Advisory Committee on Developmental Disabilities

Meeting Minutes
May 13, 2026

I. Call to order:

Lorie Reiger called to order the regular meeting of the Advisory Committee on Developmental Disabilities (DD) at 10:00 am on Wednesday, May 13, 2026. This meeting was an in-person attendance at Conference Room P, 5220 South 16th St, Lincoln, NE.

II. Roll call:

The following people were present:

Advisory Members Present: Dorothy Ackland, Phil Gray, Jennifer Hansen, Kristen Larsen, Cris Petersen, Lorie Regier, Paige Rivard, Mark Shriver, Joe Valenti, Angela Willey, Jennifer Miller (arrived at 10:15), Dianne DeLair (arrived at 11:00 AM)

Advisory Members Absent: Suzanne Wahlgren, Mike Browne, Shane Hunter

DHHS Staff: Tony Green, Jenn Clark, Kristen Smith, Tyla Watson

III. Approval of Agenda:

- Motion made by Joe Valenti 2nd by Kristen Larsen to approve agenda as presented. Roll call vote taken. Motion carried.
  - All in Favor: Dorothy Ackland, Phil Gray, Jennifer Hansen, Kristen Larsen, Cris Petersen, Paige Rivard, Mark Shriver, Joe Valenti, Angela Willey
  - All Opposed: None

IV. Approval of March and April Meeting Minutes:

- March 2026 Minutes - Motion made by Kristen Larsen 2nd by Paige Rivard to approve the March minutes as presented. Roll call vote taken. Motion carried.
  - All in Favor: Dorothy Ackland, Phil Gray, Jennifer Hansen, Kristen Larsen, Cris Petersen, Paige Rivard, Mark Shriver, Joe Valenti, Angela Willey
  - All Opposed: None
  - Abstain from voting: None
- April 2026 Minutes – Correction to the minutes to page 2 under Kristen Larsen change reference to AD committee's to AD communities. Motion to approve with correction to the minutes made by Kristen Larsen 2nd by Joe Valenti to approve the April minutes as corrected. Roll call vote taken. Motion carried.
  - All in Favor: Dorothy Ackland, Phil Gray, Jennifer Hansen, Kristen Larsen, Cris Petersen, Paige Rivard, Mark Shriver, Joe Valenti, Angela Willey
  - All Opposed: None
  - Abstain from voting: None

V. Division of Developmental Disabilities (DD) Updates:

- Legislative Name Change officially in effect July 18 to the Division of Disability and Aging.
  - Where does the line end between the Division of Disability & Aging and Medicaid & long-term Care - Aging?
    - The Aging and Disabled waiver and the State Unit on Aging are now under the Division of Developmental Disabilities (to be the Division of Disability and Aging)
    - The Aging Advisory Committee and the Alzheimer's Disease and Other Dementia Advisory Council are becoming one Committee this year.
    - Statute gives guidance on what areas the committee covers. The division is happy to address anything in the division that the committee would like to consider.
    - ***Follow-up:*** Committee request a document showing the structure of the Division/Department, where things are.
  - Will this impact the Medicaid Advisory Committee (MAC) and Beneficiary Advisory Committee (BAC)
    - Response: MAC and BAC committee's are charged to look at Medicaid as a whole, this committee is currently tasked with topics specific to Developmental Disabilities, that doesn't mean there isn't cross over as the division administers Medicaid waivers.
  - Aging and Disability Resource Centers (ADRC) are under the State Unit on Aging which is part of the Division.
  - Possible future agenda items for the committee to consider for future meetings:
    - Presentation on ADRC
    - Review and consider if statute changes to expand/change the committee's oversite is necessary.
    - "One Big Beautiful Bill" – Committee should be aware of things to come. Some states are discussing eliminating optional services. Technically the waivers are optional services.
    - Standing Waiver Update on all Waivers
  - ***Follow-Up:*** Request for the Division to present to the committee on the number of people with AD waiver who are also eligible for the DD waiver.

- **interRAI Update – Presented by Kristen Smith, DHHS**
  - Handout: interRAI Update – April 2026
    - 935 initial & 3,917 renewal interRAI's have been completed.
  - Have we heard from any providers who will not be able to serve someone because of the funding change?
    - Response: We have heard that from a few family members. There have been a few providers that have terminated services, however new providers have accepted them into services.
  - The Committee should be able to get information without having to request public records.
    - Response: Anything that the department currently posts publicly we can share with the committee. Anything not currently publicly available will go

through public records request and is reviewed by the DHHS public records team.

