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State/Territory Name: Nebraska

State Plan Amendment (SPA) #: NE-25-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages



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: NE 25-0002 §1915(i) home and community-based services (HCBS) state plan amendment (SPA)

Dear Director Gonshorowski:

The Centers for Medicare & Medicaid Services (CMS) is approving the state's request to amend its 1915(i) state plan home and community-based services (HCBS) benefit, transmittal number NE 25-0002. The effective date for this amendment is July 1, 2025. With this amendment, the state is expanding 1915(i) eligibility to youth with a history of foster care and probation involvement. This action also adds care coordinators at the Nebraska Juvenile Probation Services as individuals who may be responsible for performing evaluation and reevaluation of eligibility for this 1915(i) benefit.

Enclosed are the following approved SPA pages that should be incorporated into your approved state plan:

3.1-I (COVERAGE): 4, 7, 9, 10, 11, 12, 17, 31, 32, 33, 34, 35, 36, and 40

It is important to note that CMS' approval of this change to the state's 1915(i) HCBS state plan benefit 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.

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

Enclosure

cc: Tyson Christensen, CMS
Bernice Denbow, CMS
Deanna Clark, CMS
Sam Jayson, CMS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <div style="display: flex; justify-content: space-around; align-items: center;"><div style="border: 1px solid black; padding: 2px 5px;">2</div><div style="border: 1px solid black; padding: 2px 5px;">5</div><div style="border: 1px solid black; padding: 2px 5px;">—</div><div style="border: 1px solid black; padding: 2px 5px;">0</div><div style="border: 1px solid black; padding: 2px 5px;">0</div><div style="border: 1px solid black; padding: 2px 5px;">0</div><div style="border: 1px solid black; padding: 2px 5px;">2</div></div>	2. STATE <div style="display: flex; justify-content: space-around; align-items: center;"><div style="border: 1px solid black; padding: 2px 5px;">N</div><div style="border: 1px solid black; padding: 2px 5px;">E</div></div>
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <div style="display: flex; justify-content: flex-end; align-items: center;"><input checked="" type="checkbox"/> XIX <input type="checkbox"/> XXI</div>	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2025	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 441.745(a)(2)(v)		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2025</u> \$ <u>0</u> b. FFY <u>2026</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT 1915(i) Att. 3.1-i, Pgs 4, 7, 9, 10, 11, 12, 17, 31, 32, 33, 34, 35, 36, and 40		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) 1915(i) Att. 3.1-i, Pgs 4, 7, 9, 10, 11, 12, 17, 31, 32, 33, 34, 35, 36, and 40	
9. SUBJECT OF AMENDMENT Therapeutic Family Care Services			
10. GOVERNOR'S REVIEW (Check One) <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="width: 45%;"><div style="margin-bottom: 5px;"><input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT</div><div style="margin-bottom: 5px;"><input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</div><div style="margin-bottom: 5px;"><input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</div></div><div style="width: 50%;"><div style="margin-bottom: 5px;"><input checked="" type="radio"/> OTHER, AS SPECIFIED: Governor has waived review</div></div></div>			
11. SIGNATURE OF STATE AGENCY OFFICIAL		15. RETURN TO Dawn Kastens Division of Medicaid & Long-Term Care Nebraska Department of Health and Human Services 301 Centennial Mall South Lincoln, NE 68509	
12. TYPED NAME Drew Gonshorowski			
13. TITLE Director, Division of Medicaid & Long-Term Care			
14. DATE SUBMITTED April 4, 2025			
FOR CMS USE ONLY			
16. DATE RECEIVED April 4, 2025		17. DATE APPROVED June 26, 2025	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2025		19. SIGNATURE OF APPROVING	
20. TYPED NAME OF APPROVING OFFICIAL George P. Failla, Jr		21. TITLE OF APPROVING OFFICIAL Director, Division of HCBS Operations and Oversight	
22. REMARKS			

