



AI HCBS Provider Meeting

June 23, 2026

Presented by the Division of Developmental Disabilities



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Agenda

- Waiver Updates & Policy Updates
- AD/TBI Operational Changes
- AD/TBI Service Changes
- Compliance with Services and Billing
- DD Financial Reporting
- State of the Workforce Results
- Remote Supports on DD Waivers
- Upcoming Events
- Questions

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Division Name Change

On July 18, 2026, DDD becomes
the Division of Disability and Aging (DDA)

**Documents issued after June 30, 2026, will reflect the name change.*

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Waiver & Policy Updates



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DD Waivers & Policies

Updates to CDD & DDAD Waivers will be effective July 1, 2026:

- Updated Comprehensive DD Waiver (CDD)
- Updated Adult Day Waiver (DDAD)
- DD HCBS Provider Policy Manual
- Updated Services Summaries & Resources

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Significant DD Waiver & Policy Changes

Updates to CDD & DDAD Waivers will be effective July 1, 2026:

- New Grievance and Complaint Process (Access Rule Requirement)
- Updated processes to support the development of Behavior Support Plans, including new resources for participants and providers
- Updated language to clarify expectations for back-up staff
- Provider Financial Reporting Requirements
- Incorporated Incident Reporting and GER Guide into Policy Manual (Access Rule Requirement)

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AD & TBI Waivers & Policies

Updates to CDD & DDAD Waivers will be effective July 1, 2026:

- Updated Aged and Disabled (AD) Waiver
- Updated Traumatic Brain Injury (TBI) Waiver
- AD/TBI HCBS Provider Policy Manual- **NEW**
- AD/TBI TCM Provider Policy Manual- **NEW**
- AD/TBI Fee Schedules- **NEW** (Access Rule Requirement)
- Service Summaries & Resources- **NEW**

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Significant AD/TBI Waiver & Policy Changes

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Access Rule Compliance Reporting

- DDD, in partnership with MLTC, will be posting a new **HCBS Access Rule Compliance** website.
 - Directly Available from the main Division website
- Sections for all Access Rule Requirements
 - Updated compliance indicators include:
 - Advisory Groups
 - Grievance System
 - Fee for Service (FFS) Payment Rates & Rate Analyses

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AD/TBI Operational Changes



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AD Waiver Hiring

- New Service Coordination Administrators hired for AD & TBI Waivers
- Staci Bednar – Administrator II – AD & TBI Waiver Field Operations
 - *Starting July 6, 2026*
- Service District Administrators
 - District One: Kellsey Eiland
 - District Two: Karen Houseman
 - District Three: Stacey Boss
 - District Four: Rachel Metry
 - District Five: Amy Callendar-Taft

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Provider Requirements

- All AD and TBI providers must have training in the following areas, and provide evidence of a current certificate of completion from an accredited source, when applicable or upon request.
 - Abuse, neglect, and exploitation and state law reporting requirements and prevention;
 - Cardiopulmonary resuscitation (CPR); and
 - Basic first aid
- Compliance with this training is due within 60 days.
- Free Abuse and Neglect Training is posted on <https://dhhs.ne.gov/Pages/DD-Training.aspx>

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Service Limitations/School Hours: ADTBI Update

- In 2004, the Individuals with Disabilities Education Improvement Act (IDEA) was written to ensure children with disabilities have the opportunity to participate in every aspect of the school experience, academic and non-academic. They are to participate as much as possible in their school schedule, classes, and activities as their non-disabled peers.
- **Waiver services are not available to participants who are 21 years of age and younger during the time the participant is enrolled in or attending a typical school day, or the extended services available to participants aged 18-21.**
 - This is applicable for all HCBS waivers.
 - When school is not in session, the waiver services may be authorized when the local school district is not in session.
 - Such as fall, winter, spring, and summer breaks, scheduled school holidays, and teacher in-service days.

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Service Limitations/School Hours: ADTBI Update

- For the Aged and Disabled Waiver and TBI Waivers, participants and their families should advocate for the school system to provide educational services during the full school day, as waiver services cannot be authorized for those times.
- If a participant is home schooled, no services can be delivered during the local school district's schedule on all HCBS waivers.
- Proof that a participant has met all requirements to receive their high school diploma may be requested if age 18-21 and requesting services.