- Legislative Bill 958 - passed this year and included training requirements for assessors, explanation of the determinations, supervisor reviews?
  - Response: The Division has completed all items required such as interview training and updating the notices with additional language.

- Concern received that because someone didn't have a habilitative documentation, they couldn't prove the needs. Do parents need to be aware of this?
  - Response: We do need to have documentation. Someone can't just come in and say you have a disability. You must have documentation. The department has to have an objective process, that is evidence-based. That documentation is part of that process.
  - Committee comment: You can have challenges that are real challenges there is not documentation for. Something can be true but not verified.
- Appeal process – people have 90 days to appeal the decision. If you file within 10 days the change stays until after the appeal.
- Some people are appealing and can't get an attorney?
  Response: While people can have a lawyer during appeals, they do not have to and many do not. Some people have family members represent them and others ask providers. People do have to notify the hearing office of who will be representing them.
- Concern regarding the mailed notices and the length of time things can take to arrive.
- The Division has grown quite a bit in recent years with leadership of one director and two Deputy Directors. Questions asked if this is sufficient to meet the needs of the committee.
  - Response: The team does the best with what resources are available. The division continually reviews staffing needs at all levels, being conscientious of division needs and budgetary efficiencies.

VI. Division's work plan and goals for the next 5 years.

- Waiver renewals and amendments should come out of CMS with effective date of July 1.
- Division's primary focus currently is creating stability within the system, both internally and with provider capacity. There are always new things that come. Need to be mindful about making sure there is stability within the services we provide. Some focus areas include:
  - Turnover in DD Teammates.
  - Stabilize provider network/pool. The network of providers continues to grow. Provider growth (newly certified and those interested) at the agency level, is far outpacing participant growth.
  - Risk services/Risk providers – Need to build capacity.
- Fraud, Waste, and Abuse as a initiatives will also effect our providers
- UNMC/MMI has been working on standardized provider training. Hope to have out in the fall.

VII. Olmstead Data

- Lorie Reiger was asked to bring this goal to the Advisory committee to make sure the Division and Committee is aware.
  - Strengthening Pathways to Access: Nebraska's Olmstead Plan found on the Olmstead Plan webpage: https://dhhs.ne.gov/Pages/Olmstead.aspx
    - Goal 2: Enhance Data Collection and Utilization to Address Unmet Needs: By June 2031, Nebraska will implement a comprehensive data collection system to identify the average wait time for all home and community-based services from the point of application and from the point of authorization until services begin and the percentage of authorized hours provided. Reporting will include the identification of appropriate data by 2026, and publishing an annual report on service utilization trends starting in 2027 indexed to existing participant experience assessments to assess overall system services quality.
- The division is aware of and is on target to complete this goal. The data sets in the goal are tied to the dates that are required as part of the Centers for Medicare and Medicaid Services (CMS) Access Final Rule.

VIII. Public Comments received at Noon

- **Curt Safranek, Parent, Bennington**: States can't hide on providing information. You have the information, he's not asking for individual providers. He's asking for a summary. It's going to be denied. What statutory basis can it not be provided? Who are you in competition with? Are you worried about other states? Transparency/cover up. You won't give the committee some figures.

  Day service are decreases. I'm hearing that people receiving those services, now the reimbursement is lower, which means it's being staffed from 1/1 to 2-3-4 on one. Now that person that used to be able to do things, is just sitting there. They are technically there, but they are not allowed to participate. Funding is not the same. Now people find themselves in district court. State is illegally withholding money. Once we lose at district court, money will go back and there will be problems.

  The data used for the interRIA, we have to have data. At one point my son was at an SLP (multiple in a year span). Tried to get exception finding, was denied. Non-paid caregivers were able to provide data for the interRAI. Only paid caregivers can provide that information. Penalizing the parents, that are taking the brunt of the issues. Looking at three days. That three day look back is fine for ADL's. If you are looking at behaviors that is ludicrous. Specialized providers are paid up to three times more in some places.