1. Individual State plan HCBS enrollment: Division of Child and Family Services (DCFS)
2. Eligibility evaluation: DCFS, Juvenile Probation Services Division (JPSD)
3. Review of participant service plans: DCFS, JPSD
4. Prior authorization of State plan HCBS: N/A
5. Utilization management: Division of Medicaid and Long-Term Care (MLTC), Managed Care Organizations (MCO)
6. Qualified provider enrollment: MLTC Provider Enrollment Contractor, MCO (credential and contract)
7. Execution of Medicaid provider agreement: MLTC Provider Enrollment Contractor
8. Establishment of a consistent rate methodology for each State plan HCBS: MLTC
9. Rules, policies, procedures, and information development governing the State plan HCBS benefit: MLTC, DCFS
10. Quality assurance and quality improvement activities: MLTC, MCO

- | | |
|---|---|
| ⦿ | By Other (<i>specify State agency or entity under contract with the State Medicaid agency</i>): |
| | Division of Child and Family Services and Juvenile Probation Services Division (JPSD) |

2. **Qualifications of Individuals Performing Evaluation/Reevaluation.** The independent evaluation is performed by an agent that is independent and qualified. There are qualifications (that are reasonably related to performing evaluations) for the individual responsible for evaluation/reevaluation of needs-based eligibility for State plan HCBS. (*Specify qualifications*):

The Division of Child and Family Services is a division within Nebraska's Department of Health and Human Services. The persons performing the function are employees of the Single State Agency of Nebraska Department of Health and Human Services. Medicaid authority is 42 CFR 430.10 AT-79-29. Juvenile Probation Services is a Nebraska state agency. SMA delegates the responsibility for performing evaluations and reevaluations to these authorities. TFC Care Coordinators must maintain an active license or certification in good standing by the Nebraska Department of Health and Human Services in one of the following health professions:

- Licensed Independent Mental Health Practitioner (LIMHP) or Licensed Mental Health Practitioner (LMHP)
- Clinical Program Manager (LIMPH, LMHP, CMSW, RN)
- Master Social Worker or Certified Master Social Worker (CMSW)
- Registered Nurse

3. **Process for Performing Evaluation/Reevaluation.** Describe the process for evaluating whether individuals meet the needs-based State plan HCBS eligibility criteria and any instrument(s) used to make this determination. If the reevaluation process differs from the evaluation process, describe the differences:

The TFC Care Coordinator will be responsible for conducting an initial 1915(i) eligibility evaluation within 14 days of notification that the individual is eligible to be evaluated for this 1915(i) benefit. The eligibility evaluation includes a comprehensive individualized assessment that is conducted either face-to-face or through telehealth technology using the Child and Adolescent Functional Assessment Scale tool (CAFAS®) or Preschool and Early Childhood Functional Assessment Scale (PECFAS®), based on age.

The CAFAS and PECFAS both assess the individual's need for assistance with day-to-day functioning in specified sub-domains using the following scale:

- Severe (severe or incapacitation)
 - Moderate (major or persistent)
 - Mild (significant problems or distress); and
 - Minimal or No Impairment
-
- The PECFAS consists of the following subdomains: School/Daycare, Home, Community, Behavior Toward Others, Moods/Emotions, Self-Harmful Behavior, and Thinking/Communication; and
 - The CAFAS consists of the following domains : School, Home, Community, Behavior Toward Others, Moods and Emotions, Self-Harmful Behavior, Substance Use, and Thinking.

Children ages 4-6 are eligible for TFC services if they need assistance with managing major or persistent disruptive behaviors due to an assessed moderate impairment as determined by the PECFAS assessment. Needs include requiring verbal direction in how to use coping skills or how to manage thoughts and feelings to modify specific non-age appropriate behaviors in one of the following domains:

- Behavior Towards Others; or
- Moods; or
- Self-Harm; or
- Thinking.

Children ages 7-18 are eligible for TFC services if they demonstrate a need for assistance, due to an impairment, in the following domains. Needs include requiring verbal direction in how to use coping skills or how to manage thoughts and feelings to modify specific non-age appropriate behaviors in one of the following domains:

- School/Work; or
- Home; or
- Behavior towards Others; or
- Moods/Emotions; or
- Self-Harm; or
- Substance Use; or
- Thinking; or

Individuals eligible for TFC must score at least one of the following on a CAFAS

- A total score of 80+, across multiple domains, which indicates a need for assistance due to a mild impairment; or
- A minimum score of 40, which indicates a need for assistance in at least two domains due to a moderate impairment; or
- A minimum score of 30, which indicates a need for assistance in at least one domain due to a severe impairment.

