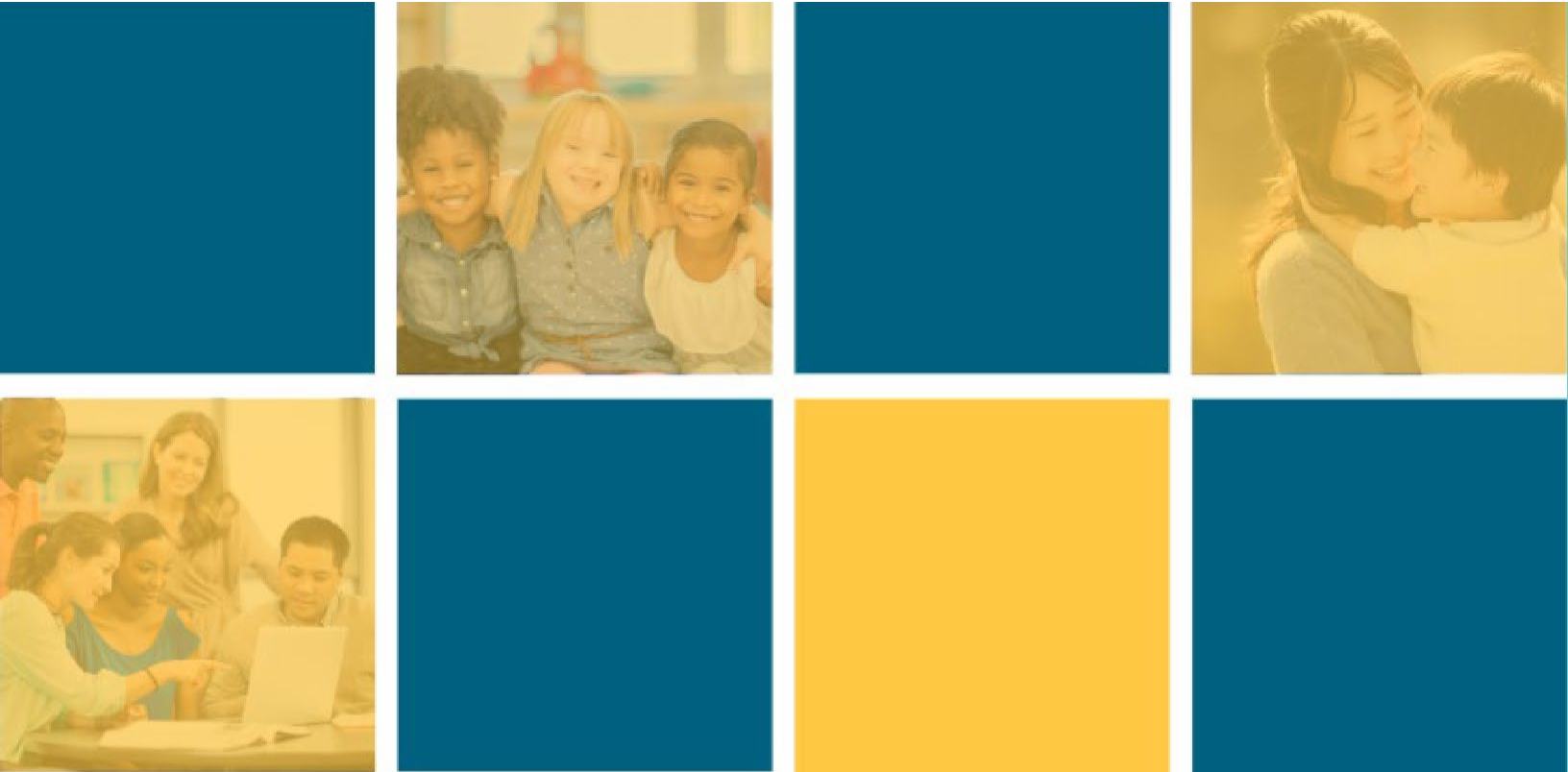


Division of Developmental Disabilities

Home and Community-Based Services Waiver Transformation: “Access for All”

Creating a Needs-Based, Participant-Driven Model of Service Delivery to Eliminate the Waitlist



NEBRASKA

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Introduction

The Nebraska Department of Health and Human Services (DHHS) Division of Developmental Disabilities (DDD or Division) has embarked on a transformative journey to improve service delivery for individuals with developmental disabilities (DD). The primary goal of this initiative, known as the **Home and Community-Based Services (HCBS) Waiver Transformation**, is to eliminate the need for a DD Waitlist Registry and introduce more tailored services for individuals with varying needs, abilities, and natural supports. This initiative is designed to move toward a **Needs-Based, Participant-Driven Service Model**, emphasizing individualized services that empower participants and their families. This future state vision focuses on centering the person as the key driver of their own service plans, ensuring services match their personal needs and goals.

This plan outlines the project's phases, goals, and tasks from March 2024 through October 2025. It is organized around a phased approach, with each phase dedicated to specific milestones that build toward the realization of the long-term objectives, ultimately achieving the elimination of the waitlist prior to the target date of October 2025.

Registry Overview

DHHS, DDD has historically operated a Waitlist Registry for DD services waivers as outlined in Nebraska Revised Statute § 83-1216. The Waitlist Registry serves a dual purpose:

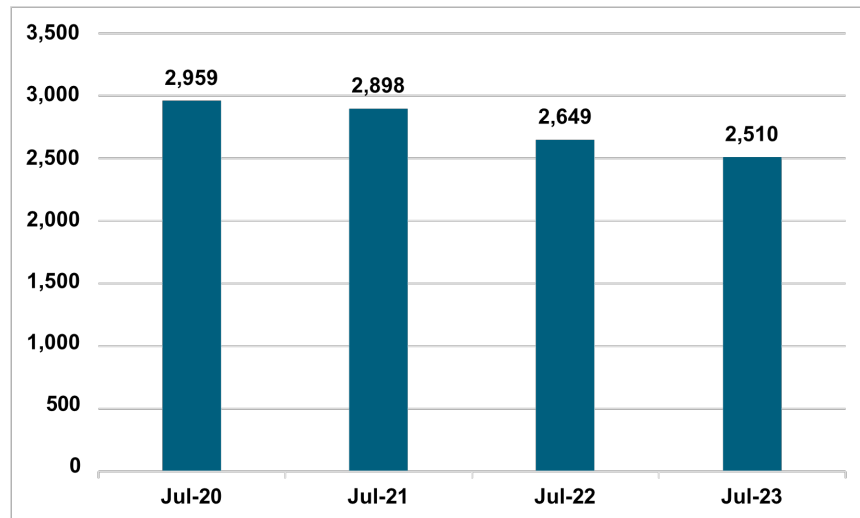
- Waitlist for individuals seeking enrollment on the Comprehensive Developmental Disabilities (CDD) 1915(c) waiver program. The waitlist is primarily a result of limited funding to support all requests for immediate enrollment on CDD.
- Registry for those expressing a future need for services through the CDD or Developmental Disabilities Adult Day (DDAD) waiver.

