

Overview of Eligibility and Enrollment (E&E) Unit

The Nebraska Department of Health and Human Services (DHHS)

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WELCOME!



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Overview

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DHHS Overview

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DHHS Organizational Chart

Department of Health and Human Services

Behavioral Health

System of Care, Prevention, and Network Services

Finance and Network Services

Clinical Excellence and Services

System Integration (Office of Consumer Affairs, Quality and Data, DHHS Housing)

Children and Family Services

Protection and Safety

Programs and Services

Eligibility Operations

Finance

Policy and Legislative Affairs

Research and Evaluation

Developmental Disabilities

Finance and Operations

Community Service

Eligibility and Enrollment

Facility

Medicaid and Long-Term Care

Finance and Program Integrity

Program and Performance Management

Population Health

Policy and Plan Management

Eligibility Operations

Compliance

Medical Services

State Unit on Aging

Chief Medical Officer

Public Health

State Epidemiologist

Licensure and Environmental Health

Promotion and Prevention

Epidemiology, Informatics, and Vitals

Program Integrity

Preparedness and Response

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Eligibility Overview

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Medicaid in the DHHS Organizational Chart

Department of Health and Human Services

Behavioral Health

- System of Care, Prevention, and Network Services
- Finance and Network Services
- Clinical Excellence and Services
- System Integration (Office of Consumer Affairs, Quality and Data, DHHS Housing)

Children and Family Services

- Protection and Safety
- Programs and Services
- Eligibility Operations
- Finance
- Policy and Legislative Affairs
- Research and Evaluation

Developmental Disabilities

- Finance and Operations
- Community Service
- Eligibility and Enrollment
- Facility

Medicaid and Long-Term Care

- Finance and Program Integrity
- Program and Performance Management
- Population Health
- Policy and Plan Management
- Eligibility Operations**
- Compliance
- Medical Services
- State Unit on Aging

Chief Medical Officer

Public Health

- State Epidemiologist
- Licensure and Environmental Health
- Promotion and Prevention
- Epidemiology, Informatics, and Vitals
- Program Integrity
- Preparedness and Response

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Service Access Process – Medicaid Eligibility



Medicaid Eligibility

Medicaid and Long-Term Care (MLTC) determine Medicaid eligibility prior to a referral to the Division of Developmental Disabilities (DDD) Eligibility and Enrollment Unit (E&E Unit).

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Medicaid Overview

- Medicaid provides many healthcare programs and services to individuals who qualify.
- Medicaid programs are governed by rules and regulations and are overseen by the Centers for Medicare and Medicaid Services (CMS).
- Medicaid covers required services and state-specific optional services for individuals who qualify under their State Plan, regardless of their disability status.
- Most State Plan services are provided through contracts with one of three managed care organizations under Heritage Health.

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Medicaid Overview – Continued (2 of 2)

- Medicaid covers approximately 395,023 residents or 15% of the population as of 2023 and is a joint federal-state funded health care program that provides medical assistance to eligible individuals and families in the state.
- The primary goal is to ensure access to quality health care services for low-income individuals and families.
- Aims to improve the overall health and well-being of the residents of Nebraska who are not able to afford private health insurance or meet other health care costs.
- Covers a wide range of health care services including doctor visits, hospital stays, prescription drugs, mental health services, preventative care, and more. For some, it may also cover dental services, vision care, and hearing aids.

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Medicaid Eligibility

Who is eligible?

- Low-income adults, pregnant women, children, elderly individuals, and individuals with disabilities.
- Eligibility is based on income, assets, residency status, and other considerations.
- The expansion of Medicaid under the Affordable Care Act has increased eligibility to more individuals, including those without dependent children.