In addition to meeting the functional needs-based criteria as assessed by the PECFAS and CAFAS, the individual must meet one of the the following risk factors:

- Determined by the Nebraska Caregiver Responsibility (NCR) tool to be at least a Tier 4, which indicates that the individual is at risk of losing placement with foster families and has no other options for placement or housing; or
- Determined by the Youth Level of Service/Case Management Inventory (YLS/CMI) to be at least a Tier 4 (Professional Foster Care) and has a history of probation involvement.

6. ☒ **Needs-based Institutional and Waiver Criteria.** *(By checking this box the state assures that):* There are needs-based criteria for receipt of institutional services and participation in certain waivers that are more stringent than the criteria above for receipt of State plan HCBS. If the state has revised institutional level of care to reflect more stringent needs-based criteria, individuals receiving institutional services and participating in certain waivers on the date that more stringent criteria become effective are exempt from the new criteria until such time as they no longer require that level of care. *(Complete chart below to summarize the needs-based criteria for State Plan HCBS and corresponding more-stringent criteria for each of the following institutions):*

State plan HCBS needs-based eligibility criteria	NF (& NF LOC** waivers)	ICF/IID (& ICF/IID LOC waivers)	Applicable Hospital* (& Hospital LOC waivers)
<p>Children ages 4-6 are eligible for TFC services if they need assistance with managing major or persistent disruptive behaviors due to an assessed moderate impairment as determined by the PECFAS assessment. Needs include requiring verbal direction in how to use coping skills or how to manage thoughts and feelings to modify specific non-age appropriate behaviors in one of the following domains:</p> <ul style="list-style-type: none"> • Behavior Towards Others; or • Moods; or • Self-Harm; or • Thinking. <p>Children ages 7-18 are eligible for TFC services if they demonstrate a need for assistance due to an impairment in the following domains. Needs include requiring verbal direction in how to use coping skills or how to manage thoughts and feelings to modify specific non-age appropriate behaviors in one of the following domains:</p> <ul style="list-style-type: none"> • School/Work; or • Home; or 	<p>ACTIVITIES OF DAILY LIVING (ADL) FOR CHILDREN AGE 48 MONTHS THROUGH 17 YEARS. Activities in daily living (ADL) are considered a limitation when the child, due to their physical disabilities, requires hands-on assistance from another person on a daily basis, or supervision, monitoring, or direction to complete the age appropriate tasks associated with two or more activities of daily living (ADL) defined in this section. For the purposes of this section, the term “ability” must be interpreted to include the physical ability, cognitive ability, age appropriateness, and endurance necessary to complete identified activities. The following activities of daily living (ADL) are considered for nursing facility level of care (NF LOC) eligibility:</p> <p>(1) Bathing;</p> <p>(2) Dressing;</p> <p>(3) Personal Hygiene;</p>	<p>Nebraska Medicaid applies the following criteria to determine the appropriateness of intermediate care facility for individuals with developmental disabilities (ICF/DD) services on admission and at each subsequent review:</p> <p>(1) The individual has a diagnosis of an intellectual disability or a related condition, which has been confirmed by prior diagnostic evaluations and standardized tests and sources independent of the intermediate care facility for individuals with developmental disabilities (ICF/DD); and</p> <p>(2) The individual can benefit from active treatment as defined in 42 CFR 483.440(a) and 471 NAC 31-002. In addition, the following criteria apply:</p> <p>(a) The individual has a related condition and the independent qualified intellectual disabilities professional (QIDP) assessment identifies the</p>	<p>The individual demonstrates severe and persistent symptoms and functional impairments consistent with a Diagnostic and Statistical Manual (DSM), current edition, diagnosis that requires 24 hour residential/inpatient psychiatric treatment under the direction of a physician.</p> <p>The individual’s symptoms/severe functional impairments include at least one of the following:</p> <ul style="list-style-type: none"> • Suicidal/homicidal ideation • Substance use disorder that meets American Society of Addiction Medicine (ASAM), current edition, level of care 3.7 • Persistent or medically significant self-injury behaviors • A pattern of physical and verbal aggression • Significant eating disorder symptoms • Severe mood instability • Psychotic symptoms

