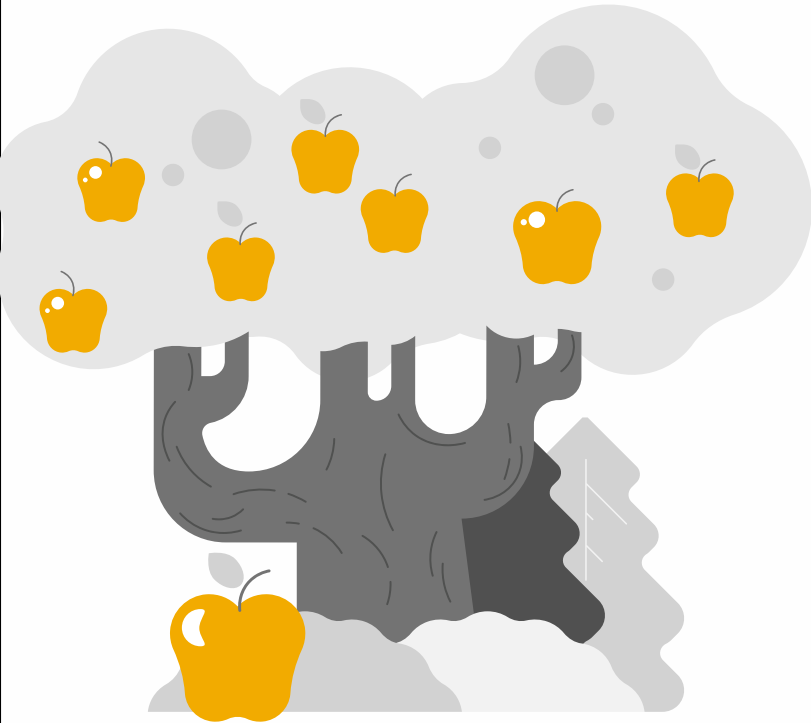
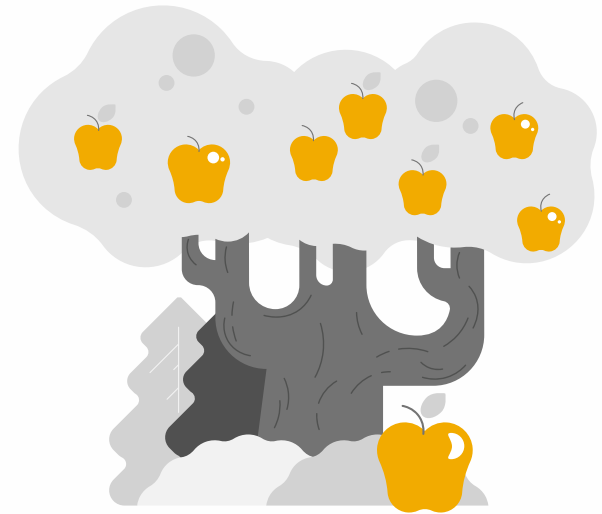


