all ages to explore life possibilities, share ideas, hopes, and fears, set higher expectations, navigate the future, advocate for vision, and problem-solve and plan. The grants will support agency providers to expand their capacity and understanding of CtLC and to provide person-centered services and will provide the opportunity for individuals and families to participate in the training to further their understanding and capacity around PCP.</p> <p>The one-time grants may be used to cover the costs of virtual or in-person training necessary to build capacity and understanding of CtLC and PCP among agency staff. Agencies may request up to \$110 per employee trained in a foundational skills workshop lasting at least 8 hours or up to \$650 for an “Ambassador” training-of-trainers model program lasting at least 9 hours. Agencies may only request for the training cost and are expected to cover employee participation costs. Agencies will submit evidence of purchase and grant payments will be made post payment.</p>
Timeframe	DHHS will accept applications within 30 days of CMS approval of this spend plan initiative.
How it enhances or expands Medicaid HCBS	These one-time, short-term grant opportunities will support the HCBS providers in expanding their skills and knowledge of Person-Centered Planning (PCP) and the conceptual framework of Charting the LifeCourse (CtLC). The Charting the LifeCourse framework was created to help individuals and families of all abilities and all ages develop a vision for a good life, think about what they need to know and do, identify how to find or develop supports, and discover what it takes to live the lives they want to live. The framework is the keystone for supporting a community of learning that champions transformational change through knowledge exchange, capacity building, and collaborative engagement. The CtLC framework evolved within a collaborative process led by the Institute for Human Development at the University of Missouri –Kansas City, a University Center for Excellence (UCEDD) in partnership with many different national and

	statewide stakeholders and is considered a best-practice framework to encourage, support, and enhance person-centered planning across the HCBS spectrum and the lifespan.
Initiative Sustainability Beyond 2024	This is a one-time grant opportunity, and therefore this request does not have sustainability concerns.
Additional Information	An estimation of \$500,000 for training grants is requested and the state is not seeking additional FFP for this initiative.

(New 10/18/2023) Grants to agencies to purchase agency vehicle or vehicle modification	
Description	<p>Funding for current, active Medicaid-enrolled home and community-based (HCBS) providers for waiver programs (Aged and Disabled Waiver; Adult Day DD Waiver; and Comprehensive DD Waiver) to purchase a new agency vehicle or to modify the vehicle(s) they already have.</p> <p>Grants are a one-time opportunity and are limited to one application per active agency. Agencies may request up to \$25,000 for the purchase of an agency vehicle without modifications OR up to \$50,000 to use for vehicle modifications on a current vehicle(s) or to be used toward the purchase of a new accessible vehicle.</p> <p>DHHS will open a 30-day application period. Interested active agency providers will complete the application, which will include a request for an estimate(s) for the purchase of a vehicle or for the proposed modifications and a budget request that does not exceed the limitations listed above. The agency must submit the bill of sale within 45 days of the purchase.</p>
Timeframe	DHHS will accept applications within 30 days of CMS approval of this spend plan initiative. This is a one-time grant opportunity.
How it enhances or expands Medicaid HCBS	<p>These grants to agencies to purchase an agency vehicle or vehicle modifications will expand access to the community for participants receiving waiver services. This grant is designed for an agency to expand its current capacity to provide safe and reliable transportation for participants receiving waiver services. The vehicles must be used for agency purposes only.</p> <p>DHHS does not intend to cover ongoing expenses related to maintenance or additional modifications that were not approved in the application. This grant is to be used for the purchase of the asset only.</p>
Initiative Sustainability Beyond 2024	This is a grant program that will have an established cap amount and once the cap is reached, no further grants will be awarded.
Additional Information	An estimation of \$10,000,000 for this grant program is being requested and the state is not seeking additional FFP for this initiative.

