

2013 LEGISLATIVE BILLS PASSED INTO LAW IMPACTING DHHS

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[LB 6 \(Krist\) Create the Nebraska Commission on Problem Gambling](#)

This bill eliminates the current Gamblers Assistance Program under the Behavioral Health Division of DHHS and the State Committee on Problem Gambling. Also, this bill creates the Commission on Problem Gambling and the Gamblers Assistance Program under the Department of Revenue.

This bill provides legislative findings and definitions.

This bill eliminates the term, problem gambling, from the definition of behavioral health disorder.

This bill creates the Nebraska Commission on Problem Gambling. For administrative purposes, the commission shall be within the Charitable Gaming Division of the Department of Revenue. The commission shall have nine members appointed by the Governor and confirmed by a majority of the members of the Legislature.

By July 1, 2013, the Governor shall appoint members of the commission. The commission will consist of members with medical care or mental health expertise, with expertise in banking and finance, with legal experience, and with expertise on field of education. Also, these members will be consumers and residents of the State and representative of the public at large. This bill addresses the length of terms and vacancies.

Beginning July 1, 2013, the commission shall adopt by-laws governing its operation and shall meet at least four times each year and may meet more often on the call of the chairperson. Each member shall attend at least two meetings each year and shall be subject to removal for not attending these meetings unless excused by a majority of the members. These meetings are subject to the Open Meetings Act.

The commission shall appoint one of its members as chairperson and its officers. Members shall be reimbursed for their actual and necessary expenses. The commission shall appoint a director of the program. Powers and duties are provided for the director. The commission shall develop guidelines and standards for the operation of the program and shall direct the distribution and disbursement of money in the Compulsive Gamblers Assistance Fund.

The commission shall provide for a process for the evaluation and approval of providers applications and contracts for treatment and other services funded from the Compulsive Gamblers Assistance Fund. Also, the commission shall develop standards and guidelines for training and certification of problem gambling counselors.

The commission shall provide for the review and evaluation of data; use and expenditure of funds for the education of problem gambling; and creation and implementation of outreach and educational programs relating to problem gambling.

The commission is provided rulemaking authority and reporting requirements.

This bill creates the Gambler Assistance Program. Requirements relating to contracts, promotion of public awareness and evaluation are provided.

No person acting on behalf of the Division of Behavioral Health within the Department of Health and Human Services shall make expenditures not required by contract obligations entered into before July 1, 2013. Any contract between the State and a provider of problem gambling services in existence on July 1, 2013, shall remain in full force and effect. The program shall not be subject to any non-statutory expenditures.

OPERATIVE DATE: July 1, 2013

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[LB 23 \(Hadley\) Change ICF/MR reimbursement provisions and mental retardation terminology](#)

Intermediate Care Facilities for the Mentally Retarded (ICF/MR):

This bill changes the terminology of ICF/MR to Intermediate Care Facilities for persons with Developmental Disabilities (ICF/DD).

This bill changes allocation provisions for intermediate care facilities.

Beginning July 1, 2014, DHHS shall use the ICF/DD Reimbursement Protection Fund, including the matching federal financial participation under Title XIX of the Social Security Act, for purposes of enhancing rates paid under the Medicaid program to ICF/DDs and for an annual contribution to community-based programs for persons with developmental disabilities, exclusive of the reimbursement paid under the Medicaid program and any other state appropriations to ICF/DDs.

For FY2014/15 and each fiscal year thereafter, the ICF/DD Reimbursement Protection Fund shall be used as follows:

- 1) \$55,000 to DHHS for administration of the fund;
- 2) Payment to ICF/DDs for the cost of the tax;
- 3) \$312,000, in addition to any federal Medicaid matching funds, for payment to providers of community-based services for persons with developmental disabilities;
- 4) \$1,000,000 to the General Fund;
- 5) Rebate rates under the Medicaid program. In calculating rates, the proceeds of this tax shall be used to enhance rates in non-state-operated

ICF/DDs by increasing the annual inflation factor to the extent allowed by such proceeds and any funds appropriated by the Legislature.

This bill removes the provision that any remaining proceeds be remitted to the General Fund.

The Division of Medicaid and Long-Term Care shall report electronically no later than December 1 of each year, to the HHS Committee and the Revenue Committee the amounts collected from each payer of this tax and the amount of each disbursement from this fund.

Beginning on July 1, 2014, DHHS shall discontinue collection of this tax based on the following:

- If federal financial participation to match the payments by the ICF/DDs becomes unavailable under federal law or CFS rules and regulations; or
- If money in the ICF/DD Reimbursement Protection Fund is appropriated, transferred, or otherwise expended for any use other than uses permitted pursuant to this Act; or
- If collection of this tax is discontinued because it is not available under federal law, the money in the ICF/DD Reimbursement Fund shall be returned to the ICF/DDs from which the tax was collected on the same basis as collected.

DHHS shall collect this tax and remit the tax to the State Treasurer for credit to the ICF/DD Reimbursement Fund. Beginning July 1, 2014, no proceeds from this tax, including the federal match, shall be placed in the General Fund unless otherwise provided in this Act.

Mental Retardation Terminology:

This bill changes provisions in Nebraska state law to replace the term “mental retardation” to “intellectual disability.”

EFFECTIVE DATE: September 6, 2013

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[LB 42 \(Cook\) Change credentialing requirements for administrators of facilities for persons with head injuries](#)

This bill defines a new term and provides credentialing requirements involving facilities operated primarily for caring for persons with head injuries and associated disorders.

This bill defines facility operated primarily for caring for persons with head injuries and associated disorders as a nursing home in which all or a majority of the persons served by nursing home have head injuries and associated disorders.

Each of these facilities shall be operated under the supervision of an administrator duly licensed under the Nursing Home Administrator Practice Act.

In order to qualify as the administrator of these types of facilities, an individual shall be licensed as a nursing home administrator if he/she meets the requirements of this bill. A license issued under this bill permits the holder to serve as a nursing home administrator only in this type of facility.

To receive a credential to practice nursing home administration for these types of facilities, an individual shall:

- Have at least four years of experience working with persons with head injuries or severe physical disabilities, at least two of which were spent in an administrative capacity; and
- either of the following:
 - Holding a credential as a psychologist, physician, educator with a master's degree, certified social worker, certified master social worker, licensed mental health practitioner, physical therapist, occupational therapist, speech-language pathologist, or an administrator of a health care facility; or
 - Have at least eight years of experience working with persons with head injuries or severe physical disabilities, at least five of which were spent in an administrative capacity in these types of facilities.

This license shall be issued without examination and without the requirement of completion of an administrator-in-training or mentoring program. This license may be renewed without the completion of any continuing competency requirements.

EFFECTIVE DATE: September 6, 2013

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[LB 78 \(Avery\) Eliminate certain boards and commissions](#)

This bill eliminates the Rural Development Commission in which the CEO, or designee, of DHHS serves as a member.

This bill also eliminates other boards involving airlines, affirmative action, livestock auctions, athletes and economic development.

EFFECTIVE DATE: September 6, 2013

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[LB 105 \(Lathrop\) Require child care licensees to obtain liability insurance](#)

This bill requires an applicant for a child care license to provide to DHHS written proof of liability coverage of at least \$100,000 per occurrence prior to issuance of the license. A licensee shall obtain this insurance coverage and provide written proof to DHHS within 30 days after the operative date of this act. Failure by a licensee to maintain the required level of this insurance coverage shall be in violation of the Child Care Licensing Act. If the licensee is the State of Nebraska or a political subdivision, the licensee may utilize a risk retention group or a risk management pool for purposes of providing this insurance coverage or may self-insure all or part of the coverage.

OPERATIVE DATE: July 1, 2014

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[LB 107 \(Lathrop\) Change waiver of hearing provisions under the Parenting Act](#)

This bill waives hearings in cases involving parenting plans. These hearings are not required for a divorce action, if both parties have waived in writing the hearing requirement. Also, these hearings are not required in an action for a legal separation, if both parties have waived in writing the hearing requirement. Lastly, these hearing are not required in any action creating or modifying a parenting plan.

EFFECTIVE DATE: September 6, 2013

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[LB 156 \(Watermeier\) Eliminate a report made to DHHS by counties utilizing a community service program](#)

This bill eliminates a reporting requirement in which a county utilizing a community service program for employable recipients must submit an annual written report on the number of persons placed through the program, number of hours of experience provided, duration and location of each placement and skills learned in the placement.

EFFECTIVE DATE: September 6, 2013

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[LB 194 \(Speaker Adams\) Provide for deficit appropriations](#)

This bill provides deficit appropriations to state agencies when costs are higher than projected. Specifically, this bill provides to DHHS a deficit appropriation and a reporting requirement.

This bill reduces the deficit appropriation of General Funds relating to the funding costs of ACCESSNebraska Customer Service Centers by \$2.1 million.

This bill provides a reporting requirement to DHHS. It is the intent of the Legislature that DHHS establish and report electronically to the Legislature evaluation criteria and scoring methodology for the location of a new central Nebraska Veterans' Home by June 1, 2013. The criteria shall include, but not be limited to, an assessment of:

- labor force available to serve the needs of the residents of the veterans' homes;
- public lands available for the site of a new veterans' home;
- infrastructure available in the community to support the construction of a new veterans' home; and
- best interests of Nebraska veterans.

EFFECTIVE DATE: May 30, 2013

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[LB 195 \(Speaker Adams\) Appropriate funds for state government expenses](#)

This bill is the 2013 mainline budget bill for DHHS as well as for all state government.

This bill provides FY2013/14 and FY2014/15 appropriations in the areas of Public Health, Veterans' Homes, Behavioral Health, Children and Family Services, Developmental Disabilities (DD) and Medicaid and Long-Term Care. Specifically, these appropriations include the areas of the DD waiting list, DD new rate methodology, dental health director, and dental services aid.

OPERATIVE DATE: July 1, 2013

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[LB 198 \(Speaker Adams\) Appropriate funds for capital construction and property acquisition](#)

This bill appropriates funds for capital construction relating to the Hastings Regional Center, Central Nebraska Veterans' Home and the Dickson Cottage.

HASTINGS REGIONAL CENTER:

This bill authorizes DHHS to renovate Building No. 3 at the Hastings Regional Center (HRC) to house the chemical dependency program serving adolescent males in state custody. Included in the appropriation to this program is an estimated \$3.1 million to demolish buildings at the HRC.

CENTRAL NEBRASKA VETERANS' HOME:

This bill authorizes DHHS to acquire land to serve as the site for a new veterans' home to be located in central Nebraska and to construct the new home with the appropriation to this program. The total cost of this project from the Nebraska Capital Construction Fund and federal funding sources shall not exceed about \$121 million. There is included in the appropriation to this program for FY2013/14 about \$47 million from the Nebraska Capital Construction Fund and about \$74 million in federal funds.

The Nebraska Capital Construction Funds appropriated in this bill may be used as matching funds for available federal or other funds. Nothing in this bill shall be construed to prohibit use of any private, local, or internally reallocated funds as a match for any available federal or other funds.

It is the intent of the Legislature that DHHS shall provide a report electronically to the Legislature outlining the process and criteria used to select a site for the new veterans' home.

The report shall include, but not be limited to:

- Identification of the communities submitting offers for the new site;
- Written responses of interested communities to questions posed by the site selection committee;
- Process used by the site selection committee to evaluate offers;
- Criteria used by the site selection committee to make a recommendation to the Director of Veterans' Homes; and
- Final site selected.

The report shall be provided to the Legislature within three weeks after site selection.

DICKSON COTTAGE REMODEL:

This bill authorizes DHHS to remodel the Dickson Cottage at the Youth Rehabilitation Center-Kearney to provide physical and visual separation between the secure care housing unit and the orientation housing unit.

OPERATIVE DATE: July 1, 2013

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[LB 199 \(Speaker Adams\) Provide fund transfers, create funds, authorize the sale of lands, and change provisions relating to grants as prescribed](#)

This bill eliminates transfer language involving the Health Care Cash Fund. The transfer of \$59.1 million from the Nebraska Medicaid Intergovernmental Trust Fund and the Nebraska Tobacco Settlement Trust Fund to the Nebraska Health Care Cash Fund remains indefinitely.