DDD has worked with stakeholders over many years to seek input and feedback on the experiences of individuals and their families affected by the waitlist. The impact of the waitlist on the ability of individuals to access needed services and supports in their community is a challenge and cannot be understated. As demonstrated in *Table 1*, though the number of individuals on the waitlist has decreased over several years, through financial investments, thousands of individuals remain on the list with or without immediate desire for services.

At a Glance: Registry Impact

- **Over 2,700 Nebraskans are on the waitlist (April 2024).**
- **Nebraskans have waited, on average, six to eight years on the registry before receiving a waiver offer.**
- **Insufficient community-based options could jeopardize Nebraska's compliance with the Olmstead decision.**

Table 1: Historical Registry Data



Key Components: HCBS Waiver Transformation

The **HCBS Waiver Transformation** focuses on expanding access to critical services for individuals with DD by improving service delivery models and increasing efficiency. Key elements of this strategy include:

- Changes to the Medicaid eligibility group called the Katie Beckett Program.
- Growth of non-waiver programs.
- Creation of the Family Support Waiver (FSW).
- Introduction of improved, standardized assessment tools through interRAI.
- Increasing provider capacity.
- Removing the waitlist for services.

These efforts work together to create a more responsive, needs-based system that ensures timely access to supports and services for all eligible individuals.

Katie Beckett Expansion

The Katie Beckett Program is designed to provide Medicaid services to children under 19 who have significant disabilities but do not qualify for Medicaid under traditional eligibility rules. This program allows children to receive essential medical and social services at home, promoting a less restrictive environment. Services include hospital care, in-home nursing, medical supplies, access to physicians, and service coordination, among others. By expanding the Katie Beckett Program to include nursing facility and intermediate care facility (ICF) level of care (LOC) pathways to eligibility, the program now allows children to access Medicaid faster, without requiring the usage of waiver services or eligibility requirements that previously hindered families. Changing Medicaid eligibility through this program prevents unnecessary institutionalization and helps children remain in their homes while receiving needed care. Creating access to needed Medicaid services will reduce financial and emotional burdens on families, while ensuring timely, appropriate care for children with disabilities.



Non-Waiver Program Growth



In January 2024, several **Special Healthcare Needs** programs were integrated into the Division. These include the Lifespan Respite Services Program, the Disabled Persons and Family Support Program, and Medically Handicapped Children's Program, among others. This consolidation allows for more seamless referrals between programs, enabling better coordination based on participant needs. One significant enhancement made as part of this transformation is the expansion of exceptional needs respite funding from \$1,000 to \$2,000 per year, providing families with up to 123 additional hours of respite care annually. This increase supports families in managing the challenges of caregiving, while allowing children and adults with disabilities to access necessary breaks in their care routines. The integration and funding increases will create a more efficient and supportive system, enhancing overall service accessibility.

Family Support Waiver



The FSW was established through [Legislative Bill \(LB\) 376](#)¹, a landmark bill passed in 2020, designed to provide essential services to children and young adults (birth-21 years of age) with intellectual and developmental disabilities (IDD), while supporting their families in maintaining care within the family home. Approved by the Centers for Medicare & Medicaid Services (CMS) on March 1, 2024, the waiver included a strategic plan to gradually enroll individuals, with a goal of reaching its full capacity of 850 participants. The FSW offers a wide range of services, including respite care, day supports, home and vehicle modifications, and assistive technologies, all aimed at enhancing the participant's quality of life, while ensuring families have the necessary resources and support to care for their children at home. With a \$10,000 budget cap set by LB 376, the waiver ensures that families receive targeted support while balancing cost-effectiveness. As part of the continuum of care, the FSW plays a critical role in providing early intervention services and serves as a stepping stone for individuals who may transition to more comprehensive services as their needs change. Through this family-focused, person-centered approach, the FSW empowers families to care for their loved ones, while fostering greater independence and community integration for participants.

Introduction of interRAI



The introduction of interRAI intellectual disability (ID) and interRAI Child and Youth Mental Health and Developmental Disability assessments marks a major shift in how Nebraska will evaluate the needs of IDD. These validated, standardized tools are designed to assess multiple dimensions of an individual's health, cognitive abilities, behavior, and social involvement. Nebraska is replacing the current Developmental Index (DI) and Inventory for Client and Agency Planning (ICAP) with these interRAI tools to streamline assessments across the CDD Waiver, DDAD Waiver, and FSW. By using a single assessment tool for the LOC, budgeting, and service needs, DHHS can reduce the administrative burden on families, participants, and service providers. This will enhance the overall efficiency of the waiver process, while ensuring that participants' support plans are accurately tailored to their needs.

¹ Legislature of Nebraska. [Legislative Bill 376](#). 2022.

In addition to being used as a LOC tool, the interRAI assessments will help identify participants' need for continuous residential support. This will allow individuals to access residential services like Continuous Home, Shared Living, and Host Home programs based on their assessed needs and risk factors. The tools will also assist in evaluating service utilization, providing data to ensure participants are receiving appropriate levels of support as their needs change over time. During the pilot phase from September 2024 to January 2025, both the DI/ICAP and interRAI tools will be administered concurrently to assess their effectiveness.

After approval from CMS, DHHS plans to fully implement interRAI, improving the overall quality and accuracy of participant assessments across the state's DD programs.

Growing Provider Capacity



Growing the network of providers who offer services under Nebraska's DD programs is critical to ensuring participants receive the highest quality care. DDD has committed significant resources to enhancing provider capacity, including the use of American Rescue Plan Act (ARPA) funds for supplemental payments, rate increases, training, and grants. Over \$53 million has already been invested in these initiatives, with additional residual ARPA funding expected to support further growth. Public comments have been sought to guide these supplemental payments, with feedback from participants, providers, and advocates being used to shape improvements. The focus remains on addressing provider workforce challenges, especially in rural areas, and expanding the provider network to ensure statewide access to quality services. This strategic investment in providers and input from the public is a foundational part of ensuring Nebraska can meet the growing demand for disability services as the HCBS waiver transformation unfolds.