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Covered Medicaid Services

Mandatory

- Inpatient and outpatient hospital services
- Laboratory and x-ray services
- Nursing facility (NF) services
- Home health services
- Nursing services
- Clinic services
- Physician services
- Medical and surgical services of a dentist
- Nurse practitioner services
- Nurse midwife services
- Pregnancy-related services
- Medical supplies
- Mental health and substance abuse services
- Early and periodic screening and diagnostic treatment for children

Optional

- Prescribed drugs
- Intermediate care facilities for individuals with intellectual disabilities (ICFs/IID)
- Home and community-based services (HCBS) (dental, chiropractic, optometric, and podiatric services)
- Rehabilitation services
- Personal care services
- Durable medical equipment
- Medical transportation services
- Vision-related services
- Speech, physical, occupational therapy services
- Hospice services
- Hearing screening services for newborn and infant children
- School-based administrative expenses

Medicaid and Disability

- Medicaid offers “waiver” services for individuals with disabilities who meet specific needs-based criteria.
- Waiver services allow individuals to remain in their homes or communities while receiving the care they need.
- Nebraska Medicaid requires individuals to have a disability that meets the disability criteria established by the Social Security Administration (SSA).



NE Medicaid covers 2 in 7
people with disabilities

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Medicaid and Disability – Cont.

- If an SSA eligibility determination has not been made, the State Review Team (SRT) will use the same criteria to determine if a person meets disability criteria.
- If an SSA determination is pending, the SRT will determine if a person meets disability criteria upon submission of a completed DM-5 form with 12 months of supporting medical records.
- Medicaid will send a written notice of determination of their decision and appeal rights.

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What is the E&E Unit

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Service Access Process – E&E Unit Assessment

Medicaid Eligibility

MLTC determines Medicaid eligibility prior to a referral to the DDD E&E Unit.

E&E Unit Assessment

The E&E Unit completes a needs assessment to provide data for the waiver eligibility determination process.

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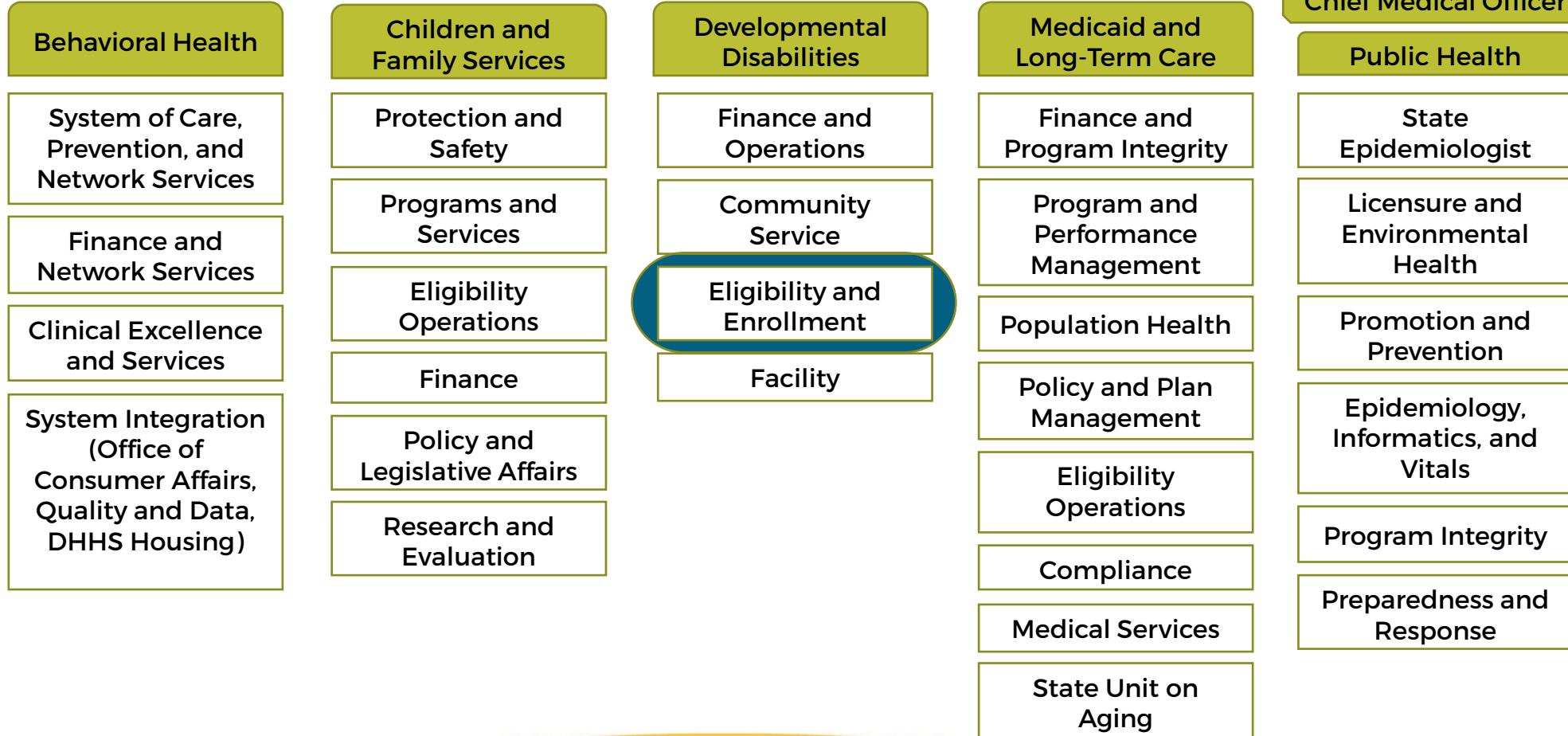
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E&E Unit in the DHHS Organizational Chart