This bill requires land at the Hastings Regional Center determined to be excess to be sold as to the best advantage of the State of Nebraska, including auction, sealed bid, or public sale. Notice requirements are provided for this sale of land. The proceeds from the sale of land, less maintenance fees, but including investment income, shall be promptly transferred from the Vacant Building and Excess Land Cash Fund as follows:

- First, not exceeding \$5,307,000 to the General Fund; and
- Second, not exceeding \$3,000,000 of available proceeds remaining to the Nebraska Capitol Construction Fund.

This bill requires the State Treasurer to transfer \$1.5 million, on or before July 15, 2013, from the Health and Human Services Cash Fund to the Rural Health Professional Incentive Fund.

EFFECTIVE DATE: May 30, 2013.

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[LB 216 \(McGill\) Adopt the Young Adult Voluntary Services and Support Act](#)

This bill provides new language on the purpose of this act, definitions, the extended services program, the voluntary services and support agreement, the juvenile court, the court-appointed attorney, guardianship assistance, adoption

assistance, the Young Adult Voluntary Services and Support Advisory Committee and Title IV-E funding.

PURPOSE:

The purpose of the Young Adult Voluntary Services and Support Act is to support former state wards in transitioning to adulthood, becoming self-sufficient, and creating permanent relationships. The extended services program shall at all times recognize and respect the autonomy of the young adult. Nothing in this Act shall be construed to abrogate any other rights that a person who has attained 19 years of age may have as an adult under state law.

DEFINITIONS:

This bill defines child as an individual who has not attained 21 years of age.

This bill defines young adult as an individual who has attained 19 years of age, but has not attained 21 years of age.

This bill defines extended services program as the extended services and support available to a young adult under this Act other than the state-extended guardianship assistance.

This bill defines voluntary services and support agreement as a voluntary placement agreement between DHHS and a young adult as his/her guardian.

This bill defines supervised independent living setting as an independent supervised setting, consistent with federal law. These settings shall include, but not be limited to, single or shared apartments, houses, host homes, college dormitories, or other postsecondary educational or vocational housing.

EXTENDED SERVICES PROGRAM:

The extended services program is available, on a voluntary basis, to a young adult:

- Who has attained at least 19 years of age;
- Who was adjudicated to be a juvenile as child abuse/neglect case and, upon attaining 19 years of age, was in an out-of-home placement or had been discharged to independent living; and
- Who is:
 - completing secondary education or an educational program leading to an equivalent credential;

- enrolled in an institution which provides postsecondary or vocational education;
- employed for at least 83 hours per month;
- participating in a program or activity designed to promote employment or remove barriers to employment; or
- incapable of doing any of these activities due to a medical condition, which incapacity is supported by regularly-updated information in the case plan.

Extended services and support provided under this program include, but are not limited to, medical care, housing, placement, support, and case management services.

Extended services and support include medical care under the Medicaid program.

Extended services and support include housing, placement and support in the form of continued foster care maintenance payments which shall remain at least at the rate set immediately prior to the young adult's exit from foster care. Young adults may reside in a foster family home, a supervised independent living setting, an institution, or a foster care facility. For young adults residing in a supervised independent living setting, DHHS may send all or part of the foster care maintenance payments directly to the young adult. These payments should be decided on a case-by-case basis in a manner that respects the young adult's independence. Rules and restrictions regarding housing options should be respectful of the young adult's autonomy and developmental maturity.

Extended services and support include case management services that are young adult driven. Case management shall be a continuation of the independent living transition proposal. Case management shall include a case plan developed jointly by DHHS and the young adult. The case plan shall incorporate the independent living transition proposal. Case management shall also include, but not be limited to, documentation that assistance has been offered and provided that would help the young adult meet his/her individual goals, if such assistance is appropriate and if the young adult is eligible and consents to receive such assistance. This shall include, but not be limited to, assisting the young adult to:

- Obtain employment or other financial support;
- Obtain a government-issued identification card;
- Open and maintain a bank account;
- Obtain appropriate community resources;
- Satisfy any juvenile justice system requirements;

- Complete secondary education;
- Apply for admission and aid for postsecondary education or vocational courses;
- Apply for immigration status or relief;
- Create a health care power of attorney;
- Obtain a copy of health and education records;
- Apply for public benefits including ADC, SSI, SSDI, SNAP and LIHEAP;
- Maintain relationships with people who are important to the young adult;
- Access information about maternal and paternal relatives;
- Access young adult empowerment opportunities; and
- Access pregnancy and parenting resources and services.

VOLUNTARY SERVICES AND SUPPORT AGREEMENT:

If a young adult chooses to participate in this program and is eligible, the young adult and DHHS shall sign a voluntary services and support agreement. This agreement includes, at a minimum, information regarding the following:

- The requirement that the young adults continue to be eligible for the duration of the agreement and any other expectations of the young adult;
- The services and support the young adult shall receive through this program;
- The voluntary nature of the young adult's participation and the right to terminate this agreement at any time; and
- Conditions that may result in the termination of the agreement and the young adult's early discharge from this program.

As soon as the young adult and DHHS sign the agreement and DHHS determines that the young adult is eligible, but no longer than 45 days after signing the agreement, DHHS shall provide services and support to the young adult.

A young adult participating in this program shall be assigned a support worker to provide case management services. Support workers should be specialized in primarily providing services in this program or shall, at minimum, have specialized training in providing transition services and support to young adults.

DHHS shall provide continued efforts at achieving permanency and creating permanent connections for a young adult participating in this program. DHHS shall fulfill all case plan obligations consistent with federal law. Further, as soon as possible after the young adult is determined eligible and has signed the agreement, DHHS shall conduct a redetermination of income eligibility for purposes of Title IV-E.

A young adult may choose to terminate the agreement and stop receiving services and support under this program at any time. If a young adult chooses to terminate the agreement, DHHS shall provide the young adult with a clear and developmentally appropriate written notice. This written notice must inform the young adult of the potential negative effects of terminating the agreement early, the option to reenter the program at any time before attaining 21 years of age, and the procedures for reentering the program.

If DHHS determines that the young adult is no longer eligible, DHHS may terminate the agreement and stop providing services and support. Academic breaks in postsecondary education attendance and other transitions between eligibility requirements shall not be a basis for termination. Even if a young adult's agreement has been previously terminated, the young adult may come back into the program by entering into another agreement. At least 30 days prior to the termination of the agreement, DHHS shall provide written notice to the young adult informing him/her of the termination. This notice shall provide a clear and developmentally appropriate explanation of the basis for termination, appeal process, option to reenter another agreement and information on community resources. The young adult may appeal the termination and such appeal shall be in accordance with the Administrative Procedure Act.

JUVENILE COURT:

Within 45 days after the agreement is signed, DHHS shall file with the juvenile court a written report or petition describing the young adult's current situation. DHHS shall also provide the court with a copy of the agreement, copy of the case plan and any other information DHHS or the young adult wants the court to consider.

To ensure continuity of care and eligibility, the agreement should be signed prior to and filed with the court at the last hearing before the young adult is discharged from foster care.

The court has the jurisdiction to review the agreement. Upon the filing of a report or petition, the court shall open an extended services and support file for the purpose of determining whether these services are in the young adult's best interests and conducting permanency reviews.

The court shall make the best interests determination not later than 180 days after the young adult and DHHS enter into the agreement.

The court shall conduct a permanency hearing regarding the agreement at least once per year and additional times at the request of the young adult, DHHS or any other party to the proceeding. The court may request the appointment of a hearing officer to conduct these hearings. DHHS is not required to have legal counsel present at these hearings.

The primary purpose of the permanency review is to ensure that the young adult is getting the needed services and support to help him/her move toward permanency and self-sufficiency. This shall include the procedural safeguards described in federal law. The young adult shall have a clear self-advocacy role in this review and the hearing shall support the active engagement of the young adult in key decisions. These reviews shall be conducted in an informal manner and, whenever possible, outside of the courtroom.

DHHS shall prepare and present to the court a report, at the direction of the young adult, addressing progress made in meeting with the goals of the case plan.

The court shall determine whether DHHS is providing appropriate services and support as provided in the agreement to carry out the case plan. If the court believes that the young adult requires additional services and support to achieve the goals documented on the case plan or DHHS policies, the court may order DHHS to take action to ensure that the young adult receives the identified services and support.

DHHS and at least one member who is not responsible for case management, in collaboration with the young adults and additional persons identified by the young adult, shall conduct periodic case reviews not less than every 180 days. DHHS is not required to have legal counsel present at these reviews and DHHS shall utilize a team approach in conducting these reviews.

COURT-APPOINTED ATTORNEY:

If desired by the young adult, the young adult shall be provided a court-appointed attorney who has received training appropriate to the role. The attorney's representation of the young adult must be client-directed. The attorney shall protect the young adult's legal rights and vigorously advocate for his/her wishes and goals.

For young adults who were appointed a guardian ad litem (GAL) before they attained 19 years of age, the GAL's appointment may be continued. This appointment must have the consent from the young adult, but under a client-directed model.

Before entering into an agreement and at least 60 days prior to each permanency and case review, the support worker shall provide written notice to the young adult of his/her right to an attorney.

The court has discretion to appoint a court-appointed special advocate volunteer or continue the appointment of a previously appointed court appointed special advocate volunteer with the consent of the young adult.

GUARDIANSHIP ASSISTANCE:

DHHS shall provide extended guardianship assistance for a young adult if the young adult has received kinship guardianship assistance pursuant to federal law. Also, DHHS shall provide this assistance if a young adult received state-funded guardianship assistance and the young adult has met one the following conditions of eligibility:

- The young adult is completing secondary education or an educational program leading to an equivalent credential;
- The young adult is enrolled in an institution that provides postsecondary or vocational education;
- The young adult is employed for at least 80 hours per month;
- The young adult is participating in a program or activity designed to promote employment or remove barriers to employment; or
- The young adult is incapable of doing any part of these activities due to a medical condition.

ADOPTION ASSISTANCE:

DHHS shall provide extended adoption assistance for a young adult if he/she received adoption assistance and meets at least one of the following criteria:

- The young adult is completing secondary education or an educational program leading to an equivalent credential;
- The young adult is enrolled in an institution that provides postsecondary or vocational education;
- The young adult is employed for at least 80 hours per month;
- The young adult is participating in a program or activity designed to promote employment or remove barriers to employment; or
- The young adult is incapable of doing any part of these activities due to a medical condition.

YOUNG ADULT VOLUNTARY SERVICES AND SUPPORT ADVISORY COMMITTEE:

On or before July 1, 2013, the Nebraska Children's Commission shall appoint a Young Adult Voluntary Services and Support Committee to make recommendations to DHHS and the Commission for a statewide implementation plan. This committee shall provide a written report regarding the implementation of this program to the Commission, DHHS, HHS Committee and the Governor by October 1, 2013. This committee shall meet on a biannual basis to advise DHHS and the Commission regarding the implementation. By December 15, 2013, the committee shall develop specific recommendations regarding similar groups of at-risk young adults and state-extended guardianship assistance.

The members of this committee shall include, but not limited to,:

- Representatives from all three branches of government and these representatives shall be non-voting members;
- No less than three young adults in foster care which may be filled on a rotating basis by members of Project Everlast or a similar group;
- One or more representatives from a child welfare advocacy organization;
- One or more representatives from a child welfare service agency; and
- One or more representatives from an agency providing independent living services.

Members of the committee shall be appointed for terms of two years. The Commission shall appoint the chairperson of the committee and may fill vacancies on the committee as they occur.

TITLE IV-E FUNDING:

DHHS shall submit a state plan amendment (SPA) by October 15, 2013, to seek federal Title IV-E funding for the extended services program.

The extended services or the state-extended guardianship assistance program shall begin prior to January 1, 2014.

If the SPA is approved, DHHS shall implement the extended services program in accordance to federal law. If DHHS does not contract with a private agency to implement this program, this program shall take effect within 60 days after DHHS receives the notice of the SPA approval. If DHHS contracts with a private agency to implement this program, this program shall take effect within 90 days after DHHS receives the notice of the SPA approval.

If the SPA is approved, DHHS shall implement a state-extended guardianship assistance program. This program shall not be construed to create an entitlement. Under this program, DHHS shall continue making these payments on behalf of the young adult until they reach 21. In order to receive these payments, a young adult must have had an agreement at 16 years or older with someone that is not a licensed relative and has met at least one of the eligibility conditions of the state-extended guardianship program. It is the intent of the Legislature to appropriate \$400,000 for the next two fiscal years for this program.

