

Medicaid and CHIP Operations Group

December 19, 2024

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

RE: 1915(c) Developmental Disabilities Day Services Waiver for Adults (NE.0394.R04.01)

Dear Director Gonshorowski:

The Centers for Medicare & Medicaid Services (CMS) is approving your request to amend Developmental Disability Day Services Waiver for Adults for Intellectual Disability or Developmental Disability, or both. The CMS Control Number for the amendment is NE.0394.R04.01. Please use this number in future correspondence relevant to this waiver action.

With this amendment, the state is:

- Updating HCB Settings
- Providing methodology for a one-time supplemental provider payment
- Providing a description of the applicability and funding source for a one-time supplemental provider payment

The effective date of the amendment is January 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

Drew Gonshorowski-Page 2

Americans with Disabilities Act and the Olmstead decision is available at <u>http://www.ada.gov/olmstead/q&a\_olmstead.htm</u>.

CMS reminds the state that the state must have an approved spending plan to use the money realized from section 9817 of the American Rescue Plan (ARP). Approval of this action does not constitute approval of the state's spending plan.

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 <u>Rhonda.Wells@cms.hhs.gov</u> or phone number (816) 426-6486

Sincerely,

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

cc: Tyson Christensen, CMS Bernice Denbow, CMS LaJoshica Smith, CMS