<ul style="list-style-type: none"> • Behavior towards Others; or • Moods/Emotions; or • Self-Harm; or • Substance Use; or • Thinking <p>Individuals eligible for TFC must score at least one of the following on a CAFAS</p> <ul style="list-style-type: none"> • A total score of 80+, across multiple domains, which indicates a need for assistance due to a mild impairment; or • A minimum score of 40, which indicates a need for assistance in at least two domains due to a moderate impairment; or • A minimum score of 30, which indicates a need for assistance in at least one domain due to a severe impairment. <p>In addition to meeting the functional needs-based criteria as assessed by the PECFAS and CAFAS, the individual must meet one of the following risk factors:</p> <ul style="list-style-type: none"> • Determined by the Nebraska 	<p>(4) Eating; (5) Mobility; (6) Toileting; or (7) Transferring.</p> <p>The needs based criteria for NF LOC is the child requiring hand-on assistance on a daily basis or an adult to provide assistance, exceeding the range of activities which would ordinarily be performed to the child with the following:-</p> <p>(1) Bathing; (2) Dressing; (3) Personal Hygiene; (4) Eating; (5) Mobility; (6) Toileting; or (7) Transferring.</p>	<p>related condition has resulted in substantial functional limitations in three or more of the following areas of major life skills: self-care, receptive and expressive language, learning, mobility, self-direction, or capacity for independent living. These substantial functional limitations indicate that the individual needs a combination of individually planned and coordinated special interdisciplinary care, a continuous active treatment program, treatment, and other services which are lifelong or of extended duration.</p> <p>(b) A Medicaid-eligible individual has a dual diagnosis of developmental disability or a related condition and a mental illness. The developmental disability or related condition has been verified as the primary diagnosis by both an independent qualified intellectual disabilities professional (QIDP) and a mental health professional in</p>	<ul style="list-style-type: none"> • Sexually harmful behaviors <p>The needs-based criteria for hospital level of care is the individual needs assistance from a nurse 24/7.</p>
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<p>Caregiver Responsibility (NCR) tool to be at least a Tier 4, which indicates that the individual is at risk of losing placement with foster families and has no other options for placement or housing; or</p> <ul style="list-style-type: none"> • Determined by the Youth Level of Service/Case Management Inventory (YLS/CMI) to be at least a Tier 4 (Professional Foster Care) and has a history of probation involvement. 		<p>which their scope of practice allows them to diagnose mental illness:</p> <p>(i) Historically there is evidence of missed developmental stages, due to developmental disability or a related condition;</p> <p>(ii) There is remission in the mental illness, and it does not interfere with intellectual functioning and participation in training programs; and</p> <p>(iii) The diagnosis of developmental disability or a related condition takes precedence over the diagnosis of mental illness; and</p> <p>(c) When the individual does not have substantial functional limitations in selfcare skills, the individual must have substantial functional limitations in at least the life skill area for capacity for independent living along with two other life skill areas.</p>	
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*Long Term Care/Chronic Care Hospital

**LOC= level of care

7. ☒ **Target Group(s).** The state elects to target this 1915(i) State plan HCBS benefit to a specific population based on age, disability, diagnosis, and/or eligibility group. With this election, the state will operate this program for a period of 5 years. At least 90 days prior to the end of this 5 year period, the

(d) Provide an overview of the TFC program.

The CFT, will determine the family vision which will guide the planning process; identify strengths of the entire team; be notified of the needs that the team will be working on; determine outcome statements for meeting identified needs; determine the specific services and supports required to achieve the goals identified in the care coordination plan; create a mission statement that the team generates and commits to following; identify the responsible person(s) for each of the strategies in the care coordination plan; review and update the crisis plan; and meet at least every 30 days to coordinate the implementation of the care coordination plan and update the care coordination plan as necessary.

The plan must also address the methods used to ensure the active participation of the participant and/or the legally responsible person and others to develop such goals and to identify the steps or actions each CFT member will take to respond to the assessed service needs of the participant. This will be demonstrated by the CFT members signing and dating the care coordination plan and any updates made to the plan.