(New 10/18/2023) Implementation of recommendations from Developmental Disability System Evaluation

<p>Description</p>	<p>This proposal aims to hire a consultant as a staff augmentation to analyze, evaluate, and support recommendations provided by the recent Developmental Disability System Evaluation. The goal of this initiative is to utilize the consultant services to support system-level changes that increase access to services, provide resources and education to families and individuals, evaluate, and improve eligibility practices, and other tasks related to the recommendations.</p> <p>The Department of Health and Human Services (DHHS), Division of Developmental Disabilities (DDD) was legislatively mandated through Senate Bill 376 to hire a nationally recognized contractor to conduct an evaluation of the developmental disability system in the state. The outcome of the system evaluation is to “address potential areas for improvement [in the developmental disability system for individuals and families] with an emphasis on maximizing impact, effectiveness, and cost-efficiencies.”</p> <p>After working with Nebraska’s stakeholders, including individuals, families, providers, and advocates, the contractor has identified multiple recommendations that are intended to improve services and modernize processes for those DHHS serves. DHHS is proposing to work with stakeholders to identify the most important recommendations to prioritize and is seeking funding under Nebraska’s spending plan to support the implementation of those recommendations. Recommendations that may be considered for implementation include but are not limited to:</p> <ul style="list-style-type: none"> • Review current Nebraska Medicaid policies and procedures to determine opportunities to eliminate burdensome processes and expand Medicaid eligibility under allowable federal authorities (e.g., expansion of Katie Beckett Medicaid eligibility, 1634 state criteria, special income levels). • Exploring opportunities to expand self-direction and payment to legally responsible individuals. • Supporting stakeholder education and outreach activities. • Providing subject matter expertise and best practice research to support DHHS in implementing prioritized recommendations.
<p>Timeframe</p>	<p>Consultant services are anticipated to be onboarded within 90 days of CMS approval of this spend plan initiative.</p>
<p>How it enhances or expands Medicaid HCBS</p>	<p>DHHS hopes to expand access to services and improve the service delivery system which will result in better outcomes, improved effectiveness, and improved cost-efficiencies.</p>

Initiative Sustainability Beyond 2024	This initiative will not create sustainability concerns, as consultation is not expected to last beyond the allowable spending period.
Additional Information	Total budget request for system improvement activities described above is \$1,200,000, and Nebraska anticipates using 50% admin FFP for this initiative, so the cost would be \$600,000 in GF and FF.

(New 10/18/2023) Emergency Safety Intervention Training	
Description	<p>Funding for providers to train staff on nationally recognized emergency safety intervention methodologies that will support the professional development and skill development of all provider staff and improve safety outcomes for participants. Providers can utilize this funding to pay for the cost of the training or to purchase a training program package. The training will include topics such as behavioral intervention, crisis response, prohibited practices, safe physical restraints, and other similar subjects.</p> <p>The providers are agency providers that serve our Nebraska participants through our Comprehensive Developmental Disabilities Waiver and our Developmental Disabilities Adult Day Waiver. Nebraska has 150 certified agency providers.</p> <p>DHHS will require providers to submit an application form and proposal that will include the training(s) to be provided, the vendor, the training schedule, the training topics to be included, and a budget request. Approved providers will need to maintain invoice records to submit to the state for an audit post-program implementation. Additionally, the provider will need to maintain the staff training records in their personnel file and provide as requested.</p>
Timeframe	DHHS will accept applications within 30 days of CMS approval of this spend plan initiative.
How it enhances or expands Medicaid HCBS	<p>The training of staff on nationally recognized emergency safety interventions will improve the quality and consistency of services for participants across provider agencies and will ensure best practices in behavioral intervention, crisis response, safe physical restraints, and other similar subjects are known and understood by direct care professionals. Additionally, training will increase the confidence and professionalism of direct care and other agency staff which may reduce staff turnover.</p> <p>By going to one emergency safety intervention (ESI) across the providers, we are able to have consistent expectations across the providers allowing for quality care of our participants. Consistent de-escalation techniques for better continuity of care, as well as better oversight. The system we have chosen is based on relationship building and leaves actual hands-on approaches as the last resort. All of these will enhance the care that our HCBS participants are receiving from their provider and staff.</p>
Additional Narrative (10/2021)	Nationally recognized emergency safety intervention certification agencies typically use a train-the-trainer model. This means that most agencies would need one to two staff trainers to support the training needs of their agency.

	Approximately 14 agencies currently utilize agency-developed emergency safety intervention programs. Averaging \$6,000 per trainer, we would anticipate the budget for this program to be \$168,000. Agency providers would be reimbursed for the actual cost of trainings, excluding any travel or room and board costs.
Initiative Sustainability Beyond 2024	This is a one-time grant opportunity, and therefore this request does not have sustainability concerns. Nebraska would not seek any additional FFP for this initiative.