Department of Health and Human Services



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What is the E&E Unit?

- The E&E Unit is responsible for determining level of care (LOC) eligibility of individuals for various Medicaid waivers.
- 1915(c) waivers provide HCBS for individuals with disabilities.
- To meet eligibility criteria for an HCBS waiver program, an individual must meet waiver-specific LOC requirements.

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What is the E&E Unit? – Continued (2 of 3)

- Once an individual meets Medicaid eligibility criteria and the SSA has made a determination of disability, the LOC determination for a waiver may be completed.
- If an individual does not meet the disability criteria required by Medicaid, a LOC determination is not made.

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What is the E&E Unit? – Continued (3 of 3)

- If an individual is determined to meet disability criteria for Medicaid, the E&E Unit completes a needs assessment.
 - Needs assessments provide the necessary data to inform LOC decisions.
- There are different LOC criteria for each waiver.
- Different waivers use different assessment tools.

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Determining Waiver Eligibility

- Waiver eligibility is determined by:
 - Reviewing various factors (e.g., age, disability, income, and functional limitations).
 - Identifying a need for assistance with activities of daily living (ADLs) e.g., bathing, dressing, meal preparation, medication management, or transportation.

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Determining Waiver Eligibility – Continued (2 of 2)

- The E&E Unit works closely with individuals who apply for services, their families, and other health care professionals to collect information needed to determine eligibility.
- E&E Unit staff conduct interviews, review medical records, and may conduct home visits to accurately assess an individual's living situation and support needs.

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After Waiver Eligibility – What's Next?

- Once waiver eligibility is established, the E&E Unit assists in enrolling the individual in the appropriate HCBS waiver.
- The E&E Unit conducts reassessments to ensure ongoing eligibility and to help address any changes in the individual's circumstances and/or needs.

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Waiver Eligibility Process

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Service Access Process – Waiver Eligibility

Medicaid Eligibility

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E&E Unit Assessment

The E&E Unit completes a needs assessment to provide data for the waiver eligibility determination process.

Waiver Eligibility

Individuals are required to meet eligibility criteria for Medicaid and waiver-specific criteria annually to qualify for waiver services.

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Overview of Nebraska Waiver Programs



Mobility

Serious difficulty walking or climbing stairs.



Cognition

Serious difficulty concentrating, remembering, or making decisions.



Independent Living

Difficulty doing errands alone.



Hearing

Deafness or serious difficulty hearing.



Vision

Blindness or serious difficulty seeing.



Self-Care

Difficulty dressing or bathing.

- DDD currently operates and oversees four waiver programs:
 - Aged, Adults, and Children with Disabilities (AD).
 - Comprehensive Developmental Disabilities (CDD).
 - Developmental Disabilities Day Services for Adults (DDAD).
 - Traumatic Brain Injury (TBI).
- Each waiver has specific LOC criteria individuals must meet to be enrolled.

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AD Waiver

- To be AD waiver eligible an individual must:
 - Be eligible for Nebraska Medicaid.
 - Have physical and health needs that require NF LOC.
- The AD waiver provides options for services and community supports to help a person live at home or in assisted living.