During the evaluation and/or re-evaluation, if the state reviewer sees there is a need identified in the assessment that does not have a corresponding action indicated in the care plan, the state reviewer will contact the care coordinator and have them amend the care plan to address the outstanding need.

7. Informed Choice of Providers. *(Describe how participants are assisted in obtaining information about and selecting from among qualified providers of the 1915(i) services in the person-centered service plan):*

Upon enrollment, the TFC Care Coordinator will provide a list of the available providers of 1915(i) services and the participant and family will be offered opportunity to select one. The choice of provider will be documented in the care coordination plan and the provider will be notified. MLTC will maintain the provider list.

8. Process for Making Person-Centered Service Plan Subject to the Approval of the Medicaid Agency. *(Describe the process by which the person-centered service plan is made subject to the approval of the Medicaid agency):*

MLTC will delegate approval of the care coordination plan to the Operating Agency: DCFS and JPSPD. The TFC Care Coordinators will develop the care coordination plans and obtain approval from the TFC Care Coordination Supervisor. MLTC retains the responsibility for oversight of the care coordination plans and will conduct ongoing sample reviews to ensure plans have been developed with applicable policies and procedures, and plans ensure health and welfare of waiver participants.

9. Maintenance of Person-Centered Service Plan Forms. Written copies or electronic facsimiles of service plans are maintained for a minimum period of 3 years as required by 45 CFR §74.53. Service plans are maintained by the following *(check each that applies)*:

<input type="checkbox"/>	Medicaid agency	<input checked="" type="checkbox"/>	Operating agency	<input type="checkbox"/>	Case manager
<input type="checkbox"/>	Other (specify):				

Services

Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	<p>SMA will collect, analyze, and aggregate the data.</p> <p>Deficiencies will be remediated through a quarterly, or earlier if indicated, QIT meeting including SMA, DCFS, and JPSD.</p> <p>SMA will remediate any issue or non-compliance within 30 calendar days.</p>
Frequency <i>(of Analysis and Aggregation)</i>	<p>Analysis and aggregation are ongoing. If a corrective action plan is needed it must be developed by DCFS or JPSD, as applicable, and provided to SMA within 30 calendar days. SMA will then respond in 30 calendar days for a total of 60 calendar days.</p>

Requirement	1.c) Service plans document choice of services and providers
Discovery	
Discovery Evidence <i>(Performance Measure)</i>	<p>Number and percent of service plans reviewed that indicate 1915(i) recipients were given a choice when selecting services and providers.</p> <p>Numerator = Number of service plans reviewed that indicate 1915(i) recipients were given a choice when selecting services and providers.</p> <p>Denominator = Total number of service plans reviewed</p>
Discovery Activity <i>(Source of Data & sample size)</i>	<p>Source of data: Record review of 1915(i) participant case records.</p> <p>Sample size: A representative sample of the total population with a 90% confidence level and +/-5% margin of error.</p>
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	<p>SMA</p>
Frequency	<p>Bi-annually</p>
Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	<p>SMA will collect, analyze, and aggregate the data.</p> <p>Deficiencies will be remediated through a quarterly, or earlier if indicated, QIT meeting including SMA, and DCFS, and JPSD.</p> <p>SMA will remediate any issue or non-compliance within 30 calendar days.</p>

Frequency <i>(of Analysis and Aggregation)</i>	Analysis and aggregation are ongoing. If a corrective action plan is needed it must be developed by DCFS or JPSD, as applicable, and provided to SMA within 30 calendar days. SMA will then respond in 30 calendar days for a total of 60 calendar days.
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Requirement	2. (a) an evaluation for 1915(i) State plan HCBS eligibility is provided to all applicants for whom there is reasonable indication that 1915(i) services may be needed in the future
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Discovery

Discovery Evidence <i>(Performance Measure)</i>	Number and percent of individuals newly identified as being in the target group who had an eligibility evaluation for the TFC 1915(i) HCBS benefit Numerator: Number of individuals newly identified as being in the target group who had an eligibility evaluation for the TFC 1915(i) HCBS benefit Denominator: Number of individuals newly identified as belonging to the target group
Discovery Activity <i>(Source of Data & sample size)</i>	Source of data: Record review of 1915(i) participant case records. Sample size: A representative sample of the total population with a 90% confidence level and +/-5% margin of error
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	SMA
Frequency	Bi-annually

