

DHHS – Provider Meeting

HCBS Waivers

First Quarter
February 24, 2026



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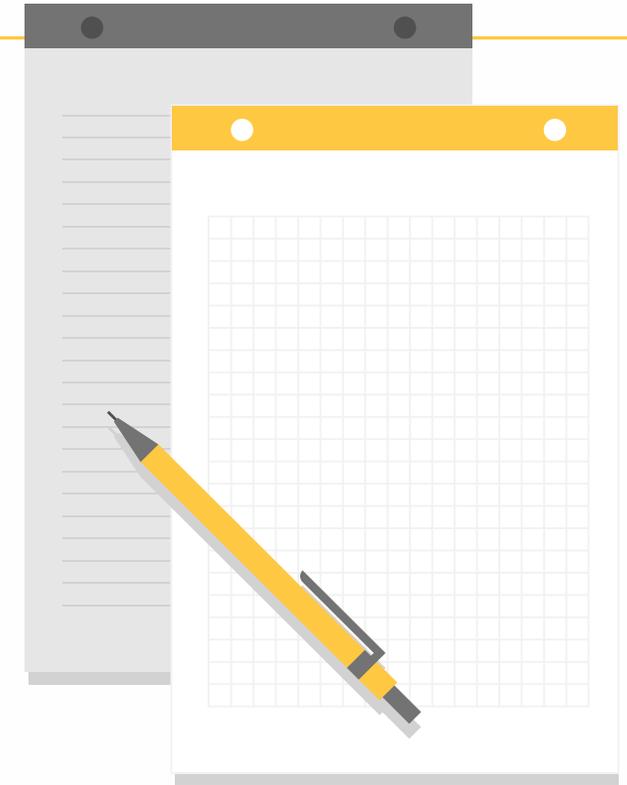
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Agenda

- Public Comment Periods
- AD and TBI Waivers
 - Therap
 - Service Coordination Changes
- DD Waivers
 - interRAI Assessment
 - National Core Indicators (NCI)
 - Shared Living Provider (SLP) Contracts and Leases
 - New Person-Centered Plan (PCP) Template
 - Agency Provider Requirements
- Developmental Disabilities Awareness Month
- Upcoming Events



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Public Comment Periods

February 2 through March 4, 2026

- Aged and Adult and Children with Disabilities (NE.0187) Waiver
- Traumatic Brain Injury Waiver (NE.40199)

January 26 through February 25, 2026

- Comprehensive Developmental Disabilities Services (NE.4154) Waiver
- Developmental Disabilities Day Services Waiver for Adults (NE.0394)

<https://dhhs.ne.gov/Pages/DD-Public-Comment.aspx>

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AD and TBI Waivers – Therap

- Therap updated the homepage layout.
 - The new design intends to improve the Therap experience and navigation.
 - Resources:
 - [Helpful guides](#)
 - [Home Page and Favorites Overview](#)
- Viewing Individual Service Plans (ISP)
 - *Often called Person-Centered Plans (PCP).*
 - Your Therap account Provider Administrator will need to update Super Roles.
 - Instructions:
 - [View or Edit Existing Super Roles](#)
 - [Unified Search for Individual Plans](#)

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AD and TBI Waivers – Service Coordination Changes

DDD will resume providing service coordination for some AD Waiver and TBI Waiver participants.

- Transition of participants' service coordination through 3/31/26.
- League of Human Dignity (LHD) service coordination will end 4/1/26.
- AD/TBI service coordination structure changes in DDD.