If the SPA is denied, DHHS shall implement the extended services program as a state-only pilot program within 60 days after DHHS receives the notice of denial. If implemented as a state-only pilot program, it is the intent of the Legislature to appropriate \$2,000,000 for the next two fiscal years for the pilot program. DHHS shall administer the pilot program to serve as many eligible young adults as possible within the funds appropriated. If this pilot program is established, the Young Adult Voluntary Services and Support Advisory Committee shall make recommendations to DHHS and the Commission regarding eligibility criteria and funding options within 30 days after DHHS receives notice of the denial.

Prior to January 1, 2014, DHHS shall adopt and promulgate rules and regulations to carry out this Act.

The new language in this bill is harmonized with existing statutes.

EFFECTIVE DATE: June 5, 2013

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[LB 222 \(McCoy\) Change provisions regarding certain reports submitted electronically to the Legislature](#)

This bill changes electronic reporting requirements for DHHS reports as well as for all state agency reports.

This bill requires electronic reporting for reports involving juvenile associations, OJS commitments, ADC data, family policy, child welfare services, CFS/lead agencies, CPS caseloads, CFS-self-sufficiency contracts/educational programs, Medicaid/utilization controls, foster care training waivers, lead testing and CFS expenditures.

This bill eliminates the DHHS electronic reporting requirement for reports relating to the EMS Operations Fund, Office of Rural Health/residency programs and rules and regulations.

This bill eliminates the report relating to the Nebraska Community Aging Services Act and the Nebraska Read, Educate, and Develop Act.

EFFECTIVE DATE: May 8, 2013

[RETURN TO THE LIST OF LEGISLATIVE BILLS](#)

[LB 225 \(Smith\) Adopt the Newborn Critical Congenital Heart Disease Screening Act](#)

LEGISLATIVE FINDINGS:

This bill provides legislative findings that:

- Critical congenital heart disease is among the most common birth defects;
- Critical congenital heart disease is the leading cause of death for infants born with a birth defect;
- A significant number of newborns are not diagnosed as having this disease;
- An effective mechanism for critical congenital heart disease screening of newborns can reduce infant mortality.

DEFINITIONS:

This bill provides definitions for the purposes of this act.

Birth facility is defined as a hospital or other health care facility which provides birthing and newborn care services.

Critical congenital heart disease screening is defined as testing procedure or procedures intended to detect hypo-plastic left heart syndrome, pulmonary atresia, tetralogy of Fallot, total anomalous pulmonary venous return, transposition of the great arteries, tricuspid atresia, and truncus arteriosus.

Definitions are also provided for newborn and parent.

CRITICAL CONGENITAL HEART DISEASE SCREENING:

All newborns in this state shall undergo critical congenital heart disease screening in accordance with DHHS rules and regulations.

For deliveries in a birthing facility, the birthing facility shall develop and implement policies to cause the screening of the newborn and the reporting of the results to the newborn's health care provider.

For deliveries that are planned outside of a birthing facility, the prenatal care provider is required to inform the parent of the importance of this type of screening and the screening requirement. The parent shall be responsible for causing the screening to be performed within the period.

For a birth that does not take place in a birthing facility, whether or not there is a prenatal care provider, and the newborn is admitted to a birthing facility, the person registering such birth shall be responsible for obtaining this screening within the period.

DHHS REQUIREMENTS:

DHHS is required to:

- Develop approved methods of this screening in consultation with a panel of persons having expertise in the field of this screening;
- Apply for all available federal funding to carry out this act; and
- Adopt and promulgate rules and regulations necessary to implement this act.

EFFECTIVE DATE: September 6, 2013

[RETURN TO THE LIST OF LEGISLATIVE BILLS](#)

[LB 240 \(Harms\) Change work activity requirements for self-sufficiency contracts under the Welfare Reform Act](#)

This bill eliminates the requirement that an applicant must be under 24 years of age to have met the work activity requirement and self-sufficiency contract under the Welfare Reform Act.

EFFECTIVE DATE: September 6, 2013

[RETURN TO THE LIST OF LEGISLATIVE BILLS](#)

[LB 242 \(Howard\) Change provisions relating to administrative rules and regulations](#)

This bill requires, if an agency has not adopted and promulgated rules and regulations within three years after the operative or effective date of the enacting legislation, the standing committee of the Legislature which has

subject matter jurisdiction over the matters in the legislation to hold a public hearing to determine the reasons that such rules and regulations have not been enacted.

The changes made in these provisions shall apply to legislation enacted before, on, or after the effective date of this act.

This bill prohibits any agency from utilizing, enforcing or attempting to enforce any rule or regulation or proposed rule or regulation unless the rule, regulation, or proposed rule or regulation has been approved by the Governor and filed with the Secretary of State after the hearing. This bill authorizes the Public Counsel to investigate these types of allegations.

EFFECTIVE DATE: September 6, 2013

[RETURN TO THE LIST OF LEGISLATIVE BILLS](#)

[LB 243 \(Howard\) Redefine nurse practitioner practice](#)

This bill expands the definition of nurse practitioner practice to include “acute” conditions in the management of common health problems.

EFFECTIVE DATE: September 6, 2013

[RETURN TO THE LIST OF LEGISLATIVE BILLS](#)

[LB 255 \(McGill\) Change provisions and penalties relating to human trafficking, child abuse, prostitution, solicitation, and pandering](#)

This bill provides new definitions of labor trafficking and sex trafficking.

This bill changes provisions relating to penalties and affirmative defenses.

This bill provides that a person commits child abuse if they place a child in a situation to be a trafficking victim.

This bill provides immunity from prosecution for persons suspected of prostitution who are under 18 years of age. Law enforcement officers are required to report these violations to DHHS which shall commence an investigation within 24 hours under the Child Protection Act.

This bill provides a new requirement for the human trafficking task force within the Nebraska Commission on Law Enforcement and Criminal Justice. This task

force is required to utilize information and research from the Innocence Lost National Initiative. This task force shall research and recommend a model of rehabilitative services for human trafficking victims that includes input from the areas of law enforcement, social services, the legal profession, the judiciary, mental health, and immigration.

OPERATIVE DATE: October 1, 2013

[RETURN TO THE LIST OF LEGISLATIVE BILLS](#)

[LB 265 \(Coash\) Adopt the Children's Residential Facilities and Placing Licensure Act, and change foster care licensure and kinship home and relative home provisions](#)

CHILDREN'S RESIDENTIAL FACILITIES AND PLACING LICENSURE ACT:

Purpose:

This bill adopts the Children's Residential Facilities and Placing Licensure Act.

The purpose of this act is to protect public health and the health, safety, and welfare of children who reside in or who are placed in settings other than the home of their parent or legal guardian by providing for the licensing of residential child caring agencies and child placing agencies. This act provides for the development, establishment and enforcement of basic standards for residential child caring agencies and child placing agencies.

Definitions:

This bill defines care as the provision of room and board and the exercise of concern and responsibility for the safety and welfare of children on a 24 hour basis in settings that serve as the out-of-home placement for children.

This bill defines child placing agency as any person other than the parent or legal guardian of a child who receives the child for placement and places or arranges for the placement of a child in a foster family home, adoptive home, residential child caring agency or independent living.

This bill defines residential child caring agency as a person who provides care for four or more children and that is not a foster family home.

Licensure:

Residential child caring agencies and child placing agencies are required to be licensed under this act. If group homes, child caring agencies or child placing agencies are currently licensed at the passage of this act, they shall be deemed licensed under this act until their current license expires, and renewal shall be under the act.

For purposes of this act, a residential child caring agency or child placing agency does not include:

- Individual licensed as a foster family home;
- Person licensed under the Health Care Facility Licensure Act;
- Person operating a juvenile detention facility;
- Staff secure youth confinement facility operated by a county; or
- Person providing only casual care for children at irregular intervals.

Such persons may voluntarily apply for a license.

An applicant for an initial or renewal license to operate a residential child caring agency or a child placing agency shall file a written application with the Department. To be licensed as a child placing agency, an applicant must be a corporation, nonprofit corporation, or limited liability company. The application shall be accompanied by the applicable fees and shall set forth the full name and address of the agency to be licensed, the full name and address of the owner of the agency, the names of all persons in control of the agency, and additional information as required by the Department. The application shall include the applicant's Social Security number if the applicant is an individual. The Social Security number shall not be public record and may only be used for administrative purposes. Signature requirements are provided.

This bill provides for new license fees, renewal fees, reinstatement fees, and duplicate original license fees.

This bill requires that these licenses shall expire on uniform annual dates established in rules and regulations. Licenses shall be issued only for the premises and individuals named in the application. Licenses, license record information and inspection reports shall be made available to the public.

This bill clarifies when a separate license is required. Applicants are required to obtain separate licenses for each type of residential child caring agency or child placing agency. Requirements are provided for multiple offices and separate buildings or structures.

This bill provides for the issuance of a provisional license that may be valid up to one year when a licensure applicant does not meet all the licensing requirements, but substantially complies such that the areas of non-compliance do not pose danger to the children who will reside in or be served by the agency.

This bill allows the Department to inspect these entities and provides timelines for inspection reports.

This bill allows the Department to request the State Fire Marshal to inspect any residential child caring agency for fire safety and allows the State Fire Marshall to assess fees or delegate authority. The Department may investigate such settings for sanitation and for the physical well-being and may also delegate this authority to qualified local environmental health personnel.

This bill provides for a disciplinary process. Specifically, this bill provides for a process involving statement of compliance letters, complaints, legal actions for relief in response to discriminatory licenses, emergency orders, renewal denials, grounds for disciplinary action, types of sanctions (i.e. fines, probation, revocation, suspension), notices, hearings, appeals, and voluntary surrender of licenses.

This bill allows the Department to adopt and promulgate rules and regulations that are necessary for the proper care and protection of children in residential child caring agencies and child placing agencies; issuance, discipline, and reinstatement of licensees; and proper administration of the act. Rules and regulations shall establish standards for levels of care and services. Contested cases under this act shall be in accordance with the Administrative Procedure Act.

This bill creates a criminal penalty of a Class I misdemeanor for maintaining a residential child caring agency or child placing agency without first obtaining a license.

Rules and regulations adopted and promulgated prior to the effective date of this act may continue if not in conflict with this act. All licenses issued prior to the effective date of this act shall remain valid unless revoked or terminated by law. Any suit, action, or other proceeding prior to the effective date of this act shall be subject to current statutes as they existed prior to this act.

FOSTER CARE:

This bill changes the definition of extended family member to include the child's parent, clan member, band member, sibling and any type of cousin.

This bill defines foster family home as a home which provides foster care to a child/children pursuant to a foster care placement. Foster family homes include licensed homes where the primary caretaker has no significant prior relationship with the child/children in his/her care and both licensed and unlicensed relative and kinship homes.

This bill defines kinship home as a home where a child/children receive foster care and at least one of the primary caretakers has previously lived with or is a trusted adult who has a preexisting, significant relationship with the child/children or a sibling of such child/children.

This bill defines a relative home as a home where child/children receive foster care and at least one of the primary caretakers is related to the child/children, or to a sibling of such child/children, in his/her care by blood, marriage, or adoption, or in the case of an Indian child, at least one of the primary caretakers is an extended family member.

This bill requires the Department to adopt and promulgate rules and regulations on requirements for licenses, waivers, variances, and approval of foster family homes taking into consideration the health, safety, well-being and best interests of the child. An initial assessment of a foster family home shall be completed. This assessment shall focus on the safety, protection, and immediate health, educational, developmental, and emotional needs of the child and the willingness and ability of the foster home, relative home, or kinship home to provide a safe, stable and nurturing environment for a child.

This bill requires kinship homes and relative homes to be exempt from licensure. However, such homes should make efforts to be licensed if such license will facilitate the permanency plan of the child. The Department and child placing agencies shall, when requested or as part of the permanency plan, provide resources for and assistance with licensure.

Prior to placement in an unlicensed relative home or kinship home, approval shall be obtained from the Department. Requirements for initial approval shall include, but not be limited to, the initial assessment, a home visit to assure adequate and safe housing and a criminal background check of all adult residents. Final approval shall include, but not be limited to, requirements as appropriate under current law. The Department or child placing agency shall provide assistance to an approved relative home or kinship home to support the

care, protection and nurturing of the child. Support may include, but not be limited to, licensure information, waivers and variances, foster care training, mental and physical health and funding options.