DHHS – Provider Meeting

Developmental Disabilities (DD) Waivers



**Third Quarter
September 15, 2026**



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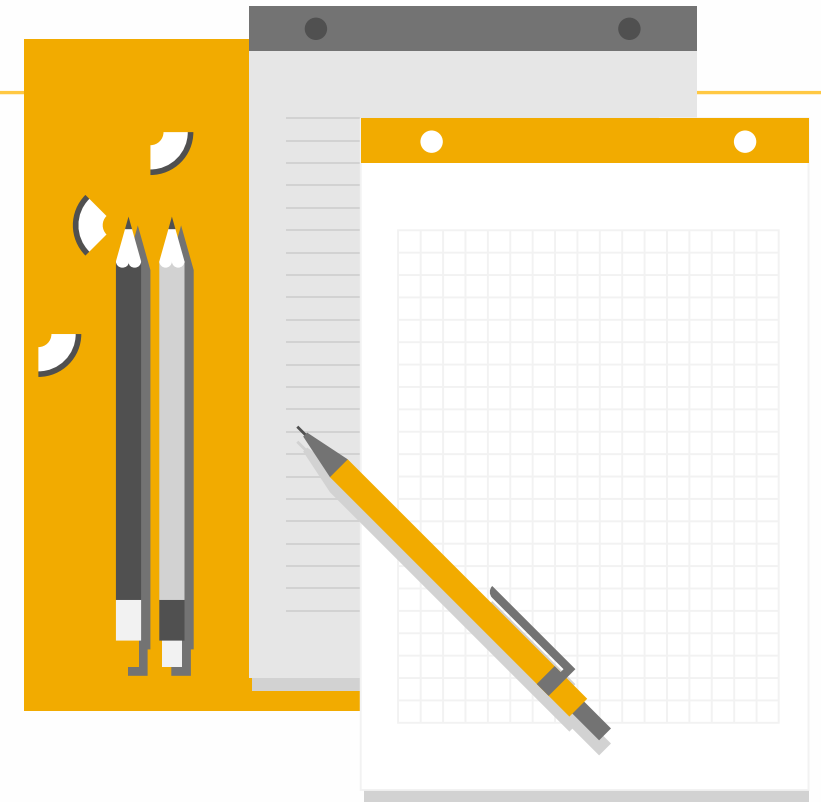
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Agenda

- interRAI Year-Two Process Changes
- National Core Indicators (NCI)
- Therap Case Management Enhancements
- Waiver Amendment Updates
- Provider Resource Navigation
- Shared Living Provider (SLP) Back-Up Staff
- Timeliness of PCP Meetings and Programs
- Habilitation and Data Expectations



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interRAI Year-Two DD Process Changes

We completed our first year of DD Level of Care renewals using the InterRAI.

Thank you for your participation!

- The age for each InterRAI has changed:
 - Intellectual Disability InterRAI completed starting at age 18.
 - The Child and Youth Mental Health and Developmental Disability Assessment is completed starting at age 4 through age 17.
 - The adolescent supplement is added at age 12.
- All documentation not already in Therap must be given to the assessor at the time of the assessment.
 - Most pertinent information can be found in Therap.
 - Be prepared with anything additional when the assessor arrives.
 - Assessments will not be adjusted once completed.

Age changes take effect at the next renewal. InterRAIs will not be redone unless there is a significant change and a Change in Need assessment is approved.

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National Core Indicators (NCI)

2024 – 2025 NCI IDD-IPS

Survey Spotlight

For DD Providers

*NCI (National Core Indicators)

*IDD (Intellectual & Developmental Disabilities)

*IPS (In-Person Survey)