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AD & TBI Service Changes

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General Note

In accordance with 480 NAC 5 and the 1915(c) HCBS Waiver agreement with the Center for Medicaid and Medicare Services, DDA has the authority to establish rates for: Chore, Companion, Extra Care for Children with Disabilities, Agency Respite providers, Independence Skills Building Services, LRI Personal Care, Personal Care, and Personal Emergency Response System.

DDD will be establishing rates for these services previously subject to negotiation: Adult Day Health, Respite, LRI Personal Care, and Independence Skills Building.

Other services will be subject to negotiation within a meaningful range.

These rates will supersede rates set on the MC-190.

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Adult Day Health - 9245 (AD) and 3336 (TBI)

- The Aged and Disabled Waiver and Traumatic Brain Injury Waiver are introducing an hourly rate to service codes.
 - \$13.53 hour, up to six hours
 - \$81.22 day rate six hours+
- Existing services with the Day Rate will be split in Therap to have a new authorization to start 7/1/2026.
 - All authorizations created prior to 6/18/2026 must be acknowledged in Therap to honor the previous billing configuration.
 - Therap's change to the system will require the use of hourly rates in event authorizations are not acknowledged prior to this date.

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Chore - 6496 (AD/TBI)

- The scope of the service Chore will be changing to only include the health and welfare of the participants. Our partners at CMS clarified that things considered to be maintaining the home or property are out of scope of waiver services.
 - This change means that the state can no longer cover regular mowing. Site Clearance, to address significant access/egress issues that impact the participant's safety, is still allowable.
- All services must be billed hourly, by quarter-hour, and are no longer available by occurrence.
- Verification that the task is not the responsibility of another capable party.
- Service has a participant budget cap of \$3,500 per year.

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Chore - 6496 (AD/TBI) – cont.

- Establish rates will have maximums, not to exceed private pay, billed by the quarter hour.
 - Lawncare/Lawn mowing – no longer in the waiver
 - Site Clearance – Max Rate \$50/hour
 - Heavy Cleaning- Max Rate \$50/hour
 - Snow/Ice Removal- Max Rate \$45/hour
 - Pest Remediation – by invoice/treatment plan
 - Heavy Cleaning- Max Rate \$50/hour
- *Due to Therap billing configurations being updated, all service authorizations are ending 6/30/2026 and service coordinators must create new authorizations for July 2026 forward.*

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Extra Care for Children with Disabilities – (AD)

Service name updated to reflect proper title, previously Disability Related Childcare on authorizations.

Group Rates:

- When the service is provided in the family home, or not by a licensed childcare provider for siblings (e.g. grandma's home), the participants will be authorized for group rates. The combination of all the authorizations will be equal to the full rate of the provider.
- For example, if the provider's rate is \$16/hour when the service is provided for two waiver participants (e.g. twins) at the same time, the rate will be authorized at \$8/hour (including parental portion).

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Extra Care for Children with Disabilities – (cont.)

Parental Portion

- Updated Parental Portion Fee schedule will be effective 7/1/2026.

Daily Rates are required for 5 or more hours. Limited to no more than 50 hours per week.

Due to updates to Therap's billing configurations and the parental portion changes, all Service Authorizations have been ended effective 6/30/2026 and will need to be created by the SC for services to continue.

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Respite – (AD/TBI)

- This service can be provided with participants from AD and DD present.
- Providers must not provide respite to individuals 18+ and children 13 or younger at the same time and location unless a documented approval by DDD Central Office is in the Person-Centered Plan.
- Group Rates:
 - When the service is provided to multiple participants at the same time, the combination of all the authorizations will be equal to the full rate of the provider.
 - For example, if the provider's rate is \$16/hour when the service is provided for two waiver participants at the same time, the rate will be authorized at \$8/hour.
- Daily Rates:
 - For service provided in the provider setting, daily rates are required for eight or more hours.
 - *In-home (EVV service code 1113/6688) is only billed hourly.*

