Advisory Committee on Developmental Disabilities

Meeting Minutes
September 9, 2026

I. Call to order:

Mike Browne called to order the regular meeting of the Advisory Committee on Developmental Disabilities meeting at Conference Room P, 5220 South 16th St, Lincoln, NE at 10:00 AM.

II. Roll call:

- **The following people were present:**
  - Members Present: Mike Browne, Dorothy Ackland, Philp Gray, Jennifer Hansen, Shane Hunter, Matt Kasik, Kristen Larsen, Jennifer Miller, Mark Shriver, Joe Valenti, Suzie Walhlgren, Angela Willey, Paula Dodds, Paige Rivard, Alex Schweitzer, Tiffany Wilson
  - Advisory Members Absent: Lorie Reiger, Cris Petersen
  - DHHS Staff: Tony Green, Jenn Clark, Tyla Watson

III. Approval of Agenda:

- Motion made by Jennifer Hansen 2nd by Mark Shriver to approve agenda as presented. Roll call vote taken. Motion carried.
  - All in Favor: Dorothy Ackland, Philp Gray, Jennifer Hansen, Shane Hunter, Matt Kasik, Kristen Larsen, Jennifer Miller, Mark Shriver, Joe Valenti, Suzie Walhlgren, Angela Willey
  - All Opposed: None
  - Not Present: Paula Dodds, Paige Rivard, Alex Schweitzer, Tiffany Wilson
  - Abstain from Voting: None

IV. Approval of September Meeting Minutes:

- Motion made by Joe Valenti 2nd by Cris Petersen to approve the January minutes as presented. Roll call vote taken. Motion carried.
  - All in Favor: Dorothy Ackland, Philp Gray, Jennifer Hansen, Shane Hunter, Matt Kasik, Kristen Larsen, Jennifer Miller, Joe Valenti, Suzie Walhlgren, Angela Willey
  - All Opposed: None
  - Abstain from voting: Mark Shriver
  - Not Present: Paula Dodds, Paige Rivard, Alex Schweitzer, Tiffany Wilson

V. InterRAI Presentation - Presented by: Carol Salber and Tori Sorensen:

- HANDOUT: PowerPoint presentation - interRAI 101: Identified Concerns with the interRAI-based Assessment in Nebraska
- HANDOUT: Article – A secretive computer algorithm is taking caregiving money away from disabled people by Mike Hixenbaugh
- Recommendations while waiting for competitive bid process:
  - Pause funding determination while continuing to use the interRAI to meet level of care requirements for CMS

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- Adverse decisions exception process
  - Collect data on adverse funding or specific waiver decisions
  - Ensure health and safety for each individual
  - Exception decided and monitored outside of DHHS
- Ensure DHHS is abiding by the intent of LB1091

VI. Division of Disability and Aging (DDA) Updates:

➢ Waiver Updates:

- **Developmental Disabilities (DD) Waivers**
  - The DD Waivers are up for renewal on March 1, 2027.
  - The Division is currently in conversations internally, considering if the renewal should continue with a March date or if we should request an extension to push the renewal date to July to line up with the State Fiscal Year. Requesting the extension would align all the waivers to similar timelines coinciding with the state fiscal year.
  - If an extension is not requested and the renewal date remains March 1, 2027. The waiver renewal would go out for public comment in October.
  - Committee Questions:
    - Q. When would the Division be making any alterations to the budget? A. During each Biennium, each year Governor submits any mid-biennium budget changes. Generally, you will see those all the way up until he's ready to announce his new budget. Legislature then debates, modifies, or approves any changes.
    - Q. There is a federal fund match for waiver services, if you are making changes to the fiscal budget in the state. Federal funds are going to match regardless? A. The waivers do receive a federal match, it is not an unlimited amount. Within the waiver application to CMS, we have to share point in time and unduplicated census data so they have projections on their end of how much funding our state will need. We list a cap of the number of people we expect to serve. If we get close to or go over that number, we have to submit an amendment to request approval for additional waiver slots.
    - Q. Is the Division still being asked about a 5% cut and if so, can the division share what has been proposed? A. The Division is still looking at efficiency-saving options. As was discussed at the last meeting, there are three main areas changes can be made in the budget to impact fiscal change: eligibility, services, and rates for the services.
    - Q. Are you being impacted by not being able to fill positions, doesn't that impact DDA. A. Yes, there is an Executive Order in place, with a new process for requesting to fill positions. We have received both approvals and denials of our requests to fill.
    - Q. What efficiencies have you been looking at. A. We have been engaged in process improvement both internally and with Epiphany & Associates. Examples: A lot of streamlining in Eligibility, there was a backlog of applications. Looking at what we are required to do by State or Federal laws. Caseloads in service coordination, looking at the work

staff were asked to do. What is truly mandatory. Took the semi-annual meeting out, making it optional.

- **Aged and Disabled Waivers**
  - The Nebraska Auditor released the Attestation report of the NE DHHS Medicaid Aged and Disabled Waiver Payments 08/24/2026
  - The audit covered 2025. Since that time prior to the audit the division had self-corrected some of the identified findings such as being able to bill for over 24 hours in a 24-hour period. There were similar concerns found in the PAS program.
  - Some of the other findings included people billing over the authorized units/hours, and people billing for services, while being paid at another job somewhere else.
  - Personal Assistance Service is a Medicaid service; this is not a DDA service. Medicaid and DDA share the responsibility of the waivers as it is related to providers. Medicaid enrolls and screens all providers with their third-party vendor Maximus.
  - Committee Questions:
    - Q. Provider perspective: within the provider space we know we have the DD waiver providers, AD Waiver providers and independent providers. When stories like this come out, we all get lumped together. As the Division has taken more of the AD oversite, it seems like the DD providers have more check points in place, will this be aligned between DD and AD providers? A. Yes, the intent is to align the provider standards when possible. Also plan to do the same with our service coordination team. We have vulnerability on both sides in DD and AD with independent providers. With independent providers, there is no provider/agency oversight for monitoring, training etc…
    - Q: What are we doing to support CFS and the needs of higher care for children with disabilities. A. Working with CFS for the children who qualify for DD but are state wards. Working on bringing them out of CFS and foster care and over to DD where they belong. We feel DDA is better suited to meet those children's needs than the foster care system.
    - Q. Service coordination issues, with the League being gone they don't know who their SC is. They've tried to call in, it's been over an hour wait. Applications are taking a lot longer than they had been. There is a lot happening. It may save a couple of dollars, but what does that mean to the service we are providing? At what point does the system implode. Out of 31 states Nebraska and Colorado are the only states that have exclusively cut services. This is very concerning. We need to still make sure we provide services and care. I don't think people can just call your number. A: Would encourage you to ask for permission to share their information with us so we can check into which numbers are being called to make sure we are targeting the correct education.

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- **interRAI Update**
  - Handout: interRAI results – Year 1 – July 31, 2026
  - Handout: interRAI appeals by month
  - The Division will pursue a formal Request for Proposals (RFP) to select an independent firm to evaluate Nebraska's use of the interRAI assessment tools.
  - Committee Questions:
    - Q. What is the earliest date that a final report would be available? A: Likely mid-year 2027. We do not have a definite date at this time. The RFP must be posted, allow time for proposals, evaluate bids, then negotiate final contract. Once the contract is signed, we have developed an approximate 5 month time period for final report.
    - Q. Will we be able to see the RFP? A. Yes, RFP's are publicly posted.
    - Q. Does State law require you to take the lowest bidder? A. Cost is one component that is reviewed however the final decision is not just based solely on cost. There are other components, such as quality.
    - Q. Some people have very active guardians that know what is going on and how they need to appeal decisions, and some do not. Are we concerned that some people aren't fortunate enough to have a guardian/advocate that knows what is going on. A: Not having a guardian/advocate does not appear to be impeding appeals. Members of the person's team are advocating appropriately and getting appeals filed by the person.
    - Q. Would DHHS agree to hold on all reductions for all of those people until the independent assessment is done? A. The Division is not looking at holding all funding decisions for everyone.

- **Medicaid Eligibility for Noncitizens to be in effect starting October 1, 2026**
  - Handout: Medicaid Eligibility for Noncitizens Frequently Asked Questions
  - Beginning October 1, 2026, federal law changes which noncitizens are eligible for Medicaid coverage.
  - Based on currently available information, 157 HCBS waiver participants may be affected by these changes (128 adults, 29 children).

VII. Subcommittee Updates

- **Quality – Shane Hunter**
  - Strategic State Plan that was presented in March. Are we going to return it to the Website? What decisions have been made on the Mortality Review report.
  - Shane planning on speaking to Paul October 26, 2026

- **Legislative and HHS – Joe Valenti –** Sub-Committee has not met yet, await full list of sub-committee members.

- **Developmental Disabilities Court-Ordered Custody Act (DDCOCA) and Beatrice State Developmental Center (BSDC) –** No Update at this time. Dianne DeLair was the chair of this committee and is no longer with the committee.

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VIII. Public Comments received at 1:00 AM (Following waiver update)

- Kathy Rohloff, Parent Advocate, Omaha:
  - Child is not able to get services they need. Nebraska is not Arkansas we should not be comparing our services to theirs. This tool does not protect Nebraska or support the values of Nebraska. The cost of a person being served on the CDD waiver is $94,000. BSDC costs over $400,000 a year. Does not want child to go to an institution. Wants to keep son at home in the best and least restrictive environment. I want to keep my son at home. In the best environment and least restrictive.
  - 2nd comment: Want to be a rule follower. Does not want to upset the state. Is concerned about what is going to happen to loved one when no longer around.

