



Medicaid and CHIP Operations Group

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June 17, 2026

Drew Gonshorowski  
State Medicaid Director  
Division of Medicaid and Long-Term Care  
301 Centennial Mall South, 5<sup>th</sup> Floor  
PO Box 95026  
Lincoln, NE 68509-5026

RE: 1915 (c) HCBS Waiver for Aged and Adults and Children with Disabilities,  
NE.0187.R08.00 renewal

Dear Director Gonshorowski:

The Centers for Medicare & Medicaid Services (CMS) is approving the state's request to renew Nebraska's HCBS Waiver for Aged and Adults and Children with Disabilities. The CMS Control Number for the renewal is NE.0187.R08.00 and should be referenced on all future correspondence relating to this waiver renewal.

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. The waiver has been approved for a five-year period with an effective date of July 1, 2026, as requested by the state.

This waiver will offer the following supports for waiver participants: Adult Day Health Services, Personal Care, Respite Care, Assistive Technology, Chore, Companion, Extra Care for Children with Disabilities, Home Again, Home and Vehicle Modifications, Home Delivered Meals, Independence Skills Building, LRI Personal Care, Non-Medical Transportation, Personal Emergency Response System (PERS), and Supported Residential Living. The following number of unduplicated recipients and estimates of average per capita cost of waiver services have been approved:

Waiver Year	C Factor Estimates	D Factor Estimates	D' Factor Estimates	G Factor Estimates	G' Factor Estimates
Year 1	14000	26270.04	8370.34	45689.56	4855.50
Year 2	14000	27156.51	8537.75	46603.36	4952.51
Year 3	15000	27504.43	8708.51	47535.42	5051.56
Year 4	15000	28054.00	8882.68	48486.13	5152.59
Year 5	16000	28614.52	9060.33	49455.85	5255.65

This approval is subject to your agreement to serve no more individuals than those indicated in “C Factor Estimates” shown in the table 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 five-year period by providing evidence and documentation of satisfactory performance and oversight.

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](http://www.ada.gov/olmstead/q&a_olmstead.htm).

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 phone number (816) 426-6486.

Sincerely,

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

Enclosure

cc: Tyson Christensen, CMS  
Bernice Denbow, CMS  
Daphne Hicks, CMS