Unlocking Waiver Capacity

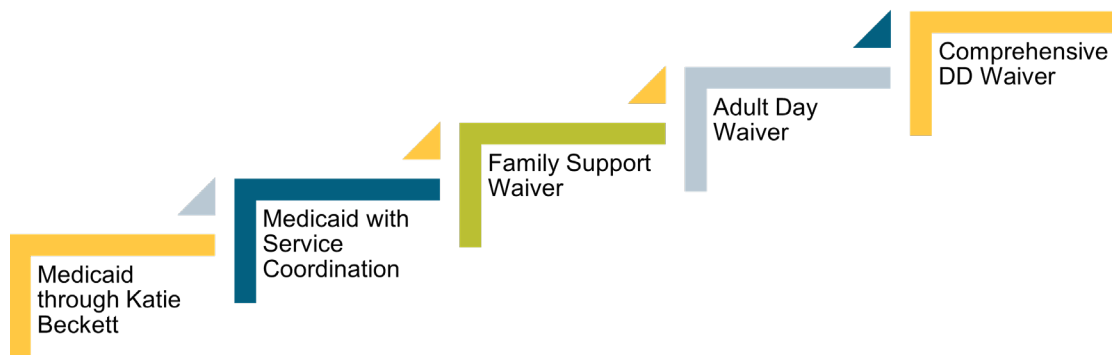


One of the most transformative goals of this plan is the removal of the HCBS waiver capacity limits, projected to be completed by July 2025. The current waiver capacity limits prevent many individuals from accessing the services they need, contributing to delays in care and increasing the burden on families. By utilizing the interRAI tools, DHHS will be better equipped to understand each participant's individual needs, allowing for more accurate waiver placement and timely service provision allowing, for the first time, to remove the capacity limits on the DD waivers. This participant-driven model will enable individuals to move seamlessly through various levels of care as their needs evolve, ensuring they receive appropriate support at every stage of life. Removing the capacity limits will also create a more equitable system where participants receive services based on need rather than on when they apply or other prioritization categories. As a result, the waiver system will be more flexible, responsive, and able to meet the needs of individuals with developmental disabilities across the state and over time.

Creating a Continuum of Care

Nebraska's **HCBS Waiver Transformation** establishes a comprehensive continuum of care, designed to meet the evolving needs of individuals with IDD across their lifespan. This care continuum begins with the **Special Healthcare Needs Programs**, which provide vital support for children and families and extends through various Medicaid pathways, including the Katie Beckett Program, allowing children with significant disabilities to access Medicaid services without needing to utilize waiver services. As participants' needs change and they age, they can seamlessly transition to waiver programs that offer increasing levels of support, such as the FSW, DDAD, and, ultimately, the CDD Waiver for those requiring the most intensive services.

Figure 1: Nebraska's Continuum of Care



The Katie Beckett Program expansion, which launched in July 2024, allows children to access Medicaid services (including service coordination) without considering their family's income, providing an essential lifeline to services that promote their development and well-being. Working in tandem with the Katie Beckett Program, the **Special Healthcare Needs Programs** provide additional supports outside of Medicaid covered services to individuals with complex conditions and their families.

For children who require waiver support within a family setting, the FSW offers \$10,000 in services and supports to maintain care at home, supplementing what is provided for by the public school district and ensuring families can live and grow together. The DDAD waiver provides enhanced supports as participants transition out of school-based supports at age 21, including daytime services, employment opportunities, and intermittent residential assistance, allowing individuals to live independently or continue to receive family-based care. This flexibility ensures participants are supported in a way that promotes independence, community integration, and self-sufficiency.

For participants with more complex needs requiring 24/7 residential support, the CDD is available, providing an extensive range of intensive supports.

Each step of this continuum — from early childhood services to adult day programs and comprehensive residential care — is driven by interRAI assessments that evaluate both the abilities and needs of participants, ensuring the right LOC at the right time. This person-centered approach guarantees that participants can access a program that aligns with their current needs, while also offering the flexibility to adjust services as their needs evolve throughout their lives. By

streamlining this process, Nebraska ensures that individuals receive the necessary supports to lead fulfilling, independent lives, all while maximizing the efficient use of Medicaid resources.

One of the critical components of the **HCBS Waiver Transformation** initiative is the removal of the HCBS capacity limits, which was the primary reason for the existence of Nebraska's Waitlist Registry. By October 2025, individuals, regardless of their "priority status"² will be enrolled in the waiver program (FSW, DDAD, or CDD) that best meets their needs, based on risk-based criteria evaluated by the interRAI assessments. Individuals assessed to require services provided by each waiver because of their needs and risks, will have the ability to enroll in the appropriate waiver program, without having to wait multiple years on the Waitlist Registry.

For children enrolled on the Katie Beckett Program, individuals receiving care coordination through Medicaid, or individuals supported through the **Special Healthcare Needs Programs**, multiple pathways are available to connect with DDD to indicate a change in status, which may require enrollment into FSW, DDAD, or CDD. Notification of a change in need or a significant life change will occur through the following pathways:

- Connecting with your service coordinator (SC).
- Participating in a routine eligibility review for Medicaid or a **Special Healthcare Needs Programs**.
- Contacting DDD or the local regional DHHS Service Coordination office.³

IMPORTANT REMINDER!

Individuals will have the ability to access programs and services, including the FSW, DDAD, and CDD waivers without having to wait, when assessed to have a need and a risk requiring supports!

Scenarios

In the complex landscape of service provision and enrollment, individuals may navigate different pathways through their lives to access the supports they need. The scenarios on pages 8 and 9 demonstrate how different waivers facilitate access to services at critical stages of participants' lives, from early childhood and adulthood and into later years of life. Each scenario highlights unique circumstances that age-specific enrollment will support and demonstrates how the refined waiver service system will adapt to meet the evolving needs of participants.

² Priority funding categories are currently defined in [Nebraska Revised Statute §83-1216](#). Once all individuals currently on the Waitlist Registry enrolled in the programs best suited to meet their assessed needs, the priority funding categories will no longer influence waiver enrollment processes. If someone requires enrollment in CDD, DDAD, or FSW based on assessed needs and risks, the individual will have access to the program without having to wait for capacity to open.

