

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

December 31, 2025

Mr. Brandon Metzler
Clerk of the Legislature
P.O. Box 94604
Lincoln, NE 68509

Subject: Family Support Program Annual Report

Dear Mr. Metzler:

Nebraska Revised Statutes § 68-1530 requires the Department of Health and Human Services (DHHS) Division of Developmental Disabilities (DDD) to file an annual report on the Family Support Program. You will find the information for the period November 1, 2024 through October 31, 2025. This includes portions of waiver years one and two of the initial, three-year waiver.

Sincerely,

A handwritten signature in blue ink, appearing to read "Tony Green".

Tony Green, Director
Division of Developmental Disabilities

Attachment

Division of Developmental Disabilities

Family Support Program Annual Report

December 2025

Neb. Rev. Stat. § 68-1530

Distribution of Funds and Children Served

The Family Support Waiver (FSW) received CMS approval on March 1, 2024. As of November 1, 2025, 1,352 offers have been made to eligible individuals and their families. Of those individuals, 783 offers have been accepted, 569 offers have been declined, and zero are pending a response from the individual or family. Since the elimination of the Developmental Disabilities (DD) Waitlist in June 2025, eligible individuals have immediately been brought onto the waiver following their application and eligibility determination.

As of November 1, 2025, 512 individuals are currently being served on the waiver, and 294 individuals have submitted invoices for services. During state fiscal year 2025, the Family Support Waiver spent a total of \$307,849.64 on 163 participants. This is an average of \$1,888.65 per person.

On March 28, 2024, Governor Jim Pillen announced the end of the DD Waitlist for services. Between March 2024 and September 2025, the Division of Developmental Disabilities (DDD) made a total of 3,459 offers, including 2,523 FSW offers of which 1,936 accepted the offer, 859 offers for the DD Adult Day (DDAD) Waiver of which 433 accepted, and 77 Comprehensive DD Services Waiver, all of which accepted. This allowed DDD to eliminate the DD Waitlist for services on September 3, 2025. Since that time, all individuals applying for DD services have been immediately assessed for eligibility and offered services on a DD waiver based on their eligibility and assessed need.

Summary of Grievances Regarding the Family Support Waiver

Between November 1, 2024 and October 31, 2025, two appeals were submitted by Family Support Waiver participants to the Division of Developmental Disabilities. Both appeals are still active with no determination from the DHHS Hearing Office at the writing of this report.

Applicants Found Ineligible

Between November 1, 2024 and October 31, 2025, 22 individuals were found ineligible for the program. These individuals were found ineligible during the disability review process completed by the State Review Team.

Quality Assurance Activities and the Results of Annual Measures of Family Satisfaction

The stated purpose of the Medicaid Home and Community-Based Services (HCBS) Waivers quality improvement (QI) strategy is to ensure the health and safety of participants through continuous participant-focused monitoring and improvement by implementing and sustaining a system of quality management and improvement strategies.

The DDD QI Strategy uses an evidence-based tiered approach, which includes a number of activities and processes at both the local and state levels. This system has been developed to discover whether the federal waiver assurances are being met, to remediate identified problems, and to carry out quality improvement.

The DDD QI efforts for the DDD waiver services are coordinated through the DDD Quality Improvement Committee, comprised of (at a minimum) representatives from DDD Central Office, DHHS Medicaid and Long-Term Care (MLTC), and DDD Service Coordination. The QI Committee meets at least quarterly and reviews data and reports, including, but not limited to, statewide monitoring, critical incidents, complaints and investigations, Medicaid HCBS waiver performance measures, service utilization, post-payment claims, and certification surveys to identify trends and consider statewide changes to support service improvement.

Both DDD Central Office and QI personnel are involved in discovery related to complaints, incident reports, and data collection and analysis. In addition to DDD Central Office and QI personnel, Liberty Healthcare, a quality improvement partner, is involved in the discovery, data collection, and reporting related to mortality review. Liberty Healthcare compiles and produces reports related to mortality reviews, which are analyzed by DDD personnel, DDD administration, and the QI Committee. QI reports include data from mortality review, appeals, supervisory file review, Central Office file review, critical incident, state-mandated web-based case management system reports, post-payment claims, and service authorizations. These reports are compiled by DDD personnel and analyzed by the DDD administration and the QI Committee at least annually and as needed. When a provider is cited during certification review or complaint investigation, and it is determined that a plan of improvement is required, DHHS personnel monitor the plan of improvement to ensure completion.

DDD participates in the National Core Indicators (NCI) survey for Individuals with Developmental Disabilities (NCI-IDD) to collect participant satisfaction data. At this time, no data is available from the NCI-IDD survey, which would include individuals served by the Family Support Waiver.

Recommendations to Innovate the Family Support Program

Recommendations to innovate the Family Support program are limited at this time, as the waiver has undergone two recent amendments in November 2024 and July 2025. These amendments introduced several significant updates, including the implementation of a revised level of care tool, the addition of the Legally Responsible Individuals (LRI) Personal Care service to support parents of minor children, the creation of two technology-focused services to promote independence and health maintenance, and the expansion of the use of family caregivers. Given these recent enhancements, no further changes to the program are recommended currently.