

Table of Contents

State/Territory Name: Nebraska

State Plan Amendment (SPA) #: 26-0004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) 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

July 14, 2026

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) – 26-0004

Dear Director Gonshorowski:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NE-26-0004. This amendment proposes to update State Plan pages to utilize the SPA template for the existing Targeted Case Management (TCM) for Aged, Blind, and Disabled (ABD) and Aid to Families with Dependent Children (AFDC)..

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 441.18(a)(8)(i) and 441.18(a)(9). This letter informs you that Nebraska's Medicaid SPA TN 26-0004 was approved on July 14, 2026, with an effective date of July 1, 2026.

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

Acting Director, Division of Program Operations

Enclosures

cc: Dawn Kastens

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

1. TRANSMITTAL NUMBER

2 6 — 0 0 0 4

2. STATE

N E

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT ☒ XIX ☐ XXITO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN
SERVICES4. PROPOSED EFFECTIVE DATE
July 1, 20265. FEDERAL STATUTE/REGULATION CITATION
42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2026 \$ 0
b. FFY 2027 \$ 07. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Supplement 1 to Att. 3.1-A, Pgs 1-5; Supplement 1 to Att. 3.1-A,
Pgs 6-7 (new); Supplement 2 to Att. 3.1-A, Pgs 1-58. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (If Applicable)
Supplement 1 to Att. 3.1-A, Pgs 1-5; Supplement 2 to Att. 3.1-A, Pgs
1-5

9. SUBJECT OF AMENDMENT

Targeted Case Management (TCM) for Aged, Blind, and Disabled (ABD) and Aid to Families with Dependent Children (AFDC)

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

STATE AGENCY OFFICIAL

12. TYPED NAME

Drew Gonshorowski

13. TITLE

Director, Division of Medicaid & Long-Term Care

14. DATE SUBMITTED

May 18, 2026

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

May 18, 2026

17. DATE APPROVED

July 14, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Nicole McKnight

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

State Plan under Title XIX of the Social Security Act

State/Territory: Nebraska**TARGETED CASE MANAGEMENT SERVICES****Aged, Blind, and Disabled (ABD)**

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):
Mandatory and optional groups covered as aged, blind, or disabled under Nebraska's Medicaid State Plan.

 Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to **insert a number: not to exceed 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:

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;
- Case management activities designed to assist Medicaid-eligible clients include the following:
 - 1. Client assessment
 - a. Receive referrals or client request for case management services.
 - b. Conduct information gathering and assessment interviews.
 - c. Conduct an assessment to determine client's needs for individual support and services.
 - d. Arrange for additional specialized needs assessment as required to provide a full assessment of clients' needs for individual support and services.

2. Service Planning

Together with the client or his/her representative develop a plan which includes types of services to be provided to meet the client's needs, resources selected to provide

State Plan under Title XIX of the Social Security Act

State/Territory: Nebraska**TARGETED CASE MANAGEMENT SERVICES****Aged, Blind, and Disabled (ABD)**

the services, frequency and duration of service provision, etc. b. Arrange for support and services identified in the plan, consistent with Section 1902(a)(23) of the Social Security Act. c. Contact, coordinate, and confirm the client's service provision with providers of service. d. Provide follow-up, ongoing monitoring of service delivery, and periodic reviews to assess suitability of client's plan.

3. Accessing Resources

Determine appropriate resources to meet the client's needs b. Assist clients in applying for appropriate programs within the Department of Social Services (e.g., Low Income Energy Assistance Program, Child Support, Food Stamps) and outside of the Department (e.g., community action, housing authority, legal aid, public health nurses, social security administration, veterans administration, rehabilitation). This may include assisting the client to make an appointment or arranging transportation to the resources. Coordinate services from all available sources to insure that client needs are met d. Assist clients in locating appropriate living arrangements, based upon the philosophy of least restrictive services. e. Assist client to arrange for and receive appropriate medical care and counseling. f. Assist clients to locate appropriate employment or training.

4. Resource Recruitment

a. Recruit or locate service providers that would be consistent with the client's plan and consistent with Section 1902(a)(23) of the Social Security Act.

Comprehensive assessment of individual needs are completed annually.