This bill allows the Department to issue a waiver for any licensing standard not related to children's safety for a relative home that is pursuing licensure. Such waivers shall be based upon the best interests of the child. A relative home that receives a waiver shall be considered fully licensed for purposes of federal requirement under federal law.

This bill harmonizes the language of the new definitions provided in this bill.

EFFECTIVE DATE: May 26, 2013

[RETURN TO THE LIST OF LEGISLATIVE BILLS](#)

[LB 269 \(Campbell\) Change provisions relating to children and families](#)

LB 269 changes provisions in the areas of state wards, foster care, Title IV-E reimbursement, Children's Commission, foster care licensing, child welfare licensing and a grievance process and the Child and Maternal Death Review Team.

STATE WARDS:

LB 269 requires DHHS and any association providing care for a juvenile to be responsible for applying for any health insurance available to the juvenile, including, but not limited to, Medicaid.

Proposed plans for the care, placement, services and permanency provided to the juvenile shall include a statement regarding eligibility of the juvenile for health insurance, including, but not limited to, Medicaid. When the plan includes the provision of services in order that the juvenile can remain in his/her home and such services are to prevent out-of-home placement, the plan shall be prepared and shall clearly state the services described in the plan are to prevent placement and that, absent preventive services, foster care is the planned arrangement for the child.

Also, every six months, the statutorily required report from DHHS to courts which involves the juvenile's placement and services shall provide an updated statement regarding the eligibility of the juvenile for health insurance, including, but not limited to, Medicaid.

FOSTER CARE:

Beginning January 1, 2014, Medicaid coverage may be provided for individuals under 26 years of age (former foster care youth).

Written independent living transition proposals shall include the child's potential eligibility for Medicaid coverage. In addition to DHHS's current requirement of providing the child a certified copy of the birth certificate before they are 19 years of age, DHHS shall also provide all documentation required for enrollment in Medicaid for former foster care children.

Case plans shall clearly indicate, when appropriate, that children are receiving services to prevent out-of-home placement and that, absent preventive services, foster care is the planned arrangement for the child.

TITLE IV-E REIMBURSEMENT:

On or before July 1, 2013, DHHS shall apply for Title IV-E reimbursement for costs associated with the Nebraska Juvenile Service Delivery Project. The reimbursed funds shall be remitted to the Treasurer for credit to the Probation Program Cash Fund for these costs.

On or before July 1, 2013, DHHS, in conjunction with the Office of Probation Administration, shall develop a policy for Title IV-E reimbursement of all allowable foster care maintenance costs.

CHILDREN'S COMMISSION:

This bill changes the CEO of DHHS and the Director of CFS from voting members to non-voting/ex-officio members. The Inspector General of Nebraska Child Welfare is added as a non-voting/ex-officio member.

The executive director of the Foster Care Review Office is added as a voting member. In addition, a representative of a federally recognized Indian tribe within Nebraska who is appointed within thirty days after the effective date of this act from list of three nominees submitted by the Commission on Indian Affairs is added as a voting member.

The commission's offices and staff shall be moved to the Foster Care Review Office.

The commission, with assistance from the executive director of the Foster Care Review Office, shall employ a policy analyst to provide research and expertise relating to the child welfare system. The policy analyst shall work in conjunction

with the staff of the commission. The policy analyst's responsibilities are as follows:

- Monitoring the Nebraska child welfare system and juvenile justice system;
- Analyzing child welfare and juvenile justice public policy;
- Managing or leading projects or tasks and providing resource support;
- Serving as liaison among child welfare and juvenile justice stakeholders and the public; and
- Other duties as assigned by the commission.

The commission shall coordinate and gather information about the progress and outcomes of the Nebraska Service Delivery Project.

FOSTER HOME LICENSING:

DHHS shall adopt and promulgate rules and regulations establishing new foster home licensing requirements that ensure children's safety, health, and well-being but minimize the use of licensing mandates for non-safety issues. Such rules and regulations shall provide alternatives to address non-safety issues regarding housing and provide assistance to families in overcoming licensing barriers.

CHILD WELFARE CONTRACTING:

Any entity seeking to enter into a contract with DHHS to provide child welfare services shall provide evidence of financial stability and liquidity prior to executing this contract.

An entity contracting with DHHS to provide child welfare services shall not require any subcontractor or employee of such contractor/subcontractor to sign an agreement not to compete with such contractor as a condition of subcontracting or employment.

GRIEVANCE PROCESS:

DHHS shall implement a formal grievance process for families involved in the child welfare system or juvenile justice system. Such grievance process shall ensure that families are not dissuaded from utilizing the grievance process for fear of reprisal from DHHS, providers or foster parents. A report of each grievance allegation and the determination of any action to be taken by DHHS shall be provided to the Inspector General of Nebraska Child Welfare within 10 days after such determination is made.

CHILD DEATH REVIEW TEAM:

The Inspector General of Nebraska Child Welfare is added as a member to the State Child Death Review Team.

EFFECTIVE DATE: June 5, 2013

[RETURN TO THE LIST OF LEGISLATIVE BILLS](#)

[LB 277 \(Harr\) Change provisions relating to presentation of a false Medicaid claim](#)

This bill changes the Nebraska False Medicaid Claims Act to mirror the federal False Claims Act. Changes are provided to definitions and provisions relating to civil liability.

EFFECTIVE DATE: September 6, 2013

[RETURN TO THE LIST OF LEGISLATIVE BILLS](#)

[LB 298 \(McCoy\) Change provisions relating to controlled substances schedules](#)

This bill amends the Uniform Controlled Substances Act to include substances used to make the drugs commonly known as "K2", "Spice", "Blue Mystics" or "Smiles" and "Foxy."

EFFECTIVE DATE: June 5, 2013

[RETURN TO THE LIST OF LEGISLATIVE BILLS](#)

[LB 326 \(Howard\) Change provisions of Pharmacy Practice Act and Automated Medication Systems Act](#)

This bill provides new definitions and changes relating to policies and procedures, the medication distribution machine and licensure.

DEFINITIONS:

The definition of supervision is changed to allow the supervision of a pharmacy technician to occur by means of a real-time audio-visual communication system.

Verification is changed to require verification to occur by a pharmacist on duty in the facility. However, if a pharmacy technician performs authorized activities or functions to assist a pharmacist and the prescribed drugs will be administered to persons who are patients/residents of a facility, verification may occur by means of a real-time audio-visual communication system.

Chart order is changed to include an order for a resident in a long-term care facility in which a long-term care automated pharmacy is located from which drugs will be dispensed.

Long-term care automated pharmacy is defined as a designated area in a long-term care facility where an automated medication system is located, that stores medications for dispensing pursuant to a medical order, that is installed and operated by a pharmacy licensed under the Health Care Facility Licensure Act and that is licensed under this act.

POLICIES AND PROCEDURES:

Any hospital, long-term care facility or pharmacy that uses an automated medication system shall develop policies and procedures. These policies and procedures shall address a description of the process used by a pharmacist or pharmacy technician for filling an automated medication system.

MEDICATION DISTRIBUTION MACHINE:

If a prescription medication distribution machine is in a long-term care automated pharmacy, it is subject to the new provisions of this act.

If an automated medication distribution machine is in a long-term care automated pharmacy, it is subject to the new provisions of this act.

LICENSURE:

In order for an automated medication system to be operated in a long-term care facility, a pharmacist in charge of a pharmacy licensed under the Health Care Facility Licensure Act and located in this state shall annually license the long-term care automated pharmacy in which this system is located.

The pharmacist in charge of a licensed pharmacy shall submit an application for licensure or renewal of licensure to the Division of Public Health of DHHS with a fee in the amount of the fee the pharmacy pays for licensure or renewal.

The application shall include:

- Name and location of the licensed pharmacy;
- Registration number of the licensed pharmacy to the federal Drug Enforcement Administration;
- Location of the long-term care automated pharmacy; and
- Name of the pharmacist in charge of the licensed pharmacy.

As part of the application process, the division shall conduct an inspection by a pharmacy inspector of the long-term care automated pharmacy. The division shall also conduct inspections of the operation of the long-term care automated pharmacy as necessary.

The division shall license a long-term care automated pharmacy which meets the licensure requirements of the Automated Medication Systems Act.

A pharmacist in charge of a licensed pharmacy shall apply for a separate license for each location at which it operates one or more long-term care automated pharmacies. The licensed pharmacy shall be the provider pharmacy for the long-term care automated pharmacy.

The pharmacist in charge of the licensed pharmacy operating a long-term care automated pharmacy shall:

- Identify a pharmacist responsible for the operation of this pharmacy;
- Implement policies and procedures;
- Assure compliance with the drug storage and record-keeping;
- Assure compliance with labeling requirements;
- Develop and implement policies involving verification;
- Develop and implement policies for inventory, security and accountability; and
- Assure each medical order is reviewed by a pharmacist.

Supervision by a pharmacist is sufficient for compliance purposes if the pharmacist monitors the automated medication system electronically and keeps records for five years.

Each drug dispensed from a long-term care automated pharmacy shall be in a package with a label. Labeling requirements shall include names and address of the pharmacy, prescription number, name and dosage of drug, name of the resident, name of the practitioner, date of filling and directions.

A prescription is required for any controlled substance dispensed from a long-term care automated pharmacy.

The inventory which is transferred to a long-term care automated pharmacy shall be excluded from the percent of total prescription drug sales revenue.

Unless otherwise allowed by law, the management of a long-term care facility at which an automated system is located shall not require a resident to obtain medication through this system and shall not restrict the resident to obtain medications from the pharmacy of his/her choice.

EFFECTIVE DATE: September 6, 2013

[RETURN TO THE LIST OF LEGISLATIVE BILLS](#)

[LB 344 \(Sullivan\) Change moratorium exceptions for long-term care beds](#)

This bill provides an exception to the long-term care bed moratorium if DHHS determines these beds in a licensed facility located in a second class city or village have been sold or transferred to another facility/facilities outside of the 25 mile radius of the city or village resulting in none of these beds being within the corporate limits of the second class city or village. In such case, DHHS shall waive the certificate of need limitations if the political subdivision or nonprofit organization agrees not to sell these beds under this waiver or increase the number of these beds until 5 years have passed after these beds are first occupied. The number of licensed beds in the facility shall be limited to the number of long-term care beds sold or transferred.

EFFECTIVE DATE: May 8, 2013

[RETURN TO THE LIST OF LEGISLATIVE BILLS](#)

[LB 361 \(Howard\) Name the Child and Maternal Death Review Act and change review procedures](#)

This bill creates the Child and Maternal Death Review Act and renames the team to the Child and Maternal Death Review Team. This bill provides legislative findings, definitions and changes to this team.

LEGISLATIVE FINDINGS:

The Legislature finds and declares that it is in the best interests of the state and its residents that the number and causes of maternal death in this state be examined. There is a need for a comprehensive integrated review of all maternal deaths in this state and a system for statewide retrospective review of existing records relating to each maternal death.

It is the intent of the Legislature by creation of the Child and Maternal Death Review Act to identify trends to prevent future child and maternal deaths and recommend systematic changes to respond to these types of deaths.

DEFINITIONS:

The definition of investigation is changed to investigation of child death.

Investigation of maternal death is defined as a review of existing records and other information regarding the woman from relevant agencies, professionals and providers of medical, dental, prenatal and mental health care. The records to be reviewed may include, but not limited to, medical records, coroner's reports, autopsy reports, social service reports, educational reports, emergency and paramedic reports and law enforcement reports.

Maternal death is defined as the death of a woman during pregnancy or the death of a postpartum woman.

Postpartum woman is defined as a woman during the period of time beginning when the woman ceases to be pregnant and ending one year after the woman ceases to be pregnant.

The definition of preventable child death is changed to include maternal death.

CHILD AND MATERNAL DEATH REVIEW TEAM:

This bill requires the CEO of DHHS to appoint a minimum of 12 and a maximum of 15 members to this team. DHHS shall be responsible for the general administration of the activities of the team and shall employ or contract with a team coordinator to provide administrative support for the team.

The team's purpose language is changed to include maternal deaths and pregnant or postpartum women.

The team may enter into consultation agreements with relevant experts to evaluate the information and records collected by the team. Confidentiality provisions shall apply to the activities of a consulting expert.

The team may enter into agreements with a local public health department to act as the agent of the team in conducting all information gathering and investigation. Confidentiality provisions shall apply to the activities of the agent.

Current requirements of the chairperson of the team are changed and eliminated. The chairperson will still chair meetings and ensure identification of strategies to prevent child or maternal deaths.