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Respite – (AD/TBI) Fee Schedule

- Agency Providers: Hourly

- Group 1:1 - \$29.96
- Group 1:2 - \$14.95
- Group 1:3 - \$9.98

- Agency Providers: Daily

- Group 1:1 - \$238.68
- Group 1:2 - \$119.34
- Group 1:3 - \$79.56

- Independent Providers: Hourly

- Group 1:1 - \$16.00
- Group 1:2 - \$8.00
- Group 1:3 - \$5.33

- Independent Providers: Daily

- Group 1:1 - \$128.00
- Group 1:2 - \$64.00
- Group 1:3 - \$42.66

Respite Camp providers - (AD/TBI)

A daily rate will be authorized under a new service code, rates will not exceed private pay, group rate rules do not apply. Identified providers will be contacted to enroll under the new service code.

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Additional Changes:

- LRI Personal Care –
 - Fee Schedule: Agency - \$32.00
 - Agency providers are responsible for ensuring caregivers receive the same training and provider requirements.
 - Attestation forms indicating this requirement is met is still required.
- Independence Skills Building –
 - Fee Schedule: Agency - \$32.00 (Group Rates Apply)
- Service Name change:
 - Assisted Living will now be called **Supported Residential Living**
 - This service can only be provided by licensed Assisted Living Facilities who also compliant with HCBS Final Settings Rule standards.

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Resource Development next steps:

- Providers who need to enroll in updated service codes will need to work with their Resource Developer to get services referred in maximus:
 - Personal Care Live-In Provider 6442 (AD) 8990 (TBI)
 - Group of 2 and Group of 3 codes:
 - Respite
 - Extra Care for Children with Disabilities
 - Independent Skills Building
 - TBI Waiver service codes*

**requires specialized training*

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AD/TBI Exception Process Cost-Effectiveness Determinations

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Exception Process & Provider Impact

- Waiver services that exceed 150% (\$138,657) of the average nursing facility.
 - Require the SC to submit a Request for Exception to the DDA Clinical Team.
- When the DDA Clinical Team authorizes an exception, provider reimbursement for all hours approved in excess of the 150% (\$138,657) cost shall comply with the following maximum rate caps:
 - Agency provider rates will be no greater than the existing rate or \$32.50 per hour or any hours exceeding the 150% threshold, whichever is less.
 - The independent provider rate will be no greater than the existing rate or \$17 per hour for any hours approved over the 150% threshold, whichever is less.
 - Standard authorized rate applies to all authorized services hours provided up to the 150% NF institutional cost threshold.

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Compliance with Services and Billing



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Program Integrity & Why It Matters

- Ensuring billed services match what is authorized and delivered
- Supporting accurate, compliant Medicaid billing
- Reducing errors through proactive review and communication
- Using preauthorization and post-claim reviews to verify service alignment and documentation

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Expectations for Providers & Service Coordinators

- Follow service definitions and ensure services match the participant's plan
- Maintain documentation that supports what was delivered
- Submit claims reflecting accurate service time, duration, and type
- Communicate promptly with Service Coordination when questions arise

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Financial Reporting



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Provider Cost Report

The Provider Cost Report is designed to track:

- **Expenses**
- **Revenues**
- **Census**
- **Turnover**

Requirement for **ALL DD Providers** under the updated DD Policy Manual.

**Required audit reporting for DD providers with more than \$1.5M in services remains unchanged.*

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Provider Cost Report

- The Provider Cost Report consists of an Excel workbook which must be completed by all DD providers.
- The Provider Cost Report includes: **Schedule A (*Expenses*); Schedule B (*Revenues*); Schedule C (*Census*); Schedule D (*Turnover*); and Staffing and Payroll Attachments.**
- DDD monitors allocation variances and follows up on significant discrepancies.
 - Providers who show more than a 10% variance will receive follow-up for additional clarification.
- Providers reporting a financial loss will be required to provide additional information regarding financial condition, sustainability, and corrective action plans as part of a **Financial Loss Reporting Requirement**.

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Provider Cost Report


All DD providers must submit a Cost Report within six months of the end of their fiscal year.