AD = Aged 65 and older and people of all ages with physical disabilities.

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CDD Waiver

- To be CDD waiver eligible an individual must:
 - Be eligible for Nebraska Medicaid.
 - Meet Nebraska's definition of having a developmental disability.
 - Meet ICF/IID LOC and have needs that require services like those provided in an ICF/IID.

CDD = People of all ages with a developmental disability.

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DDAD Waiver

- To be DDAD waiver eligible an individual must:
 - Be eligible for Nebraska Medicaid.
 - Meet Nebraska's definition of having a developmental disability.
 - Meet ICF/IID LOC and have needs that require services like those provided in an ICF/IID.

DDAD = People aged 21 and over with a developmental disability.

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TBI Waiver

- To be TBI waiver eligible an individual must:
 - Eligible for Nebraska Medicaid.
 - Meet NF LOC and have needs requiring the type of care necessary to treat the conditions and criteria identified in the definition of specialized assisted living.
- The TBI waiver provides specialized assisted living services and is not for acquired brain injury caused by strokes, tumors, and other non-traumatic causes.

TBI = Aged 18 to 64 with a traumatic brain injury diagnosis.

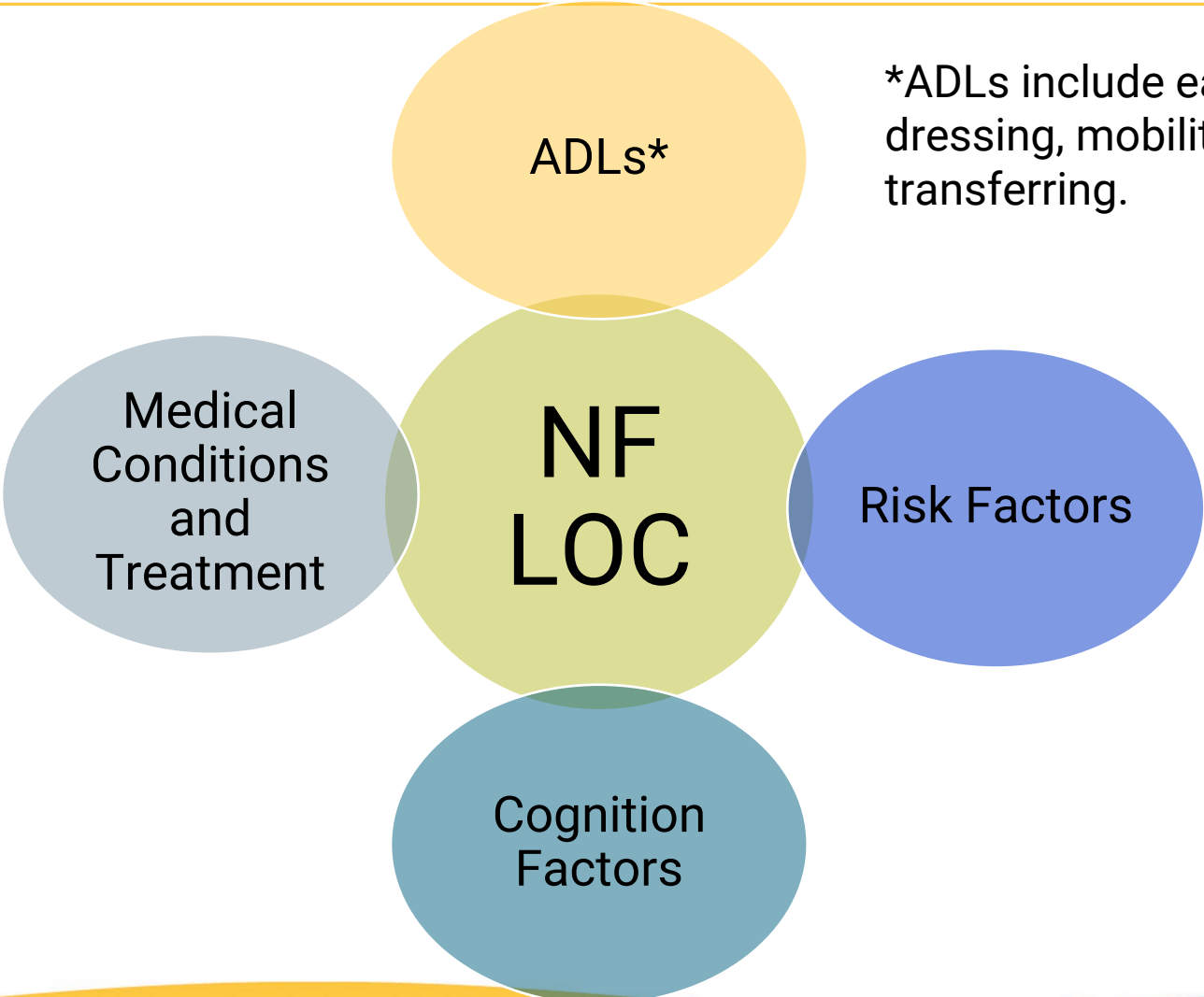
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Nursing Facility LOC – Adults 18 and Older