The team coordinator is created by this act. Requirements are provided involving information, notification, reporting, overseeing the review process and performing appropriate duties.

The team shall review all child deaths occurring on and after January 1, 1993. The team shall review the death certificate, birth certificate, coroner's report or autopsy report and indicators of child or family involvement with DHHS. The team shall classify the nature of the death, determine the completeness of the death certificate and identify discrepancies and inconsistencies. This review shall not be conducted under active investigation of a law enforcement agency or under criminal prosecution. The members may seek records. Further, the members are required to identify issues involving preventability of death, child abuse or neglect, medical care and interagency communication.

The team shall review all maternal deaths occurring on or after January 1, 2014. The members shall review the death certificate, coroner's report or autopsy report and indicators of the woman's involvement with DHHS. The members shall classify the nature of the death, determine the completeness of the death certificate and identify discrepancies and inconsistencies. Reviews shall not be conducted on a maternal death under active investigation by a law enforcement agency or under criminal prosecution. The members may seek records. The members shall identify issues involving preventability of death, domestic abuse, medical care and interagency communication.

Upon request, the team shall be immediately provided all information and records maintained by any agency of state, county or local government, any other political subdivision, any school district, or a public or private educational institution. This information will now include educational records and social service agency information involving services to the pregnant or postpartum woman or family of the child or woman.

This bill provides requirements for the release of de-identified information and records. Requirements are provided for release to a researcher and the U.S. Public Health Service, government health agency or a local public health department. Releases to a researcher shall provide for a written agreement with DHHS providing protection of the security of the content of the information.

EFFECTIVE DATE: September 6, 2013

[RETURN TO THE LIST OF LEGISLATIVE BILLS](#)[LB 363 \(Avery\) Change provisions relating to access to public records](#)

This bill changes provisions of law involving the costs of public records.

This bill shall not be construed to require a custodian to copy any public record that is available to the requester on the custodian's website on the Internet. The custodian is required to provide the location of the public record on the Internet to the requester. If the requester does not have reasonable access to the Internet, the custodian shall produce copies.

This bill clarifies that a public body, public entity or public official may charge a fee for making copies, but the fee cannot exceed the amount of reasonably calculated actual added cost. This may include a reasonably apportioned cost of the supplies (i.e. paper, toner, equipment) or with obligations with contractors.

The actual added cost used as the basis for the calculation of the record fees shall not include any charge for the existing salary to the public officers or employees with respect to the first four cumulative hours of searching, identifying, physically redacting or copying. A special service charge reflecting the calculated labor cost may be included in the fee for time in excess of four hours, but shall not include any charge for the services of an attorney to review the requested public records seeking a legal basis to withhold these records from the public.

The requestor shall have ten business days to review the estimated costs and request the custodian to fulfill the original request, negotiate with the custodian to simplify request or withdraw the request. If the requester does not respond to the custodian within 10 business days, the custodian shall not proceed to fulfill the request. The four business days shall be computed by excluding the day the request is received, after which the designated period time begins to run. Business day does not include a Saturday, a Sunday, or a day during which the offices of the custodian are closed.

Any person denied any rights under this law may petition the Attorney General to review whether the fees estimated or charged by the custodian are actual added costs or special service charges.

EFFECTIVE DATE: September 6, 2013

[RETURN TO THE LIST OF LEGISLATIVE BILLS](#)

[LB 368 \(Crawford\) Create a subsidized employment pilot program within DHHS](#)

This bill provides legislative findings and definitions.

This bill creates the Subsidized Employment Pilot Program within DHHS to provide opportunities for employers and ADC participants to achieve subsidized employment. DHHS is required to establish a partnership between an entity which contracts with DHHS to provide case management services in the ADC program and a nonprofit organization. The Department of Labor (DoL) may establish a partnership with the nonprofit organization to assist in the referral of participants and employers of the pilot program.

The nonprofit organization shall:

- Establish an application process to employers to participate in the pilot program;
- Recruit participants for the pilot program, with assistance from DHHS, DoL and an entity which contracts with DHHS; to provide case management services in the ADC program;
- Recruit employers for the pilot program with assistance from DoL;
- Determine participant eligibility for the pilot program and assist with employer and employee matching;
- Ensure that the pilot program operates in both rural and urban area and may enter into subcontracts involving the gathering of data and reporting to the HHS Committee.

This bill requires that subsidies under the pilot program be capped at the prevailing wage and shall be provided for no more than 40 hours per week for not more than 6 months. The following scale is used:

- 100% in months 2 and 3;
- 75% in month 3;
- 50% in months 4 and 5; and
- 25% in month 6.

The nonprofit organization shall ensure the gathering and reporting of the following performance measures in this pilot program:

- Number of employees;
- Length of time each employee has participated;
- Wages paid to these employees;
- Employment status of each employee at completion of participation;
- Wages of each employee at completion of participation;
- Number of employers participating; and
- Length of time each employer has participated.

The pilot program terminates on July 1, 2018.

DHHS may adopt rules and regulations to carry out the provisions of this bill.

It is the intent of the Legislature to appropriate \$1,000,000 for FY2014 to FY2017/18 from funds available in the federal TANF program to carry out the provisions of this bill. No more than 10% of these funds shall be used for administrative costs. Administrative costs shall not be defined to include cost for service delivery. Any of such funds which are unexpended on June 30, 2018, shall lapse to the federal TANF program.

OPERATIVE DATE: July 1, 2014

[RETURN TO THE LIST OF LEGISLATIVE BILLS](#)

[LB 384 \(Nordquist\) Adopt the Nebraska Exchange Transparency Act](#)

This bill creates the Nebraska Exchange Stakeholder Commission. The members include the Director of the Medicaid and Long-Term Care Division as well as the Director of Insurance and members representing the interests of health insurance agents, health care providers, consumers, small businesses and health insurance carriers. This bill also provides appointment requirements and powers and duties of the Commission.

EFFECTIVE DATE: May 17, 2013

[RETURN TO THE LIST OF LEGISLATIVE BILLS](#)

[LB 429 \(Crawford\) Require disclosure of state contracts](#)

This bill requires, beginning July 1, 2014, the current State Treasurer web site to include a link to the website of the Department of Administrative Services (DAS) relating to contracts.

This website shall contain a database that includes a copy of each active contract that is a basis for an expenditure of state funds. This database will include an amendment to such contract and any document incorporated by reference in such contract. This database shall be accessible by the public and searchable by vendor, board, commission or department, and by dollar amount. All agencies, boards, commissions and departments of the state shall provide to DAS, in electronic form, copies of such contracts for inclusion in the database beginning with contracts that are active on and after January 1, 2014.

This website shall also contain a database that includes copies of all expired contracts which were previously included in the database as described in the above paragraph. This database shall be accessible by the public and searchable by vendor, by agency, board, commission, or department, and by dollar amount.

The following shall be redacted or withheld from any contract before such contract is included in a database:

- Social Security number or federal tax identification number of any individual or business;
- Protected health information as defined under the federal Health Insurance Portability and Accountability Act;
- Any information which may be withheld from the public under state law; or
- Any information that is confidential under state or federal law, rule, or regulation.

The following contracts shall be exempt from the requirements of this bill:

- Contracts entered into by DHHS that are letters of agreement for the purpose of providing specific services to a specifically-named individual and his/her family;
- Contracts entered into by the University of Nebraska or any of the Nebraska state colleges for the purpose of providing specific services or financial assistance;
- Contracts entered into by the Department of Veterans' Affairs for purposes of providing aid;
- Contracts entered into by the State Energy Office for the purpose of providing financing; and
- Contracts of employment for employees of any agency, board, commission or department of state. This exemption does not apply to independent contractors.

No agency, board, commission, or department of the state shall structure a contract to avoid any of the requirements of this bill.

DAS shall adopt policies and procedures regarding the creation and maintenance of this database.

EFFECTIVE DATE: September 6, 2013

[RETURN TO THE LIST OF LEGISLATIVE BILLS](#)

[LB 434 \(Price\) Provide for emergency management registries for persons with special needs](#)

This bill requires the Nebraska Emergency Management Agency to cooperate with other emergency agencies and public agencies (i.e. DHHS) in the development of emergency management registries. These registries shall include persons with functional needs and families and guardians of such persons. Participation in this registry shall be voluntary. Information obtained by these agencies shall not be considered a public record. All information acquired pursuant to this provision of law is confidential and shall not be disclosed or released except to other agencies which have a legitimate and official interest in the information. Criminal penalties are provided for persons who intentionally disclose or release this information.

EFFECTIVE DATE: September 6, 2013

[RETURN TO THE LIST OF LEGISLATIVE BILLS](#)

[LB 458 \(Krist\) Require general acute hospitals to offer tetanus-diphtheria-pertussis vaccinations as prescribed](#)

This bill requires each general acute hospital to offer to all hospital employees a single dose of tetanus-diphtheria-pertussis vaccine if they have not previously received such vaccine and regardless of the time since their most recent vaccination with such vaccine. The hospital shall keep records of which hospital employees have and have not received this vaccine.

EFFECTIVE DATE: September 6, 2013

[LB 459 \(Krist\) Require certain health care facilities to offer onsite vaccination services](#)

This bill requires each general acute hospital, intermediate care facility, nursing facility and skilled nursing facility to offer onsite vaccinations for diphtheria, tetanus and pertussis. These vaccinations shall be offered to residents and in-patients prior to discharge. Nothing in this bill shall be construed to require any facility to bear the cost of this vaccination.

EFFECTIVE DATE: September 6, 2013

[RETURN TO THE LIST OF LEGISLATIVE BILLS](#)

[LB 484 \(Karpisek\) Change dental hygienist training and authorized functions](#)

This bill provides authorization requirements and reporting requirements, relating to dental hygienists.

This bill allows DHHS to authorize a licensed dental hygienist who has completed 3000 hours of clinical experience to perform the following functions in the conduct of public health-related services to adults in a public health setting or in a health care or related facility:

- Oral prophylaxis;
- Pulp vitality testing; and
- Preventive measures (i.e. application of fluorides or sealants).

Authorization shall be granted by DHHS upon:

- Filing an application with DHHS;
- Providing evidence of current licensure and professional liability insurance coverage; and
- Providing evidence of 3000 hours of clinical experience.

Authorization may be limited by DHHS as necessary to protect the public health and safety upon good cause shown and may be renewed in connection with renewal of the dental hygienist's license.

A licensed dental hygienist is required to report authorized functions on forms developed by DHHS and to advise the patient that these services are preventive and not dental diagnosis and care.

DHHS shall compile data from these dental hygienist reports and provide an annual report to the Board of Dentistry and the State Board of Health.

Within 5 years after the effective date of this act, the Health and Human Services Committee shall evaluate the services provided by dental hygienists to ascertain the effectiveness of these services. The Health and Human Services Committee shall provide a report of this evaluation to the Legislature. This report must be submitted electronically.

EFFECTIVE DATE: September 6, 2013

[RETURN TO THE LIST OF LEGISLATIVE BILLS](#)

[LB 487 \(Wightman\) Change health care certificate of need provisions](#)

This bill provides an exception to certificate of need requirements involving the relocation of rehabilitation beds from one health care facility to another health care facility. Specifically, no certificate of need is required for relocation or transfer of rehabilitation beds from a health care facility to another health care facility owned and operated by the same entity.

EFFECTIVE DATE: September 6, 2013

[RETURN TO THE LIST OF LEGISLATIVE BILLS](#)[LB 507 \(Campbell\) Adopt the Step Up to Quality Child Care Act and change provisions relating to federal child care assistance](#)**STEP UP TO QUALITY CHILD CARE ACT:**

This bill adopts the Step Up to Quality Child Care Act.

This bill provides the purposes of this Act. These purposes are to provide accountability for public funds invested in child care and early childhood education, provide a path to higher quality for child care and early childhood education, provide parents a tool to evaluate the quality of child care and early childhood education and improve child development and school readiness outcomes.

Applicable child care and early childhood education shall include licensed child care programs, prekindergarten services and prekindergarten programs and federal Head Start programs.

DHHS and the Department of Education shall collaborate to:

- Develop, implement, and provided oversight for a quality rating and improvement system for participating child care and early childhood education programs,
- Establish quality rating criteria,
- Use the quality rating criteria to assign quality scale ratings to participating applicable child care and early childhood programs, and
- Provide incentives and support, including professional development, training and postsecondary opportunities.

