Summary of Changes

Chapter 1: Introduction
- 1.7.C.1 Updated Nebraska Revised Statutes number.

Chapter 2: Eligibility, Registry, and Entry into Services
- 2.2.B.1 Removed ACCESSNebraska link and replaced with iserve.Nebraska link.
- 2.2.C.2 Removed information related the share of cost letter, as this is a Medicaid process.
- 2.4 Updated information from opening paragraph and included within section for ease of flow.
- 2.6 Removed Disability Service Specialist and replaced with Eligibility and Enrollment.
- 2.6.D.1 Removed citizenship requirements, as that is a Medicaid requirement.
- 2.6.E.1&2 Removed as language is repeated.
- 2.7.B.3 Updated language to continuously meet level of care.
- 2.7.E Added language to reflect active Medicaid or through Ability to Pay.
- 2.8.3 Added language to clarify the criteria.
- 2.11 Removed "Participant’s.”
- 2.11.B Added d. to when ICAP is completed.
- 2.11.5.b Revised and removed internal process.
- 2.11.6 Updated to 90 days.
- 2.12.B.1 Removed, as repeated language.
- 2.12.D.2 Clarified what Service Coordination verifies when calling the provider.

Chapter 3: Participant Rights and Rights Restrictions
- 3.9.K.5 Added language to include injury.

Chapter 7: Provider Requirements
- 7.1.K Updated list of reportable incidents for consistency with the Incident Reporting and GER Guide
- 7.1.M Updated reporting timelines for consistency with the Incident Reporting and GER Guide
- 7.1.N Added remediation policy for agency and independent providers.
- 7.2.I Removed repeated language.
- 7.2.Q Removed Disciplinary Action section from agency provider requirements. Requirements
from this section have been added to section 7.1.N Remediation for all providers.

Chapter 8: DD Waiver Service Definitions

- 8.6.C Clarified Consultative Assessment and habilitation.

Appendix B: Glossary

- Added “Room and Board” definition.

Appendix C: Contacts and Resources

- Combined and updated resource links.