



Medicaid and CHIP Operations Group

September 26, 2023

Kevin Bagley, Medicaid Director
Division of Medicaid and Long-Term Care
Nebraska Department of Health & Human Services
301 Centennial Mall South, 5th Floor
Lincoln, NE 68509-5026

RE: 1915(c) Traumatic Brain Injury Renewal NE.40199.R05.00

Dear Kevin Bagley:

The Centers for Medicare & Medicaid Services (CMS) is approving the state's request to renew Nebraska's 1915(c) Traumatic Brain Injury Waiver for Aged or Disabled or both. The CMS Control Number for the renewal is NE.40199.R05.00 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 to waive comparability of services. The waiver has been approved for a five-year period with an effective date of October 1, 2023.

This waiver will offer the following supports for waiver participants:

- Supported Employment – Individual
- TBI Adult Day Health Services
- TBI Personal Care
- TBI Respite Care
- Assistive Technology
- Caregiver Training
- Chore
- Community Connections
- Home Delivered Meals
- Home Modifications
- Non-Medical Transportation
- Personal Emergency Response Systems (PERS)
- Supported Employment – Follow Along
- TBI Companion
- TBI Supported Residential Living
- Vehicle Modifications

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	230	\$33,893.71	\$3,255.59	\$47,378.69	\$1,543.00
Year 2	230	\$34,567.60	\$3,320.90	\$48,326.27	\$1,573.86
Year 3	230	\$35,254.52	\$3,387.32	\$49,292.79	\$1,605.33
Year 4	230	\$35,953.19	\$3,455.07	\$50,278.65	\$1,637.44
Year 5	230	\$36,670.88	\$3,524.17	\$51,284.22	\$1,670.19

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

CMS reminds the state that the state must have an approved spending plan in order 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 Rhonda.Wells@cms.hhs.gov or phone number (816) 426-6486.

Sincerely,

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

cc: Tyson Christensen
Bernice Denbow