- Vince Cogley, Lincoln:
  - Daughter is 25 and has a degenerative disorder. Progress looks like 1 step forward and 5 steps back. This disorder has taken a lot from his daughter and family: her speech, fine motor skills, my wife's career. With the interRAI, daughter's funds were cut in half. InterRAI is stacked against those that live at home. Those that have the most advanced/severe disabilities cannot live at home. Questioned how many of those living at home dropped from advanced to high. Funding levels were previously posted, and no longer are. Would encourage the committee to look at how the interRAI is being assessed. The Division tried to push through a no bid contract that employes the former Deputy Director. Canceling after media scrutiny. DHHS has begrudgingly admitted that interRAI isn't working for everyone. We aren't asking for special treatment, we are asking for equal treatment. DHHS can fix their mistake.

- Laurie Rolfsmeyer, Seward:
  - Son's appeal was returned for a request for a new appeal. Now we have to go through appeal again. Would like to know how that appeal is tracked?

- Nancy Enstrom, Fremont:
  - After receiving interRAI results, reached out to the department to multiple people and passed around before getting to someone that could answer questions. How could this child that is so severely disabled go from high to advanced? Why does her living at home make any difference? The funding has nothing to do with her living at home. Mother does not get paid and has not accepted any money from the state. Has saved the state millions of dollars. Out of the $300,000 budget we used $100,000 and was told the amount not spent goes back to the state. Will never send daughter to BSDC, nursing home, or any institution. Questioned what district court cases are costing the state. Questions why no one has come out to see daughter before making such large change. No one from DHHS has ever seen daughter except the Service coordinator in Fremont. "I am angry." Was asked to apply for exception funding, but the state still wants to leave her daughter at intermediate level. Daughter can't even stand up. You want me to apply for that or leave her at her current level. She can't stand up. No provider will take her. Have been given a letter from the provider that they will drop her as a client because they cannot support

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her at intermediate level. Was told she is the only case in Dodge county that has gone into District court. Parents are terrified the state will take revenge on them and they don't have the money to pay to go to court. Has multiple documents stating if she was placed outside the home tomorrow, she would have advanced level. Feels this is wrong. Will continue to fight for her daughter.

- Curt Safranek, Bennington – Verbal and Written comments
  - Attachment 1: Written comments
  - The community is watching. Without those watching, does not believe the division would have made a change to the assessment project. Committee is to advise, however doesn't have any special rights or legal authority. This body did not raise any concerns regarding the interRAI contract – not to my knowledge. The people are watching. Urges this committee to seek statutory changes giving either this committee or some other group if this one does not have the capacity to provide direct oversight.

- Scott Stemper, Firth
  - Is 66 years old grandfather and support a soon be 17 years old. She needs full support. Prior to being supported by Scott and his wide, she was in three prior facilities, one was a state facility. First two providers have given notice due to medical and safety issues. There were so many concerns with the 3rd agency (including stiches). Was licensed in 8 months, were told they were model people in the process as it usually takes up to 2 years. Is a former police officer and works by the book. Regarding issues with the interRAI, does not believe they are the exception, but the majority. We can't treat people like this. Does not feel the system is working. Not blasting the state, has worked with DHHS, I know how understaffed they are. Like many out in Nebraska, if you go from Advanced to intermediate there is no way you can financially pay for her. It costs money to do good care. She has outlived her life expectancy. Please, consider suspending the funding until the contractor is hired and there is a better way. If you are using a system, if is altered, it loses the fidelity of it.

IX. New Business:

- Early Development Network (EDN) Service Coordination and Waiver Services – Dorothy Ackland
  - Daughter has been EDN since the beginning. EDN provides service coordination. Again, this year the authorizations lapsed. Doesn't feel like she should be the person that is keeping this on track.
  - Amy Calendar-Taft is the person that would be the contact for any concerns with EDN.

- 2027 Meeting Dates
  - Mike Browne requested that this discussion be postponed until the next meeting. With so much going on he believes that the committee needs to discuss possibly holding meetings more often.
  - Motion made by Dorothy Ackland to add a regular meeting of the committee on October 28, 2026. Motion seconded by Joe Valenti. Motion carried.

- All in Favor: Dorothy Ackland, Philp Gray, Jennifer Hansen, Shane Hunter, Matt Kasik, Kristen Larsen, Jennifer Miller, Mark Shriver, Joe Valenti, Suzie Walhlgren, Angela Willey, Paige Rivard
- All Opposed: None
- Not Present: Paula Dodds, Angie Willey

➢ Motion made to Phil Gray to submit a letter to the administration regarding funding reduction due to DD interRAI scoring recommending the Division: Continue assessments. Continue increases. Continue new eligibility determinations. But no existing participant loses funding or services because of an interRAI determination until the independent evaluation is complete. Automatically. No appeal required. Motion seconded by Joe Valenti. Motion Carried.

- All in Favor: Dorothy Ackland, Philp Gray, Jennifer Hansen, Shane Hunter, Matt Kasik, Kristen Larsen, Jennifer Miller, Paige Rivard, Joe Valenti, Suzie Walhlgren, Alex Schweitzer, Tiffany Wilson
- All Opposed: None
- Not Present: Angela Willey, Paula Dodds

X. Adjournment: Committee meeting ended at 2:25 PM

Next Meeting:
Wednesday, October 28, 2026
In-Person Meeting

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Governor's DD Advisory Committee, Public Comment, 9/9/26, by Curt Safranek

While I sit on the BAC's interRAI Subcommittee and am a founding member of Disability Alliance of Nebraska, the following statements are made strictly in my personal capacity as the father of an adult receiving Medicaid waiver services; they do not necessarily reflect the views of any organization or entity with which I am associated.

I want to thank the department for its recent decision to send the interRAI review work out as a request for proposal, prior to engaging in a firm contract. One issue with this, which is unavoidable given the circumstances, is that it pushes out the date for identifying systemic issues, including identifying the very real dangers and likely harm inflicted on participants and their caregivers, as well as the production of plans and actual implementation of any potential remedies. I urge the committee, in light of recent events, via *another* written request to the governor, to suspend all funding changes where the participant or their representative deems that detrimental impacts are present or imminent to a participant's health, safety, or well-being due to any funding change, up or down, related to the interRAI. I hope that the Governor and his administration will not, yet again, completely ignore this committee's recommendations in seeking to prevent harm to the state's most vulnerable population.

Despite the department's reversal on the contract with A&M, which again is welcome, let's be crystal clear: the department apparently DID NOT take this action entirely of its own free will and accord, despite its purported desire, after the fact, to be "abundantly transparent."

The United Nations describes integrity as (https://www.unodc.org/unodc/en/listen-first/super-skills/integrity.html) – emphasis added:

> "The practice of being honest, being respectful, adhering to our values, and consistently making positive decisions - **even when no one else is looking**. Whereas honesty refers to the act of being truthful, integrity is the act of adherence to principles."

DHHS's stated values and core competencies, per its website (https://dhhs.ne.gov/Documents/SupervisorValues-CoreCompetencies.pdf), list:

> "High Personal Standard of Integrity: Avoids any impropriety, bias, or conflict of interest; follows through on commitments; is truthful; shows good judgment in decisions made."

My question is rhetorical, given our setting today, but I ask: how many of those present can say, based on what they consistently hear and see from the department, coupled with their and their loved ones' daily lived experience, that they feel the department is fully and consistently living up to its stated values in this area?

Multiple individuals and advocacy groups raised concerns, and various media outlets subsequently published those concerns and highlighted the potential conflicts. While I cannot say precisely what caused the department to change course on the A&M contract, and it was likely not any single action, we know that this is an election year; the governor is already embroiled in multiple controversies and investigations, including those involving a no-bid contract, such as this. I also know that this community was watching. Without those watching and questioning the department's motives and actions, it likely would not have changed course on the A&M contract as it did. Thank you to those who were watching and continue to do so.

This brings me to one of the many problems this community faces: the department's continued lack of transparency and integrity in an environment woefully lacking adequate statutory and prescriptive oversight; these shortcomings negatively affect this community at large, day in and day out: the DD community, the A&D community, the TBI community, and the children covered by the FSW.

While the HHS committee may scrutinize agency actions and handle legislative proposals during hearings, it functions primarily as a standing policy and reference committee rather than an investigative watchdog body. So, who, if anyone, is actually providing oversight?

Can this committee, the Governor's Developmental Disabilities Advisory Committee, provide oversight? No. Under Nebraska Revised Statute 83-1212.1.3: "The advisory committee shall advise the department regarding all aspects of the funding and delivery of services to persons with developmental disabilities." This eponymous committee shall, per statute, ***advise***...Period. However, despite its statutory requirement to advise, in the May 13th, 2026, DD Advisory Committee meeting, Director Green pointed out that the law doesn't give the committee any special right with respect to public records. As you can imagine, proper advice is extremely difficult to administer when pertinent information is less than forthcoming and consistently unavailable. This committee informally handles public complaints, operational concerns, and advisory duties, without any statutory authority, legal power to effect change, or oversight to ensure issues are resolved.