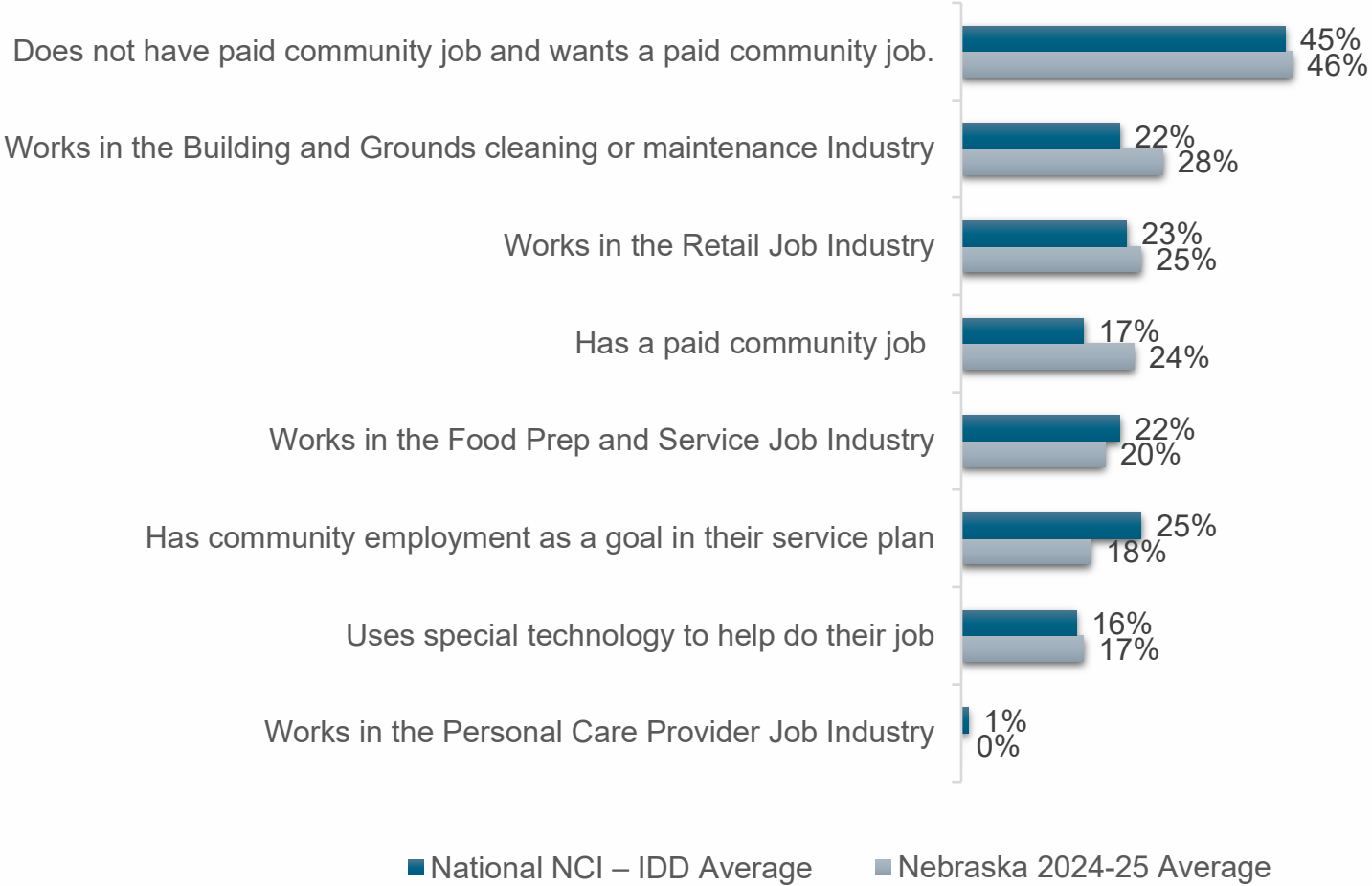
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Employment of Nebraska Participants Above the National Average



#1 Top Ranked State

- Participates in Community Activities With Paid Support at least once a week

#1 Top Ranked State

- Attends Day Program or Workshop at least once a week

10th Best Ranked State

- Paid Community Job for Individual with publicly funded supports

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Participants WITH & WITHOUT Publicly-Funded Supports