- Providers may request alternative compliance for up to 90 additional days if requested before the original due date.
- A one-time approval of extensions may be granted for *good cause* at the sole discretion of DHHS.
- Failure to meet reporting deadlines, including any approved alternative compliance deadline, may result in compliance actions, including possible referral suspension.


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Nebraska's 2024 National Core Indicators for AD State of the Workforce Results



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2024 Report Complete

- Now available for review

Includes All Participating States

- National comparisons and trends

Nebraska DD Focus Today

- Key takeaways for our state

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Nebraska's Success Starts with You

Provider engagement made the difference

Providers Powered Results

- Your engagement made the difference
- Stronger response rate through provider leadership
- Exceptional response rates - among the highest in the nation

Providers Boosted Precision

- Quality driven by participation
- Sharper margin of error than experienced states

Providers Drove Impact

- Voices shape workforce direction
- Clear workforce insights - better understanding of needs

State	Valid responses ³	Total pop ^{4,5}	Response rate	Margin of error ^{6,7,8}
ILLINOIS	123	255	48.2%	6.37%
INDIANA	335	1134	29.5%	4.50%
MISSOURI	196	827	23.7%	6.12%
NEBRASKA	53	133	39.8%	10.48%
NEW HAMPSHIRE	35	117	29.9%	13.93%
NORTH CAROLINA	199	1449	13.7%	6.45%
OKLAHOMA	25	116	21.6%	17.44%
Total	966	4031	--	--

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Three Key Findings

Strengths and challenges in our workforce data

Highest Wages Nationwide

- Nebraska leads all participating states on Direct Service Worker (DSW) wages

Most Benefits Offered

- Strong, comprehensive packages

Turnover Above Average

- Still higher than national benchmarks
- Ongoing workforce challenge

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Focused, Data-Driven Opportunities

Not mandates – supportive options to strengthen your work

Survey Question	Nebraska	National
Offer Transportation Benefits	2.1%	17.2%
Offer Training for DSW	41.2%	48.5%
DSW Turnover Ratio	47.7%	45.1%

Transportation Supports

- Bus pass, parking, carpooling

Training Resources

- Training above and beyond those required by state regulation

Turnover Insights

- Understanding drivers and patterns

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Moving Forward Together

Your leadership, supported by state resources

Not Mandates

Opportunities, not requirements

Provider-Led Direction

You decide what fits

Shared Goal

A stronger HCBS workforce

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Thank You, Nebraska AD Providers

