

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) Family Support Waiver – NE 2366.R00.02 amendment

Dear Director Gonshorowski:

The Centers for Medicare & Medicaid Services (CMS) is approving your request to amend 1915 (c) Family Support Waiver for Intellectual Disability or Developmental Disability or both. The CMS Control Number for the amendment is NE 2366.R00.02. 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
- Specifying the target group for eligibility and enrollment in the FSW waiver
- Selecting option that the state does not limit the number of participants that it serves at any point in time during a waiver year
- Removing reserved capacity
- Updating Level of Care (LOC) criteria and process for evaluation/reevaluation
- Specifying plan for access to services for individuals with limited English proficiency
- Adding the following services to better address participant needs
 - Health Maintenance Monitoring
 - Legally Responsible Individuals and Relative (LRI) Personal Care; and
 - Remote Supports.
- Updating applicable services to include services may be offered by legal guardians
- Updating Participant Services General Service Specifications to include payments for LRI and Relative/Legal Guardians
- Updating Service Coordinator qualifications
- Updating reasons for grievances
- Updating language to comply with the HCBS Final Settings Rule
- Adding Critical Incident performance measure

- Updating wording to reflect review of critical incidents and completion of reports and report format by the contracted Quality Improvement Organization (QIO)-like entity
- Updating cost analysis information
- Adding Personal Emergency Response System (PERS) On-Going Monthly Fee component.

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 (ARP) 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