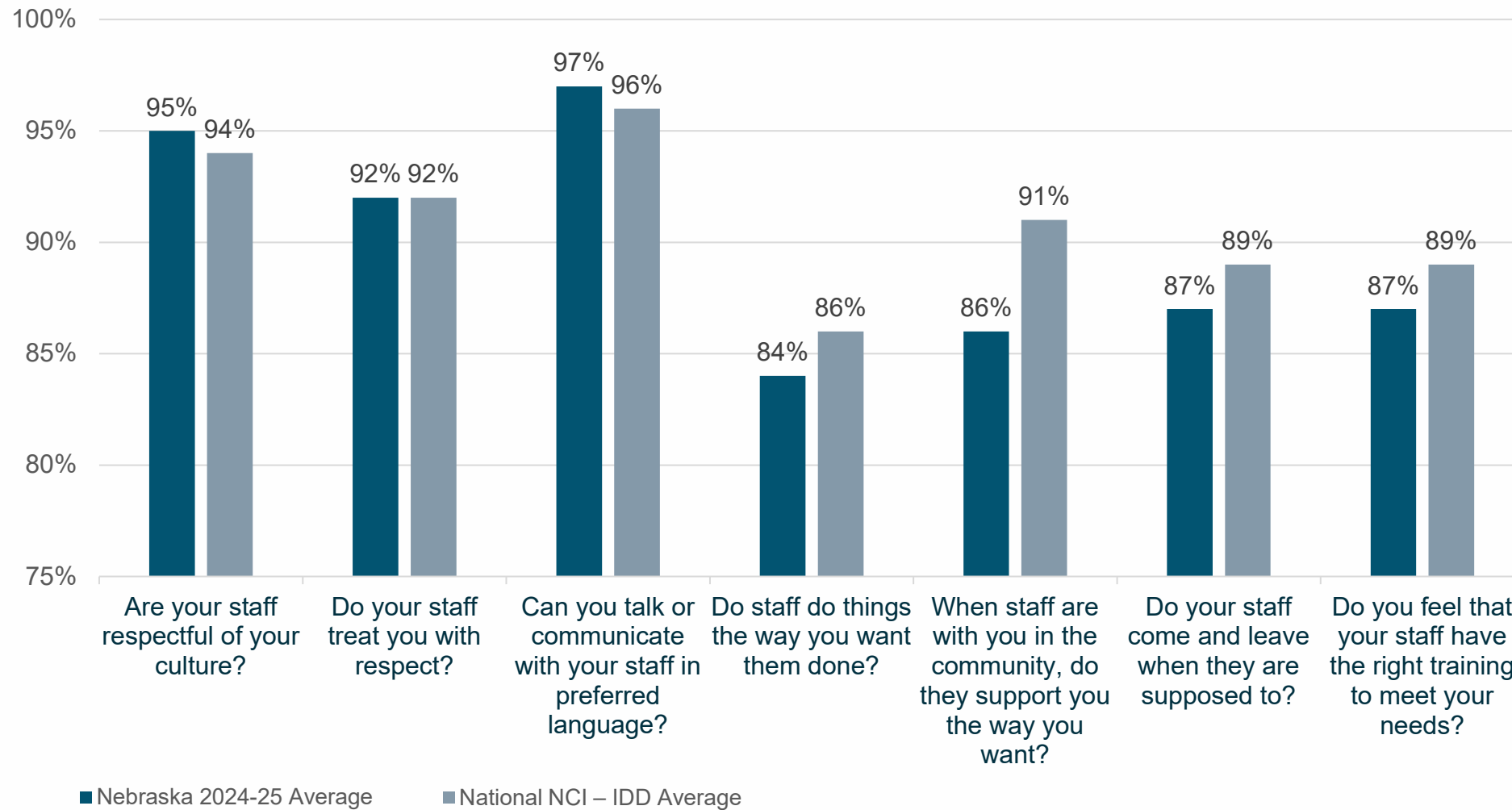
NCI Survey Question	Nebraska or National	Publicly Funded Supports	
		WITH	WITHOUT
Average hourly wages by type of community job	Nebraska	\$13.74	N/A
	National	\$13.53	\$13.42
Average number of biweekly hours by type of community job	Nebraska	17 hrs	25 hrs
	National	24 hrs	28 hrs
Type of paid community job	Nebraska	60% 10th Best Ranked State	40%
	National	44%	56%

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Nebraska Workforce NCI Survey Comparison to National Average



**Participants
verify
effective
Nebraska
provider staff
supports.**

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Opportunities for Further Investigation

Individuals without publicly funded supports for a paid community job

- Nebraska – 40%
- National – 56%

Individuals expand job opportunities with classes, training or skills building activities

- Nebraska – 10%
- National – 18%

Average hours for individual with publicly funded supports for paid community job