*ADLs include eating, bathing, dressing, mobility, toileting, and transferring.

NF LOC refers to the level of care needed by an individual living in a nursing facility.

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Nursing Facility LOC - Under Age 18

NF LOC for people under the age of 18 has specific regulatory criteria which varies based on the child's age:

- Have needs related to a minimum of one defined medical condition or treatment per Nebraska regulations.



Can be met in one of three ways:

- At least one medical condition or treatment need;
- Limitations in at least six ADLs; or
- Limitations in at least four ADLs and the presence of at least two other considerations.

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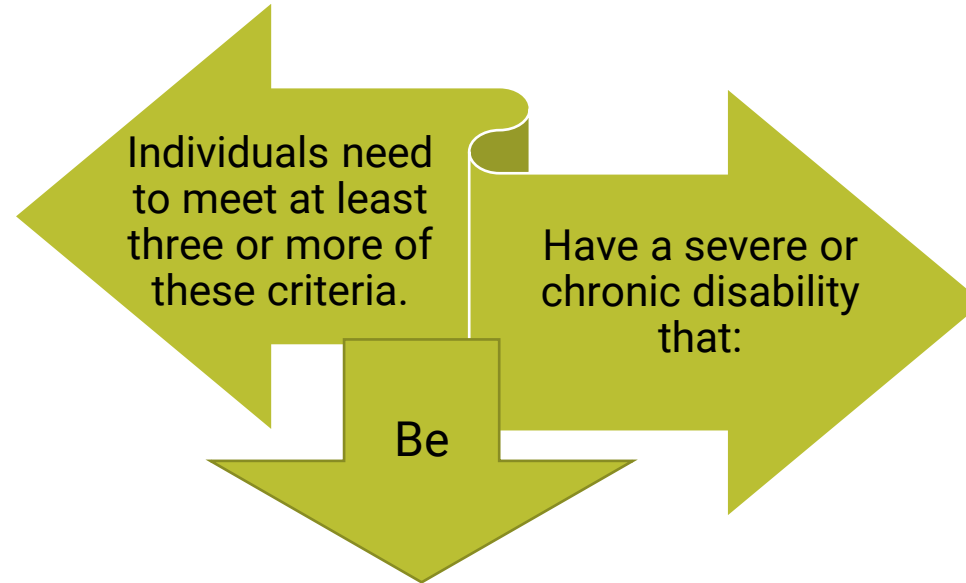
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ICF/IDD LOC

Criteria Areas of Need

1. Self-care
2. Receptive and expressive language
3. Learning
4. Mobility
5. Self-direction
6. Capacity for independent living



- Medicaid-eligible with dual primary diagnosis of DD or related condition and a mental illness.

- Is attributable to cerebral palsy or epilepsy.
- Results in impairment of general intellectual functioning or adaptive behavior that requires treatment or services (other than mental illness).
- Manifested prior to the person reaching age 22.
- Is likely to continue indefinitely.

