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

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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

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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.

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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.

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- **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.

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- **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.

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- 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

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