Are the Legislative Oversight Committee or the Division of Legislative Oversight, housing the Legislative Audit Office, the Office of Inspector General of Nebraska Child Welfare, and the Office of Inspector General of the Nebraska Correctional System, providing oversight? Potentially, but to a very limited degree. Did either of these bodies raise an issue with the A&M contract or the negative impacts of the interRAI's implementation? Not to my knowledge. Further, to my knowledge, the Legislative Audit Office has not published an audit specifically targeting DHHS's public records practices or broader transparency protocols. While transparency and legal compliance are *part of the LAO's core mission*, its investigations into DHHS have primarily focused on operational performance and benefit systems rather than

transparency, public records practices, or any purported circumvention of state statutes (e.g., creating a faux MCO as an end-run around LB1091).

Is the State Auditor of Public Accounts providing oversight? To a very limited extent, maybe. Did the auditor's office raise an issue with the A&M contract? Possibly, but not to my knowledge, nor publicly, that I am aware of. While Mr. Foley's office, in February of this year, raised issues with the $2.5 million emergency no-bid contract to a lobbyist Governor Pillen knew personally, I am not aware of Mr. Foley's office publicly raising issues with the A&M no-bid contract in terms of the conflict-of-interest questions or any issues related to how waiver changes negatively impacted funding for the state's most vulnerable citizens.

Is the Nebraska Council on Development Disabilities providing oversight? No, not directly. Did this body raise an issue with the A&M contact? Again, not to my knowledge, nor could they under their charter. This body is on a short leash, so to speak, per the federal developmental disability act; they do not provide direct regulatory oversight; rather, it operates as an independent, federally mandated body focused on advocacy, systemic change, and capacity, but, as with the Governor's Developmental Disabilities Advisory Committee, lacks statutory authority and the power to resolve issues.

Is Disability Rights of Nebraska providing oversight? Again, no. Not directly. Did this body raise an issue with the A&M contract? Again, not to my knowledge, nor could they, under their charter. This body, also on a short leash with limited funding, holds no regulatory, policing, or direct administrative enforcement power, nor can they discipline state agencies or issue regulatory citations. While they can file lawsuits, including class actions, and pursue administrative remedies against DHHS, they have not, to my knowledge, brought suit or participated in any recent lawsuits against the department, particularly in areas related to the May 8, 2026, Bessey case in which four non-profit organizations filed suit against the department's assessment system and its illegal actions under the state's Administrative Procedures Act.

If not these groups, then who is providing oversight? From what I see today, while organizations like Disability Rights of NE and the NE Council on Development Disabilities are providing important and valuable indirect support, education, and advocacy, it's the advocacy groups who are neither state- nor federally funded, and individuals, both of whom have no statutory authority or direct oversight, nor any other official avenues available to them in their efforts to enforce transparency or provide even a modicum of binding oversight, other than Nebraska Revised Statute 84-712 (better known as the NE Public Records Act). However, when the department is neither transparent nor forthcoming with the production of requested information and public records, particularly without adequate internal controls and oversight of their denials, and especially coupled with the department's unabated, consistent pattern of

behavior in its lack of integrity, our system is truly broken, and we all suffer at the hands of those choosing to withhold information, deny transparency, and act with impunity regarding the laws of this state.

So, I ask: what can we do...where do we start?

The HHS Committee has a much broader objective and set of responsibilities; it cannot and should not be expected to know or track the minutiae of the department's activities and actions related to this community, nor to provide the fine-grained level of oversight necessary to ensure the health and safety of those to whom DHHS is providing services.

The State Auditor of Public Accounts also cannot be expected to know or police the department's policies that are not, at least immediately and *on the surface*, non-fiscally related, such as the interRAI or release of public records. While the interRAI ultimately and most certainly impacts the state's finances, those downstream effects are far enough removed from the auditor's purview that the office is, rightfully so, unable to provide adequate oversight, preemptive or otherwise, to protect this community's health and safety.

As such, I urge this committee and all advocates to seek legislative change that empowers either this committee or another appropriate body with the means to provide meaningful, effective, statutorily mandated oversight, including in all areas related to the department's transparency and release of public records. Who better to provide such oversight than those familiar with and directly affected by the department's actions, or lack thereof? My primary concern here is that the Governor appoints the members of this committee. It is not hard to imagine that, if state statute grants such oversight power, appointees will be heavily vetted in a manner that favors the current administration's policies and priorities, effectively preventing meaningful oversight. As such, other legislative changes are likely necessary to counter or prevent this.

I fully admit that I don't have "the answer" to magically solve these issues. But I do have the ability and desire to speak up, to ask these questions, to open the conversation, to solicit and listen to ideas, and to seek change for the benefit of this community, the most vulnerable individuals in the state.

I want to thank the committee for the opportunity to speak.

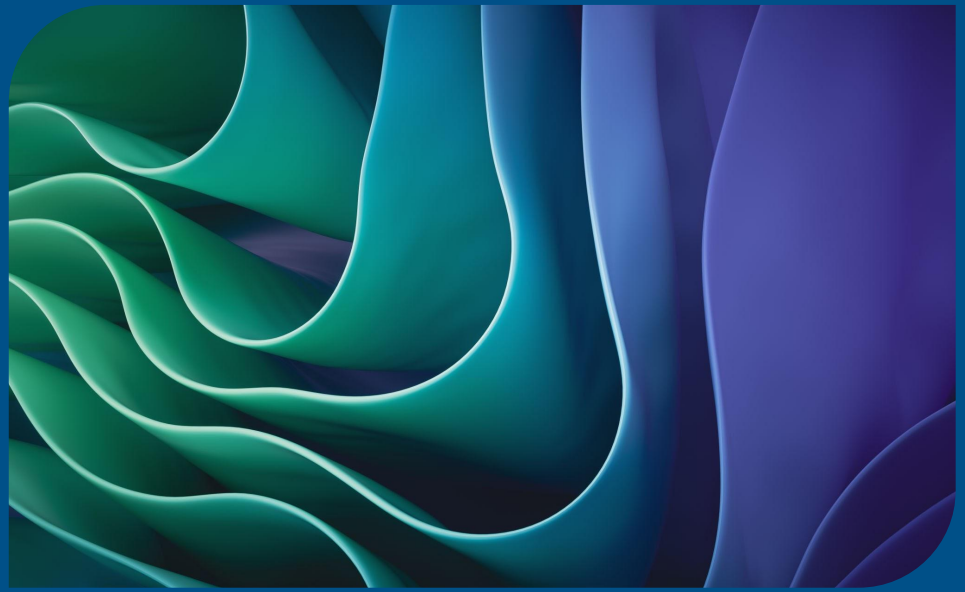
/s/ Curt Safranek

09.10.2026

interRAI 101

Identified Concerns with the interRAI-based Assessment in Nebraska

Nebraska DD Waiver



Carol Salber, MS, LIMHP
Tori Sorensen, BS, PT, DPT, CEAS

What We Agree On!



A New Test was Needed!

interRAI has 300+ questions and gathers relevant data

interRAI has many scales and outcome measures

The Trouble with the Money

- Nebraska has limited resources
- They need to be distributed in a fair manner
- Waitlist eliminated – “everyone gets something” doesn’t protect the health and safety of the most vulnerable participants

This should be based on actual care needs and functional limitations.

A change in funding tier - up or down - can cause undue hardships on individuals

interRAI Results – June 2026 Report

Approved interRAI Initials		
Total Initials InterRAIs	1102	
Waiver Recommendations		
CDD	469	43%
DDAD	117	11%
Manual Review Needed	23	2%
FSW	481	44%
N/A (SC Only / CFS Courtesy)	12	1%
Totals	1102	100%
Need for Continuous Residential		
Threshold Met	386	35%
Threshold Not Met	186	17%
Manual Review Needed	29	3%
N/A (for FSW or DDAD Waiver)	501	45%
Totals	1102	100%
Funding Recommendations		
FSW	449	41%
Basic	190	17%
Intermediate	222	20%
High	171	16%
Advanced	70	6%
Totals	1102	100%

Approved interRAI Renewals		
Total Renewal InteRAIs	5163	
Waiver Recommendations		
No Change	4530	88%
Increased to CDD	312	6%
Decreased to Lower Waiver	234	5%
Manual Review	52	1%
Increase to FSW	16	0%
Increased to DDAD	19	0%
Totals	5163	100%
Need for Continuous Residential		
Threshold Met	2917	56%
Threshold Not Met	1796	35%
Manual Review Needed	131	3%
N/A (for FSW or DDAD Waiver)	319	6%
Totals	5163	100%

Funding Recommendations		
Decreased 3 Tiers	6	0%
Decreased 2 Tiers	113	2%
Decreased 1 Tier	774	15%
No Change	2795	54%
Increased 1 Tier	1080	21%
Increased 2 Tiers	120	2%
Increased 3 Tiers	5	0%
FSW to Funding Tier	102	2%
No Previous Funding Level	155	3%
Funding Tier to FSW	13	0%
Totals	5163	100%

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

A Tale of Two Participants

Child Category	Betty Basic	Bobby Basic
Age 8+	14 years old	17 years old
Supportive Relationship w/Family	Lives at home	Has nursing while parents work/sleep
Not Fully Paralyzed Arms	Does most things for herself	No purposeful movement
Not Violent	No aggression displayed	Unable to display aggression
Bladder Continent	Potty-trained since age 5	Catheter to decrease pressure sore risk
Maternal Drug Exposure	No	No-has a genetic/acquired disability
These 6 items (or foster care instead of maternal drug exposure) are the only items considered for funding of individuals under age 22		

Adult Category	Ian Intermediate	Isabella Intermediate
Age	26 years old	27 years old
Living Situation	Lives independently in an apartment	Lives at home with parents
IADL Support Needs	Some assistance needed	Extensive assistance needed
ADL Support Needs	Some assistance needed	Extensive assistance needed
Medical Diagnoses	None significant	Diabetes, epilepsy
Communication	Verbal	Non-speaking
Behavioral History	Intimidating others > 12 months ago	Persistent anger issues (ongoing)

Research and Case Mix Index

A Few Research Terms...