³ For contact information, visit <https://dhhs.ne.gov/Pages/DD-Contact-Us.aspx>.

Figure 2: Child Seeking Services from Early Support to Comprehensive Care

Raising a child with a DD presents significant challenges, particularly when it comes to securing necessary services and managing financial burdens. In this scenario, a mother is struggling to afford her daughter's medication while providing the required LOC. Faced with mounting stress and limited resources, she reaches out to DDD for assistance. DDD directs the mother to complete applications for Medicaid and DD services, the first step to secure the support her child needs.

 **5 Years of Age** 

After learning about the Katie Beckett Program, which provides Medicaid services to children under 19 years with complex medical needs or long-term disabilities, the mother applies and her child is accepted. Her child is now enrolled in Medicaid services with eligibility determined solely on the child's medical needs and disabilities without consideration for her parent's income.

 **10 Years of Age** 

By the time the child turns 10, her behavioral issues have intensified, and require additional support. Her mother works with DDD to secure an interRAI assessment to determine her child's eligibility for respite and family training. Following this assessment, the mother learns her child qualifies for the required LOC for waiver services, but does not need residential services. The child is enrolled in FSW, which will provide the extra support and services she requires. FSW services will provide essential assistance and supervision. This gives the mother time to work, manage personal matters, or simply rest, while her child receives the monitoring and care needed.

 **19 Years of Age** 

The child expresses a desire for greater independence and an interest in living with roommates, when she starts to transition to early adulthood. The mother begins exploring options for transitioning her child to a more independent living arrangement. She seeks guidance from DDD SCs to ensure the most appropriate supports are considered, allowing her child to successfully navigate this new phase of life, while maintaining access to necessary care and services.

 **Young Adult** 

Reassessment with service coordination in adulthood places the mother's adult child in the most appropriate services to meet their needs. The now young adult is able to live independently, while receiving these services, supports, and necessary assistance to thrive and reach their full potential.

Figure 3: Adult Seeking Services: Independence with Chronic Mental Illness and DD

Preserving independence with chronic mental illness and DD can be a lifelong challenge. In this scenario, an adult living with these challenges is supported in various ways throughout their life to maintain their independence, while leading a full and fulfilling life. Their journey, captured below, demonstrates how individuals can receive the services and supports they require through evolving circumstances across their life, while still achieving independence.



25 Years of Age



The individual is living with both chronic mental illness and a mobility-restricting physical disability, making daily tasks and social interactions difficult. Overwhelmed by anxiety and struggling with employment, they seek support from DDD. After consulting with SCs, they are advised to apply for Medicaid and DDD services to access the help they need to manage their condition, while striving for independence. After completing an interRAI assessment, they are enrolled in DDAD waiver services. Their initial care plan includes support for daily living activities, social skills training, and workplace accommodations, allowing them to manage their challenges more effectively.



40 Years of Age



Despite ongoing difficulties with mental health and mobility, the individual managed to preserve their independence. However, their primary caregiver recently passed away, leaving them without critical daily support. Recognizing the urgent need for additional assistance, the individual connects with their SC for reassessment, which confirms eligibility for expanded services. They transition from DDAD to CDD, receiving residential habilitation services and ensuring consistent, long-term supports and stability in housing and daily care as they continue their journey toward independence.



55 Years of Age



Increasing health-related issues emerge as the individual ages, and their mobility declines further, necessitating additional supports for physical care and managing daily tasks. An interRAI reassessment captures these growing needs, and with their care team, adjustments are made to increase home health services, physical therapy, and enhanced personal care assistance provided through the Medicaid program. These services meet the expanded need while maintaining independence for the individual.



65 Years of Age



The individual retires from work and their physical health needs continue to grow, requiring more intensive care. An interRAI reassessment determines they are eligible for nursing facility LOC due to their escalating physical issues and mobility challenges. They transition to the Aged and Disabled (AD) waiver to receive comprehensive health care and personal assistance to manage age-related conditions, allowing them to continue living safely in their community.



Key Progress Indicators

This section outlines key progress indicators critical to the success of the overall strategies, emphasizing robust service coordination, supports for participant independence, flexibility for families and guardians, and a strengthened provider network. These indicators represent concrete actions taken to improve services, accessibility, and capacity across Nebraska's home and community-based programs, fostering a robust continuum of care.

Building a Strong Support Network

Through the FSW, DDD received approval to post and hire 40 additional service coordination positions, further supporting the FSW. To meet the growing needs of new families, DDD has significantly expanded its service coordination team. Recent hiring efforts have resulted in the addition of one service district administrator, five service coordination supervisors, and 34 SCs through statewide recruitment and targeted hiring fairs in Lincoln and Omaha. This expansion is designed to ensure that families have timely access to expert navigators which can connect them with the services and supports they need. Notably, some positions are being placed in DHHS offices previously not utilized by DDD, demonstrating a proactive approach to securing space and resources in key areas across the state.

Services to Support Independence

DDD is planning several enhancements to its 1915(c) waivers in summer 2025 to expand services that promote participant independence and community integration. Among these is the introduction of remote monitoring as a modality within congregate residential services, as well as standalone remote monitoring and remote health monitoring for use with intermittent residential services like Supported Family Living (SFL) and Independent Living (IL). Remote support technology enables providers to assist participants remotely through live, two-way communication, using real-time data from sensors to monitor participants' health and safety. This approach fosters independence, makes use of natural supports, and encourages community living, ultimately reducing the need for congregate care and round-the-clock staffing. The use of these systems is voluntary only utilized when it aligns with individual preferences and goals.

Additionally, DDD is exploring the introduction of a non-habilitative adult day retirement service aimed at participants age 65 and older. This service focuses on meaningful daily activities and independence, providing active support with daily living, health maintenance, and supervision in the participant's home. Unlike traditional habilitation services, this retirement service does not involve goal-oriented training, but offers age-appropriate assistance.

Empowering Independence through Employment

DDD also recognizes employment plays a vital role in helping individuals with disabilities live fulfilling lives and engage meaningfully within their communities. Supported employment services are being enhanced to provide participants with the necessary tools and guidance to achieve and maintain competitive, integrated employment. Key additions include benefits counseling, which helps individuals navigate the complexities of working while retaining essential benefits like supplemental security income, social security disability insurance, Medicaid, and housing

subsidies. This service alleviates concerns about losing benefits, offering tailored guidance that supports economic self-sufficiency. Another critical service is employment exploration, which assists participants in identifying career paths aligned with their interests and skills through job shadows, business tours, and informational interviews. This service is particularly beneficial for those who may reconsider employment later in life. Additionally, DDD is exploring adjustments to how supported employment hours are counted toward a participant's service budget, with potential options to exempt or prorate these hours, ensuring employment can be pursued without reducing access to other necessary supports. Together, these enhancements promote independence, foster community involvement, and make employment a more accessible and rewarding opportunity for individuals with disabilities.