Your commitment drives meaningful change

Your Engagement Matters



Your Leadership Shows



Your Workforce Impacts Lives

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Wages

Nebraska is Above the National Average

53 Nebraska Provider Agencies reported performance above the NCI national average.

Highest Average Hourly Wage: **\$19.15**

NCI Average \$15.83

Most within \$.50 of the Living Wage: **22.5%**

NCI Average 1.6%

Highest Above the Living Wage: **5%**

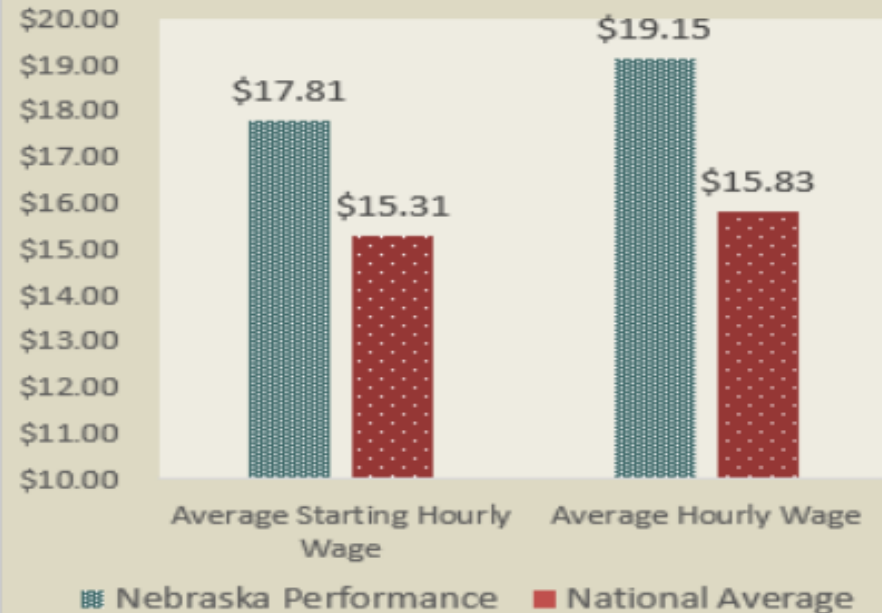
NCI Average 0.1%

2nd Highest Average Starting Wage: **\$17.81**

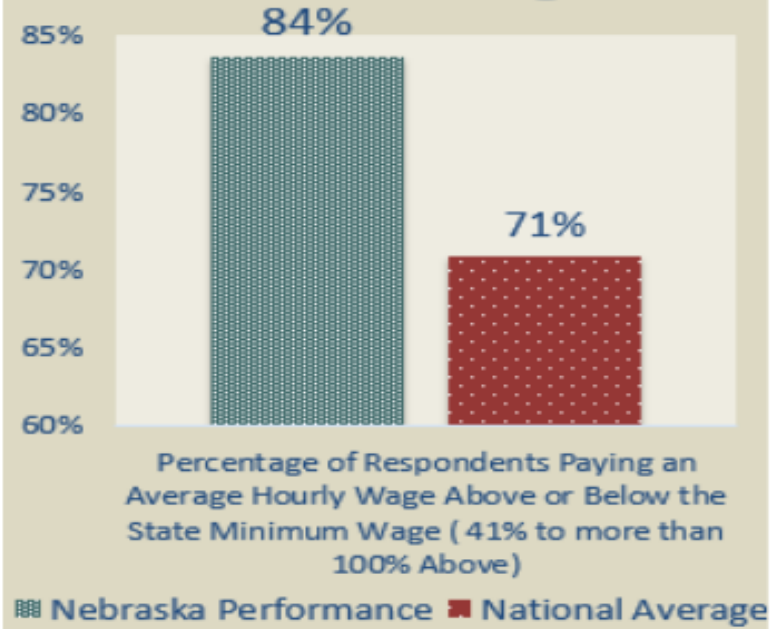
NCI Average \$15.31

Highest Maximum Average Starting Wage: **\$28.00** *Next Highest \$23.63*

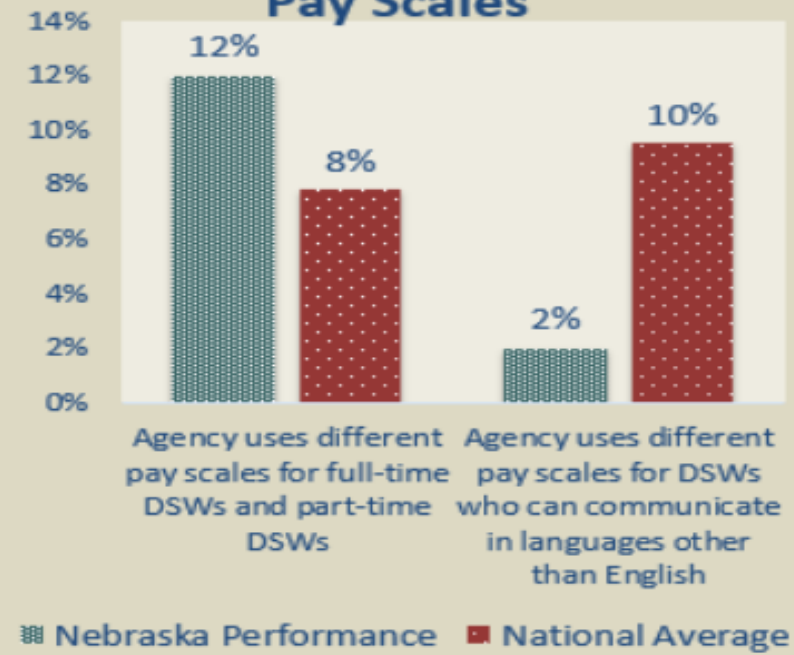
2024 Nebraska NCI AD Wage Comparison



2024 Nebraska NCI AD Minimum Wage



2024 Nebraska NCI AD Pay Scales



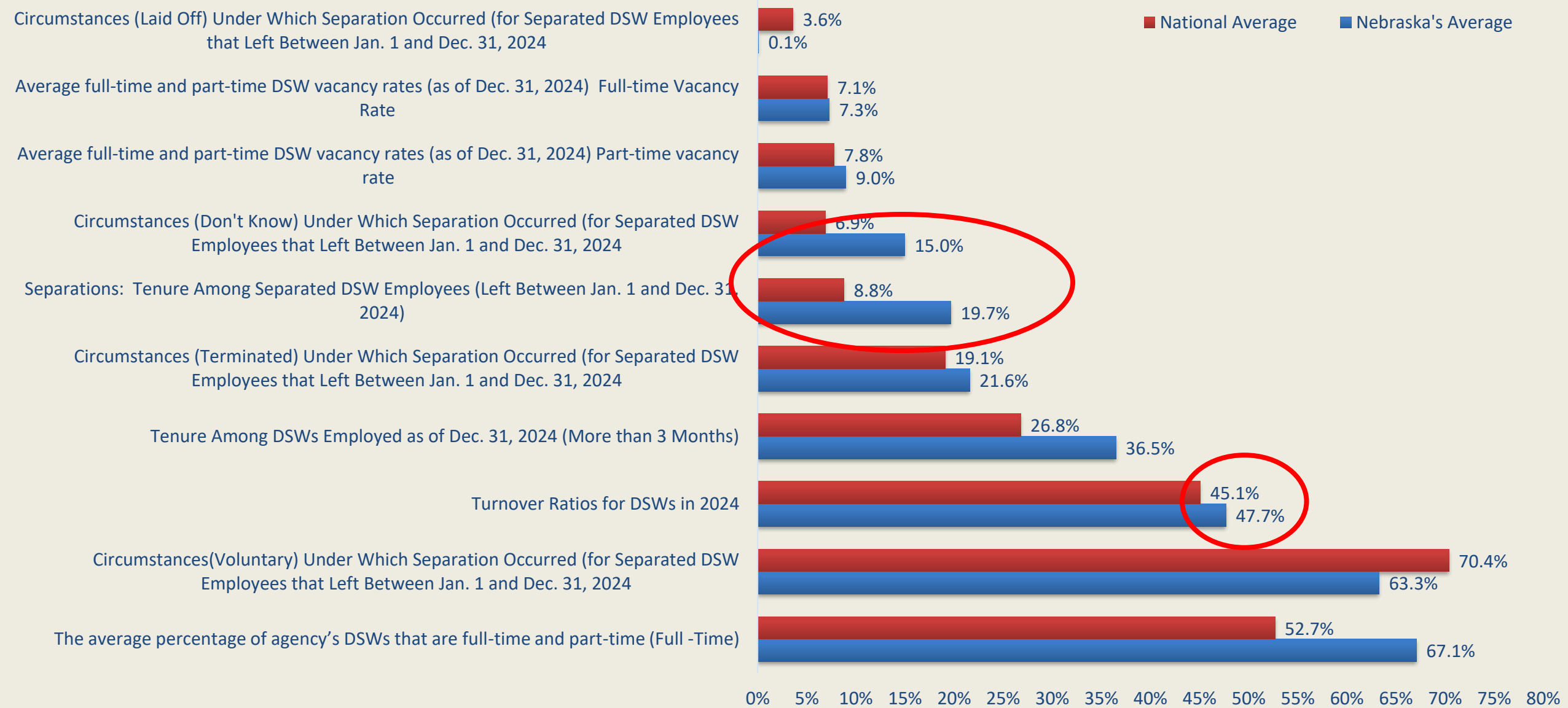
Benefits

Nebraska Agencies Offer More Benefits

NCI AD State of the Workforce Question: Benefits and Bonuses	Nebraska 2024 Average	Nebraska Rank to National	National Average
Offer Dental Insurance/Vision Coverage to some or all DSWs	79.20%	Above	35.20%
Offer Health Insurance	75.50%	Above	36.60%
Offer Life Insurance	83.30%	Above	34.40%
Offer Flexible spending account	50.00%	Above	10.70%
Offer employer-sponsored retirement plan (401K, 403b or <u>other</u> plan)	84.90%	Above	40.90%
Offer Employee Assistance Program	50.00%	Above	20.60%
Offer Employer sponsored disability insurance	35.40%	Above	13.00%
Offer Paid Sick Time	56.80%	Above	43.30%
Offer Pooled Paid Time Off	48.10%	Above	37.90%