Remediation

Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	SMA will collect, analyze, and aggregate the data. Deficiencies will be remediated through a quarterly, or more frequent if indicated, QIT meeting including SMA, DCFS, and JPSD. SMA will remediate any issue or non-compliance within 30 calendar days.
Frequency <i>(of Analysis and Aggregation)</i>	Analysis and aggregation are ongoing. If a corrective action plan is needed it must be developed by DCFS or JPSD, as applicable, and provided to SMA within 30 calendar days. SMA will then respond in 30 calendar days for a total of 60 calendar days.

Requirement	2. (b) the processes and instruments described in the approved state plan for determining 1915(i) eligibility are applied appropriately
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Discovery	
Discovery Evidence <i>(Performance Measure)</i>	<p>Number and percent of reviewed 1915(i) eligibility evaluations that were completed by appropriately applying the processes and instruments approved in the 1915(i) HCBS state plan amendment.</p> <p>Numerator = Number of reviewed 1915(i) evaluations that were completed by appropriately applying the processes and instruments approved in the 1915(i) HCBS state plan amendment.</p> <p>Denominator = Total number of 1915(i) evaluations reviewed</p>
Discovery Activity <i>(Source of Data & sample size)</i>	<p>Source of data: Record review of 1915(i) participant case records.</p> <p>Sample size: A representative sample of the total population with a 90% confidence level and +/-5% margin of error</p>
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	SMA
Frequency	Bi-annually
Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	<p>SMA will collect, analyze, and aggregate the data.</p> <p>Deficiencies will be remediated through a quarterly, or earlier if indicated, QIT meeting including SMA, DCFS, and JPSD.</p> <p>SMA will remediate any issue or non-compliance within 30 calendar days.</p>
Frequency <i>(of Analysis and Aggregation)</i>	<p>Analysis and aggregation are ongoing. If a corrective action plan is needed it must be developed by DCFS or JPSD, as applicable, and provided to SMA within 30 calendar days. SMA will then respond in 30 calendar days for a total of 60 calendar days.</p>
Requirement	2. (c) the 1915(i)-benefit eligibility of enrolled individuals is reevaluated at least annually or if more frequent, as specified in the approved state plan for 1915(i) HCBS
Discovery	
Discovery Evidence <i>(Performance Measure)</i>	<p>Number and percentage of enrolled recipients whose 1915 (i) benefit Needs Based eligibility Criteria, was reevaluated annually.</p> <p>Numerator: Number of enrolled recipients whose Needs Based Criteria was reevaluated annually;</p>

		Denominator: Number of enrolled recipients reviewed.
Discovery Activity <i>(Source of Data & sample size)</i>		Source of data: Record review of 1915(i) participant case records. Sample size: A representative sample of the total population with a 90% confidence level and +/-5% margin of error
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>		SMA
Frequency		Bi-annually
Remediation		
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>		SMA will collect, analyze, and aggregate the data. Deficiencies will be remediated through a quarterly, or earlier if indicated, QIT meeting including SMA, DCFS, and JPSPD. SMA will remediate any issue or non-compliance within 30 calendar days.
Frequency <i>(of Analysis and Aggregation)</i>		Analysis and aggregation are ongoing. If a corrective action plan is needed it must be developed by DCFS or JPSPD, as applicable, and provided to SMA within 30 calendar days. SMA will then respond in 30 calendar days for a total of 60 calendar days.