Expanding Family and Guardian Provider Flexibility

In response to the shortage of direct care providers, the Division is exploring options to expand payment to parents of minor children and guardians who are spouses, adult children, or other relatives of participants served on the CDD, DDAD, and FSW, provided they are employed by an agency provider. This initiative aims to address workforce gaps by allowing families to be paid for directly supporting their loved ones. By ensuring family caregivers are employed through an agency, participants continue to benefit from the structure and resources available to agency providers, such as training and access to additional supports. For many families, the strain of balancing unpaid caregiving with work and other obligations can be overwhelming, and this change would offer much needed financial relief while strengthening the network of available caregivers. This approach recognizes the critical role families already play in caring for individuals with disabilities while expanding flexible options for participants.

Supporting the Provider Network

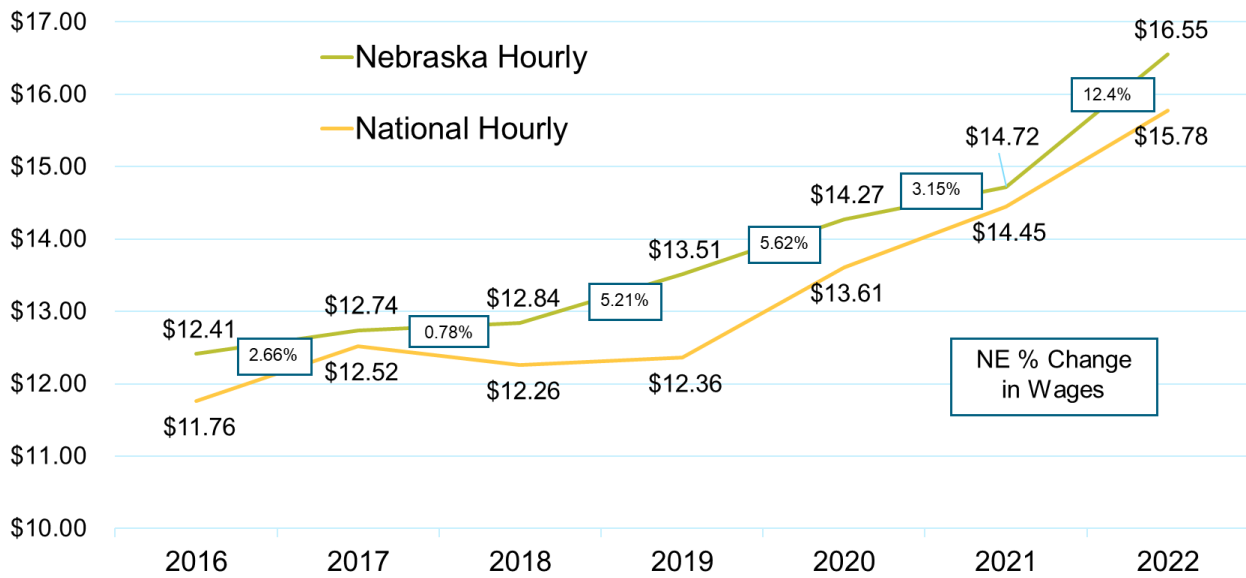
Since the onset of the pandemic, DDD has prioritized efforts to stabilize and strengthen its provider network, recognizing the challenges posed by workforce shortages and rising operational costs. To support these efforts, more than \$53 million in ARPA funding has been allocated to providers across multiple initiatives. This includes \$30.3 million dedicated to addressing critical workforce shortages, \$500,000 for supervisor training programs to enhance leadership skills, and \$2.5 million in workforce stabilization grants targeted at the AD Waiver. Additionally, \$10 million has been made available for agency vehicle grants, ensuring providers have the necessary transportation infrastructure to deliver services effectively. Beyond financial support, DDD has actively engaged with providers through focus groups and one-on-one consultations, identifying strategies to expand services in underserved regions and to strengthen the FSW. The Division has also offered technical assistance and training to help providers in partnership with Liberty Healthcare to improve service delivery and better meet participants' evolving needs. By fostering an open dialogue and offering targeted support, DDD has helped the provider network adapt and grow, ensuring continued access to high-quality services for individuals across the state.

Additionally, DDD has also secured annual rate increases from Legislative appropriation to increase the rates paid to waiver service providers each legislative session since 2016, including in the latest biennium. These rate increases have allowed agency providers to increase average direct support professional wages from \$12.41 to \$16.55 from 2016 to 2022, the last year for which data is available.

Table 2: DDD Provider Rate Increases

2020	2021	2022	2023	2024
4%	2.6%	26%	3%	2%

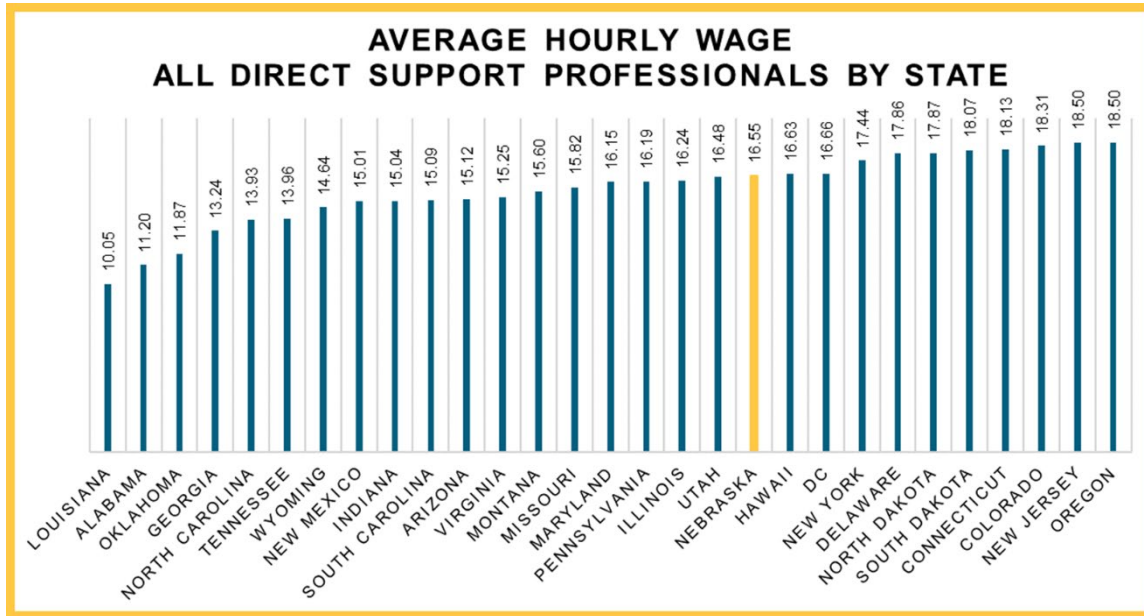
Table 3: All DDD Agency Direct Support Professional Average Wages