Offer Post-secondary education support	20.80%	Above	12.10%
Offer Health incentive programs	14.60%	Above	7.40%
Offer Paid Personal Time	36.10%	Above	34.30%

Turnover and Tenure

2024 Aging and Disabilities Nebraska NCI State of the Workforce Comparison Report: Turnover & Tenure



Remote Supports on DD Waivers



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Remote Supports

Since July 1, 2025, remote supports have been available as a service and a modality within intermittent and continuous residential services on the DD waivers.

Stand-Alone Service:

- No Residential Services
- Supported Family Living
- Independent Living

Modality:

- Continuous (Group) Home
- Host Home
- Shared Living

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Remote Supports

- Must be authorized as a stand-alone service or noted as a modality within the PCP prior to use.
- When used as a modality, the total combined hours for remote supports may not exceed a weekly amount of 10 hours.
- Remote supports will be delivered in a way that respects the privacy of the individual and are not intended to monitor ADLs. Video cameras/monitors are not permitted in bedrooms and bathrooms
- Use of remote supports must be a person-centered decision and facilitate community integration, not risk leading to the isolation of the participant from the community or from interacting with other people.
- Providers address health and safety needs, including emergency response when remote support is being used.

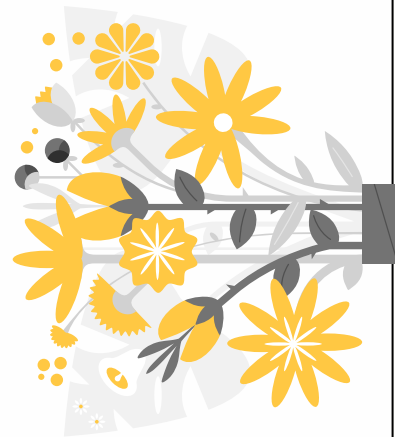
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Upcoming Events