Validity-Does it measure what it says it does?

Reliability-Do you get the same answer each time?

Generalizability-Does it work in another setting?

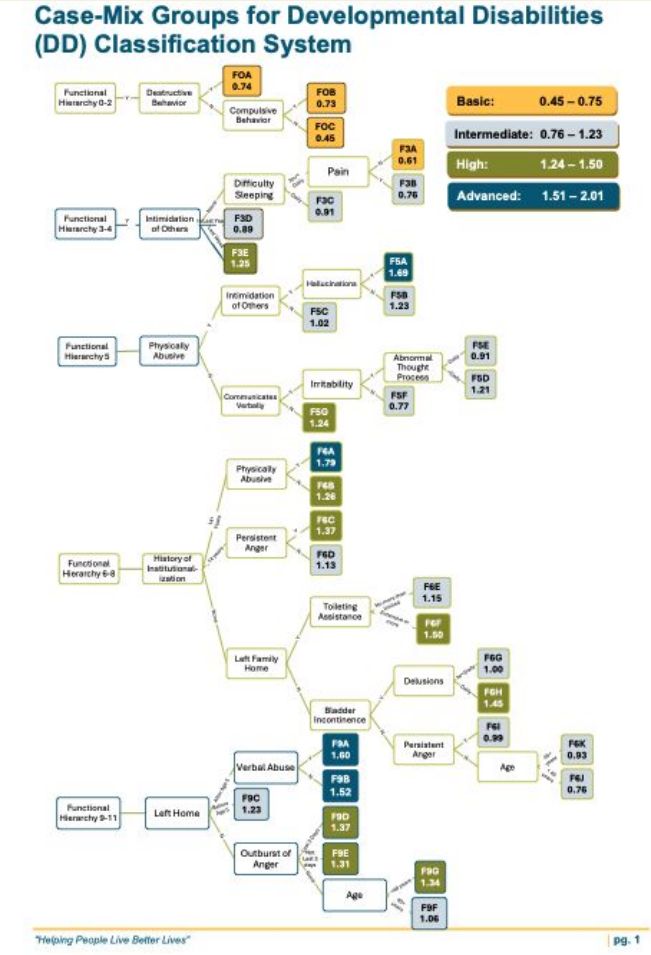


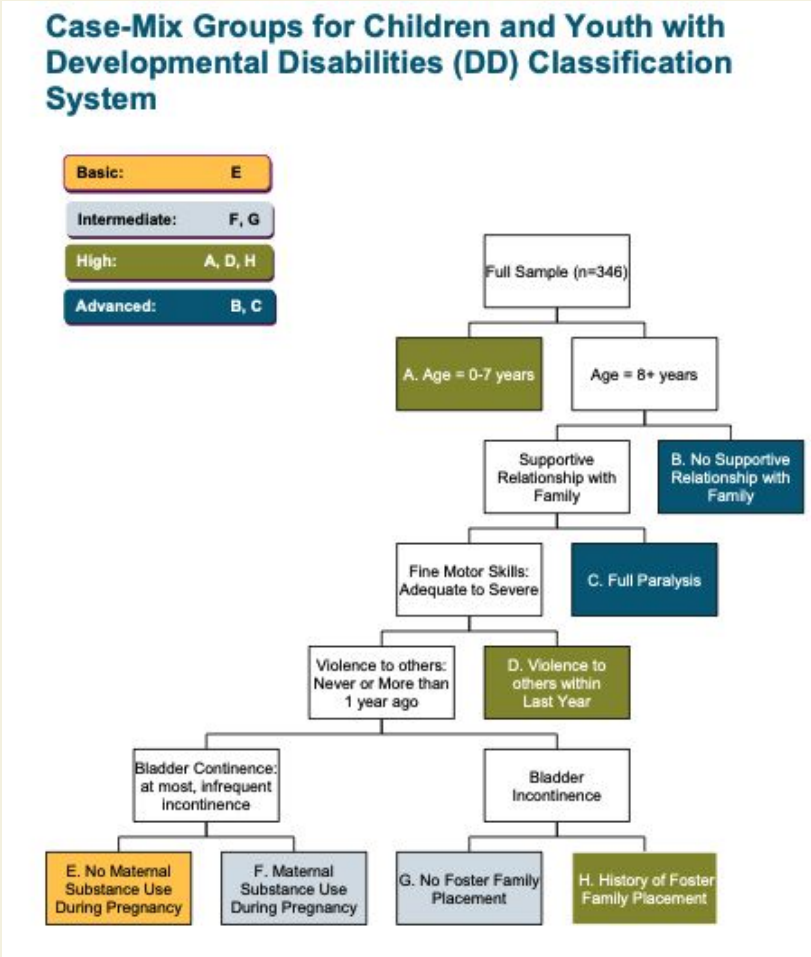
What is a Case Mix Index?

Measures average clinical complexity and resource intensity of patients

Why it usually works...

Differences in patients are accounted for within an entire population





https://dhhs.ne.gov/Pages/interRAI.aspx#docaccess-611596540fd1a43e3bd1188fef0d4032

Why it isn't working for Nebraska

Research was done in Arkansas

Only individuals living in a family home

Majority 1 billing code (supported family living)

Research articles have MANY warnings of using the Case Mix Index without further safeguards

“One somewhat obvious limitation of the present study is in regard to its generalizability.”

The use of the CMI was overturned and invalidated by a series of lawsuits in Arkansas.

“Another important limitation…is that they can only tell us about differences in care received, not necessarily differences in care needed…”

Stewart SL, Celebre A, Head MJ, James ML, Martin L, Fries BE. A Case-Mix System for Children and Youth With Developmental Disabilities. *Health Services Insights*. 2020;13. https://journals.sagepub.com/doi/full/10.1177/1178632920977899

“While the CMGDD system provides a reasonable match to expected average costs at the level of the individual, actual care decisions need to be based on consideration of an individual’s wishes and desires, as well as the availability of informal support and the acceptability of specific paid services. Thus, at the level of the individual, CMGDD is a “decision aid” rather than a strict prescription.”

Fries BE, James ML, Martin L, Head MJ, Park PS. A Case-Mix System for Adults with Developmental Disabilities. Health Serv Insights. 2019 Jun 25;12. https://pmc.ncbi.nlm.nih.gov/articles/PMC6593926/

Objective Assessment Process

Any mistake on the interRAI may lead to problems through the entire process.

Nebraska is using the Case Mix Index as a STRICT PRESCRIPTION for each individual

ICF/IID Level of Care (annual eligibility)	Waiver Enrollment (which waiver fits)	Budget = CMI ONLY	Appeal DHHS is decision maker	District Court ~$10,000	Arbitrary Exception Process

The Iowa Difference

- Independent company completes interRAI (CareStar)
- Services are managed by MCO



Nebraska LB 1091-
Intent was to protect Nebraskans

LB 1091 - Legislature Protection from MCOs

“LB1091 ensures that long-term care clients with special needs under Nebraska's medical assistance program receive services in a manner that reflects the complexity and intensity of their medical conditions. The legislation recognizes that these individuals require a level of care that exceeds what is typically provided in standard nursing facilities, and therefore should not be subject to the utilization-management practices commonly used in capitated Medicaid managed care programs. Furthermore, LB1091 aims to preserve continuity, stability, and individualized oversight in the delivery of essential long-term care services by maintaining-fee-for-service reimbursement.”

Is Nebraska DHHS Following the Intent of this Law?

- Eligibility Criteria and Arbitrary Clinical Reviews
- Funding Based on Case Mix Index
- Use of Budget Defined Based on Funding Tier-limits use
- Upcoming Skilled Needs Assessment-limits use of budget
- “Fail First” Exception Process places individuals at risk
- Appeals are managed in-house and are not independent until a participant or family hires a costly attorney

Specific Waiver Eligibility-What We Know

4 Domains

Informal Support Available

Housing Stability

Respite Need

Supervision

Family Support Waiver

DDAD (Day Waiver)

CDD “Lite”

CDD with Continuous Residential Habilitation

Concerns Identified

Children are automatically going to a review

This was not disclosed in the FOIA request.

How was this decision made?

Caregiver distress–a potentially qualifying factor

- Also being used by DHHS to disqualify certain caregivers from providing services
- Once needs are met due to funding, the individual may not qualify the following year for the services that stabilized them

Concern for Validity of Functional Hierarchy

- **ADL Hierarchy Scale**-scoring is based on how people lose skills as they age
- **IADL Capacity Scale**-scoring is based on "speculation" to prevent gender norms from impacting scoring

- "Weight-bearing" assistance is a difficult descriptor to understand and apply

Is the interRAI valid?

Recently, DHHS changed the age at which they will use the adult tool.