Source: NCI data from State of the Workforce, 2022

Table 4: Direct Support Professional Wages

These rate increases have allowed Nebraska's average direct support wages to remain competitive nationally as reflected in the most recent National Core Indicators (NCI) survey completed in 2022. In this survey, Nebraska's average hourly rate of \$16.55 is just below Hawaii's average hourly rate of \$16.63 and places Nebraska 11th among the 29 states that completed the survey.



Budget Impact

The following estimates reflect the anticipated costs related to initial waitlist elimination and ongoing operation of the 1915(c) waiver programs without a waitlist. The financial estimates also account for a phased-in schedule over a 12-month period, beginning in state fiscal year (SFY) 2025. DDD assumes individuals (909) who are not currently enrolled in any waiver program will enroll on FSW or DDAD, as appropriate. This accounts for all individuals on the current registry, less the 850 individuals under 21 already anticipated to fill an FSW slot.

Cost Estimates

Tables below outline the anticipated cost to eliminate the registry over a 12-month period, occurring in SFY 2025, and the ongoing cost to operate 1915(c) programs without a waitlist.

To determine Medicaid program costs, DDD used the Region 1 and Region 2 Aid to the Aged Blind and Disabled (AABD) 0-20 (male and female) and AABD 21+ (male and female) per member per month estimates calculated by Nebraska's contracted actuary.⁴

Waiver budgets were estimated by calculating an overall monthly average of costs for individuals currently enrolled on the DDAD waiver. DDD assumes adults will incur an average cost of \$1,859 a month in SFY25 based on current costs (SFY23), and a 2% annual growth in rates. DDD assumes children (under age 21) will require only services covered by the FSW waiver. Their average monthly cost will be \$867 based on estimated costs for the FSW, with a 2% annual growth in costs. The federal financial participation (FFP) is derived from the Federal Medical Assistance Percentage (FMAP) estimate of 58.60% in SFY24, though it is important to note that the below estimates are subject to change based on updated annual FMAP calculations.

The FSW waiver cost is currently capped at a maximum budget amount of \$10,000 per year. Estimates in *Table* and *Table* on the following page assume 442 children are offered and accept enrollment on the FSW, and those currently on the AD waiver (279) do not transition to the FSW.

Budget Impact Summary

DDD estimates needing \$4,288,331 in new funding (state share only) to eliminate the registry in SFY25.

⁴ For the purpose of Medicaid managed care rate setting, the state of Nebraska is divided into two regions. Region 1 consists of 41 counties located in the eastern half of the state. Region 2 is made up of 52 counties, all of which are located in the western portion of the state. These regions were developed by evaluating historical claims for the purpose of grouping counties with similar geographic and cost characteristics. (CBIZ Optumas. Nebraska Heritage Health Cy24 Certification (September 2023). Pages 4-5).

Table 5: 12-Month Cost (SFY25) Estimate to Eliminate Registry⁵

Cost Category	Total Financial Estimate	FFP	State Share
Medicaid Program	\$2,242,202	\$1,313,931	\$928,272
1915(c) Waiver Program	\$21,338,141	\$12,504,151	\$8,833,990
Total Overall	\$23,580,343	\$13,818,08	\$9,762,262

Table 6: Ongoing Cost Estimate⁶

SFY	Cost Category	Total Financial Estimate	FFP	State Share
SFY26	Medicaid Program	\$4,235,402	\$2,481,945	\$1,753,456
	1915(c) Waiver Program	\$40,409,980	\$23,680,248	\$16,729,732
	Total	\$44,645,382	\$26,162,193	\$18,483,188
SFY27	Medicaid Program	\$4,320,110	\$2,531,584	\$1,788,526
	1915(c) Waiver Program	\$41,218,179	\$24,153,853	\$17,064,326
	Total	\$45,538,289	\$26,685,437	\$18,852,852
SFY28	Medicaid Program	\$4,406,512	\$2,582,216	\$1,824,296
	1915(c) Waiver Program	\$42,042,543	\$24,636,930	\$17,405,613
	Total	\$46,449,055	\$27,219,146	\$19,229,909

Summary of Future Costs

The majority of costs needed to eliminate the registry will be realized through draw down of FFP.

Most of the new costs associated with elimination of the registry will be realized by DDD, as a result of enrollment on 1915(c) waiver programs.

The Medicaid program will have limited new costs as a result of enrolling children not already eligible on a 1915(c) HCBS waiver.

