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# Medicaid Home and Community-Based Services (HCBS) Waiver Updates

March 19, 2026

Presented at the Nebraska Brain Injury Conference  
by the Division of Developmental Disabilities  
Home and Community-Based Services

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# Overview of Proposed Changes to the Aged and Disabled (AD) and Traumatic Brain Injury (TBI) Waivers

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# Appendix C: Participant Services

(1 of 4)

## Generalized Updates to All Services

- Updated TBI Waiver to better align with AD Waiver and CMS expectations.
- Updated language to note that services may not overlap with hours set by the local school district.

## Revised Service Specifications for the Following Services

- **Personal Care** and **LRI (Legally Responsible Individual) Personal Care** are for needs identified by the Service Needs Assessment/SNA (Personal Care) and the Extraordinary Care Tool (LRI Personal Care).

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# Appendix C: Participant Services

(2 of 4)

## Revised Service Specifications for the Following Services

- **Extra Care for Children with Disabilities (AD Only)**
  - Added a cap of 50 hours per week to the service.
  - Licensed Practical Nurses (LPNs), Registered Nurses (RNs), Advanced Practice Registered Nurses (APRNs), and Certified Nursing Assistants (CNAs) are not guaranteed for service delivery, though some agencies may employ them.
- **Respite Care**
  - Expanded the definition to provide clarity and allow providers to provide respite across more than one waiver.
  - Added a daily rate for out-of-home respite.
- **Independence Skills Building**
  - Limited to adults focusing on rehabilitative training of ADLs, IADLs, and home management skills and 16- and 17-year-olds, when it does not duplicate.
  - May be authorized independently or in groups.

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# Appendix C: Participant Services

(3 of 4)

## Revised Service Specifications for the Following Services

- **Chore**

- Updated and reorganized to provide support in five primary areas:
  - Minor Home Repair,
  - Pest Control,
  - Mowing and Site Clearance,
  - Snow and Ice Removal, and
  - Heavy Cleaning.
- Annual cap of \$3,500 per year.

- **Assistive Technology**

- Changed the annual cap for assistive technology from \$2,500 to \$10,000 in a five-year period, with a maximum of \$20,000 with DDD Central Office approval.

- **Assisted Living Service, now Supported Residential Living (AD)**

- Available only through Assisted Living Facility certified providers.

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New Service Limitation on the amount of services (C-4).

- *Participants shall be limited to no more than **150% of the average NF institutional costs** for home and community-based services only. Exceptions may be approved by DDD Clinical Team beyond this limit, if the participant's need for personal care services provided by out-of-home caretakers exceeds the 150% service limit and is necessary to support the participant's immediate health and safety needs.*
- In explanation, the modified cap will allow participants to access up to **\$138,657** of waiver services, including personal care services when supported by the SNA, prior to an Exception Review, which could allow additional spending to support a participant's immediate health and safety needs when utilizing out-of-home caretakers to live independently.

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# Exception Review

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- Participants, living independently, may apply, and be approved for, an exception to the 150% Institutional Cost Limit on services to meet their immediate health and safety needs and allow them to continue to live independently.
- These exceptions, submitted by the Service Coordinator, to the DDD Clinical Team, in DDD Central Office will review the exception based on service needs, level of care assessment, and medical diagnosis to determine the appropriateness of the exception.
- The DDD Clinical Team includes RNs, BCBAs, and Psychologists.

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# Appendix C: Participant Services – New Provider Types

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- **Direct Care Provider**

- Can offer: Personal Care, Respite Care, Companion, LRI Personal Care, and Independence Skills Building.
- Required certification in CPR, Basic First Aid, and Abuse/Neglect/Exploitation Training.

- **Non-Care Provider**

- Can offer: Chore and Home Again.
- No personal care or hands-on assistance may be provided.
- Must have the qualifications, experience, and abilities necessary to carry out services.

- **Community Respite Provider**

- Can offer: Respite.
- Community organizations, such as religious organizations, gyms/studios, and creative organizations which provide respite, not as their primary business.

- **Other Providers Consolidated**

- Agency PERS, specialized equipment, suppliers, and home repair companies combined.
- Certified Commercial Carrier/Common Carrier and PSC Exempt Provider combined.

# Appendix D: Participant-Centered Planning and Service Delivery

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## For the AD and TBI Waivers

- Removed Registered Nurse from responsibility for service plan development.
- Updated HCBS Settings Requirements for Service Plans.
- Updated language to reflect that relevant service providers are included in the development of the person-centered plan (PCP) and must attend the PCP meeting.

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# Overview of Proposed Changes to the Developmental Disabilities Comprehensive (CDD) and Adult Day (DDAD) Waivers

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# Appendix B: Participant Access and Eligibility

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- Updated assessment process language for evaluation and reevaluation of Level of Care (LOC):

The process for ICF/IID LOC evaluation includes an assessment and observation with the participant, **and when needed the guardian or an individual with knowledge of the individual's functioning**. All LOC evaluations and reevaluations are completed by DDD personnel in the Eligibility and Enrollment Unit (E&E). Documentation, such as the Person-Centered Plan (PCP), behavioral or medical service tracking, GERs, and Medicaid Eligibility maybe used to validate responses during interRAI assessment. **The assessment must be held prior to the participant's waiver budget year.**

No changes are being made to the process; language is being updated to better reflect the needs of our participants.

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## Appendix C: Participant Services

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- Removed the Consultative Assessment service.
- Revised the requirement for semi-annual meetings to annual meetings.

## Appendix G: Participant Safeguards

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- Updated process related to PRN psychotropic medication use when participant is on hospice.
- Updated Behavior Support Plan (BSP) requirements to only require Functional Behavior Assessments (FBA) when a participant is on Risk Tier.

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# Functional Behavioral Assessment Resources

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- Functional Behavior Assessments (FBA) are covered by Medicaid as *Applied Behavior Analysis (ABA) Assessments* and available through all three Managed Care Organizations (MCOs):
  - Nebraska Total Care,
  - Molina Healthcare, and
  - United Healthcare.
- Providers offering FBA services are encouraged to credential through the MCOs in order to continue providing FBA services to participants.

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# Waiver Timeline



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# Resources

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Public Comment information, including copies of HCBS waiver applications, is on the DDD website:



<https://dhhs.ne.gov/Pages/DD-Public-Comment.aspx>

The Division has developed ***Tips for Submitting Effective Comments*** to support the public in submitting comments.

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# Questions

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# DDD Contact

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