

Summary of Waiver Changes for 1915(c) Medicaid Home and Community-Based Services (HCBS) Waivers

Waiver for Aged and Adults and Children with Disabilities (NE.0187)
Traumatic Brain Injury (NE.40199)

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NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES

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Summary of Waiver Changes for 1915(c) Medicaid Home and Community-Based Services Waivers

Aged and Adults and Children with Disabilities (NE.0187)

Traumatic Brain Injury (NE.40199)

The Division of Medicaid and Long-Term Care (MLTC) plans to submit a request for renewal to the 1915(c) Medicaid Home and Community Based Services (HCBS) for the following waiver: Aged and Adults and Children with Disabilities (NE.0187).

The Division of Medicaid and Long-Term Care (MLTC) plans to submit a request for amendments to the 1915(c) Medicaid Home and Community Based Services (HCBS) for the following waiver: Traumatic Brain Injury (NE.40199).

Upon approval by the Centers for Medicare and Medicaid Services (CMS), these changes would go into effect on July 1, 2026.

The full text of the proposed waivers, including requested changes, can be found online at: <https://dhhs.ne.gov/Pages/DD-Public-Comment.aspx>.

Waiver for Aged and Adults and Children with Disabilities (NE.0187)

Entire Waiver

- Corrected spelling and grammar mistakes.

Main Application: 6. Additional Requirements

- Updated Public Input.
- Removed language regarding independently enrolled individual waiver providers.

Main Application: Attachment #1

- Added Transition Plan

Appendix A: Waiver Administration and Operation

Appendix A-2: Oversight of Performance

- Corrected the date of the Nebraska State Medicaid Plan.

Appendix A-6: Waiver Administration and Operation

- Removed references to the Quality Council and replaced it with QI.

Appendix A Quality Improvement: Administrative Authority of the Single State Medicaid Agency

- Removed “on-site” and “off-site” from quarterly file reviews.

Appendix B: Participant Access and Eligibility

Appendix B-2: Individual Cost Limit

- Added individual cost limit in excess of institutional costs.
- Added how the state is implementing the individual cost limit.
- Added other safeguards for when services exceed cost limit.

Appendix B-3: Number of Individuals Served

- Updated the unduplicated participant count.
- Updated the number of individuals served.

Appendix B-5: Evaluation/Reevaluation of Level of Care

- Updated “assisted living” to “supported residential living.”

Appendix B-6: Evaluation/Reevaluation of Level of Care

- Updated the minimum frequency for the provision of waiver services.
- Updated the process for level of care, changing the face-to-face requirement to person-to-person.
- Updated the procedures to ensure timely reevaluations, changing the face-to-face requirement to person-to-person.

Appendix B-7: Freedom Choice

- Updated language in maintenance of forms to include service coordination offices.

Appendix C: Participant Services

Appendix C-2: General Service Specifications

- Corrected language for background checks.

Appendix C-1/C-3: Summary of Services/Service Specifications

- Added provider types to Chore and Personal Care services.
- Add when Incidental supervision is allowed in Personal Care.
- Updated provider standards for all services.
- Updated the name of the Assisted Living Service to Supported Residential Living.
- Revised service specifications for the following services:
 - Assistive Technology;
 - Chore;
 - Companion;
 - Extra Care for Children with Disabilities;
 - Personal Care; and
 - Respite Care.
- Updated provider types for the following services:
 - Adult Day Health;
 - Assistive Technology;
 - Chore;
 - Companion;
 - Extra Care for Children with Disabilities;
 - Non-Medical Transportation;
 - Personal Care;
 - Personal Emergency Response System (PERS); and
 - Respite Care.

- Revised and unbundled service specifications for Home and Vehicle Modifications, making them two separate services.
- Update language for all services related to school hours set by the local school district.

Appendix C-5: Participant Services

- Checked boxes to answer questions on the new waiver template.

Appendix D: Participant-Centered Planning and Service Delivery

Appendix D-1: Service Plan Development

- Updated language to reflect that current service providers are included in the development of the person-centered plan (PCP) and must attend the PCP meeting.
- Updated boxes for HCBS Settings Requirements for service plans.
- Added information for questions (h) and (i) on the new waiver template.

Appendix D Quality Improvement: Service Plan

- Updated language to reflect the removal of “whose person-centered plan required a change due to a participant’s changing needs.”

Appendix G: Participant Safeguards

Appendix G-1/G-3: Response to Critical Events or Incidents/Safeguards/Medication Management

- Updated Assisted Living service name to Supported Residential Living.

