

Nebraska Medicaid Managed Long-Term Services and Supports (MLTSS)

Frequently Asked Questions

Preface: Please refer to the MLTSS Program Concept and Design paper located on this web page for information about Nebraska Medicaid's intent in implementing MLTSS, including a statement of program goals, target populations and services, and the intended administration of the program.

- 1. What if the client's medical provider is not in the Managed Care Organization's (MCO's) network?**
It's possible that a provider may choose not to participate in a MCO's network. If that happens, the client will need to choose a provider from within the network the MCO has established.
- 2. What will the enrollment/transition process be for clients already living in a facility?**
A transition plan will be thoughtfully developed to facilitate the transition of clients living in nursing or assisted living facilities from fee-for-service Medicaid to managed long-term services and supports. Clients will need to select a MCO plan at the time of initial enrollment; however, they will not be required to move even if the facility in which they live is not in the MCO's provider network.
- 3. Will MLTSS enrollees be allowed to choose Program of All-Inclusive Care for the Elderly (PACE) instead?**
Yes, clients may choose to enroll in PACE if they live within a PACE provider's service area. If a client chooses to enroll in PACE, they will not be enrolled in MLTSS, or will be waived out of MLTSS.
- 4. Who will determine the necessity of medical and home and community based services? Will a client's choices and desires be honored?**
The MCO will be responsible for conducting a thorough services needs assessment and will determine the necessity of medical and home and community based services. MCO contracts with Nebraska Medicaid, however, will require person-centered processes, including keeping the client at the center of the service planning process. This includes the right to a clear explanation of service options and the inclusion of families or representatives in the planning process, provider selection, and evaluation of the quality of services received.
- 5. Will DHHS continue to set Home and Community Based Services (HCBS) Waiver individual provider rates?**
No. HCBS Waiver individual provider rates will be negotiated with the MCO and not set by DHHS.
- 6. Will Aged and Disabled Waiver services regulations remain in place?**
Yes. Service regulations located at 480 NAC (Nebraska Administrative Code) will remain in place. The contract with the MCOs will specify which regulations the MCOs will need to follow.

- 7.** Will the MCOs be the existing Physical Health Managed Care MCOs?
Not necessarily. The MLTSS MCOs will be selected through a competitive bidding process separate from the current Nebraska Medicaid Physical Health and Behavioral Health managed care plans.
- 8.** How will MCOs coordinate third party payments, e.g., private insurance, Medicare?
MCOs will be responsible for coordinating all third party payments when available. Nebraska Medicaid will continue to be the payer of last resort.