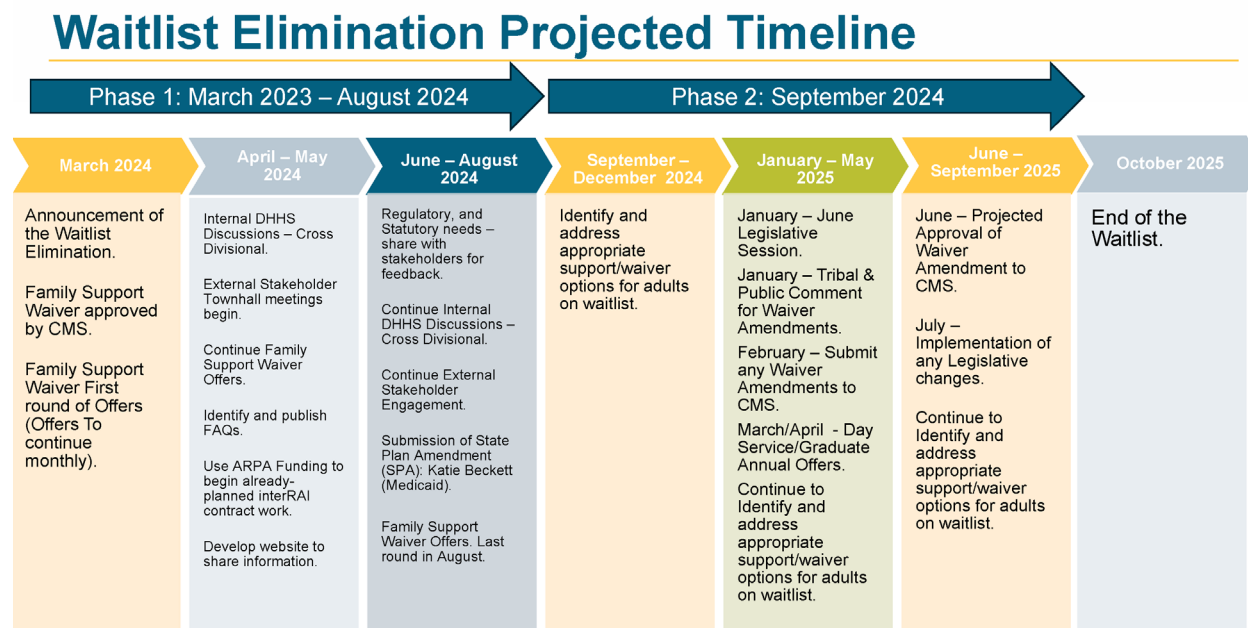
⁵ Financial estimate provided by Myers and Stauffer LC.

⁶ Ibid.

Waitlist Elimination Phasing

The project's timeline outlines key phases, objectives, and tasks from March 2024 through October 2025 (see *Figure 4*). The plan is structured around a phased approach where each stage is designed to achieve specific milestones, progressively advancing toward the overarching vision of a more inclusive, needs-based system. Through a strategic and methodical approach, the plan lays the groundwork for sustainable, transformative change that will improve outcomes for all participants.

Figure 4: Waitlist Elimination Projected Timeline



Phase 1: Laying the Foundation (March 2024-August 2024)

Overview

The first phase, titled *Laying the Foundation*, laid the groundwork for structural changes, enhanced communication, and engagement with stakeholders. Key milestones during this phase involved gaining necessary federal approvals, initiating interRAI data collection, expanding Medicaid access through the Katie Beckett Program to children meeting a nursing facility or ICF LOC, bringing participants onto the FSW, and commencing external stakeholder outreach. This phase was critical for ensuring the infrastructure, policies, and resources are in place to meet the program's future needs.

Ongoing Tasks

1. Internal DHHS cross-divisional discussions on waiver amendments and assessments.
2. External stakeholder engagement activities, including town hall meetings and family technical assistance sessions.
3. Regular updates to the DHHS website to keep the public informed.

March 2024 – Completed Tasks

- **March 1, 2024:** Approval of the FSW by CMS. This marks a significant milestone, allowing DHHS to begin offering FSW services to individuals on the waitlist.
- **March 29, 2024:** DHHS publicly announced the elimination of the waitlist via a press release, signaling the program's readiness to serve more families. This momentous step allows more Nebraska families to access the services they need without the burden of extended waiting periods.

April 2024 – Completed Tasks

- **April 1, 2024:** The first monthly HCBS stakeholder call was held to provide updates and address questions. These regular calls will maintain transparency throughout the initiative.
- **April 10, 2024:** Information was shared with the DD Advisory Committee to ensure they remain informed and aligned with ongoing work.
- **April 22-24, 2024:** Town hall meetings across the state in Gering, Kearney, and Omaha. These events allowed direct dialogue with the public, ensuring stakeholders' feedback is considered in shaping the program's future.
- **April 2024:** The second round of FSW offers was completed.

May 2024 – Completed Tasks

- **May 3, 2024:** The DHHS webpage dedicated to this initiative went live. The webpage will serve as a hub for updates, timelines, and frequently asked questions (FAQs).
- **May 6, 2024:** The monthly HCBS stakeholder call continued to keep the public and stakeholders apprised of progress.
- **May 8-24, 2024:** Additional town halls were held in Lincoln, Norfolk, and online, allowing a broader audience to engage with DHHS.
- **May 21, 2024:** An FAQ document was published to address common queries from families about the waiver process, including the application and eligibility.
- **May 22, 2024:** The Division of Medicaid and Long-Term Care posted a notice for public comment on expanding eligibility under the Katie Beckett Program, targeting individuals needing ICF/IID LOCs. The planned implementation is set for July 2024.
- **May 2024:** The third round of FSW offers was completed.

June 2024 – Completed Tasks

- **June 3, 2024:** DHHS held the monthly HCBS stakeholder call, continuing to provide a consistent platform for feedback and updates.
- **June 17, 2024:** Provided further updates to the DD Advisory Committee, focusing on the rollout of the interRAI tools.
- **June 24-26, 2024:** Stakeholder presentations on the interRAI assessment were delivered. These presentations are essential to ensure stakeholders, including families and providers,

understand the role of interRAI in future service delivery.

- **June 2024:** The interRAI contract was officially launched, in partnership with Myers and Stauffer. These tools are key for implementing standardized, individualized needs assessments for DD waiver participants.

July 2024 – Completed Tasks

- **July 1, 2024:** DHHS held its regular HCBS stakeholder call.
- **July 1-3, 2024:** The Katie Beckett Program expanded to include individuals requiring nursing facility and ICF LOC. This critical expansion ensures more individuals can access services tailored to their specific level of need.
- **July 2024:**
 - Provider presentations were held, and technical assistance sessions for families utilizing the FSW began. These sessions are crucial for helping families navigate the waiver application process and the support services available.
 - The fourth round of FSW offers was completed.

August 2024 – Completed Tasks

- **August 19, 2024:** DHHS published Katie Beckett FAQs, making information more accessible and transparent.
- **August 2024:**
 - The monthly HCBS stakeholder call took place.
 - The FSW technical assistance sessions concluded, and DHHS focused on refining regulatory and statutory needs to better align services with participants' needs. Feedback from stakeholders was gathered to ensure the continued refinement of the model.
 - The final round of FSW offers was completed.

Phase 2: Building Momentum (September 2024-October 2025)

Overview

The second phase, “Building Momentum,” is focused on transitioning from planning and foundational work to implementation. This phase is defined by the pilot project for interRAI assessments, the first evaluations of the new waiver amendments, and deeper legislative and public engagement.