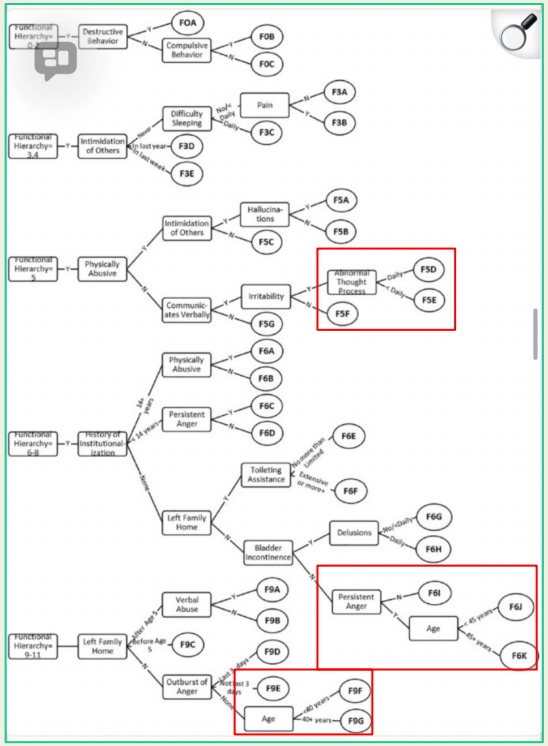
Many children who are now at ADVANCED level of funding will automatically be lowered to INTERMEDIATE funding at 18 years old due to the age in which the child left the home.



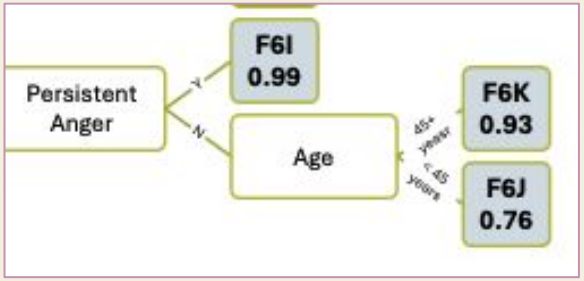
Concerns about Nebraska DHHS's bias in completing the interRAI assessments

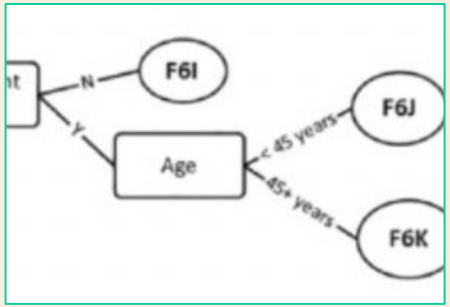
- Standardized instructions have been changed by Nebraska, multiple times
- Assessors are not of adequate education or training to promote reliability and validity
- Competitive bid for independent contractor…but no identified concerns in LB 958 response?

Nebraska Made 7 ERRORS in copying the Case Mix Index from the Research Article



CMGDD	N	Mean per diem cost	CMI	CV
F0A	24	$109.32	0.74	0.69
F0B	13	$108.60	0.73	0.51
F0C	86	$66.61	0.45	0.79
F3A	180	$90.45	0.61	0.58
F3B	96	$112.23	0.76	0.49
F3C	26	$134.92	0.91	0.66
F3D	55	$131.64	0.89	0.62
F3E	21	$184.66	1.25	0.42
F5A	40	$249.19	1.69	0.38
F5B	105	$181.80	1.23	0.52
F5C	58	$151.43	1.02	0.51
F5D	19	$179.49	1.21	0.38
F5E	262	$133.86	0.91	0.52
F5F	164	$113.30	0.77	0.53
F5G	19	$183.91	1.24	0.45
F6A	21	$264.61	1.79	0.38
F6B	28	$185.94	1.26	0.39
F6C	56	$201.96	1.37	0.35
F6D	83	$166.91	1.13	0.38
F6E	161	$170.28	1.15	0.39
F6F	81	$222.31	1.50	0.28
F6G	**254**	**$147.87**	**1.00**	**0.48**
F6H	14	$214.67	1.45	0.67
F6I	187	$112.53	0.76	0.47
F6J	37	$137.86	0.93	0.50
F6K	82	$147.11	0.99	0.40
F9A	23	$236.74	1.60	0.41
F9B	75	$225.09	1.52	0.32
F9C	43	$182.51	1.23	0.40
F9D	39	$202.54	1.37	0.43
F9E	48	$193.89	1.31	0.48
F9F	161	$157.05	1.06	0.48
F9G	36	$197.58	1.34	0.51
Total	2597	$150.07	1.01	0.55



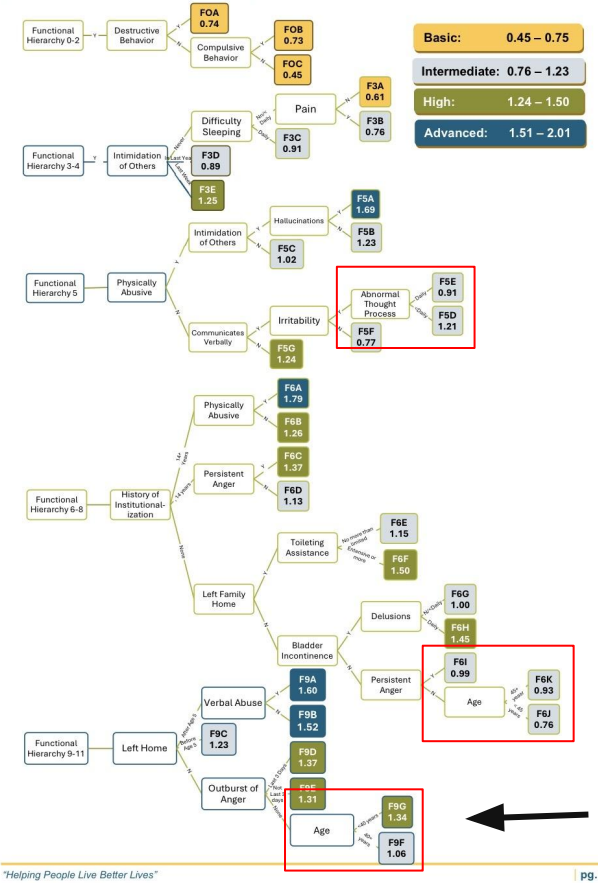


Fries BE, James ML, Martin L, Head MJ, Park PS. A Case-Mix System for Adults with Developmental Disabilities. Health Serv Insights. 2019 Jun 25;12. https://pmc.ncbi.nlm.nih.gov/articles/PMC6593926/

Department of Health and Human Services
Division of Developmental Disabilities
Information Sheet
April 2026

NEBRASKA
Good Life. Great Mission.

Case-Mix Groups for Developmental Disabilities (DD) Classification System



F9 Branch Error-causes a funding problem

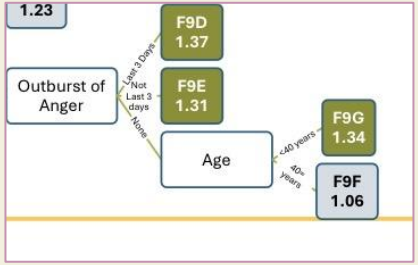
Functional Hierarchy 9-11 → Left Home → no → Outburst of Anger → none → Age

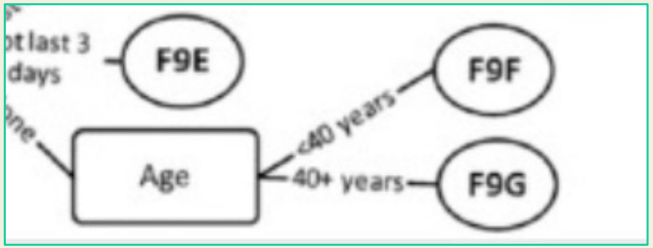
Wasteful Wayne

<40 years old, (F9G in Nebraska) ends up getting High funding even though that is not supported by the research that Nebraska DHHS has said is reliable and valid; this is a WASTE of $67,942.67 FOR EACH INDIVIDUAL

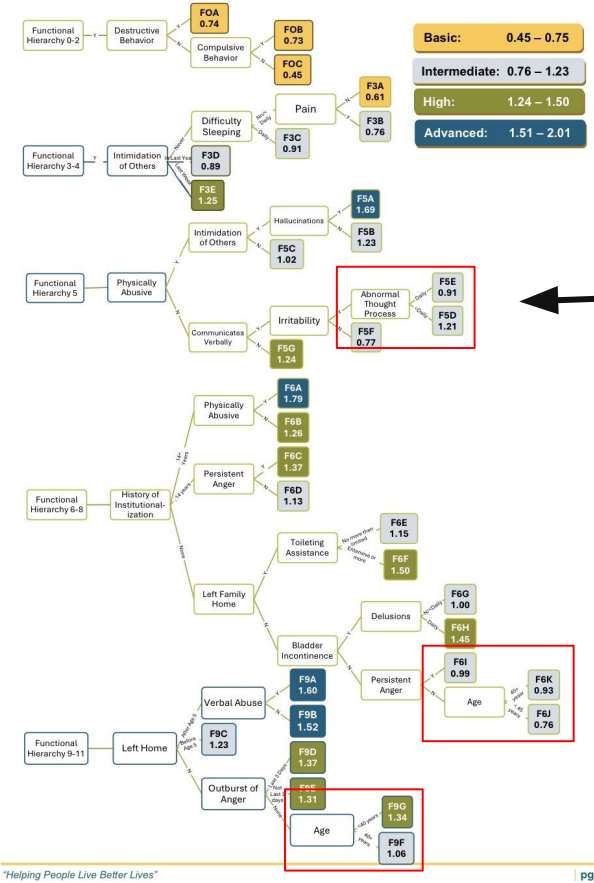
Wanting Wanda

>40 years old, (F9F in Nebraska) ends up getting Intermediate funding instead of High funding, losing $67,942.67 of funding that the research says she needs for her care