- Nebraska – 17 hrs bi-weekly
- National – 24 hrs bi-weekly

Quality Assurance for HCBS Waivers:

<https://dhhs.ne.gov/Pages/DDA-Quality-Assurance.aspx>

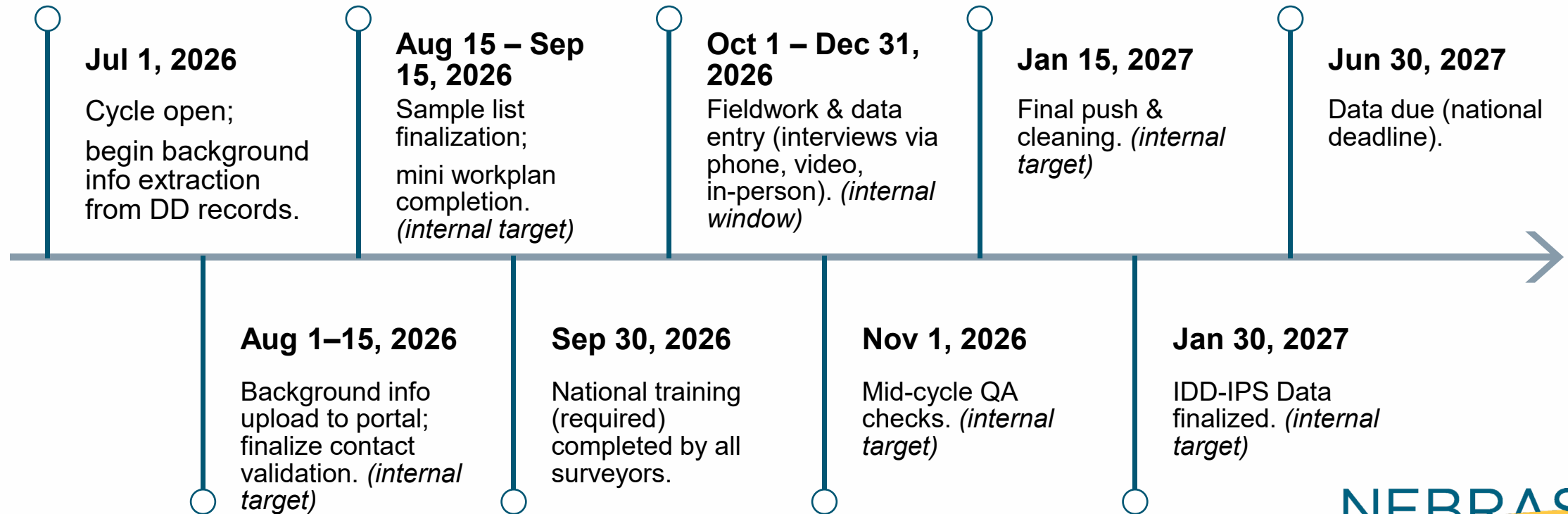
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2026-2027 NCI Cycle Timeline: Nebraska IDD-IPS



