

Table of Contents

State/Territory Name Nebraska (CP)

State Plan Amendment (SPA) #: 25-0011

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

October 6, 2025

Drew Gonshorowski
Director
Division of Medicaid and Long-Term Care
Nebraska Department of Health and Human Services
301 Centennial Mall South
Lincoln, NE 68509

Re: Nebraska State Plan Amendment (SPA) - NE 25-0011-Corrected Package

Dear Director Gonshorowski:

Enclosed please find a corrected approval package for your Nebraska State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0011. This SPA updated the state's targeted case management benefit for individuals with developmental disabilities benefit to the TCM pre-print format and updated the state plan language used to person-centered language. This SPA was originally approved on October 2, 2025. The approval package sent to Nebraska included the following errors:

- The State Plan pages contained within the approval package were missing the header on the pages.

The enclosed corrected package contains the original signed letter, the CMS-179, and the corrected SPA pages.

If you have any questions, please contact Tyson Christensen at (816) 426-6440 via email at TysonChristensen@cms.hhs.gov.

Sincerely,


Nicole Mcknight
On Behalf of Courtney Miller, MCOG Director

Enclosures

cc: Dawn Kastens

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

October 2, 2025

Drew Gonshorowski
Director
Division of Medicaid and Long-Term Care
Nebraska Department of Health and Human Services
301 Centennial Mall South
Lincoln, NE 68509

Re: Nebraska State Plan Amendment (SPA) – 25-0011

Dear Mr. Gonshorowski:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0011. This amendment updates the state's current targeted case management benefit for individuals with developmental disabilities benefit to the TCM pre-print format and updates the state plan language used to person-centered language.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440.169. This letter informs you that Nebraska's Medicaid SPA TN 25-0011 was approved on October 2, 2025, with an effective date of July 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Nebraska State Plan.

If you have any questions, please contact Tyson Christensen at (816) 426-6440 or via email at Tyson.Christensen@cms.hhs.gov.

Sincerely,


Nicole McKnight
On Behalf of Courtney Miller, MCOG Director

Enclosures

cc: Dawn Kastens

**TRANSMITTAL AND NOTICE OF
APPROVAL OF STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID
SERVICES**

1. TRANSMITTAL NUMBER

2 5 — 0 0 1 1

2. STATE

N E

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT ☒ XIX ☐ XXI

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 440.169

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 0
b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
~~Supplement 3 to Att. 3.1-A, Pgs 1-5a~~

*Supplement 3 to Att. 3.1-A, Pgs 1-5

*Supplement 3 to Att. 3.1-A, Pg 5a (New)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (If Applicable)
Supplement 3 to Att. 3.1-A, Pgs 1-5

9. SUBJECT OF AMENDMENT
Developmental Disability Targeted Case Management

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

Governor has waived review

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Drew Gonshorowski

13. TITLE
Director, Division of Medicaid & Long-Term Care

14. DATE SUBMITTED
July 11, 2025

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

FOR CMS USE ONLY

16. DATE RECEIVED
July 11, 2025

17. DATE APPROVED
October 2, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Nicole McKnight

21. TITLE OF APPROVING OFFICIAL
On Behalf of Courtney Miller, MCOG Director

22. REMARKS
*Pen and Ink change approved by state on 09/30/2025

State Plan under Title XIX of the Social Security Act

State/Territory: **Nebraska****TARGETED CASE MANAGEMENT SERVICES****Persons with Developmental Disabilities**Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

- Persons with developmental disabilities.

X Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 180 consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act):X Entire State Only in the following geographic areas: **[Specify areas]**Comparability of services (§§1902(a)(10)(B) and 1915(g)(1)) Services are provided in accordance with §1902(a)(10)(B) of the Act.X Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

- Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - taking client history;
 - identifying the individual's needs and completing related documentation; and
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;
 - Recipients of TCM under the DD target group are assessed at least annually or upon a change of condition to determine if service needs are consistent or require modification
- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - includes activities such as ensuring the active participation of the eligible

State Plan under Title XIX of the Social Security Act

State/Territory: Nebraska

TARGETED CASE MANAGEMENT SERVICES

Persons with Developmental Disabilities

- individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
- identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
- activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and

State Plan under Title XIX of the Social Security Act

State/Territory: Nebraska**TARGETED CASE MANAGEMENT SERVICES****Persons with Developmental Disabilities**

❖ Monitoring and follow-up activities:

- activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - services are being furnished in accordance with the individual's care plan;
 - services in the care plan are adequate; and
 - changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.
 - Service plans are continuously monitored and updated at least annually or upon a reported change in condition to ensure services are responsive to an individual's current assessed needs.

X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.
(42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

To ensure that the case managers for persons with developmental disabilities are capable of ensuring that such persons receive needed services, providers will be limited to the Department of Health and Human Services (DHHS) Developmental Disabilities Service Coordinators (DD-SCs).

Qualifications for DD-SCs are as follows:

1. Bachelor's Degree in human behavioral field such as human services, social work, psychology, education, sociology, or a related field; OR four years equivalent experience in services or programs for persons with intellectual or other developmental disabilities, long-term care, gerontology, rehabilitation, health/disability case management, children with special health care needs, health/medical, education, psychology, social work, sociology, human services, or a related field; and
2. Knowledge of: current practices in the field of community-based services for persons with intellectual disabilities and other developmental disabilities; person-centered planning; Americans with Disability Act (ADA) standards; self-direction; community integration; the principles of social role valorization; provision of habilitation services; positive behavioral supports; and, statutes and regulations pertaining to delivery of services for participants; and
3. Knowledge of: program resources/services available in Nebraska for persons with

State Plan under Title XIX of the Social Security Act

State/Territory: Nebraska

TARGETED CASE MANAGEMENT SERVICES

Persons with Developmental Disabilities

4. functions of the Division of Developmental Disabilities (DDD); regulations governing the authorization, delivery of, and payment of community-based developmental disabilities services; Department of Education regulations; Vocational Rehabilitation services; State statutes regarding persons with disabilities; and DHHS programs, such as Protection and Safety and economic assistance programs; and
5. Ability to: mobilize resources to meet participant needs; communicate effectively to exchange information; develop working relationships with participants, their families, interdisciplinary team members, agency representatives, independent providers, and advocates or advocacy groups; analyze behavioral and habilitative data; monitor services and supports provided; apply Department of Health and Human Services (DHHS) program rules, policies, and procedures; and organize, evaluate and address program/operational data.

Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

State Plan under Title XIX of the Social Security Act

State/Territory: Nebraska**TARGETED CASE MANAGEMENT SERVICES****Persons with Developmental Disabilities**Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

X Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

As stated above, providers are limited to staff members employed by DHHS as DD-SCs who meet the necessary qualifications to support individuals under this target group. This limitation ensures only the most qualified individuals are supporting participants with complex developmental and intellectual disabilities and allows for a consistency in those supports above and beyond what would otherwise be available from a community-based provider.

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

State Plan under Title XIX of the Social Security Act

State/Territory: Nebraska

TARGETED CASE MANAGEMENT SERVICES

Persons with Developmental Disabilities

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))