Case-Mix Groups for Developmental Disabilities (DD) Classification System



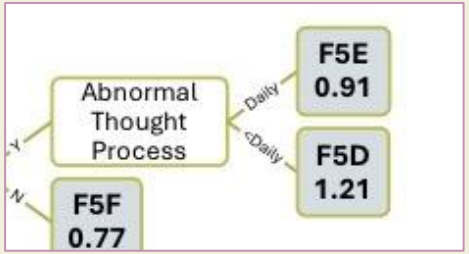
F5 Branch Error-causes an eligibility problem

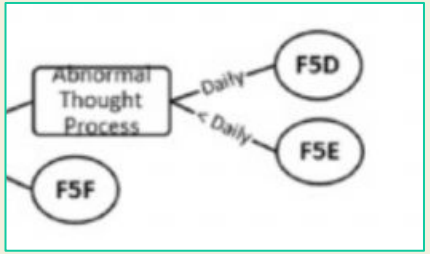
Functional Hierarchy 5 → Physically Abusive → no → Communicates Verbally → yes → Irritability → yes → Abnormal Thought Process

** Eligibility information determined according to FOIA request, as DHHS has not been transparent about the methods to determine funding (as best as we can determine)*

Homeless Heather (F5E in Nebraska) does not have the Informal Support Available domain triggered and could lose continuous residential habilitation and/or be placed in DDAD (day supports waiver) instead of CDD (comprehensive waiver)

Lottery Larry (F5D in Nebraska) triggers the Informal Support Available domain inaccurately and could be given extra waiver services that they do not qualify for according to DHHS Nebraska





Recommendations

While we wait for the Competitive Bid Process

- Pause funding determinations while continuing to use the interRAI to meet level of care requirements for CMS

Adverse Decision Exception Process

- Collect data on adverse funding or specific waiver decisions
- Ensure health and safety for each individual
- Exception decided and monitored OUTSIDE OF DHHS

Ensure DHHS is abiding by the intent of LB 1091

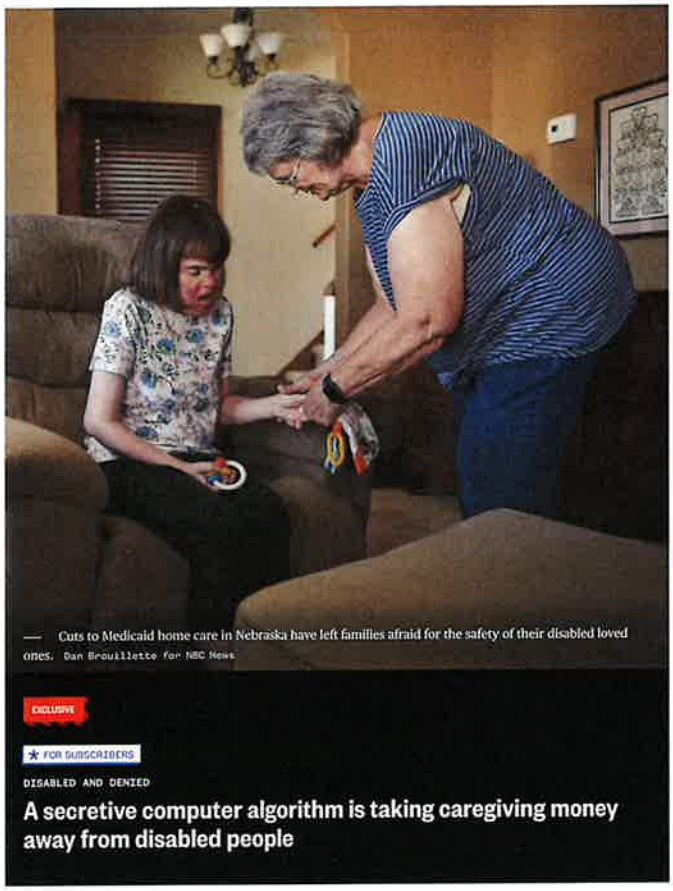
Questions?

Carol Salber ~ 402-715-9705

Carol@skills4allabilities.com

Tori Sorensen ~ 402-672-2506

crossfire_52@hotmail.com



— Cuts to Medicaid home care in Nebraska have left families afraid for the safety of their disabled loved ones. Dan Brouillette for NBC News

EXCLUSIVE

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DISABLED AND DENIED

A secretive computer algorithm is taking caregiving money away from disabled people

After Nebraska used a new interRAI tool to slash Medicaid funding for nearly 900 people, NBC News uncovered the hidden logic behind some of the cuts.

Listen to this article

00:00 24:30

Sept. 8, 2026, 5:00 AM EDT

By Mike Hixenbaugh

This article is part of "Disabled and Denied," a series examining cuts to Medicaid home care and the fallout for disabled people and their families.

LINCOLN, Neb. – The question haunted Susan Browne for decades: Who would care for her two disabled sons after she and her husband were dead?

Her fears took on new urgency last year when Browne, 72, was diagnosed with a rare and aggressive breast cancer.

Her sons David, 47, and John Michael, 45, have profound autism and need help with every daily task, from bathing and dressing to using the bathroom – care that has grown harder for Browne and her husband, Mike, to manage as they've aged.

She sometimes lay awake, her mind racing. Who would sit with them at meals to keep them from choking? Who would patiently roll their favorite ball around the living room or take them to the park? Would they end up locked in an institution?

The Brownes believed they had finally found a solution: Using Medicaid funding for people with disabilities, they created a nonprofit and assembled a trusted team to care for David and John Michael at home for the rest of their lives.

Now that plan is falling apart – thanks to a secretive computer algorithm.

The assessment tool, called interRAI, determined that David and John Michael, who without constant supervision might run into traffic or touch a hot stove, no longer needed one-on-one, around-the-clock care. It slashed their combined Medicaid funding by more than $220,000 a year.

"This just blew me out of the water," said Browne, who has been appealing the decision while traveling to Houston for cancer treatments. "I'm so terrified for my sons now. Terrified."



— For decades, David and John Michael Browne have relied on Medicaid home care to live safely at home rather than in an institution. Dan Brouillette for NBC News

It's not just the Browne brothers. Since Nebraska began using interRAI last year, the state has cut Medicaid funding to nearly 900 people with developmental disabilities, leaving many caretakers racing to overturn decisions made by an algorithm whose inner workings are largely hidden from the public.

State officials say the standardized system makes funding decisions fairer and more consistent. But families describe assessments riddled with preposterous errors, caregiving cuts so severe they fear for their loved ones' safety and an appeals process that appears to rubber-stamp whatever the algorithm decides.

One mother said the assessment concluded that her 43-year-old son – who's nonverbal and prone to putting anything in his mouth – could feed himself and arrange his own transportation. Another said the system inexplicably determined that her nonverbal, tube-fed 9-year-old son needed less support than his much more independent older sister.

For Subscribers



★ Woman who helped torture and kill transgender boyfriend to be sentenced to life in prison



★ He was hosting his daughter's wedding. Then a deadly strike tore through his home in Iran.



★ Steve Kornacki Senate primary in

They are among scores of families now facing painful choices: place their loved ones in institutions where they could suffer abuse or neglect, or sacrifice jobs, savings and retirements to keep caring for them at home.

The upheaval comes at a precarious moment for government programs that help disabled Americans stay in their communities. States are bracing for nearly $1 trillion in Medicaid cuts imposed by President Donald Trump's "big, beautiful bill" over the next decade. The Justice Department has backed away from the federal government's long-standing interpretation of a landmark Supreme Court ruling protecting disabled people from being institutionalized. And a growing movement on the right has portrayed home care as wasteful and rife with fraud, spurring funding freezes that advocates say threaten legitimate caregiving.

pages of case records. The reporting revealed a striking paradox: Some parents who built their lives around caring for their disabled children at home rather than placing them in institutions are now being denied the highest level of support – in large part because their children have never been institutionalized.

The system appears to assume that disabled people who have always lived at home and have more family involvement don't need as many caregiving resources. For parents like Susan Browne, it feels as though the state is turning their commitment to their children against them.

Browne remembers the neurologist who flashed a light into the eyes of 9-month-old David and casually remarked, "I'm trying to see if his brain is there." The moment she heard John Michael's shaky newborn cry and knew instinctively he was just like his older brother. The people who pressured her to send both children to a state institution.



— David and John Michael's Medicaid funding pays a team of workers to care for them around the clock at their home in Lincoln. Dan Brouillette for NBC News

The Brownes rejected that idea and instead made it their mission to build a life for their sons at home. It's a life that allows John Michael to plink out notes on the family's piano and wrap his arms around his parents to cuddle. A life that allows David to fly through the air on swing sets at local parks alongside his brother. This is what the Brownes say the state – and a computer algorithm – is now jeopardizing.

"I chose this life because I love my boys," Browne said. "I could never send them away."

For generations, many Nebraskans with intellectual disabilities were sent to what was once known as the Beatrice State Home for the Mentally Retarded.

The sprawling campus, opened in 1887, became the site of untold atrocities: hundreds of forced sterilizations, residents shackled to beds, teeth pulled from people deemed biting risks.