Last updated Sep 3, 2026

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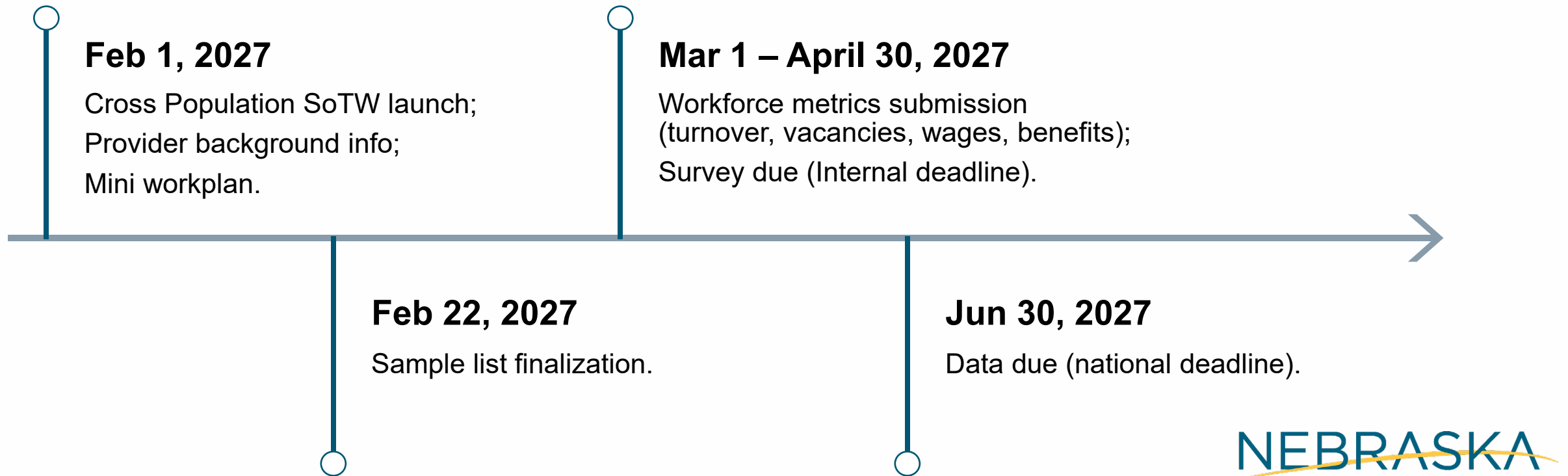
*NCI (National Core Indicators)
*IDD (Intellectual & Developmental Disabilities)
*IPS (In-Person Survey)

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26-27 NCI Cycle: Nebraska Cross-Population SoTW



Last updated Sep 3, 2026

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*NCI (National Core Indicators)
*SoTW (State of the Workforce)

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Therap Case Management Enhancements

Critical Incident Management & Mortality Review Process Updates

- Current State
- Future State
- Implementation Plan
- Questions and Discussion



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CURRENT STATE

Limited Transparency, Multiple Platforms

THE CHALLENGE

Information is siloed, hard to access, and inconsistent – creating extra work and limited visibility



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Future State
One Integrated Single Case-Management System

THE SOLUTION
A single system that provides complete visibility, streamlines workflows, and empowers providers.

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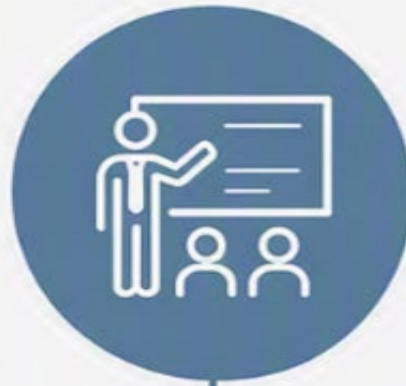
Testing & Validation



Q3–Q4 2026

DHHS & Liberty Healthcare will conduct system testing and validation.

Training Opportunities



Q4 2026

Training opportunities will be facilitated for providers and service coordinators.

Final Implementation



January 1, 2027

Final implementation is anticipated on January 1, 2027.

Ongoing Support & Assistance



Ongoing

Ongoing support and technical assistance will be available throughout rollout.

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Questions?



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Waiver Amendment Updates

- CDD, DDAD, and FSW Renewals – March 1, 2027
 - Submission to CMS is required 90 days prior for Renewal or Extension.
 - Public Comment is required for at least 30 days for Renewal.
- Draft Waivers and Summary of Changes will be posted on the Public Comment Website.
 - <https://dhhs.ne.gov/Pages/DDA-Public-Comment.aspx>
 - Subscribe for updates.

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Provider Resource Navigation – the DHHS Website

Entering from the DDA Homepage – The HCBS Section

Division Of Disability And Aging

Subscribe For Updates

Share

Contact Us

Request a 1:1 Meeting

Learn about our Programs

The Division serves as many eligible people as possible, while ensuring their health and safety. Services are provided through three types of programs:

Home and Community-Based (HCBS) Waivers

Aged and Disabled, Developmental Disabilities, and Traumatic Brain Injury

Information for Providers

Resources

Learn More

Special Health Care Needs Programs

Respite, MHCP, and other programs.