- ❖ 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 individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and

State Plan under Title XIX of the Social Security Act

State/Territory: Nebraska**TARGETED CASE MANAGEMENT SERVICES****Aged, Blind, and Disabled (ABD)**

- 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, and 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
- ❖ 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.
 - Case managers must contact the individual or their guardian at least monthly.
 - Case managers must have face-to-face meetings with the participant, their representative or guardian at least quarterly.

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)):

[Specify provider qualifications that are reasonably related to the population being served and the case management services furnished.]

Nebraska Medicaid has an approved 1915(b)(4) that limits freedom of choice to providers of TCM to the following entities:

- State staff employed by the Department of Health and Human Services (DHHS).
- Entities awarded a contract through DHHS' competitive bid process to provide TCM services.
- Entities for whom DHHS has entered into a sole source award for the provision of TCM.

State Plan under Title XIX of the Social Security Act

State/Territory: Nebraska**TARGETED CASE MANAGEMENT SERVICES****Aged, Blind, and Disabled (ABD)**

Qualifications of a Service Coordinator

1. Bachelor's Degree in a human behavioral sciences field such as human services, social work, psychology, education, sociology, or a related field; OR four years equivalent experience in services or programs for long-term care, gerontology, rehabilitation, health/disability case management, children with special health care needs, health/medical, education, psychology, social work, sociology, human services, persons with physical, intellectual, or other developmental disabilities or a related field.
2. Knowledge of current practices in the field of community-based services for aged persons or persons with physical, intellectual, or 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 aged persons of persons with physical, intellectual, and other developmental disabilities; the objectives, philosophies, and functions of the Division of Developmental Disabilities (DDD) regulations governing the authorization of 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
4. 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 data; monitor services and supports provided; apply Department of Health and Human Services (DHHS) program rules, policies, and procedure; 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****Aged, Blind, and Disabled (ABD)**Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

_____ 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: **[Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services.]**

Nebraska Medicaid has an approved 1915(b)(4) waiver to waive freedom of choice for this target group.

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

Aged, Blind, and Disabled (ABD)

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

State Plan under Title XIX of the Social Security Act

State/Territory: Nebraska**TARGETED CASE MANAGEMENT SERVICES****Aged, Blind, and Disabled (ABD)**

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))

[Specify any additional limitations.]

State Plan under Title XIX of the Social Security Act

State/Territory: **Nebraska****TARGETED CASE MANAGEMENT SERVICES
Aid to Families with Dependent Children (AFDC)**

- 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, and 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
- ❖ 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.
 - Case managers must contact the individual or their guardian at least monthly.
 - Case managers must have face-to-face meetings with the participant, their representative or guardian at least quarterly.

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)):

Nebraska Medicaid has an approved 1915(b)(4) that limits freedom of choice to providers of TCM to the following entities:

- State staff employed by the Department of Health and Human Services (DHHS).
- Entities awarded a contract through DHHS' competitive bid process to provide TCM services.
- Entities for whom DHHS has entered into a sole source award for the provision of TCM.

Qualifications of a Service Coordinator

1. Bachelor's Degree in a human behavioral sciences field such as human services,

State Plan under Title XIX of the Social Security Act

State/Territory: Nebraska**TARGETED CASE MANAGEMENT SERVICES**
Aid to Families with Dependent Children (AFDC)

social work, psychology, education, sociology, or a related field; OR four years equivalent experience in services or programs for long-term care, gerontology, rehabilitation, health/disability case management, children with special health care needs, health/medical, education, psychology, social work, sociology, human services, persons with physical, intellectual, or other developmental disabilities or a related field.

2. Knowledge of current practices in the field of community-based services for aged persons or persons with physical, intellectual, or 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 aged persons of persons with physical, intellectual, and other developmental disabilities; the objectives, philosophies, and functions of the Division of Developmental Disabilities (DDD) regulations governing the authorization of 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

4. 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 data; monitor services and supports provided; apply Department of Health and Human Services (DHHS) program rules, policies, and procedure; 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**
Aid to Families with Dependent Children (AFDC)Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

_____ 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:

Nebraska Medicaid has an approved 1915(b)(4) waiver to waive freedom of choice for this target group.

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).

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

State Plan under Title XIX of the Social Security Act

State/Territory: Nebraska

TARGETED CASE MANAGEMENT SERVICES
Aid to Families with Dependent Children (AFDC)

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))