Each applicable child care and early childhood education program shall be rated on quality rating criteria. The quality rating criteria shall be used to assign a quality scale rating as appropriate for the specific step. The criteria shall

include, but not be limited to, licensing requirements; facility safety and management; child development and school readiness outcomes; program curriculum, learning environment and adult/child interactions; professional development and training; family engagement; program administration; and standards by accrediting bodies and the Department of Education.

Application to participate in the quality rating and improvement system shall be voluntary for applicable child care and early childhood education programs with the following exceptions:

- Beginning July 1, 2014, and not later than December 31, 2014, each of these programs that received over \$500,000 in child care assistance shall apply to participate in this system and shall be assigned a quality scale rating;
- Beginning July 1, 2015, and not later than December 31, 2015, each of these programs that received over \$250,000 in child care assistance shall apply to participate in this system and shall be assigned a quality scale rating; and
- Beginning July 1, 2016, each of these programs that received over \$250,000 in child care assistance shall, not later than December 31 of the applicable year or 6 months after the receipt of such assistance, whichever is later, apply to participate in this system and shall be assigned a quality scale rating.

Quality rating criteria shall be used to assign a quality scale rating to each of these programs if the program applies to participate in this system. Licensure under this Act for a program which serves children from birth to kindergarten-entrance age shall be sufficient criteria to be rated at step one. Meeting criteria established by the Department of Education and reporting to the Nebraska Early Childhood Record System shall be sufficient criteria to be rated at step three. Meeting performance standards required by the federal government for a federal Head Start Program or Early Head Start Program and reporting to the Nebraska Early Childhood Professional Record System shall be sufficient criteria to be rated at step three. Accreditation by a nationally recognized accrediting body and reporting to the Nebraska Early Childhood Professional Record System shall be sufficient criteria to be rated at step three. These programs operating under a provisional license shall have a quality scale rating at step one even if it meets other quality rating criteria. Ratings may change for these programs that are subject to disciplinary actions.

These programs may apply no more than once each fiscal year to have its quality scale rating reviewed. Evaluation requirements are provided for these programs for step two or higher quality scale rating.

DHHS may deny the issuance of or take disciplinary action against a license to these programs for failure to comply with the Step Up to Quality Child Care Act.

Quality rating and improvement system incentives and support under this Act shall include, but not be limited to:

- Tiered child care subsidy reimbursements based upon quality scale ratings;
- Incentive bonuses given to providers of these programs;
- Professional development, training and scholarships in collaboration with community-based organizations, postsecondary representatives and other stakeholders;
- Support that expands family engagement in and understanding of high-quality early childhood education; and
- Other incentives as necessary to carry out this Act.

Not later than March 1, 2014, the Department of Education shall create and operate the Nebraska Early Childhood Professional Record System. This system shall be designed in order to establish a data base; verify educational degrees, credentials and training; and provide such information to DHHS or use in evaluating applications. Reporting requirements regarding education and training are required for those programs to be eligible for higher quality scale ratings.

By July 1, 2017, DHHS, in collaboration with the Department of Education, shall make the quality scale ratings of these programs under this system available on a publicly-accessible website. This website will provide parents a tool to evaluate the quality of these programs and to promote accountability for public funding of these programs.

DHHS and the Department of Education may adopt and promulgate rules and regulations to carry out this Act.

These programs that are participating in this system and have received a rating of step three or higher under this Act may be reimbursed at higher rates based upon the program's quality scale rating.

FEDERAL CHILD CARE ASSISTANCE:

DHHS shall participate in the federal child care assistance program and provide child care assistance to families with incomes up to 125% of the federal poverty level for FY2013/14 and 130% of the federal poverty level for FY2014/15 and each fiscal year thereafter.

The portion of this bill relating to the federal child care assistance program became effective June 5, 2013. The remainder portions of this bill become effective September 6, 2013.

[RETURN TO THE LIST OF LEGISLATIVE BILLS](#)

[LB 528 \(Howard\) Provide for partner treatment relating to sexually transmitted diseases](#)

This bill provides for treatment relating to certain sexually transmitted diseases, rules and regulations and confidentiality provisions and immunity provisions.

If a physician diagnoses a patient as having chlamydia or gonorrhea, the physician may prescribe, provide or dispense prescription oral antibiotic drugs to that patient's sexual partner or partners without examination of those partners.

If a physician assistant, a nurse practitioner or a certified nurse midwife diagnoses a patient as having chlamydia or gonorrhea, these health professionals may prescribe or provide drug samples of prescription oral antibiotic drugs to that patient's sexual partner without examination of those partners.

Adequate directions for use and medication guides shall be provided along with additional prescription oral antibiotic drugs for any additional partner. The physician, physician assistant, nurse practitioner or certified nurse midwife shall at the same time provide written information about chlamydia and gonorrhea to the patient for he/she to provide to his/her partner or partners.

The oral antibiotic drugs must be stored, dispensed and labeled in accordance with federal and state pharmacy laws and regulations. Prescriptions for the patient's sexual partner or partners must include the partner's name. If the infected patient is unwilling or unable to deliver these drugs, these health professionals may deliver to such partner if there is sufficient locating information.

DHHS may adopt and promulgate rules and regulations to carry out this act.

When medical practitioners have to prescribe, provide or dispense under this act, they must report the communicable disease to DHHS and the local public health department. These reports are to be confidential.

The appropriate board, health department, agency or official may publish analyses of reports, information and the notifications of the disease.

Any medical practitioner, any official health department, DHHS or any other person prescribing, providing or dispensing these prescription drugs shall be immune from suit for slander or libel or breach of privileged communications based on any statements contained in these reports and notifications or pursuant to prescription, provision or dispensing of these drugs.

EFFECTIVE DATE: September 6, 2013

[RETURN TO THE LIST OF LEGISLATIVE BILLS](#)

[LB 530 \(Dubas\) Change provisions relating to foster care reimbursements](#)

This bill provides legislative findings, legislative intent, the pilot program, the Foster Care Reimbursement Committee and changes in provisions relating to the Children's Commission.

FINDINGS:

The Legislature finds that it is the intent of current foster care statutes to provide bridge funding to bring Nebraska's foster care reimbursement rates in line with foster care reimbursement rates in the rest of the country. Also, the Legislature recognizes the importance of a stable payment to foster parents to ensure that families are able to budget for needs while caring for foster children. The Legislature further finds that Nebraska's foster care system has begun to stabilize. In recognition of the essential contributions of foster parents and foster care providers to foster children in this state, it is the intent of the Legislature to continue existing contractual arrangements for payment to ensure the continued stabilization of the foster care system in this state.

INTENT:

It is the intent of the Legislature:

- To ensure that fair rates continue into the future to stem attrition of foster parents and to recruit, support, and maintain high quality foster parents;
- That foster care reimbursement rates accurately reflect the cost of raising the child in the care of the state;
- To ensure that contracted foster care service provider agencies do not pay increased rates out of budgets determined in contracts with DHHS prior to any changes in rates;
- To maintain comparable foster care reimbursement rates to ensure retention and recruitment of high quality foster parents and to ensure that foster children's best interests are served; and

- To appropriate funds to permanently replace the bridge funding and provide the necessary additional funds to bring foster care reimbursement rates in compliance with the recommendations by the Foster Care Reimbursement Rate Committee.

PILOT PROGRAM:

On or before July 1, 2014, the Division of Children and Family Services (CFS) of DHHS shall implement the reimbursement rate recommendations of the Foster Care Reimbursement Committee. On or before July 1, 2013, the Division shall develop a pilot project to implement the standardized level of care assessment tools recommended by the Foster Care Reimbursement Committee. The pilot project shall be comprised of a group in an urban area and a group in a rural area. The size of each group shall be determined by the Division to ensure an accurate estimate of the effectiveness and cost of implementing such tools statewide.

The Nebraska Children's Commission shall review and provide a progress report on the pilot project by October 1, 2013, to DHHS and electronically to the Health and Human Services Committee. By December 1, 2013, the Commission shall provide to the department and electronically to the Health and Human Services Committee, a report including recommendations and any legislation necessary. By February 1, 2014, The Commission shall provide to DHHS and electronically to the Health and Human Services Committee a final report and final recommendations.

FOSTER CARE REIMBURSEMENT RATE COMMITTEE:

The Foster Care Reimbursement Committee shall consist of no fewer than nine members. These members include:

- Voting members:
 - representatives from a child welfare agency that contracts directly with foster parents from each service area;
 - representative from an advocacy organization which deals with legal and policy issues that include child welfare;
 - representative from an advocacy organization, the singular focus of which is issues impacting children;
 - representative from a foster and adoptive parent association;
 - representative from a lead agency;
 - representative from a child advocacy organization that supports young adults who were in foster care as children;
 - foster parent who contracts directly with DHHS; and
 - foster parent who contracts with a child welfare agency.

- Non-voting/ex officio members:
 - CEO of DHHS or his/her designee;
 - Representatives from CFS of each service area including one employee with thorough understanding of the current foster care payment system and at least one employee with a thorough understanding of the NFOCUS electronic data collection system.

The non-voting/ex officio members may attend committee meetings and participate in discussions and shall gather and provide information on the policies, programs and processes of each of their respective bodies. The non-voting/ex officio members shall not vote on decisions or recommendations.

Members of the committee shall serve for terms of four years and until their successors are appointed and qualified. The Commission shall appoint the chairperson of the committee and may fill vacancies on the committee as they occur. If the Commission has terminated, such appointments shall be made and vacancies filled by the Governor with the approval of a majority of the Legislature.

The committee shall review and make recommendations in the areas of foster care reimbursement rates, statewide standardized level of care assessment and adoption assistance. In making these recommendations to the Legislature, the committee shall use the then-current foster care reimbursement rates as the beginning standard for setting reimbursement rates. The committee shall adjust the standard to reflect the reasonable cost of achieving measurable outcomes for all children in foster care in Nebraska. The committee shall analyze then-current consumer expenditure data reflecting child caring costs in Nebraska, identify and account for additional costs specific to foster care children and apply a geographic cost-of-living adjustment for Nebraska. The reimbursement rate structure shall comply with funding requirements related to Title IV-E and other federal programs.

The committee shall review the role and effectiveness of and make recommendations on the statewide standardized level of care assessment containing standardized criteria to determine a foster child's placement needs and to identify the appropriate foster care reimbursement rate. The committee shall review other states' assessments models and foster care reimbursement rate structures. The committee shall ensure that the statewide standardized level of care assessment and the standard statewide foster care reimbursement rate structure provide incentives to tie performance in achieving the goals of safety, maintaining family connection, permanency, stability, and well-being to reimbursements received. The committee shall review and make

recommendations on assistance payments to adoptive parents. The committee shall make recommendations to ensure that changes in foster care reimbursement rates do not become a disincentive to permanency.

The committee may organize subcommittees as it deems necessary. Subcommittee members may be members of the committee. Subcommittee members may also be appointed, with the approval of the majority of the committee.

The committee shall provide electronic reports with its recommendation to the Health and Human Services Committee on July 1, 2016, and every four years thereafter.

CHILDREN'S COMMISSION:

The termination date of the commission is extended to June 30, 2016.

EFFECTIVE DATE: June 5, 2013

[RETURN TO THE LIST OF LEGISLATIVE BILLS](#)

[LB 536 \(Business and Labor Committee\) Approve claims against the state](#)

This bill provides payment of certain claims against the state as well as authorized agency write-offs of certain claims.

This bill writes off about \$2 million for DHHS involving overpayments of public assistance.

This bill also provides payments of other claims involving state agencies.

EFFECTIVE DATE: May 26, 2013

[RETURN TO THE LIST OF LEGISLATIVE BILLS](#)

[LB 556 \(McGill\) Provide for telehealth services for children, change the Medicaid program and provide duties for DHHS](#)

This bill provides new language on rules and regulations, intent, the Behavioral Health Education Center, and the Behavioral Health Screening and Referral Pilot Program and changes to Medicaid.

RULES AND REGULATIONS:

DHHS shall adopt and promulgate rules and regulations providing for telehealth services for children's behavioral health. Such rules and regulations relate specifically to children's behavioral health and are in addition to the Nebraska Telehealth Act.

For purposes of this act, child means a person under 19 years of age.