Learn More

State Unit on Aging Programs

State and federal programs to help older Nebraskans and their caregivers

Information for Providers

Resources

Learn More

Providers Of Medicaid HCBS Waiver Services

Subscribe For Updates

This is the landing page for Nebraska providers of Medicaid Home and Community-Based Services (HCBS) Waiver services. As a provider, you are responsible to know the information on this page, as well as the information on the page specific to the waiver for which you offer services.

AD and TBI Providers

DD Providers

Information for all HCBS Providers

Division Meetings for HCBS Providers - June 2026

Eligibility and Policy Information Session: New Services and Tools - May 2025

HCBS Final Settings Rule - June 2024

HCBS Spending Plan - April 2024

Quality Unit Conversations - August 2025

Resources to Improve Participant Outcomes by Mitigating Risk

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Provider Resource Navigation – the DHHS Website

The HCBS Provider Section

Developmental Disabilities (DD) Waiver Providers

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Share    

This page helps you provide important services to Medicaid HCBS DD Waiver participants. Be sure to also use the [HCBS Provider Homepage](#), the [Training](#) page, and the [Resources](#) page.

You are also responsible to know information from [MLTC Provider Bulletins](#) and [DDA Provider Bulletins](#).

Sections on this page

1. [Information for All DD Providers](#)
2. [DD Rates and Fee Schedules](#)
3. [DD Agency Provider Information](#)
4. [DD Independent Provider Information](#)
5. [Adding Services on the AD or TBI Waiver](#)

Add Services

Learn about being a Family Support Waiver (FSW) provider.

- [FSW Provider Slides](#) 
- [FSW Provider Video](#)  - February 2024

[◀ Back to Division of Disability and Aging Homepage](#)

» More

[◀ HCBS Waivers - Provider Homepage](#)

[AD & TBI Waiver Providers](#)

[DD Waiver Providers](#)

[Prospective HCBS Provider](#)

[MLTC Provider Bulletins](#)

[DDA Provider Bulletins](#)

[Electronic Visit Verification \(EVV\)](#)

[Therap Electronic Visit Verification \(EVV\)](#)

[Quality Assurance](#)

[Access Rule Compliance](#)

[Training](#)

[Regulations and Waivers](#)

[Resources and Publications](#)

[Contact Us](#)

[Information for Waiver Participants](#)

**Provider
Side
Navigation**

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Provider Resource Navigation

Subscribing for Updates

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Administration & Support

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Resources And Publications

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Email

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When you submit your email, you will be asked to checkmark pages you want to be notified about.

Check “Disability and Aging” to check all related boxes.

You can then uncheck any not applicable to you.

- ☒ **Disability and Aging**

☒ Division of Disability and Aging Home...

☒ Developmental Disabilities Advisory C...

☒ State Unit on Aging

☒ Olmstead Plan

☒ Person-Centered Planning

☒ HCBS Participant Planning

☒ DD Waiver Publications and Resources

☒ Providers Of Medicaid HCBS Waiver Ser...

☒ Providers For Aged & Disabled (AD) Wa...

☒ Providers for Developmental Disabilit...

☒ Prospective HCBS Waiver Provider

☒ Medicaid Program Provider Bulletins

☒ Provider Bulletins from Division Of D...

☒ Electronic Visit Verification

☒ Therap Electronic Visit Verification ...

☒ Beatrice State Developmental Center

☐ **Advocacy**

☒ Nebraska Council on Developmental Dis...

☐ **Medicaid and Long Term Healthcare**

☒ Medicaid Program Provider Bulletins

☐ State Unit on Aging - Financial & Pro...