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Upcoming Events: July 2026

- **Monthly DHHS Stakeholder Meeting**
 - Monday, July 6 at 4:00 – 5:00 pm, Central Time
 - Deputies and leadership
- **PCP Champions – Dive into CtLC**
 - Tuesday, July 7 at 3:00 – 4:00 pm, Central Time
 - Amy Calendar-Taft
- **Habilitation Program Writing**
 - Wednesday, July 29 at 1:00 – 3:00 pm, Central Time
 - Shauna Adams
- **Independent Provider Orientation**
 - Wednesday, July 29 at 5:30 – 7:30 pm, Central Time
 - Shauna Adams



QR code for DDD Homepage –
Scroll to the bottom for the calendar.

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Upcoming Events: August – September 2026

- **August DHHS Stakeholder Meeting**
 - Monday, August 3 at 4:00 – 5:00 pm, Central Time
 - Deputies and leadership
- **HCBS Provider Meeting**
 - Tuesday, August 18 at 10:00 – 12:00 pm, Central Time
 - Deputies and leadership
- **PCP Champions – Dive into CtLC**
 - Tuesday, September 1 at 3:00 – 4:00 pm, Central Time
 - Amy Calendar-Taft
- **September DHHS Stakeholder Meeting**
 - Monday, September 14 at 4:00 – 5:00 pm, Central Time
 - Deputies and leadership



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Thank You!

Tony Green, Director

Dr. Jenn Clark

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Program Manager – Eligibility and Enrollment
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Nebraska
Department of Health
and Human Services



Nebraska DHHS



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Questions



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