Nancy Enstrom visited Beatrice around 1974 with her husband for a charity event. She remembers row after row of children languishing in cribs. The smell of unchanged diapers. The sound of wailing.

Shaken and nauseated, Enstrom made a promise: She would never send a child to such a place.

That vow was soon tested. Her daughter, Anna, was born on Easter Sunday in 1975, a fragile baby who turned blue and had to be rushed into emergency heart surgery. Once home, Anna started having seizures. At age 3, she was diagnosed with tuberous sclerosis, a rare genetic disorder that produced tumors in her heart, lungs, brain and spine and left her severely disabled. Anna would never learn to speak.



— Anna Enstrom's baby book chronicles her difficult early years. She never stopped playing with the plastic ring toy she got as an infant. Dan Brouillette for NBC News

Doctors pushed sending her to Beatrice. Enstrom refused.

Her decision came as America was embarking on a historic shift. Revelations of horrific conditions at state-run institutions fueled a disability rights movement demanding an alternative: government support to help disabled people live at home. That approach gained bipartisan support, in part, because caring for people at home is typically cheaper than institutionalizing them. Nebraska became an early leader, establishing community-based services in the 1970s and tapping Medicaid to help fund them beginning in 1987.

Enstrom, now 74, has relied on those programs to keep her promise.

Even with that support, it wasn't easy. Roger, her husband, sometimes clocked 80 or 90 hours a week loading hogs into trucks. When bonuses came, they started at the top of a stack of Anna's medical bills and wrote checks until the money ran out.



— "We chose this," Nancy Enstrom said of her decision to keep Anna at home rather than send her to Beatrice. "It's a hell of a lot harder than you think it is." Dan Brouillette for NBC News

Given the severity of her disability, Anna, now 51, always qualified for Nebraska's highest Medicaid funding tier, which paid for one-on-one care at a day program near their home in Fremont. The center gave Anna a life beyond her parents' house while giving Nancy time each weekday to run errands or see a friend.

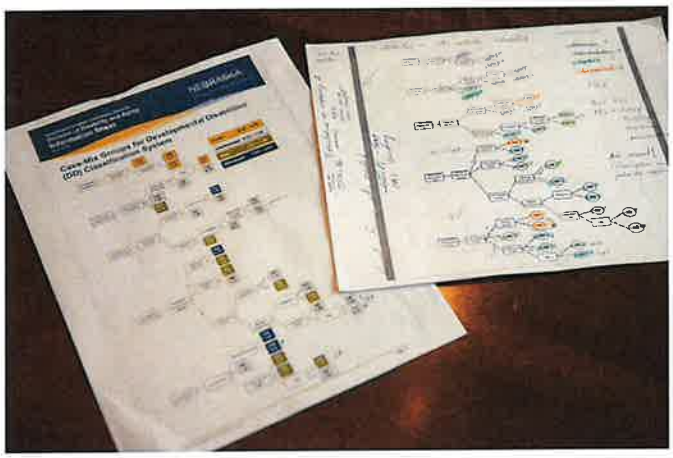
"I don't think we could have survived all these years without it," she said.

Then came interRAI.

Nebraska implemented the algorithm last year, replacing a decades-old process in which a state worker spent hours observing each person, interviewing relatives and caregivers and reviewing

The nonprofit organization grew out of a movement in the 1980s to stop the rampant abuse of elderly people in America's nursing homes. Amid sweeping federal reforms requiring providers to systematically assess each resident, a team of clinicians, academics and advocates developed a questionnaire. It became known as the Resident Assessment Instrument, or RAI, and was eventually used in nursing homes nationwide.

In the years since, interRAI has expanded to other types of assessments, including for people with developmental disabilities.



— The decision tree used to determine disability funding levels in Nebraska, left, comes from interRAI research conducted in Arkansas, right. Dan Brouillette for NBC News

Controversy sometimes followed. When Arkansas began using interRAI in 2016, the algorithm cut Medicaid caregiving hours for nearly half of all disabled recipients. Lawsuits exposed mistakes the state made in implementing the software, and a judge ordered officials to stop using it, saying the state had not been transparent about adopting the algorithm.

Nebraska's algorithm is different, but it also has roots in interRAI's work in Arkansas.

Several years ago, researchers affiliated with interRAI examined Medicaid records of thousands of people with developmental disabilities in Arkansas, looking for patterns in how much the government had spent on their care. People who had lived in institutions tended to cost more. So did those who were angry or violent.

Nebraska based its model on that research, turning those patterns into strict spending rules. The state's algorithm sorts disabled people into groups according to shared characteristics, then caps Medicaid funding based on where they land.

Georgia Van Toorn, an Australian researcher who studies algorithmic decision-making in disability programs, said governments often promote these systems as a way to remove human bias. But Nebraska's approach, she said, risks taking whatever biases were embedded in Arkansas' home-care system and locking them into official state policy.

"Tools are never neutral," Van Toorn said. "They just codify bias and make it harder to actually see the bias operating."

This has led to what she sees as destructive circular logic: Historically, Arkansas spent less on disabled people who had always lived at home. So Nebraska's algorithm now treats living at home as a reason to spend less on someone's care – even if their actual needs are immense.

None of the researchers who developed the tool Nebraska is using responded to interview requests. In their writings, they caution that their model measures how much the government has spent on people's care, not necessarily how much care they need. They also describe their algorithm as a "decision aid."

In Nebraska, families say it feels more like a verdict.





— Paul Stone, 15, has autism and an intellectual disability. Nebraska's algorithm cut the funding that pays for his care. Dan Brouillette for NBC News

Peggy Stone, who lives in Omaha, appealed after the system decided that her 15-year-old son, Paul – who has autism and an intellectual disability – no longer qualified for the highest level of funding.

At a hearing held by phone in March, she pressed a state official to explain.

"You're stating today that Paul's care needs have not changed," Stone said, according to a recording. "The only thing that has changed is the methods in which he was assessed?"

"Yes," the official replied, saying the state had replaced an outdated system.

Stone lost the appeal; the cut took effect this summer.

— After years of lawsuits and scandal, the Beatrice State Developmental Center now houses only about 75 people. Nati Harnik / AP file



It's been hard enough keeping David and John Michael safe at home. Sitting at her dining room table recently, Browne flipped through photos and handwritten notes, recalling how finding reliable, trustworthy caregivers proved a constant struggle.

Once, David was so afraid of a caregiver, he jumped from a car and cowered in the street, shutting down traffic. Another time, after finding bruises on her sons that no one could explain, Browne set up a camera to keep an eye on a caregiver. She said she watched as the woman threw John Michael onto his bed, then yanked him back up.

"You tell me you're sorry," the worker demanded.

Browne raced upstairs, kicked the woman out and told the caregiving agency never to send her back.

"I've been a mama bear my whole life, trying to protect them," she said. "I've had to protect them from so many things."

During the pandemic, as caregiving staff dwindled, the Brownes began thinking more urgently about what would happen after they died. When Mike, Susan's husband, raised the question with a state official, he said the answer was disturbing: Given the complexity of their sons' needs, few facilities could take both brothers. They might have to be split up.

"No way in hell," Susan Browne said.

— "Every day I've had to fight for them," Susan Browne said of her sons. "I'll be fighting for them for the rest of my life." Dan Brouillette for NBC News

The Brownes came up with a plan: Rather than continuing to rely on private caregiving agencies – which they believed spent too much of their sons' Medicaid funding on administrative costs – they would create their own nonprofit agency with lower overhead. Then they could direct more of the Medicaid funding to caregiver salaries, which would attract more experienced workers. Most importantly, the system could outlive them both.

The couple launched their agency, I Belong, in late 2024, just as Nebraska was preparing to roll out interRAI. Susan was diagnosed with cancer about a year later. Then the envelope from the state arrived.

She opened it at the mailbox and laughed.

"That's a mistake," she thought. "That can't be."

InterRAI had determined that her sons – in part because they had never been institutionalized – no longer qualified for the highest level of funding. Without it, the Brownes said, their nonprofit could collapse.

The Brownes fought the decision, commissioning independent evaluations that confirmed both David and John Michael need one-on-one supervision "at all times." They helped form the Disability Alliance of Nebraska to lobby legislators and the governor. They lined up a lawyer to challenge the cuts in court if their appeals fail.

All the while, Browne has been traveling back and forth to MD Anderson Cancer Center in Houston. Her doctors are optimistic. Still, cancer has a way of making once-distant fears feel immediate.

In quieter moments, her mind spirals. What if the treatments fail? What if she's about to die and the funding still hasn't been restored? What would happen to her boys?



— Susan and Mike Browne thought they had found the solution to keep David and John Michael safe for the rest of their lives. Dan Brouillette for NBC News

Browne met recently with a state official overseeing disability programs. She told the woman the dark places those thoughts have taken her.

"I don't think I would have a choice," she recalled saying. "If I'm dying, then I'll have to take them with me." Then she told the woman how she would do it.

"Oh, don't say that," the official replied, according to Browne.

Her husband wondered whether she should have said something so grim.

Browne hated that such an ugly thought ever entered her mind. But she didn't regret sharing it. Other parents had confided similar thoughts to her, she said, driven by similar fears.