(New 10/18/2023) EVV for Home Health	
Description	This proposal is fund costs that providers would otherwise incur to comply with requirement to comply with EVV for Home Health Services, which are provided and billed in the HCBS setting. The state offers an EVV application/solution at no cost to providers, however many Home Health Providers already have systems in place that they may prefer to continue to use, but that may incur costs to integrate with the state system/aggregator. This would allow for the state to pay for those costs to encourage the provider to fully comply with EVV requirements. The state would not seek additionally federal financial participating to pay for these provider infrastructure integration costs. EVV activity/funding does not include ongoing internet connectivity costs.
Timeframe	Begin incurring costs upon approval of spend plan initiative.
How it enhances or expands Medicaid HCBS	This would address provider concerns and challenges with complying with EVV requirements and is aimed at covering costs that may otherwise prove to be a barrier to the provider continuing to choose from participating as a provider in the Medicaid program for HCBS Services subject to EVV.
Initiative Sustainability Beyond 2024	There would be no sustainability concerns as this would allow for the infrastructure investment up front to integrate with the State EVV system/aggregator.
Additional Information	The state would not seek additional federal financial participation. Nebraska estimates offering up to \$5,000 of financial assistance to eligible and participating Medicaid providers who have documented integration costs associated with complying with EVV requirements. Nebraska is requesting to obligate up to \$685,000 for this spend plan initiative from the available pool of American Rescue Plan Section 9817 HCBS spend plan funds.

(New 10/18/23) Program for All-Inclusive Care for the Elderly Provider Relief Payment	
Description	Issue a one-time \$269,000 provider relief payment for the Medicaid-enrolled Program for All-Inclusive Care for the Elderly (PACE) providers who provided services during the PHE.
Timeframe	Implement within 90 days of approval of the spending plan initiative.

<p>How it enhances or expands Medicaid HCBS</p>	<p>This provider relief payment will help Nebraska’s PACE providers to address their specific challenges to increase their ability to continue to provide PACE services and expand the number and type of services provided under HCBS. The payments can be used for hiring and/or retention bonuses, increasing staff wages, and investing in infrastructure needed by the provider to enhance or expand HCBS Services for Medicaid beneficiaries.</p> <p>Medicaid plans to issue the payments with the state-only funds created from the 10 percent enhanced FMAP and does not anticipate seeking to match any of the payments with additional FFP or seeking underlying authority to do so.</p>
<p>Initiative Sustainability Beyond 2024</p>	<p>This initiative will not create sustainability concerns, as it is a one-time payment.</p>
<p>Additional Information</p>	<p>The State has previously received approval for a similar one-time payment for this provider type and is seeking approval under this spending plan initiative for a second payment.</p>

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Appendix A: CMS Requests for Additional Information (10/2021)

Request: Clearly indicate whether the “grants to agencies to purchase telehealth equipment” are targeted at providers delivering services that are listed in Appendix B of the SMDL or that could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit). If this activity is not focused on providers that are delivering services listed in Appendix B or that could be listed in Appendix B, explain how the activity enhances, expands, or strengthens HCBS under Medicaid.

DHHS Response: Additional information is included with the narrative for this spending proposal on page 5.

Request: Clearly indicate whether your state plans to pay for ongoing internet connectivity costs as part of the “grants to agencies to purchase telehealth equipment” activity. Ongoing internet connectivity costs are permissible uses of funds to enhance, expand, or strengthen HCBS under section 9817 of the ARP. However, states must demonstrate how ongoing internet connectivity costs would enhance, expand, or strengthen HCBS. Further, approval of ongoing internet connectivity costs in ARP section 9817 spending plans and narratives does not authorize such activities for FFP.

DHHS Response: Additional information is included with the narrative for this spending proposal on page 5.