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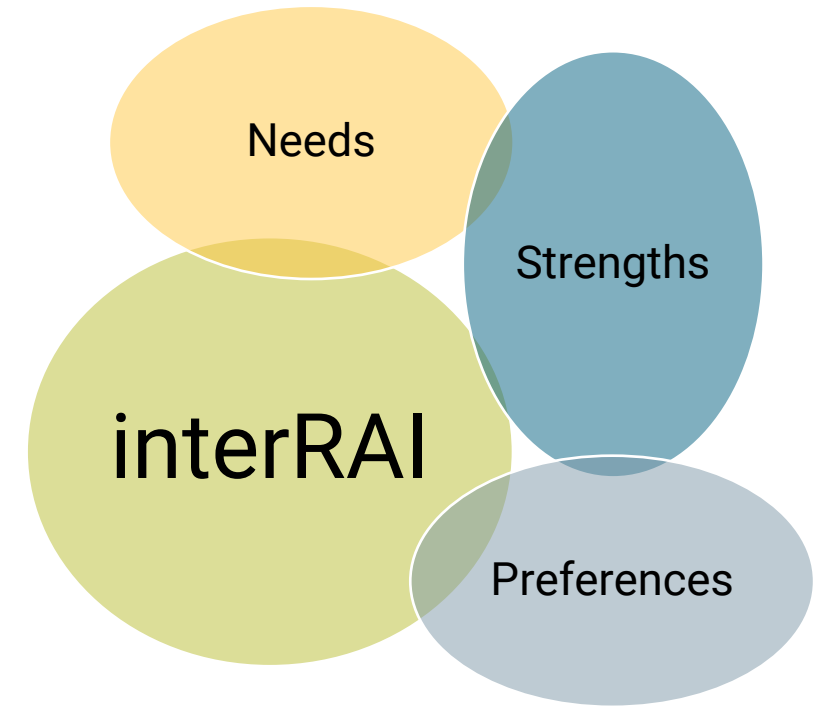
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AD and TBI LOC Assessment

- interRAI provides standardized and validated assessments that are recognized worldwide.
- Nebraska uses the interRAI Home Care (HC) for adults and interRAI Pediatric Home Care (PEDS-HC) for children to determine LOC for the AD and TBI waivers and assess individuals' needs.
- interRAI Home Care assessments evaluate needs, strengths, and preferences for people living in a community environment.



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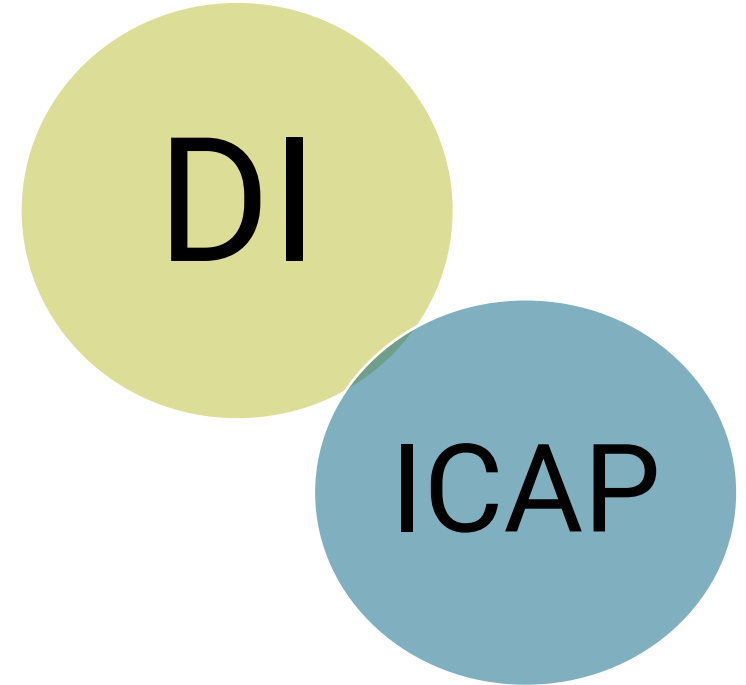
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CDD and DDAD LOC Assessment

- The Developmental Index (DI) is a state-developed assessment utilized to determine LOC eligibility for the CDD and DDAD waivers.
- Nebraska uses the Inventory for Client and Agency Planning (ICAP) for the CDD and DDAD waivers to assess individuals' needs.