  You are over funding some people. Individual tier increases is pittances compared to those going down. Talk to parents, they don't need that money. Do the math. Cost of appeals so far. The attorney's time, WSS's time, everyone's time. The lawsuit. Can't fathom that Meyers and Stauffer did not advice the state about of these potential issues. Other states are being sued for the exact same thing. Asking if the department is being a good steward of the states money.

  Parents were burned out before this, and now you are putting them through this. I don't know what the next level of burnout is, but they are there.

- **Lynn Ihde on behalf of Rebecca Inde, Seward:** Rebecca is at the beginning of 4th year of received services. I was here at the March meeting but didn't speak at that time because we didn't know what she was going to happen. She dropped from the high to the immediate tier. Be mindful of the date of the letter. Was told it was the date of notice. Date of Notice was 04/10. Postmark was the 14th. Arrival to our home 04/16. I had 24 hours to get the appeal submitted, which I did. I knew it was coming. What about the parents that don't know. I didn't hear anything back confirming receipt so on 04/22 I called to confirm that it had been received and it had. You've heard many issues with the interRAI. All questions where verbally asked. Are we meeting people and asking questions at their level? During the assessment, I mustered up the courage to ask. In that section all questions were asked to Rebecca, all answers were marked as not able to answer. If Rebecca was left by herself in a home, she would die. She cannot get food for herself. She doesn't understand what's okay to eat. She has no concept of safe vs. harmful. She can't toilet herself. She can't discern someone that would harm her from someone that is safe. She has a dinavox but someone had to be there to help. She cannot be left alone and needs someone providing and helping her with all of those things. According to her Medium tier, she doesn't need 24-hour care. I'm not saying that, but the division is.
  My husband and I have always focused on what she can do. The services she received, allow her to be who she is. She loves people. She wants to be out and about in the community. Her staff learns life skills at home. This assists to the extent she can make decorations and making treats for the police, church office, and others. She's developing relationships in the community. I believe she shows how DHHS desires their services are to be. In supporting her, she can do things to her fullest.
  She currently receives 25 hours a week. This will drop to 16 hours a week. This is with no respite. If we do respite she will only have 14 hours a week.
  Struggling to understand why this tool doesn't capture Rebecca's needs. You are taking the very thing, you claim to be wanting to give them. A chance to be a part of their communities.
  Attachment A: Questions from Lynn Ihde

- **Adrieene Downs, SLP, Lincoln:** Concerns lack of justice for those that have done through the appeal process. Facing district court. Supports Rhonda, who's guardian has not being able to find an attorney she is stuck
  Until we find an attorney or DHHS fixes what is wrong. Dead end for people facing funding cuts. Rhonda fell three times and was in the hospital 2 times with disabilities and autism. She is in a bad place. I want everyone to know this is a problem. People do not know how to present themselves in district court.

- **Holly Steidlmayer, Omaha:** Requesting clarification and talked about accurate assessments. Would like more information on SNA. We want things to be transparent and accurately reflected.

- **Gabrielle Gill, Independent Provider, Wahoo:** Upcoming interRAI. With everything I have heard, people are going down multiple tiers. And for everyone going down tiers you are going to have people going back to group homes, committing crimes, no being about be on their own. Pretty much outrages. I agree with the first two people that spoke. I would like to know the difference to all of the funding tiers dropping if anyone has that information.

- Note: At the end of public comment, Lorie Reiger reminded public attendees another opportunity for engagement with the Department is during the Monthly Home and Community Based Services Stakeholder meeting held via Zoom the first Monday of each month.

IX. Finance Health of Providers

- Phil Gray submitted a public information request regarding provider funding. That request was denied.
  - Response: Determinations on what is released via public records is not in the Division of Developmental Disabilities. Public Records are managed by our legal division. All public records go through a time estimation. They look at statutes, authority and issue responses.
- The Division has been getting self-reported cost reports for providers. What is claimed collected in revenue, we confirm matches what we show they have been paid.
- An annual independent audit is required to be submitted by those providers that make over $1.5 million in revenue and were in operation for the full year. Additionally, all providers must submit a separate detailed cost report to the Division annually.
  - There are currently 190 agencies, for FY2024 110 were required to submit cost reports, of those received 50% reported profit and 50% reported a loss.
- Once the year is over, providers have 6 months to provide audits/cost reports. Each provider decides their own fiscal year of state, federal, or calendar.
- Business models of these providers are all different.
  - Some just have SLP's with sub-contractors. Those generally have less overhead and are more profitable.
- CMS is requiring that states begin reporting in 2028 how much of a state's waiver funding, is going to direct care. CMS originally proposed that state's would need to ensure a rate of 80/20 was occurring. CMS has backed off the requirement to ensure those amounts are occurring and to just requiring state's to submit their data on how much is going to direct care staff.
- ***Follow-up:*** Division to review available data to determine which information can be provided to the committee. Possible public dashboard or report on our website that categorizes the information is being considered.