Ongoing Tasks

1. Continue external stakeholder engagement activities, emphasizing feedback on the interRAI pilot and waiver amendments.
2. Maintain updates to DHHS' internal teams and the public through monthly calls and dedicated town halls.

September-December 2024

- **September 2024:** The interRAI pilot project begins. Over five months (September 2024-January 2025), DHHS will conduct concurrent assessments using the interRAI tools. These assessments will help standardize service plans and inform future waiver budget allocations. DHHS will collect data on how the interRAI process improves service delivery and where adjustments may be needed.
- **October 2024:** The Division will extend offers to additional children and adults remaining on the waitlist based on their waiver eligibility. This process will occur monthly until the waitlist is fully eliminated by October 2025.
- **November 2024:** DHHS will hold tribal and public comment sessions for proposed waiver amendments. This is a critical step in ensuring the public has an opportunity to influence the direction of the waivers and that tribal governments are engaged as key stakeholders.
- **December 2024:** DHHS will identify and address the appropriate support and waiver options for adults who remain on the waitlist. By engaging with participants and stakeholders, DHHS aims to develop solutions that ensure all individuals have access to services that meet their specific needs.

January-May 2025

- **January 2025:** DHHS enters the legislative session, advocating for necessary statutory changes that align with the new waiver amendments and support expanded services.
- **February 2025:** DHHS submits any needed waiver amendments to CMS for approval. These amendments will focus on expanding services and ensuring Nebraska's HCBS waivers meet the needs of participants fairly and equitably.
- **March/April 2025:** DHHS will begin its annual cycle of Day Service/Graduate offers. These offers are designed to help individuals transitioning out of high school or other services to access adult day services that best match their developmental needs.
- **April 2025:** DHHS will continue to engage with families and participants on the waitlist to identify appropriate waiver and service solutions, ensuring no one is left behind in the transition to a needs-based model.

June-September 2025

- **June 2025:** DHHS anticipates CMS approval of any pending waiver amendments. These amendments will solidify the transition to the new model and ensure waiver services are fully aligned with the assessed needs of participants.
- **July 2025:** Any necessary legislative changes will be implemented, and DHHS will begin operationalizing the approved waiver amendments. This includes updating provider guidelines, participant assessments, and service delivery structures.
- **August/September 2025:** DHHS continues conducting needs assessments for those already in a specialized service.

Phase 3: Realizing the Vision (October 2025 Forward)

Overview

The third phase, “Realizing the Vision,” marks the culmination of efforts to eliminate the DD waiver waitlist and fully implement a needs-based, participant-driven service model. In this phase, DHHS will adapt to legislative changes while expanding and strengthening the state’s DD support network. The focus will be on ensuring that every individual seeking services is connected to the appropriate supports tailored to their unique needs and preferences, as determined by an objective assessment process.

October 2025 and Beyond – The End of the Waitlist

- **October 2025:**
 - DHHS reaches its goal of eliminating the waitlist for HCBS waivers, fully realizing the transition to a needs-based, participant-driven service model. By October 2025, all eligible individuals will have access to an array of supports, including waiver services, tailored to their individual needs.
 - DHHS will utilize the interRAI to ensure individuals currently served on HCBS waivers are in the waiver that best meets their needs.
- **Quarter 4 (Q4) 2025 and Beyond:**
 - DHHS will spend the last months of 2025 conducting a comprehensive evaluation of the costs and service limitations of FSW to assess whether existing service cap remains appropriate or requires adjustment. DHHS will have collected approximately one year of operational data, allowing for an informed analysis of the waiver’s financial sustainability and its capacity to meet participants’ needs.
 - To promote greater participant autonomy and community integration, DHHS will consider and draft additional waiver amendments for Independent Living and Supported Family Living services in Q4 2025 and moving into 2026. These adjustments will aim to reduce reliance on CDD by enhancing supports for participants in less restrictive environments and reinforcing Nebraska’s overarching goal to build consistently person-centered services.
 - DHHS will closely monitor agency budget expenditures to direct adequate resources to support the needs of waiver participants. Regular funding reviews will promote financial stability and integrity and verify that the appropriate funds are allocated so timely and high-quality services remain the standard across all waivers.

Future State: A Needs-Based, Participant-Driven Model of Waiver Services

The Nebraska DHHS **HCBS Waiver Transformation** strategy outlines a comprehensive, multi-phase strategy aimed at modernizing the State’s approach to DD services. This strategy seeks to ensure individuals receive support tailored to their unique needs, while expanding the accessibility

of crucial services across the state. Through thoughtful engagement with stakeholders, DHHS is building a collaborative approach that brings together participants, families, providers, and advocates to shape the future of service delivery. A cornerstone of the **HCBS Waiver Transformation** strategy is the introduction of innovative assessment tools, such as interRAI, which will help identify the most appropriate services for each individual based on their evolving needs. This shift to a more personalized, needs-based model promotes not only equitable service delivery, but also improved efficiency in managing resources and reducing administrative burdens. With the elimination of the waitlist and the expansion of programs like Katie Beckett and Lifespan Respite, DHHS aims to create a system that adapts seamlessly as individuals' circumstances change throughout their lives. Ultimately, the transformation is focused on delivering services that empower participants to live more independent, fulfilling lives in their own communities. This ongoing effort reflects a deep commitment to building a future where all Nebraskans with DD have access to the right supports, at the right time, in the right way.

The end goal of this transformation is to establish a "Needs-Based, Participant-Driven Service Model," which prioritizes individual needs and preferences in service planning and delivery. Under this model, every service plan will be rooted in interRAI assessment data, ensuring individuals receive the right supports based on their unique circumstances. This approach moves away from a one-size-fits-all framework, fostering greater autonomy and choice for participants. The ability to personalize services based on real-time data from the interRAI system enables a flexible, adaptive model that grows alongside participants' evolving needs. This shift highlights Nebraska's commitment to creating a system where services are equitable, accessible, and participant-centered.

By leveraging robust assessment tools like interRAI, collaborating with stakeholders, and ensuring services are flexible and adaptable, DHHS will create a more inclusive, responsive system. The elimination of the waitlist by October 2025 symbolizes the realization of this vision, where no one is left behind, and all individuals with DD in Nebraska can access the supports they need to live fulfilling, independent lives. This visionary transformation demonstrates Nebraska's leadership in rethinking disability services, ensuring the entire state moves toward a future of inclusivity and support for its most vulnerable citizens.