Appendix H: Quality Improvement Strategy

Appendix H-1: Systems Improvement

- Removed references to the Quality Council and replaced with QI.

Appendix I: Financial Accountability

Appendix I-1: Financial Integrity and Accountability

- Updated services that require the use of EVV.
- Updated how payments are made, removing NFOCUS and changing to the state-mandated web-based case management system.

Appendix J: Cost Neutrality Demonstration

- Updated cost analysis information.

Waiver for Traumatic Brain Injury (NE.40199)

Entire Waiver

- Corrected spelling and grammar mistakes.

Main Application: 6. Additional Requirements

- Updated public input.

Main Application: Attachment #1

- Added Transition Plan.

Appendix A: Waiver Administration and Operation

Appendix A-2: Oversight of Performance

- Corrected the date of the Nebraska State Medicaid Plan.

Appendix B: Participant Access and Eligibility

Appendix B-2: Individual Cost Limit

- Added individual cost limit in excess of institutional costs.
- Added how the state is implementing the individual cost limit.
- Added other safeguards for when services exceed cost limit.

Appendix B-6: Evaluation/Reevaluation of Level of Care

- Updated the minimum frequency for the provision of waiver services.
- Updated qualifications for assessors performing evaluations of the level of care.
- Removed language regarding the outdated level of care tool.
- Updated the process for level of care, changing the face-to-face requirement to person-to-person.
- Updated information about staff completing reevaluations.
- Added information about where Level of Care documentation is stored.

Appendix B-7: Freedom Choice

- Updated the state's procedures for participants' freedom of choice.
- Updated language in maintenance of forms to include service coordination offices.

Appendix B-8: Access to Services by Limited English Proficiency Persons

- Updated the methods for access to services by limited English proficient persons.

Appendix C: Participant Services

Appendix C-2: General Service Specifications

- *Corrected language for background checks*

Appendix C-1/C-3: Summary of Services/Service Specifications

- Revised service specifications for the following services to align with the AD Waiver:
 - Assistive Technology;
 - Chore;
 - Home Delivered Meals;
 - Home Modifications;
 - Non-Medical Transportation;
 - Personal Emergency Response System (PERS);
 - TBI Adult Day Health Services;
 - TBI Companion;
 - TBI Personal Care;
 - TBI Respite Care;
 - TBI Supported Residential Living; and
 - Vehicle Modifications.
- Updated provider types for the following services:
 - Assistive Technology;
 - Chore;
 - Non-Medical Transportation;
 - Personal Emergency Response System (PERS);
 - TBI Adult Day Health;
 - TBI Companion;
 - TBI Personal Care; and
 - TBI Respite Care.
- Add the following service to better address participant needs:
 - LRI Personal Care.
- Updated provider standards for all services.
- Add when incidental supervision is allowed in Personal Care.
- Allow for payment to Legally Responsible Individuals and relatives/legal guardians.
- Update applicable services to include services that may be offered by legal guardians.
- Added wording for statutory requirements for legal guardians as new providers.

Appendix C-5: Participant Services

- Checked boxes to answer questions on the new waiver template.

Appendix D: Participant-Centered Planning and Service Delivery

Appendix D-1: Service Plan Development

- Updated Service Coordinator qualifications. Removed degree requirement.
- Unchecked “registered nurse” from responsibility for service plan development.
- Updated language to reflect that current service providers are included in the development of the person-centered plan (PCP) and must attend the PCP meeting.
- Added information for questions (h) and (i) on the new waiver template.
- Updated boxes for HCBS Settings Requirements for service plans.
- Reordered information to align with the verbiage of the AD Waiver.
- Added additional information to align with the AD Waiver.

Appendix D Quality Improvement: Service Plan

- Updated language to reflect the removal of “whose person-centered plan required a change due to a participant’s changing needs.”

Appendix F: Participants' Rights

Appendix F-1: Opportunity to Request a Fair Hearing

- Added the definition of “participant.”

Appendix G: Participant Safeguards

Appendix G-1: Response to Critical Events or Incidents

- Updated language to comply with the HCBS Final Settings Rule.

Appendix I: Financial Accountability

Appendix I-1: Financial Integrity and Accountability

- Updated services that require the use of EVV.
- Updated how payments are made, removing NFOCUS and changing to the state-mandated web-based case management system.
- Added LRI Personal Care service.

Appendix I: Quality Improvement: Financial Accountability

- Removed the outdated performance measure.

Appendix J: Cost Neutrality Demonstration

- Updated cost analysis information.