Requirement	3. Providers meet required qualifications.	
Discovery		
Discovery Evidence <i>(Performance Measure)</i>	Number and percent of 1915(i) service providers who meet the SMA’s enrollment standards, as required, prior to providing 1915(i) services. Numerator: Number of 1915(i) service providers who meet the SMA’s enrollment standards, as required, prior to providing 1915(i) services. Denominator: Total number of 1915(i) service providers reviewed.	
Discovery Activity <i>(Source of Data & sample size)</i>	Source of data: Record review of 1915(i) participant case records. Sample size: A representative sample of the total population with a 90% confidence level and +/-5% margin of error	
Monitoring Responsibilities	SMA Provider Enrollment Unit	

<i>(Agency or entity that conducts discovery activities)</i>	Contracted MCOs
Frequency	Annually
Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	The SMA Provider Enrollment Unit will verify licensure of individual providers upon application for enrollment. The individual providers will also be required to be credentialed with the Managed Care Organizations. The MCOs will be responsible for re-verification on a schedule commensurate with their standard operation procedures.
Frequency <i>(of Analysis and Aggregation)</i>	Ongoing and annually

Requirement	4. Settings meet the home and community-based setting requirements as specified in this State plan amendment and in accordance with 42 Code of Federal Regulations 441.710(a)(1) and (2).
Discovery	
Discovery Evidence <i>(Performance Measure)</i>	Number and percent of settings that meet the HCBS requirements. Numerator: Number of settings that meet HCBS requirements Denominator: Total number of medical records reviewed.
Discovery Activity <i>(Source of Data & sample size)</i>	Source of data: Record review of 1915(i) participant case records. Sample size: A representative sample of the total population with a 90% confidence level and +/-5% margin of error
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	Contracted MCOs.
Frequency	Annually.
Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates)</i>	The MCOs will be responsible for monitoring and remediation commensurate with their standard operation procedures.

<i>remediation activities; required timeframes for remediation)</i>	
Frequency <i>(of Analysis and Aggregation)</i>	Annually

Requirement	5. The SMA retains authority and responsibility for program operations and oversight.
Discovery	
Discovery Evidence <i>(Performance Measure)</i>	<p>Number and percent of issues identified in QI monitoring reports that were remediated as required by SMA.</p> <p>Numerator = Number of issues identified in QI monitoring reports that were remediated as required by SMA.</p> <p>Denominator = Total number of issues identified.</p> <p>NOTE: the QI Monitoring reports summarize the performance measures for Requirements 1 and 2.</p>
Discovery Activity <i>(Source of Data & sample size)</i>	<p>Source of data: Record review of 1915(i) participant case records.</p> <p>Sample size: 100% of monitoring reports are reviewed</p>
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	SMA
Frequency	Annually
Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	<p>SMA will collect, analyze, and aggregate the data.</p> <p>Deficiencies will be remediated through a quarterly, or earlier if indicated, QIT meeting including SMA, DCFS, and JPSD.</p> <p>SMA will remediate any issue or non-compliance within 30 calendar days.</p>
Frequency	Annually

(Agency or entity that conducts discovery activities)	
Frequency	Ongoing with Annual Report
Remediation	
Remediation Responsibilities (Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)	DCFS Analytics, Planning and Evaluation team is responsible for collecting and analyzing the data. DCFS will remediate any issue or non-compliance within 30 days.
Frequency (of Analysis and Aggregation)	Monthly, Quarterly, and Annually

System Improvement

(Describe the process for systems improvement as a result of aggregated discovery and remediation activities.)

1. Methods for Analyzing Data and Prioritizing Need for System Improvement

On an ongoing basis, the SMA QA Unit, led by a staff RN and including support staff as needed, will collaborate in a Quality Improvement Team (QIT) that includes DCFS, JPSPD, and the MCOs when appropriate. The QIT will assess performance and identify quality improvements needed to ensure required performance measures are met or exceeded. Monthly QIT meetings will be held to review performance on all measures, and to determine remediation and mitigation efforts for measures below 86% using CMS guidelines.

Such guidelines include, but are not limited to, identifying probable cause, development of interventions to improve performances, trend analysis on performance measures, etc. The SMA QA Unit will conduct educational trainings on how to perform participant case and provider reviews, as needed. Provider reviews will be tracked, and deficiencies flagged. Depending on the deficiency, referrals are sent to an appropriate state agency for review and corrective action plan as appropriate.

Care coordination plans and related records are housed in a database which generates reports needed for SMA QA Unit participant case reviews. Upon application for enrollment as a Nebraska Medicaid Provider, provider records are reviewed and verified by the SMA Provider Enrollment Unit. Electronic submission of claims is done through MMIS, which has built-in edits to ensure claims are processed correctly and appropriately.

2. Roles and Responsibilities