



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) Developmental Disabilities Day Services Waiver for Adults, NE 0394.R04.03 amendment

Dear Director Gonshorowski:

The Centers for Medicare & Medicaid Services (CMS) is approving your request to amend 1915(c) Developmental Disabilities Day Services Waiver for Adults for Intellectual Disability or Developmental Disability or both. The CMS Control Number for the amendment is NE 0394.R04.03. Please use this number in future correspondence relevant to this waiver action.

With this amendment, the state is:

- Updating Public Input.
- Adding Transition Plan for participants that may be affected by the removal of the consultative assessment service.
- Updating the process for level of care.
- Updating the procedures to ensure Timely Reevaluations.
- Removing the Consultative Assessment Service.
- Removing language requiring “semi-annual” meeting and change to “annual meeting” as all services will be reviewed with the team on an annual basis.
- Removing language requiring semi-annual meeting.
- Removing the semi-annual meeting requirement.
- Updating Functional Behavior Assessment requirements as part of the Behavior Support Plan.
- Adding Provision of Psychotropic Medications being administered as part of hospice care.
- Removing Consultative Assessment from the list of services billed hourly.
- Updating cost analysis information.

The effective date of the amendment is July 1, 2026.

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](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](mailto:Rhonda.Wells@cms.hhs.gov) or (816) 426-6486.

Sincerely,

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

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