



Medicaid and CHIP Operations Group

June 26, 2025

Drew Gonshorowski
State Medicaid Director
Division of Medicaid and Long-Term Care
PO Box 95026
Lincoln, NE 68509-5026

RE: 1915(c) HCBS Waiver for Aged and Adults with Disabilities - NE 0187.R07.05 amendment

Dear Director Gonshorowski:

The Centers for Medicare & Medicaid Services (CMS) is approving your request to amend 1915 (c) HCBS Waiver for Aged and Adults and Children with Disabilities for Aged or Disabled or Both. The CMS Control Number for the amendment is NE 0187.R07.05. Please use this number in future correspondence relevant to this waiver action.

With this amendment, the state is:

- Updating Public Input
- Correcting spelling and grammar mistakes in all Appendixes
- Updating the unduplicated participant count to avoid the need for a waitlist and continue to serve all eligible individuals
- Updating qualifications of individuals performing Initial Evaluation
- Removing wording for assessment transition from CONNECT LOC to interRAI
- Removing wording requiring Level of Care assessments to be completed within 14 days to align with Regulation
- Updating Limited English Proficiency language
- Allowing for payment to Legally Responsible Individuals and Relatives/Legal Guardians (LRI/LG)
- Revising Service Specifications for the following services
 - Home Modifications.
 - Vehicle Modifications
 - Adding LRI Personal Care service to better address participant needs
 - Updating applicable services to include services may be offered by legal guardians
 - Adding wording for statutory requirements for legal guardians as new providers after 7/1/25
 - Unchecking “Registered Nurse” from responsibility for service plan development
 - Updating professional qualifications for service coordination

- Updating reasons for grievances
- Updating language to comply with the HCBS Final Settings Rule
- Updating cost analysis information

The effective date of the amendment is July 1, 2025.

This approval is subject to your agreement to serve no more individuals than the total number of unduplicated participants indicated in Appendix J.2 of the waiver. If the state wishes to serve more individuals or make any other alterations to this waiver, an amendment must be submitted for approval.

It is important to note that CMS' approval of this waiver amendment 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.

CMS reminds the state that maintenance of effort requirements under Section 9817 of the American Rescue Plan Act apply until all additional HCBS funding has been expended and approval of this action does not constitute a close out of the state's spending plan therefrom.

Thank you for your cooperation during the review process. If you have any questions concerning this information, please contact me at (410) 786-7561. You may also contact Rhonda Wells at Rhonda.Wells@cms.hhs.gov or (816) 426-6486.

Sincerely,

George P. Failla, Jr., Director
Division of HCBS Operations and Oversight

cc: Tyson Christensen
Bernice Denbow, CMS
Jayson Sam, CMS