X. Committee Organization - Sub-Committees

- Handout: Summary of Notes from Special Meeting April 15, 2026
- Following up from April meeting, committee going to move forward with Sub-Committee's.

- Sub-committee meetings to happen during the month between committee meetings. Members cautioned that the sub-committee meetings must still follow open-meeting act if a committee quorum is present, please be mindful of who is all attending/invited.
- Sub-Committees discussed and member interest expressed at time of meeting:
  - Quality – Shane
  - Waiver/Policy/Legislative – Jenn, Paige, Kristen, Phil
  - Court-Ordered/BSDC – Diane, Joe, Mark
  - Family Support Committee/Self-Advocacy Committee – Angie, Dorothy
  - Executive
- ***Follow-up:*** Committee members please contact Lorie Reiger regarding which Sub-Committee you are interested in being on.

XI. Adjournment: Committee meeting ended at 2:00 PM

Questions for Governor's Sub Committee on Developmental Disabilities

Where can I find the previous months of data? I have only been able to find the most recent month.

When I was here in March you included the data on # of appeals, # resolved, # overturned, but that information has been missing in recent months. Where can I find that data?

It appears the algorithm is designed to create a drop for 17% of the individuals. Can you explain this more as to why this percentage of individuals are losing some of their funding?

Can you provide or direct me to where I can find a scoring guide for the hierarchy range, CMGDD-CY group # and other values being used? I see lots of numbers but have no explanation of how they are impacting Rebecca.

Are individuals living at home with their parents being weighed differently in assessments? Is anyone tracking this data? This is a perception that I have and am curious about.

Are the people giving the assessments being monitored for their outcomes? The reason I bring this up is that a while ago I questioned the # of assessments that had been given in our area. I questioned # of assessments (15) vs # that dropped (5). That is a 30% drop, almost double the 17% being reported.

Recently the Unicameral passed a bill to encourage more information on the process and interpretation of results be shared with individuals/parents/guardians. Will it be retroactive to all who have already gone through this process and are seeking explanations?

When I was here in March one question that was asked was how come the #'s (especially of those losing funding) are so different than the trial cases which showed little variance between ICAP and InterRAI?

You can respond to Lynn Ihde lihde@neb.rr.com

interRAI Results – April 2026 Report

Approved interRAI Initials		
Total Initials InterRAIs	935	
Waiver Recommendations		
CDD	434	46%
DDAD	96	10%
Manual Review Needed	23	2%
FSW	370	40%
N/A (SC Only / CFS Courtesy)	12	1%
Totals	935	100%
Need for Continuous Residential		
Threshold Met	376	40%
Threshold Not Met	152	16%
Manual Review Needed	18	2%
N/A (for FSW or DDAD Waiver)	389	42%
Totals	935	100%
Funding Recommendations		
FSW	336	36%
Basic	174	19%
Intermediate	201	21%
High	162	17%
Advanced	62	7%
Totals	935	100%

Approved interRAI Renewals		
Total Renewal InteRAIs	3917	
Waiver Recommendations		
No Change	3382	86%
Increased to CDD	268	7%
Decreased to Lower Waiver	214	5%
Manual Review	29	1%
Increase to FSW	10	0%
Increased to DDAD	14	0%
Totals	3917	100%
Need for Continuous Residential		
Threshold Met	2410	62%
Threshold Not Met	1256	32%
Manual Review Needed	18	0%
N/A (for FSW or DDAD Waiver)	233	6%
Totals	3917	100%

Funding Recommendations		
Decreased 3 Tiers	4	0%
Decreased 2 Tiers	92	2%
Decreased 1 Tier	583	15%
No Change	2059	53%
Increased 1 Tier	862	22%
Increased 2 Tiers	107	3%
Increased 3 Tiers	5	0%
FSW to Funding Tier	93	2%
No Previous Funding Level	99	3%
Funding Tier to FSW	13	0%
Totals	3917	100%