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HCBS Waiver Application Process

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HCBS Waiver Application Process

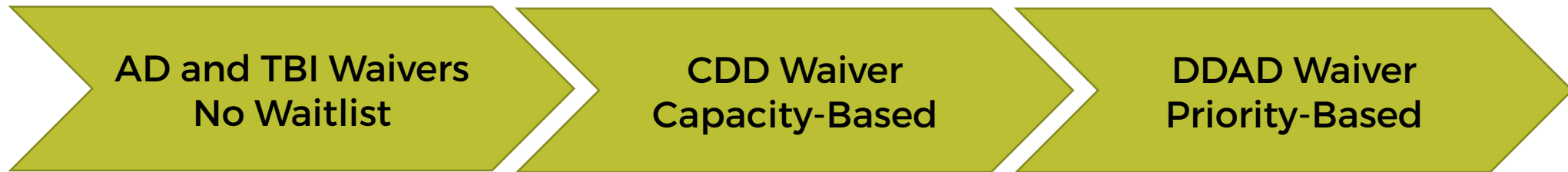
- Apply for benefits on iServe Nebraska [Portal](#).
- iServe will navigate to [ACCESS Nebraska](#) where an individual can:
 - ✓ Apply for Medicaid.
 - ✓ Complete an application for Developmental Disability waivers.
 - ✓ Apply for other DHHS benefits and programs (economic assistance programs).
 - ✓ Upload documents and check current benefits.
 - ✓ Complete Medicaid renewals.
- Apply for the AD and TBI waivers by submitting an application located on the DHHS [website](#).

HCBS Waiver Application Process Alternatives

- For CDD and DDAD waivers, complete a paper application (available in multiple languages) on the DHHS [website](#).
- Call the toll-free number (877) 667-6266 to request an application be mailed.
- Fill out the application completely, sign, and submit by:
 - Mail to:
DDD Eligibility
P.O. Box 98947
Lincoln, NE 68509-8947
 - Scan and Email to: DHHS.ADWaiverApp@nebraska.gov
 - Fax to: (402) 328-6257
 - Visit the local DHHS office

Timelines

- Within 14 days upon receipt of a completed application, the E&E Unit will confirm that the person is eligible for Medicaid and will contact the individual to schedule an LOC determination.
- LOC reevaluations must be completed every 12 months.



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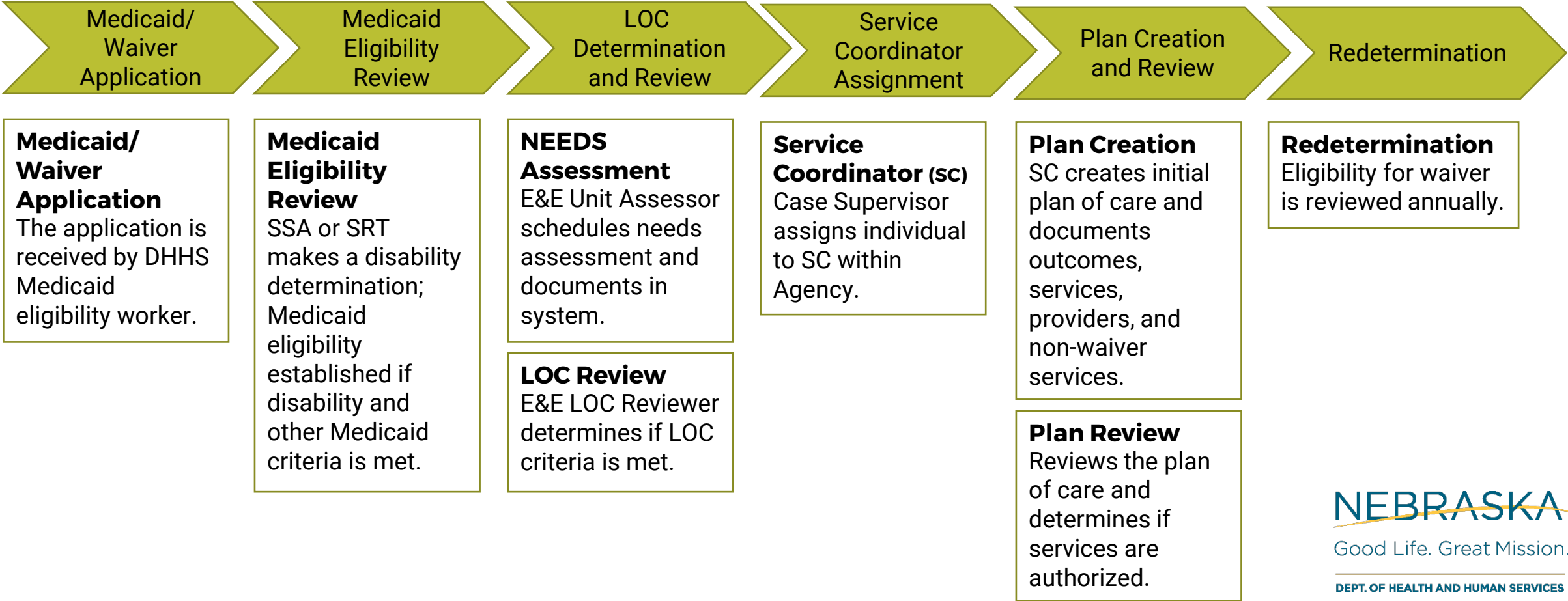
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Review of Nebraska Waiver Programs