☐ State Unit on Aging: Provider Resources

☐ Quality Management Committee

☒ Medicaid Expansion

Shared Living Provider (SLP) Back-Up Staff (1/2)

Formalizing Requirements Effective October 1, 2026.

- Implementing formal requirements for Shared Living back-up staff.
- Recent audits identified concerns with back-up staff qualifications and training.
- CDD Waiver *requires* back-up staff:
 - Meet all qualifications required of the primary service provider.
 - Meet agency provider hiring standards and complete required training: abuse/neglect/exploitation, state reporting, CPR, and first aid.
 - Be listed in the participant's Person-Centered Plan.

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Shared Living Provider (SLP) Back-Up Staff (2/2)

Formalizing Requirements Effective October 1, 2026

- Back-up staff must either:
 - Be employed as a Direct Service Professional (DSP) with the Shared Living DD agency provider, or
 - Be known by the Shared Living DD agency provider (*see next bullet*).
- Agency providers must maintain documentation for each back-up staff verifying all are met:
 - Qualifications;
 - Training; and
 - Employment Standards.

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Shared Living Back-Up Hour Requirements

- Back-up hours are limited to no more than 360 hours *per participant* per annual IBA / PCP year.
- The DD agency provider is responsible for tracking all back-up staff hours.
- When back-up hours are provided in the back-up staff's home, the following must be completed before the service occurs:
 - Required household background checks.
 - Final settings site assessment.

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Timeliness of PCP Meetings and Programs

Overall Timeline for Person-Centered Planning (PCP)

60–90 days before
PCP year begins:

- interRAI assessment is completed.

30–60 days before
PCP year begins:

- PCP meeting is held with the full PCP team.

0–30 days before
PCP year begins:

- Internal Supervisory review occurs.

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Timeliness of PCP Meetings and Programs

Provider Responsibilities and Required Document Deadlines

- Before and during the PCP meeting:
 - Prepare and bring all required information, updates, and recommendations related to the participant's goals, health and safety supports, and habilitation programs.
 - Ensure team-relevant documents are ready for discussion at the PCP meeting. This includes program updates, progress summaries, and risk/safety materials.
- After the PCP meeting:
 - Enter information in Therap within 30 days before the new PCP year begins.
 - This ensures programs are visible and accessible during the supervisory review phase.

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Timeliness of PCP Meetings and Programs

Expectations when Habilitative Program, BSPs, Safety Plans, or Protocols Change

A provider must notify the participant's Service Coordinator when:

- Any program, protocol, or support strategy (including Safety Plans, Emergency Protocols, and Behavioral Protocols) is updated.
- Notify Service Coordination of:
 - What you are changing,
 - Why it is being changed,
 - Where the updated information is in Therap, and
 - How the team can access the new version.

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Habilitation and Data Expectations

(1/2)

Details in the July 1, 2026 update to the DD Provider Policy Manual, Chapter 5.10 Habilitation Programs (pages 52–54).

- A *single program* may be used across several services when:
 - It is clearly individualized,
 - Aligns with the authorized services,
 - Addresses the specific skill the person is working on, **and**
 - Data is recorded separately for each service.
- This is most applicable for individuals using ***minimal*** hours.
- *For example:*
 - A Communication Program or a BSP may be used for multiple services as long as the provider collects and documents data separately on distinct data for each service.

Habilitation and Data Expectations

(2/2)

Details in the July 1, 2026 update to the DD Provider Policy Manual, Chapter 5.10 Habilitation Programs (pages 52–54).

- Additional programs are **required** to be in place when:
 - A participant uses more than minimal hours, or the full 35 hours of Community Inclusion (CI)/Day Supports **and**
 - Continuous Residential or significant Intermittent Residential Services.
- These services are fundamentally different:
 - Residential supports focus on building independent living skills,
 - CI/Day Supports emphasize community engagement, learning, or employment.
- Multiple programs help demonstrate meaningful skill-building across distinct areas.
- Habilitation must align with assessed needs.

Thank You!

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