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Summary Notes from Special Meeting of the DD Advisory Committee April 15th, 2026

I. In answer to the question, What Committee Members would like to Accomplish to assist our Role as a Voice for individuals with DD and their families?
There was consensus with all committee members that we need to be proactive.

a. Diane:
    i. More information/reports on all waivers, such as expenditures, when renewals are coming up, and learning about proposed changes to waivers well in advance of the announcements. The 30-day requirement for the Department to notify members of changes does not allow us enough tune to be proactive.
    ii. How do we act to advise the Department? Meeting structure should require the Department to have specific questions seeking feedback from the committee members.
    iii. Structure our committee meetings with more open discussion time as well as time to bring up other issues.

b. Kristen L.:
    i. Committee members need to be aware of potential implications of Trump's Big Beautiful Bill as to coming potential funding cuts that will trickle down to the states. It needs to be understood that there are movements in some states to do away with HCBS as states do not have to have (optional) HCBS programs. The assumption that states will continue to have and support these programs is not a given.
    ii. Committee members need to be able to articulate 'our value' as a committee representing and advocating advise to ~~both~~ the Governor's administration, legislators, and families to be seen as delivering value. Return on investment is key, and we need to demonstrate how the committee impacts the system. We need to demonstrate how this committee differs from other disability related committees. We also need to engage leaders with lived experience to get involved with the committee.

c. Dorothy:

i. The committee needs much more information and direction in providing oversight of DD adjudicated individuals in Court Ordered Custody.
ii. We should recruit more people with disabilities (who meet the level of care to receive HCBS services) to the Committee
iii. Consider creating a subcommittee specific to the different HCBS waivers.
iv. Question on a committee representative testifying during the Legislative session.
v. We need to clarify which HCBS waivers this committee oversees.

d. Phil G.:
    i. We are a legislative designated Committee. We should have ongoing contact with the Legislature especially the Committee on Health and Human Services. Those senators should know us, and we should know them. We should send a representative from the committee to speak with the chair of the HHS Legislative Committee. A representative from the Legislature's HHS Committee should attend the Governor's DD Advisory Committee meetings.
    ii. Although not a verbatim statement; Director Green has stated a couple of times that he wished the DD Advisory Committee would establish Goals and Standards for the DD division to achieve and measurements of same. In other words, 'how is the DD division doing?' But there was no mention of what would happen if those goals and standards were consistently not met. Committee members need to be able to reach those within the Department with expertise.
    iii. We need more parents to show up and share public comments.
    iv. Subcommittees will only work with commitments to studying the issues and bringing recommendations back.
e. Shane:
    i. Shane stated the committee needs to be much more involved in the Design and Implementation of Quality Control. Quality of services should be our focus.

f. Paige:

i. Committee wise, we need to clearly define our mission and what we are responsible for, and how this committee is different from the others (MAC, BAC, Olmstead, DD Council).
ii. We need to discuss how to make the DD System of Support Services easier to access and navigate including giving more transparency and defining metrics we can review.
iii. We should be listening, fixing, and advocating for changes. We need to meet more often.

g. Lorie:
    i. Our committee seems to have no impact on the lives of the people we represent. I want us to have influence and advise on things.
    ii. The Committee needs to know ahead of DHHS presenting programs to the committee, their ideas, plans and programs that they will be proposing. The committee needs to have all the information before we are asked for our advice.
h. Mark:
    i. We need to ask Tony and his team what they would like from the Advisory Committee? DHHS needs to also take responsibility to explain to the Committee what they need from us for them to move forward.
    ii. Mark recommends that the Department come prepared with specific questions for the committee. At this point the committee doesn't know what to ask from Tony and his team.
    iii. Mark prefers smaller work groups during the off months. We need representation from the A&D community. (Both Dorothy and Paige clarified that their children are on the A&D waiver.)
i. Jenn Miller:
    i. I want this group to truly make a difference.
    ii. What are other state advisory committees doing to organize their structure to be effective?
j. Angie:
    i. Lived experience makes a difference. Families need better understanding of services in a Consumer-Friendly way. (Many families do not know which waiver their child is on or understand their budgets.) Train parents to use Therap.
    ii. We have a statutory obligation that highlights our priority areas.
    iii. Challenges accessing services: Her son struggles with accessing a summer program or waiver services.
    iv. Maybe we need to write reports?