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DD Waivers – interRAI Results – Jan 2026 Report

Approved interRAI Initials		
Total Initials InterRAIs	643	
Waiver Recommendations		
CDD	337	52%
DDAD	74	12%
Manual Review Needed	13	2%
FSW	213	33%
N/A (SC Only)	6	1%
Totals	643	100%
Need for Continuous Residential		
Threshold Met	314	49%
Threshold Not Met	98	15%
Manual Review Needed	9	1%
N/A (for FSW or DDAD Waiver)	222	35%
Totals	643	100%
Funding Recommendations		
FSW	69	11%
Basic	173	27%
Intermediate	170	26%
High	188	29%
Advanced	43	7%
Totals	643	100%

Approved interRAI Renewals		
Total Renewal InterRAIs	2342	
Waiver Recommendations		
No Change	1958	84%
Increased to CDD	158	7%
Decreased to Lower Waiver	200	9%
Manual Review	4	0%
No Previous Waiver	16	1%
Increased to DDAD	6	0%
Totals	2342	100%
Need for Continuous Residential		
Threshold Met	1608	69%
Threshold Not Met	611	26%
Manual Review Needed	8	0%
N/A (for FSW or DDAD Waiver)	115	5%
Totals	2342	100%

Funding Recommendations		
Decreased 3 Tiers	2	0%
Decreased 2 Tiers	52	2%
Decreased 1 Tier	350	15%
No Change	1213	52%
Increased 1 Tier	539	23%
Increased 2 Tiers	70	3%
Increased 3 Tiers	3	0%
FSW to Funding Tier	65	3%
No Previous Funding Level	38	2%
Funding Tier to FSW	10	0%
Totals	2342	100%

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DD Waivers – interRAI Updates and Reminders (1/6)

- Current appeal data.
- **The interRAI is an annual requirement.**
 - The interRAI is a multi-purpose tool.
 - One of the outcomes is to determine if the person continues to meet the level of care required (ICF).
 - This determination is an annual requirement that must be completed to maintain an active waiver case.

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DD Waivers – interRAI Updates and Reminders (2/6)

Best practices at the time of the assessment.

- **Keep documentation up to date.**

- Many questions in the interRAI assessment are supported by documentation.
- This includes behavioral trackers and General Event Reports (GERs) when incidents occur.
- Other documentation reviewed includes the ISP, annual physicals, and programming information.
- Having current and accurate documentation helps ensure the assessment reflects what's really happening.

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DD Waivers – interRAI Updates and Reminders (3/6)

Best practices at the time of the assessment.

- **Communicate with your team.**

- If some ongoing behaviors or concerns aren't currently being documented or tracked, please contact your service coordinator and the team.
- Keeping everyone informed helps us get the most accurate picture of needs and support.

- **Come with an open mind and answer honestly.**

- The best outcomes come from honest, open conversations.
- Allow the assessment process to be fully completed — we simply want to understand current strengths and needs.

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DD Waivers – interRAI Updates and Reminders (4/6)

Best practices at the time of the assessment.

- **Focus on the process.**

- The assessment goes more smoothly when we focus on answering the questions rather than trying to predict the outcome.
- Your assessor's role is to gather information thoroughly and accurately.
- Assessors administering the interRAI assessments are trained to reconcile differences in opinion between different interviewees and between interviews and documentation.

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DD Waivers – interRAI Updates and Reminders (5/6)

Best practices at the time of the assessment.

- **Allow the assessor to complete the assessment.**

- The assessor needs to ask all required questions to ensure the assessment is complete and consistent for everyone.
- It's best to be organized to decide who would be the best representative to participate in the assessment vs. including a large group that contains the same information.

- **Results are not immediate.**

- The assessor cannot provide the outcome at the time of the assessment.
- The information needs to be reviewed and processed before the results are finalized.

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DD Waivers – interRAI Updates and Reminders (6/6)

Case Mix Index (CMI) – Research and study cost to serve analysis.

- interRAI has built the CMI groups on research of actual interRAI assessment results.
- The tool outputs a CMI score for the appropriate group that matches the person's assessment.
- A CMI score of 1.0 would be the average cost to serve; a score above 1 is above average, below 1 is below average.
- We aligned the CMI scores with the Nebraska tiers. The CMI groups are structured differently between the youth tool (ChYMH) and the adult tool (ID).
- More information on our website: [interRAI Assessment Information](#)

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DD Waivers – National Core Indicators (NCI) State of the Workforce

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This report was produced by the State of NEBRASKA, using a template by NCI-IDD. NCI-IDD is a collaboration between the National Association of State Directors of Developmental Disabilities Services, Human Services Research Institute, and participating states.