HCBS Waivers General Process for New and Current Members



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Appeal Process for Notice of Decision

If an individual was not found eligible for 1915(c) waiver enrollment, they can:

- Appeal the eligibility decision by requesting a fair hearing within 90 days of receiving a notice of decision. Completing and submitting a “[Notice and Petition for Fair Hearing](#)” form is required.
- Request to have an explanation of why the individual was found ineligible. Call: (877) 667-6266.

- Reapply with additional information. A new application can be processed if an appeal is not in process.

Email: DHHS.DDAppeals@nebraska.gov

Mail:

Department of Health & Human Services
Division of Developmental Disabilities
Appeal
301 Centennial Mall South
P.O. Box 95026
Lincoln, Nebraska 68509-5026

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E&E Unit Priorities



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E&E Unit Goals

To improve:

- The lives of individuals with disabilities, including disabilities related to aging, physical impairments, or intellectual and developmental impairments.
- Needs assessment efficiency.
- Timely access to services for individuals who qualify.
- Workload distribution to be more equitable between assessors.

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Recent E&E Unit Developments

- Implemented new assessment tools for the AD and TBI waivers (interRAI HC and interRAI PEDS-HC).
- Added quality trainings to improve assessors' knowledge and skills and to improve reliability of results between assessors.
- Implemented a weighted workload calculator to address workload equity to reduce assessor attrition.
- Reduced the backlog of outstanding assessments.

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Resources and Contacts



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Resources

- ACCESSNebraska [Portal](#)
- ACCESSNebraska [User Tips](#)
- [Directory of DDD Agency Providers](#)
- HCBS [Resources](#)
- iServe Nebraska [Portal](#)
- iServe Nebraska [Portal Training, Contacts, and Resources](#)
- iServe Nebraska [Quick Reference Guides](#)

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Resources – Continued (2 of 2)

- Medicaid [Rules and Regulations](#)
- Medicaid [Brochure](#)
- Medicaid [Services](#)
- Waiver [Appeal Process](#)
- Waiver [Eligibility Requirements, Applications, and More](#)
- [What Do I Need to Know About Medicaid](#)

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Contacts

Contact	DDD HCBS	MLTC Medicaid Eligibility
Customer Service Phone Number	(402) 471-8501 (402) 471-7256 TDD	(402) 473-7000 – Lincoln (402) 595-1178 – Omaha (402) 471-7256 TTY
Toll Free Number	(877) 677-6266	(855) 632-7633
Email Address	DHHS.DDDCommunityBasedServices@nebraska.gov	DHHS.ANDICenter@nebraska.gov
AD/TBI Application Questions	dhhs.adwaiverapp@nebraska.gov	
DD Application and Eligibility Questions	DHHS.DDeligibility@nebraska.gov	
DD Registry Waitlist Questions	DHHS.DDRegistry@nebraska.gov	
E-Fax:	DHHS.DDGoldsefax@Nebraska.gov	
General Questions	DHHS.DDDCommunityBasedServices@nebraska.gov	

Questions or Comments

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THANK YOU!



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