k. Jenn Hanson:
    i. Had to leave… please add comments
l. Joe:
    i. Absent… please submit comments
m. Suzie
    i. Absent… please submit comments

n. Cris:
    i. Absent… please submit comments

II. In answer to the twin questions of How many full committee meetings per year and How do Committee Members feel we can effectively organize around utilizing subcommittees?

a. Dorothy:
    i. Suggested 6 full committee meetings with DHHS leadership every other month plus utilize the 6 off-months for committee meetings.
b. Mike:
    i. Agreed with 6 + 6
c. Diane:
    i. Agreed with Dorothy's idea of 6 + 6 but suggested that during our full Committee bi-monthly meetings we reserve the last 30 minutes or so for committee only discussion without DHHS in attendance. Also agreed with subcommittee meetings in the six off-months.
d. Phil:
    i. Raised the issue of needing to be realistic of the commitment of Committee Members to the 6 + 6 schedule. Some members will always be available, and others won't have as much flexibility.
    ii. Raised the issue of utilizing Zoom for subcommittee meetings.
    iii. Phil stressed that committees are where you can do the work.
e. Shane:
    i. Agreed with the 6 + 6 meeting schedule but stated that for full member meetings in certain cases we may not want to limit ourselves to a four-hour schedule… "go as long as it takes."
    ii. Shane also shared that we need to advocate for a legislative change to the Open Meetings Act to allow more flexibility for hybrid options.

f. Kristen:
    i. Agreed with the 6 + 6 but raised the issue that some members sit on multiple advocacy or state DD related committees/councils, and we need to be mindful of not being redundant on DD Advisory topics.
g. Jenn Miller:
    i. Agreed with the 6 + 6 but making certain subcommittees utilize Action Items in their reports to the full committee.

h. Lorie
    i. Agreed with the 6 + 6 but emphasized the need for commitment to the work.
    ii. Lorie mentioned that perhaps we need to limit the time of Division reports during the meetings.
i. Paige:
    i. Agreed with the 6 + 6 and emphasized that we do limit the DHHS leadership time in our full meetings so we have time for discussion.
j. Mark:
    i. Agreed with the 6 + 6 and emphasized that he is a big proponent of the work of subcommittees in bringing value to our DD Advisory Committee.
k. Angie
    i. Had to leave… please add comments
l. Jenn Hanson:
    i. Had to leave… please add comments
m. Joe:
    i. Absent… please submit comments
n. Suzie:
    i. Absent… please submit comments
o. Cris:
    i. Absent… please submit comments

III. In answer to the question of What and How Many standing subcommittees the Committee should have and What topics for the subcommittees?

a. Dorothy:

    i. Waiver policy and Legislative subcommittees
b. Mike:
    i. Standing committees; Executive Committee, Court Ordered Custody
c. Diane:
    i. Agreed with above plus BSDC subcommittee
d. Phil:
    i. Suggested ad hoc committees that come and go out of business depending on issues.
e. Shane:
    i. Quality Improvement as a standing committee

f. Lorie:
    i. Emphasized the importance of a Legislative Committee and suggested a budget committee
g. Mark:
    i. Agreed with those that had been suggested.
h. Paige:
    i. Suggested a Family Representative Committee. Also agreed with the three Standing Committees of Exec Committee, Court Ordered Custody and Quality Improvement. Further, suggested merging membership and legislative into Exec Committee, merging Waiver Policy and Legislative together, merging BSDC into Court Ordered Custody and Family Representative into Quality Improvement. Lastly, suggested a committee on improving DHHS Customer Service.
i. Joe:
    i. Absent… please submit comments
j. Suzie:
    i. Absent… please submit comments
k. Cris:
    i. Absent… please submit comments

Other discussion topics:

- Define "advisory"
- Clarify the process for sharing information in official letters from the committee with others, such as the Governor. We need to make sure everyone has input and can vote on it before they are sent. Letters

should state if "a majority of the members think…" or indicate when there is not a unanimous agreement.

- How do we educate the public? How do we direct members of the public to follow up with the committee? (To avoid the public sending numerous emails to the DD Council email.) Example: directing them to email the Chair or Vice Chair.
- Dianne: Procedural question. If all HCBS waivers are administered by the DD Division, then does the state statute that creates this committee need to be changed?