The rules and regulations shall include, but not be limited to, the following:

First, these rules and regulations shall include an appropriately-trained staff member or employee familiar with the child's treatment plan. These staff members or employee shall be immediately available in person to the child receiving a telehealth behavioral health service in order to attend to any urgent situation or emergency that may occur during the provision of such service. This requirement may be waived by the child's parent or legal guardian.

Second, in cases in which there is a threat that the child may harm himself/herself or others, before an initial telehealth service the health care practitioner shall work with the child and his/her parent or guardian to develop a safety plan. This plan shall document actions the child, the health care practitioner, and the parent or guardian will take in the event of an emergency or urgent situation occurring during or after the telehealth session. This plan may include having a staff member or employee familiar with the child's treatment plan immediately available in person to child, if such measures are deemed necessary by the team developing the safety plan.

Third, services provided by means of telecommunications technology, other than telehealth behavioral health services received by a child, are not covered if the child has access to a comparable service within 30 miles of his/her place of residence.

INTENT:

This bill provides the legislative intent that behavioral health screenings be offered by physicians at the time of childhood physicals. The physician shall explain that such screening is optional. The results of behavioral health screenings and any related documents shall not be included in the child's school record and shall not be provided to the child's school or to any other person or entity without the express consent of the child's parent or legal guardian.

BEHAVIORAL HEALTH EDUCATION CENTER:

The Behavioral Health Education Center shall provide education and training for educators on children's behavioral health in the areas of the state served by the Behavioral Health Screening and Referral Pilot Program.

BEHAVIORAL HEALTH SCREENING AND REFERRAL PILOT PROGRAM:

UNMC shall create the Behavioral Health Screening and Referral Pilot Program. The pilot program shall utilize a strategy of screening and behavioral health intervention in coordination with the regional behavioral health authorities in which the clinics are located. It is the intent of the Legislature that the pilot program demonstrates a method of addressing the unmet emotional or behavioral health needs of children that can be replicated statewide. Under the pilot program, behavioral health screening will be offered:

- In primary care providers' offices during examinations under early and periodic screening, diagnosis, and treatment services program or
- Upon request from parents or legal guardians who have concerns about a child's behavioral health.

Three clinics shall be selected to serve as sites for the pilot program, including one rural and one urban clinic. Select clinics shall have child psychologists integrated in the pediatric practice of the clinics. Parents or legal guardians of children participating in the pilot program shall be offered routine mental and behavioral health screening for their child during required physical examinations or at the request of a parent or legal guardian. Behavioral health screening shall be administered by clinic staff and interpreted by the psychiatrist, psychiatric nurse practitioner, psychologist or licensed mental health practitioner and the child's primary care physician.

Children identified through such screenings as being at risk may be referred for further evaluation and diagnosis as indicated. If intervention is required, the primary care medical team, including the psychologist and the primary care physician, shall develop a treatment plan collaboratively with the parent or legal guardian and any other individuals identified by the parent or legal guardian. If appropriate, the child shall receive behavioral therapy, medication, or combination therapy within the primary care practice setting.

Consultation via telephone or telehealth with faculty and staff of the departments of Child and Adolescent Psychiatry, Psychiatric Nursing, and Developmental Pediatrics, and the Munroe Meyer Institute Psychology Department of UNMC, shall be available to the primary care practice and the children as needed to manage the care of children with mental or behavioral

health issues that require more specialized care than can be provided by the primary care practice.

Data on the pilot program shall be collected and evaluated by the Interdisciplinary Center for Program Evaluation at the Munroe Meyer Institute of UNMC. Evaluation of the pilot program shall include, but not be limited:

- Number of referrals for behavioral health screening;
- Whether each referral is initiated by a parent, a school, or a physician;
- Number of children and adolescents recommended for further psychological assessment;
- Number and type of further psychological assessments;
- Number and type of behavioral health disorders;
- Number and type of referrals of children and adolescents for behavioral health treatment from primary care medical practitioners;
- Number of children and adolescents successfully treated for a behavioral health disorder;
- Number and type of referrals of children and adolescents to psychiatric backup services at UNMC;
- Number of children and adolescents diagnosed with a behavioral health disorder who are successfully managed or treated through psychiatric backup services from UNMC;
- Number and types of medications, consultations or prescriptions;
- Number of referrals of children and adolescents for severe behavioral health disorders and consultations;
- Number of children and adolescents referred to psychiatric hospitals or emergency departments of acute care hospitals;
- Number of children and adolescents prescribed psychotropic medications and the types of psychotropic medications; and
- Data collection on program costs and financial impact.
- The provisions of law related to the pilot shall terminate two years after the effective date of this act.

MEDICAID:

Medical assistance shall include coverage for mental health and substance abuse services. Early and periodic screening, included in Medicaid coverage, is expanded to cover children for physical and behavioral health screening, diagnosis, and treatment services.

Telehealth rates shall include reimbursement for all two-way, real-time, interactive communications unless provided by an Internet service provider, between the patient and the physician or health care practitioner at the distant site which comply with federal law.

EFFECTIVE DATE: September 6, 2013

[RETURN TO THE LIST OF LEGISLATIVE BILLS](#)

[LB 561 \(Ashford\) Change provisions and transfer responsibilities regarding the juvenile justice system](#)

This bill provides definitions, changes to probation officers, transfer of responsibilities of the Office of Juvenile Services and the Office of Probation Administration. Also, this bill provides changes to detention, evaluations, juvenile pretrial diversion programs, rights of parties in an abuse/neglect or termination of parental rights, disposition of (3)(a) and (3)(c) juveniles, dispositions for delinquent juvenile and status offenders, the Office of Juvenile Services, grants, the Community-based Juvenile Services Aid Program, the Nebraska Coalition for Juvenile Justice, Director of Juvenile Programs, Community and Family Reentry Process, Nebraska Juvenile Service Delivery Project, Office of Juvenile Services Committee, Inspector General, Public Counsel, Commission of Law Enforcement and Criminal Justice, Jail Standards Board and Alternative Response Model.

For purposes of this summary, commission is the Nebraska Commission of Law Enforcement and Criminal Justice. DHHS is the Department of Health and Human Services. OJS is the Office of Juvenile Services within DHHS. Probation is the Office of Probation Administration. Coalition is the Coalition for Juvenile Justice. YRTC is the Youth Rehabilitation and Treatment Center.

DEFINITIONS:

This bill adds the definitions of custodian, guardian, legal custody, physical custody and staff secure facility to the Nebraska Juvenile Code. This bill also changes the definition of a private agency and juvenile detention facility and provides a new definition of staff secure juvenile facility.

PROBATION OFFICER:

This bill allows a probation officer administering juvenile intake services, conducting court-ordered pre-dispositional investigations prior to disposition, or supervising a juvenile upon disposition to have access to information in child protection cases.

TRANSFER:

This bill requires that, notwithstanding any other provision of law, on and after October 1, 2013, a juvenile court shall not:

- Place any juvenile, adjudicated or pending adjudication, with DHHS, who has committed an act other than a traffic offense which would constitute a misdemeanor or infraction, committed an act which would constitute a felony, habitually truant from home or school or has committed a traffic offense with DHHS or OJS. (These are juveniles adjudicated or pending adjudication for a law violation under 43-247 (1), (2) or (4) and juveniles adjudicated or pending adjudication as a status offender under 43-247 (3)(b);
- Commit any of these juveniles to the care and custody of DHHS or OJS;
- Require DHHS or OJS to supervise any of these juveniles;
- Require DHHS or OJS to provide, arrange for, or pay for any services for these juveniles or for any party to these cases.

Notwithstanding any other provision of law, on and after July 1, 2013, a juvenile court shall not commit a juvenile to OJS for placement at a YRTC except as part of an order of intensive supervised probation.

DHHS-OJS will continue to have authority and responsibility for juveniles committed to a YRTC prior to July 1, 2013. DHHS will continue to have authority and responsibility for delinquent juveniles and status offenders who were committed to the care and custody of DHHS prior to October 1, 2103.

The care and custody of such juveniles with DHHS and OJS will continue until:

- The juvenile reaches the age of majority;
- The juvenile is no longer under the care and custody of DHHS pursuant to court order or any other reason, a guardian other the DHHS is appointed for the juvenile;
- The juvenile is discharged; or
- A juvenile court terminates its jurisdiction of the juvenile.

DETENTION:

Any juvenile taken into custody under the Nebraska Juvenile Code for allegedly being mentally ill and dangerous shall not be placed in a staff secure juvenile facility.

A juvenile shall not be detained in secure detention or placed at a YRTC unless detention or placement is a matter of immediate and urgent necessity for the

protection of such juvenile or the person or property of another or if it appears that such juvenile is likely to flee the jurisdiction of the court.

If it appears there is no need for secure detention, the juvenile may be placed in the temporary care and custody of DHHS. However, beginning October 1, 2013, none of these juveniles shall be placed in the care and custody or under the supervision of DHHS and will be offered supervision options through Probation.

Staff secure juvenile facilities may inspect juvenile sealed records.

EVALUATIONS:

On and after October 1, 2013, delinquent juveniles and status offenders can no longer be placed with DHHS for evaluations. After this date, DHHS shall not be responsible for any evaluation costs

Beginning October 1, 2013, pending adjudication and jurisdiction, the court may order an evaluation by Probation. Probation shall provide and pay for any evaluation ordered by the court if the office determines that there are no parental funds or private/public insurance to pay for such evaluation. Any temporary placement of a juvenile shall be in the least restrictive environment consistent with the best interests of the juvenile and the safety of the community.

Beginning October 1, 2013, following an adjudication of jurisdiction and prior to final disposition, the court may order an evaluation by Probation. Probation must pay for the evaluation as stated in the above paragraph. These evaluations shall be completed and the juvenile shall be returned to court 21 days after the evaluation is ordered. The physician, psychologist, licensed mental health practitioner, licensed drug and alcohol counselor or other provider shall complete the evaluation within 10 days after receiving the referral of the evaluation. The juvenile pending this evaluation shall not reside in a detention facility unless it is a matter of immediate and urgent necessity of protection for the juvenile or the person or property of another.

Juveniles do not need be evaluated prior to OJS commitment if the court finds that there has been substantially equivalent evaluation within the last 12 months that makes reevaluation unnecessary or an addendum to a previous evaluation rather than a reevaluation would be appropriate.

JUVENILE PRETRIAL DIVERSION PROGRAMS:

A juvenile pretrial diversion program will now be required to provide screening services for use in creating a diversion plan utilizing appropriate services for the

juvenile and be offered to the juvenile when practicable prior to the filing of a juvenile petition or a criminal charge. On January 30 of each year, county attorneys and city attorneys are required to report their program information to the Director of Juvenile Diversion Programs. Juvenile pretrial diversion program shall be maintained and compiled by the Director of Juvenile Diversion Programs.

RIGHTS OF PARTIES IN AN ABUSE/NEGLECT OR TERMINATION OF PARENTAL RIGHTS CASE:

In cases where the juvenile is abused or neglected or when termination of parental rights is sought, the court shall inform, in addition to current requirements, the right of the a stepparent, custodian, or guardian to engage counsel of their choice and to appoint counsel if these parties are unable to afford a lawyer.

The court shall have the discretion as to whether or to appoint counsel for a person who is not a party to the proceeding. If counsel is appointed, failure of the party to maintain contact with their court-appointed counsel or to keep such counsel advised of the party's current address may result in the counsel being discharged from court.

DISPOSITION OF (3)(a) and (3)(c) JUVENILES:

Juveniles adjudicated under 43-247 (3)(a) or (3)(c) may continue to be committed to DHHS as a disposition. DHHS is to manage these cases in the same manner as they are handled currently.

DISPOSITIONS FOR DELINQUENT JUVENILE AND STATUS OFFENDERS:

Effective July 1, 2013, the court may only commit a juvenile to OJS for placement at a YRTC as a condition of an order of intensive supervised probation if all levels of probation supervision and community-based options have been exhausted and placement is a matter of immediate and urgent necessity. Immediate and urgent necessity is for the protection of the juvenile or the person or property of another or juvenile may flee the jurisdiction. Intensive supervised probation means that OJS shall be responsible for the care and custody of the juvenile until discharged. Upon discharge of the juvenile, the court shall hold a review hearing on the probation conditions and enter any order. OJS shall work in collaboration with Probation in developing individualized reentry plans and shall notify the committing court within 60 days of discharge. OJS shall pay the cost of the care and custody of the juvenile from time of commitment to discharge.