Request: Clearly indicate whether your state plans to pay for capital investments as part of the “convert or renovate facilities for other purposes or enhance purpose” activity. Capital investments costs are permissible uses of funds to enhance, expand, or strengthen HCBS under section 9817 of the ARP. However, states must demonstrate how capital investments would enhance, expand, or strengthen HCBS and ensure that capital investments will result in settings that are fully compliant with the home and community-based settings criteria. Further, approval of capital investments costs in ARP section 9817 spending plans and narratives does not authorize such activities for FFP. Additionally, please note that settings that are in the same building as a public or private institution or on the same grounds of or adjacent to a public institution, are considered presumptively institutional under the HCBS settings final rule [42 CFR 441.301(c)(5)]. For newly constructed settings that are presumptively institutional, states should follow guidance released in the CMCS Informational Bulletin (CIB) dated August 2, 2019, regarding Heightened Scrutiny Review of Newly Constructed Presumptively Institutional Settings.

DHHS Response: Additional information is included with the narrative for this spending proposal on page 6.

Request: Regarding the “non-federal share for Administration on Community Living (ACL) grants for the State Unit on Aging” activity, CMS would like to schedule a call with the state to discuss how the state intends to use ARP section 9817 funds under each part of the Older Americans Act Title III program.

DHHS Response: Specific questions are included with each response.

Are there any waitlists in place for the four approved section 1915 (c) Nebraska waivers?

There are only waitlists for the DD Waivers, not for the AD and TBI Waiver.

- Aged and Disabled (AD) Waiver: -0-
- Comprehensive Developmental Disabilities (CDD) Waiver: 36
- Developmental Disabilities Adult Day (DDAD) Waiver: -0-
- Traumatic Brain Injury (TBI) Waiver: -0-

How many current Older Americans Act (OAA) Title III clients are on each of the four section 1915 (c) HCBS waiver waitlists?

There are 36 clients on the Comprehensive Developmental Disabilities (CDD) Waiver waitlist age 60+. Of those 36, there are 2 clients receiving OAA services.

Is there information available by Title III Part and/or service?

DHHS is awaiting a technical assistance call with CMS to be able to sufficiently answer this question.

Is there an OAA Title III waitlist? If so, how many clients are on both the Title III and the 1915(c) HCBS waiver waitlist?

There are waitlists in 3 service areas. The totals are as follows:

Agency	# Waitlist	Notes
AOWN, Scottsbluff	0	
AP, Lincoln	35	Case management
BRAAA, Beatrice	-0-	
ENOA, Omaha	-0-	When the IIIE program is at capacity no additional referrals are accepted until an opening is available.
MAAA, Hastings	-0-	
NENAAA, Norfolk	61	III B Chore, Personal Care, Homemaker, Material Distribution, and III E services of Respite, and Supplemental Services. Not accepting applications at this time due to funding.
SCNAAA, Kearney	25	Personal Emergency Response System (Lifeline); under the family caregiver program
WCNAAA, North Platte	-0-	

Funds may be used to better address the use of waitlists both for OAA and Waiver clients in these service areas and across the state. Area Agencies on Aging (AAAs) closely monitor clients and assist them in applying for Medicaid if /when they meet financial criteria.

Are additional Medicaid waiver waitlist clients anticipated to be served with the additional funding?

This initiative will not reduce the number of individuals on the DD waitlist.

How will ARP section 9817 funds be used to enhance, expand, or strengthen HCBS under the Medicaid program, under each Part of OAA Title III program requiring a state match of the grant funds?

- **Part B – Supportive Services**

- The AAAs are pursuing methods to enhance, expand, and strengthen the HCBS provider network and availability in their service areas to recover from the pandemic and better serve both Medicaid and OAA clients in their service areas. Recruitment of providers for this vulnerable population is crucial to the continuance of services to help older Nebraskans remain in the community of their choice. AAAs facilitate the coordination of community-based, long-term care services for older persons living at home, and who are at risk of institutionalization due to their ability to function independently. AAAs will work with older persons who are patients in hospitals or long-term care facilities who have a desire to return to the community of their choice, if community-based services are made available to them. AAAs assist older adults in applying for public benefits. AAAs in Nebraska, as elsewhere, were significantly affected by the pandemic. Providers were often in the most “at risk” groups early on and ceased participation in programs from both paid and unpaid positions.