"I'm talking about my children," she said, her voice shaking. "Who can't take care of themselves. Who have no voice."

interRAI Results – Year 1 - July 31, 2026

Approved interRAI Initials		
Total Initials InterRAIs	1167	
Waiver Recommendations		
CDD	478	41.0%
DDAD	126	10.8%
Manual Review Needed	10	0.9%
FSW	521	44.6%
N/A (SC Only / CFS Courtesy)	32	2.7%
Totals	1167	100%
Need for Continuous Residential		
Threshold Met	390	33.4%
Threshold Not Met	206	17.7%
Manual Review Needed	8	0.7%
N/A (for FSW or DDAD Waiver)	563	48.2%
Totals	1167	100%
Funding Recommendations		
FSW	503	43.1%
Basic	193	16.5%
Intermediate	236	20.2%
High	164	14.1%
Advanced	71	6.1%
Totals	1167	100%

Approved interRAI Renewals		
Total Renewal InteRAIs	5594	
Waiver Recommendations		
No Change	4969	88.8%
Increased to CDD	331	5.9%
Decreased to Lower Waiver	239	4.3%
Manual Review	10	0.2%
Increase to FSW	18	0.3%
Increased to DDAD	27	0.5%
Totals	5594	100%
Need for Continuous Residential		
Threshold Met	3205	57.3%
Threshold Not Met	1962	35.1%
Manual Review Needed	16	0.3%
N/A (for FSW or DDAD Waiver)	411	7.3%
Totals	5594	100%

Funding Recommendations		
Decreased 3 Tiers	6	0.1%
Decreased 2 Tiers	116	2.1%
Decreased 1 Tier	852	15.2%
No Change	3158	56.5%
Increased 1 Tier	1141	20.4%
Increased 2 Tiers	128	2.3%
Increased 3 Tiers	5	0.1%
FSW to Funding Tier	110	2.0%
No Previous Funding Level	64	1.1%
Funding Tier to FSW	14	0.3%
Totals	5594	100%

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NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Jim Pillen, Governor

Division of Developmental Disabilities
DD Advisory Committee
interRAI Appeals
July 1, 2025 – August 31, 2026

Status	2025							2026									
	Jul	Aug	Sep	Oct	Nov	Dec	2025 Total	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	2026 Total	Grand Total
Total Appeals Filed	**0**	**6**	**17**	**53**	**69**	**47**	**192**	**38**	**29**	**65**	**50**	**40**	**60**	**80**	**30**	**392**	**584**
Active	0	0	0	0	3	4	**7**	5	8	14	16	18	43	76	29	**209**	**216**
Closed	0	6	17	53	66	43	**185**	33	21	51	34	22	17	4	1	**183**	**368**

Closed Appeal Outcomes																	
Affirmed	0	4	15	34	39	16	108	11	13	18	14	9	2	0	0	67	175
Dismissed/ Withdrawn	0	2	2	18	27	27	76	22	8	31	19	13	15	4	1	113	189
Reversed	0	0	0	1	0	0	1	0	0	2	1	0	0	0	0	3	4

Medicaid Eligibility for Noncitizens Frequently Asked Questions

H.R.1 became federal law on July 4, 2025. It made changes to the Nebraska Medicaid program, including changes to Medicaid eligibility for noncitizens. This frequently asked questions document (FAQ) explains the new eligibility requirements for noncitizens.

Q: What is changing?

Beginning on October 1, 2026, federal law changes which noncitizens are eligible for full Medicaid coverage. As a result, some noncitizens who currently qualify for Medicaid will no longer be eligible for full Medicaid benefits after September 30, 2026.

Q: Who are the eligible noncitizens who still qualify for Medicaid as of October 1, 2026?

If you meet all other eligibility requirements (such as income requirements), you will still qualify for Medicaid as of October 1 if you have one of these immigration statuses:

- **Lawful permanent residents,** also known as green card holders who:
  - Have met the five-year bar;
  - Can be credited with 40 working quarters; or
  - Are exempt from meeting the five-year bar.
- **Cuban and Haitian entrants**
- **Compact of Free Association (COFA) migrants**, including individuals from Micronesia, Marshall Islands, and Palau
- Lawfully present non-citizens who are:
  - **Pregnant**, or
  - **Under the age of 19**

Q: Who are the noncitizens who could no longer qualify for Medicaid as of October 1, 2026?

Beginning October 1, 2026, you **may no longer qualify** for Medicaid if you are in one of these groups* and don't have a lawful permanent resident status:

- Victims of domestic violence, applying under the Violence Against Women Act (VAWA)
- Parolees
- Refugees

- Asylees
- Victims of trafficking and their spouse, child, sibling, or parents
- Individuals with conditional entry
- Veterans or active-duty military and spouses or unmarried dependents who also have a qualified non-citizen status
- People whose deportation is being withheld
- Native Americans born outside of the United States

* This is not an exhaustive list. Other immigration categories may be impacted by the new eligibility requirements.

Pregnant women and children who are part of the listed groups will continue to qualify for Medicaid, if they meet all other eligibility requirements.

Q: When does this change begin?

The change to Medicaid eligibility for noncitizens begins on October 1, 2026. This applies to new applicants and current Medicaid members.

For new applicants: This means that if you apply on or after October 1, 2026, you will be subject to these new eligibility requirements.

For existing Medicaid members: This means that if you have Medicaid and you no longer qualify because of your immigration status, you may lose your Medicaid coverage on October 1, 2026, even if your renewal date is later.

Q: How do I know if this change affects me?

Your eligibility for Medicaid may be impacted if you **are not** a:

- U.S. citizen or national;
- Lawful Permanent Resident;
- Cuban or Haitian Entrant;
- COFA migrant; or
- Lawfully present pregnant woman or child.

For more information on how to check your immigration status, visit: https://www.usa.gov/immigration-case-status.

Nebraska Medicaid will review your eligibility based on information we already have available. If we need more information from you, we will send you a notice explaining what documents or information you need to send us.

Do not assume you are no longer eligible unless you receive an official notice from Nebraska Medicaid. You can also log into https://iserve.nebraska.gov/ to see if you have any notifications from DHHS.

Q: Does this change affect me if I only qualify for Medicare Part B premium help?

Yes, this change affects individuals who are enrolled in Medicaid and/or Medicare Part B premium assistance.

Q: What is the 5-year bar?

Certain qualified noncitizens who lawfully enter the United States must wait five years after receiving a qualified immigration status before they are eligible for Medicaid or CHIP, unless they meet certain exceptions.

Q: Do I need to meet the 5-year bar?

Certain noncitizen groups do not need to meet the 5-year bar to get Medicaid coverage, once they become lawful permanent residents.

The noncitizens who are exempt and **do not need** to meet the 5-year bar after becoming lawful permanent residents are:

- Asylees
- Refugees
- Certified victims of trafficking and their spouse, child, sibling, or parents
- Veterans or active-duty military and spouses or unmarried dependents,
- Amerasian immigrants
- Iraqi and Afghani special immigrants
- Certain Ukrainian or Afghan parolees
- People whose deportation is being withheld
- Certain Native Americans born abroad

Pregnant women and children under 19 do not have to meet the 5-year bar.

Q: If I have applied for lawful permanent residence but my application is pending, can I be eligible for Medicaid?

No, you cannot be eligible for Medicaid until your lawful permanent residence application is processed and you've been granted a green card or Lawful Permanent Residence status.

Q: Can I get other medical assistance from DHHS if I lose my Medicaid coverage?

If you no longer qualify for Medicaid because of your immigration status, you may qualify for another program.

599 CHIP

If you are pregnant and do not have a Medicaid-eligible immigration status, your unborn baby may qualify for coverage through 599 CHIP. This program covers prenatal and pregnancy-related services, as well as labor and delivery. To qualify, you cannot have other health coverage.

Refugee Resettlement Program (RRP)

To be eligible for RRP, you must reside in the U.S. legally, have moved to the U.S. within the past eight months, and must have an eligible immigration status, such as:

- Refugee;
- Amerasian;

- Asylee;
- Cuban and Haitian Entrant;
- Afghan and Iraqi Special Immigrant;
- Certain Afghan Humanitarian Parolee;
- Certain Ukrainian Humanitarian Parolee;
- Victim of Human Trafficking; or
- Eligible Unaccompanied Alien Child.

Emergency Medical Services Assistance (EMSA)

EMSA may help pay for emergency medical care if you meet all Medicaid eligibility rules except the citizenship or immigration requirement and you have a medical emergency. EMSA only covers emergency services. DHHS will review your application to see if emergency services can be covered.

Q: If I might be affected, what should I do now before October 1, 2026?

Make sure Nebraska Medicaid has your current mailing address and phone number and respond to any requests for information.

If you or someone in your household is a U.S. Citizen, U.S. National, or has a Medicaid-eligible noncitizen status, you may need to send DHHS updated documents that show that person's current status. You may also submit an electronic change report or contact the customer service center to provide your most current immigration information.

Schedule all medical, dental, and behavioral health appointments and refill prescriptions now. Do not wait until October.

Q: How can I contact DHHS?

If DHHS asks for information or if you need to report a change that affects your Medicaid eligibility, you can do so in the following ways:

- **Online:** at https://iserve.nebraska.gov/
- **By mail:** P.O. Box 2992 Omaha, NE 68103-2992
- **By phone:**
  - Phone Number: (855) 632-7633
  - Lincoln Phone Number: (402) 473-7000
  - Omaha Phone Number: (402) 595-1178
  - TTY Number: (402) 471-7256
  - Fax: (402) 742-2351
- **In person:** at a local DHHS office https://dhhs.ne.gov/Pages/Public-Assistance-Offices.aspx