Until October 1, 2013, the court may commit a delinquent juvenile to OJS for community supervision (also referred to as "direct commits") as it currently does. On and after October 1, 2013, direct commitments to OJS for community-based services are no longer allowed.

OJS:

OJS will continue to have oversight and control over the YRTCs as it currently does. However, OJS authority and responsibility in relation to OJS evaluations, community-based services and commitments, and parole functions will end on July 1, 2014.

OJS will continue to have administrative authority over community-based services and parole functions until June 30, 2014.

In determining whether to discharge a juvenile from a YRTC, OJS shall consider whether

- the juvenile has completed the goals of their individualized treatment plan or received maximum benefit from institutional treatment,
- the juvenile would benefit from continued services under community supervision;
- the juvenile can function in a community setting;
- there is a reason to believe that the juvenile will not commit further violations of law; and
- there is reason to believe that the juvenile will comply with the conditions of probation.

Beginning July 1, 2013, any hearing required or permitted for juveniles in the custody of OJS shall be conducted by a hearing officer who is an attorney licensed to practice law in Nebraska and may be an employee of DHHS or an attorney who is an independent contractor. If the hearing officer is a DHHS employee, he/she shall not be assigned to any duties requiring him/her to give ongoing legal advice to any person employed by or who is a contractor with the office.

GRANTS:

In determining eligibility for the Commission Grant Program or Community-based Juvenile Services Aid Program, a comprehensive juvenile services plan shall be developed, adopted, and submitted to the commission in accordance with federal law and promulgated by the commission in consultation with the Director of the Community-based Juvenile Services Aid Program, Director of Juvenile Diversion Programs, Office of Probation Administration and the UNO

Juvenile Justice Institute. This plan may be developed by federally recognized or state recognized Indian tribes or by any combination of Indian tribes, eligible applicants or counties. The requirements of the comprehensive juvenile services plans are provided.

Programs and services of these plans shall include policies and practices that are research-based or standardized and reliable and are implemented with fidelity and which have been researched and demonstrate positive outcomes.

COMMUNITY-BASED JUVENILE SERVICES AID PROGRAM:

For purposes of the Juvenile Services act, County Juvenile Services Aid Program is changed to Community-based Juvenile Services Aid Program and includes federally recognized or state recognized Indian tribes.

The Director of this program is established within the commission and is appointed by the executive director of the commission. The Director shall have extensive experience in developing and providing community-based services. The Director shall be supervised by the executive director of the commission.

The Director shall:

- provide technical assistance and guidance for the development of comprehensive juvenile services plans;
- coordinate the review of the Community-based Juvenile Services Aid Program;
- develop data collection and evaluation protocols;
- develop relationships and collaborate with juvenile justice system stakeholders, provide education and training and serve on boards and committees approved by the commission;
- assist juvenile justice system stakeholders in developing policies and practices;
- develop and coordinate a statewide working group as a subcommittee of the coalition to assist in regular strategic planning; and
- work with the coordinator of the Nebraska Coalition of Juvenile Justice in facilitating the coalition's obligations under this program.

This bill provides changes to the funding mechanism of the Community-based Juvenile Services Aid Program. Also, changes in the reporting requirements of the Commission involving these funds are provided. Further, this bill provides additional rules and regulations requirements for the commission involving this program.

NEBRASKA COALITION FOR JUVENILE JUSTICE:

Membership of this coalition is changed. Coalition members who are members of the judicial branch of government shall be nonvoting members of the coalition. Membership is expanded to include one person with data analysis experience, the executive director of the Foster Care Review Office, director from a secure juvenile detention facility and one member of a regional behavioral health authority.

The Coalition shall also provide their annual report to the Office of Probation Administration. Recommendations to OJS are eliminated.

DIRECTOR OF JUVENILE DIVERSION PROGRAMS:

This bill establishes the position of Director of Juvenile Diversion Programs within the Nebraska Commission on Law Enforcement and Criminal Justice (Commission). The executive director of the commission shall appoint the Director.

The Director shall be supervised by the executive director of the commission. The Director shall be responsible for fostering, promoting, researching and assessing these programs and developing new programs in collaboration with cities and counties. The Director shall:

- Provide technical assistance and guidelines to juvenile pretrial diversion programs;
- Develop a core juvenile pretrial diversion program packet for counties;
- Establish baseline program guidelines for these programs;
- Develop relationships and collaborate with juvenile justice stakeholders involved in these programs;
- Facilitate consistent communication and information sharing among juvenile pretrial diversion program directors;
- Assist juvenile pretrial diversion program directors, county attorneys, district probation officers and county boards in developing policies and practices;
- Assist in comprehensive community planning efforts as they relate to these programs;
- Develop and coordinate a statewide working group as a subcommittee of the Nebraska Coalition for Juvenile Justice; and
- Assist the Director of the Community-based Juvenile Services Aid Program in the review of applications.

COMMUNITY AND FAMILY REENTRY PROCESS:

This bill creates the Community and Family Reentry Process. The process is created in order to reduce recidivism and promote safe and effective reentry for the juvenile and his/her family to the community from the juvenile justice system. This process applies to all juveniles committed to OJS for placement at a YRTC, on or after July 1, 2013.

When a juvenile is committed to a YRTC, family team meetings shall be conducted in person or videoconferencing at least one month with the juvenile's support system about transitioning back into community. Members of the support group are provided. Once developed, individualized reentry plans should be discussed at the family team meetings with the juvenile and other members of the support system. The probation officer and OJS personnel should discuss progress and needs of the juvenile and should help the juvenile follow his/her reentry plan.

Within 60 days before discharge from a YRTC or sooner if juvenile's stay is less than 60 days, an evidence-based risk screening and needs assessment should be conducted on the juvenile.

Individualized reentry plans shall be developed with input from the juvenile and his/her support system in conjunction with a risk assessment process. These plans shall be finalized 30 days before the juvenile leaving or juvenile's stay is less than 30 days. This plan should include specifics about placement, a education transition plan, a treatment plan and any other supports for the juvenile and his/her family. The district probation officer and OJS personnel shall review the plan within 30 days prior to juvenile's discharge. Once developed, these plans should be discussed at the family team meetings. The probation officer and OJS personnel should discuss progress and needs of the juvenile and should help the juvenile follow his/her reentry plan.

Within 60 days prior to discharge from a YRTC, or sooner if stay is less than 60 days, an evidence-based risk screening and needs assessment should be conducted on the juvenile.

Individualized reentry plans shall be developed with input from the juvenile and his/her support system in conjunction with a risk assessment process.

The probation officer shall have contact with the juvenile and the juvenile's support system 48 hours after the juvenile returns to the community. The probation officer shall continue to assist the juvenile and support system in implementing and following the individualized reentry plan.

Probation shall establish an evidence-based reentry process that utilizes risk assessment to determine the juvenile's supervision level. They shall establish supervision strategies. This office shall develop a formal matrix of graduated sanctions to be utilized prior to requesting the county attorney to file for probation revocation. This office shall provide training on evidence-based reentry strategies.

NEBRASKA JUVENILE SERVICE DELIVERY PROJECT:

This bill expands the current pilot program in a three-step, phase-in process beginning July 1, 2013, with full implementation by July 1, 2014. The expansion of this project will result in the Office of Probation Administration taking over the duties of OJS with respect to community-based services. OJS will continue operating the YRTC's. Expansion of the project shall be funded by the transfer of funds from OJS to the Office of Probation Administration.

An information sharing process is established to support and enhance the exchange of information between DHHS, Office of Probation Administration and the commission. It is the intent of the Legislature to appropriate \$250,000 from the General Fund to the Office of Probation Administration to facilitate the information sharing process.

It is the legislative intent that detention costs for a juvenile shall be paid by the county containing the court which issued the order. These costs shall be paid by the county when a juvenile has no prior contact with the juvenile justice system and is placed in predisposition detention or a juvenile is placed in a predisposition detention for a new violation of law while under Probation's supervision.

It is the legislative intent that detention costs for a juvenile shall be paid by Probation when the juvenile is placed in detention as the result of an alleged violation of probation or is placed in post-disposition detention under the supervision of Probation while awaiting placement.

For purposes this provision, detention means a secure juvenile detention facility or staff secure juvenile facility.

OJS COMMITTEE (CHILDREN'S COMMISSION):

Currently, this committee shall make additional recommendations to the commission on the future role of YRTC's. This would include what populations they should serve and what treatment services should be provided. This

committee shall also review how mental and behavioral health services are provided to juveniles in secure residential placements and the need for such services and make recommendations to the commission relating to those systems of care. This committee shall collaborate with UNO, Juvenile Justice Institute, UNMC, Center for Health Policy, behavioral health regions and state/national juvenile justice experts to develop recommendations. If the recommendations include maintaining YRTC-Kearney, the recommendation shall include a plan to implement a rehabilitation and treatment model. These recommendations shall be delivered to the commission to the Judiciary Committee by December 1, 2013. This committee will no longer be required to review the responsibilities of the OJS Administrator.

INSPECTOR GENERAL:

This bill adds Probation, juvenile detention facilities and staff secure juvenile facilities to the jurisdiction of the Office of the Inspector General.

This bill will now require this office to investigate death or serious injury involving children in juvenile detention facilities and staff secure juvenile facilities. Probation is added to the reporting requirements involving death or serious injury of children.

When a full investigation is opened on a private agency that contracts with Probation, this office shall give notice of such investigations to Probation.

Juvenile detention facilities and staff secure juvenile facilities are now required to cooperate with this office. In addition, this office may subpoena these facilities. These facilities are also added to provisions in this act involving unannounced visits, notice and records.

PUBLIC COUNSEL:

The powers of the Public Counsel are expanded to investigate and address complaints of juveniles. These juveniles are any juvenile committed to the custody of a YRTC and any juvenile released from a YRTC for reentry into the community. OJS and private providers shall cooperate with any investigation conducted by the Public Counsel and provide all requested documentation and information.

NEBRASKA COMMISSION ON LAW ENFORCEMENT AND CRIMINAL JUSTICE:

This bill adds the chairperson of the Nebraska Coalition for Juvenile Justice to the Commission. The Governor shall appoint the chairperson of the Nebraska Police

Standards Advisory Council and the chairperson of the Nebraska Coalition for Juvenile Justice.

JAIL STANDARDS BOARD:

This bill would provide that staff secure juvenile detention facilities be placed under the oversight of the Jail Standards Board.

This bill adds an administrator of a staff secure juvenile facility to the Jail Standards Board and shall be appointed by the Governor within 90 days after the effective date of this act.

ALTERNATIVE RESPONSE MODEL:

This bill provides legislative intent that the alternative response to reports of child abuse or neglect model be implemented no earlier than July, 2014.

DHHS is required to convene interested stakeholders and families to develop an alternative response model. This model shall include the following:

- Methodology for determination the location of sites;
- Estimate of percentage of child abuse/neglect reports eligible;
- Eligibility criteria;
- Process to determine eligibility;
- Assessment protocol and tools to be used;
- Role of child abuse and neglect investigative teams and child abuse and neglect treatment teams;
- Date to be shared;
- Criteria and process for transition of families from an alternative response to a traditional investigation;
- Criteria and process for families who refuse an alternative response;
- Plan to address the continuum of services needed for these families;
- Overview of critical training elements;
- Description of evaluation component;
- Relationship of alternative response to Title IV-E waiver applications;
- Plan to communicate and update interested stakeholders and families;
- Identification of statutory and policy changes;
- Budget for implementing and sustaining this model;
- Mechanisms of oversight and accountability; and
- Determination of how these service providers will be selected.

DHHS shall provide the model in a report to the Nebraska Children's Commission by November 1, 2013, for the commission's review. The Children's Commission

shall electronically submit the report and review to the Legislature by December 15, 2013.

EFFECTIVE DATE: May 30, 2013

[RETURN TO THE LIST OF LEGISLATIVE BILLS](#)

[LB 563 \(Krist\) Change provisions relating to contracts for services](#)

This bill prohibits a state agency from entering into a new proposed contract for services in the excess of \$15 million until the state agency has submitted a copy of the proposed contract and proof-of-need analysis.

EFFECTIVE DATE: May 30, 2013

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[LB 583 \(Haar\) Provide duties for the Climate Assessment Response Committee](#)

This bill provides additional duties for the Climate Assessment Response Committee which the CEO of DHHS or his/her designee is a member. Specifically, this committee is required to report information relating to cyclical climate change in Nebraska.

EFFECTIVE DATE: September 6, 2013

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