- **Part C1 and C2 – Congregate Meals and Home Delivered Nutrition programs**

- The AAAs are pursuing methods to enhance, expand, and strengthen the network and availability of workers and volunteers in the nutritional programs within each of their service areas. Recruitment of providers for this vulnerable population is crucial to the continuance of services to help older Nebraskans remain in the community of their choice. All Nebraska AAAs provide congregate and home-delivered meal and nutrition programs through a variety of operational structures. Traditional senior center congregate meals, restaurant vouchers, meal sites, home delivered, to-go meals (permissible during the pandemic), and shelf-stable food boxes. These programs will be further enhanced, expanded, and strengthened for the collective older population in the communities served – both through OAA and Waiver programs. Meal needs for medical purposes are addressed at the local level and managed by the AAA staff. AAAs in Nebraska, as elsewhere, were significantly affected by the pandemic. Providers involved in nutrition programs were often in the most “at risk” groups early on, and ceased participation in programs, both paid and unpaid. This issue continues today, where masks are not required in a community, but provide a level of protection for the staff. Often, when a cook

becomes ill, the meal site will close for a period of time. Meals are then brought in from a neighboring facility.

- Medicaid waiver provides home delivered meals. This is available statewide. These are managed by the AAAs at the local level.
- **Part E – Caregiver programs**
 - The AAAs are pursuing methods to enhance, expand, and strengthen the network and availability of workers and volunteers in the caregiver programs within each of their service areas. Recruitment of providers for this vulnerable population is crucial to the continuance of services to help older Nebraskans remain in the community of their choice. A number of caregiver programs are available throughout the state. Each service area provides caregiver programs. AAAs coordinate caregiver programs locally, which enhances the availability and support of HCBS Waiver programs in addition to OAA programs. AAAs in Nebraska, as elsewhere, were significantly affected by the pandemic. Providers involved in caregiver and respite programs were often in the most “at risk” groups early on, and ceased participation in programs, both paid and unpaid. This issue continues today, and a robust recruitment, retention, and training program will support the Medicaid and OAA clients on an ongoing basis.
- **Title III State Plan and Area Plan Administration**
 - The State proposes that no funds from the ARP be used for state plan or area plan administration at this time.

Identify the services that are provided under each Part of the Title III program requiring a state match of the grant funds:

- **Part B – Supportive Services:**
 - Service
 - Personal Care
 - Homemaker
 - Chore
 - Case Management
 - Assisted Transportation
 - Transportation
 - Information & Assistance
 - Health Promotion/Disease Prevention (Non-Evidence-Based)
 - Legal Assistance
 - Telephone & Visiting
 - Senior Center Hours
 - Material Distribution
 - Social Activities
 - Outreach
 - Information Services
- **Part C1 and C2 – Congregate Meals and Home Delivered Nutrition programs:**
 - Home Delivered Meals
 - Congregate Meals
 - Nutrition Counseling
 - Nutrition Education
- **Part E – Caregiver programs**
 - Caregiver Respite

- Caregiver Assistance: Case Management
- Caregiver Assistance: Information & Assistance
- Caregiver Counseling
- Caregiver Training
- Caregiver Supplemental Services
- Caregiver Support Groups
- Caregiver Outreach
- Caregiver Information Services

Request: Clearly indicate that the activity to “procure a fiscal intermediary and change the rate methodology for personal assistance services and chore services” will not result in reduced provider payment rates as compared to those in place as of April 1, 2021.

DHHS Response: Additional information is included with the narrative for this spending initiative on page 8.

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Appendix B: Calculation of Supplemental Funding (Updated 4/2023)

This appendix reflects the amount claimed for eligible HCBS services pursuant to ARP Section 9817.

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Appendix C: Initiatives Enhancing Medicaid HCBS – Spending (Updated 10/2023)

Appendix C reflects actual expenditures for approved spend plan initiatives through September 30, 2023, as well as projected expenditures in future quarters. Nebraska began to spend a portion of the increased FMAP for conditionally approved spend plan initiatives beginning with the FFY2022 Q3 and spend will continue to ramp up in future quarters for approved spend plan activities. The chart was updated in April 2023 to clarify for CMS that the portion labeled “GF” is in effect the amount of funds available to Nebraska as a result of the enhanced HCBS FMAP under Section 9817 of the American Rescue Plan. Seven new spend plan initiatives were also added to the spend plan with this submission and are reflected in this appendix.

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