ABOUT THE SURVEY

Each year National Core Indicators® Intellectual and Developmental Disabilities (NCI®-IDD) implements the NCI State of the Workforce Survey. The survey collects comprehensive data on the **Direct Support Professional (DSP)** workforce providing direct supports to adults (age 18 and over) with intellectual and developmental disabilities (IDD). The goal of the survey is to help states describe their workforce, measure challenges, and monitor improvements. The full report can be accessed [here](#); the data presented in this summary represent the weighted NCI-IDD average survey results and refer to the period between **Jan. 1, 2024, and Dec. 31, 2024.**

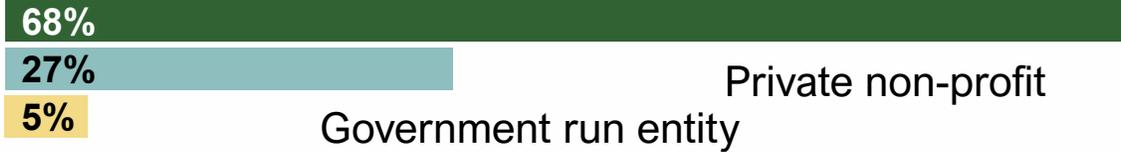
PARTICIPATING AGENCIES

More than **4,330** DSPs with **77** provider agencies responded.

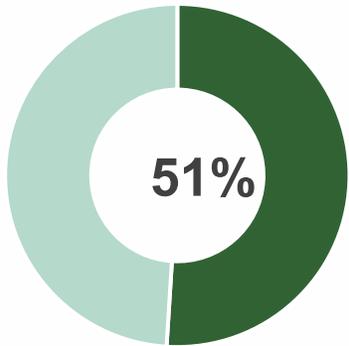
68%
provided residential supports

81%
provided in-home supports

88%
provided non-residential supports



TURNOVER AND TENURE



Average turnover ratio
The average turnover ratio **increased** compared to the 2023 average of 48%.

Tenure among DSPs on payroll 12/31/24



Tenure among DSPs who separated



Nearly one in three DSPs who stayed have been with their agency for more than 3 years.
Nearly two in three DSPs who left their agency were employed there for less than 1 year.



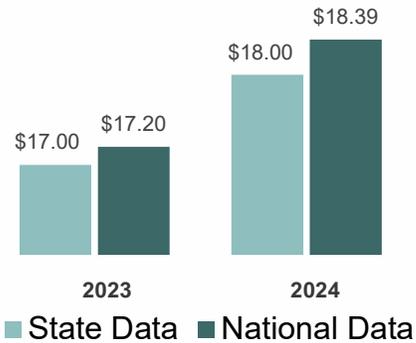
37% agencies stopped accepting or turned away new referrals due to staffing issues. This is down from 55% in 2023.



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WAGES

Median hourly wage for all DSPs

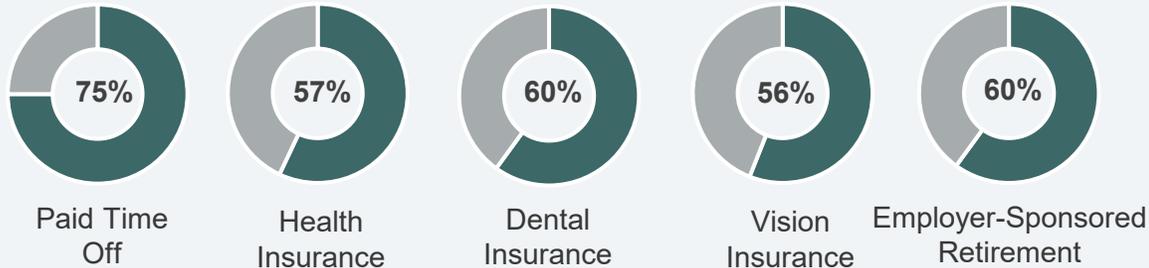


NEBRASKA has made significant efforts to increase wages for DSPs in recent years. The graph shows that **median wages for DSPs continue to increase each year.**

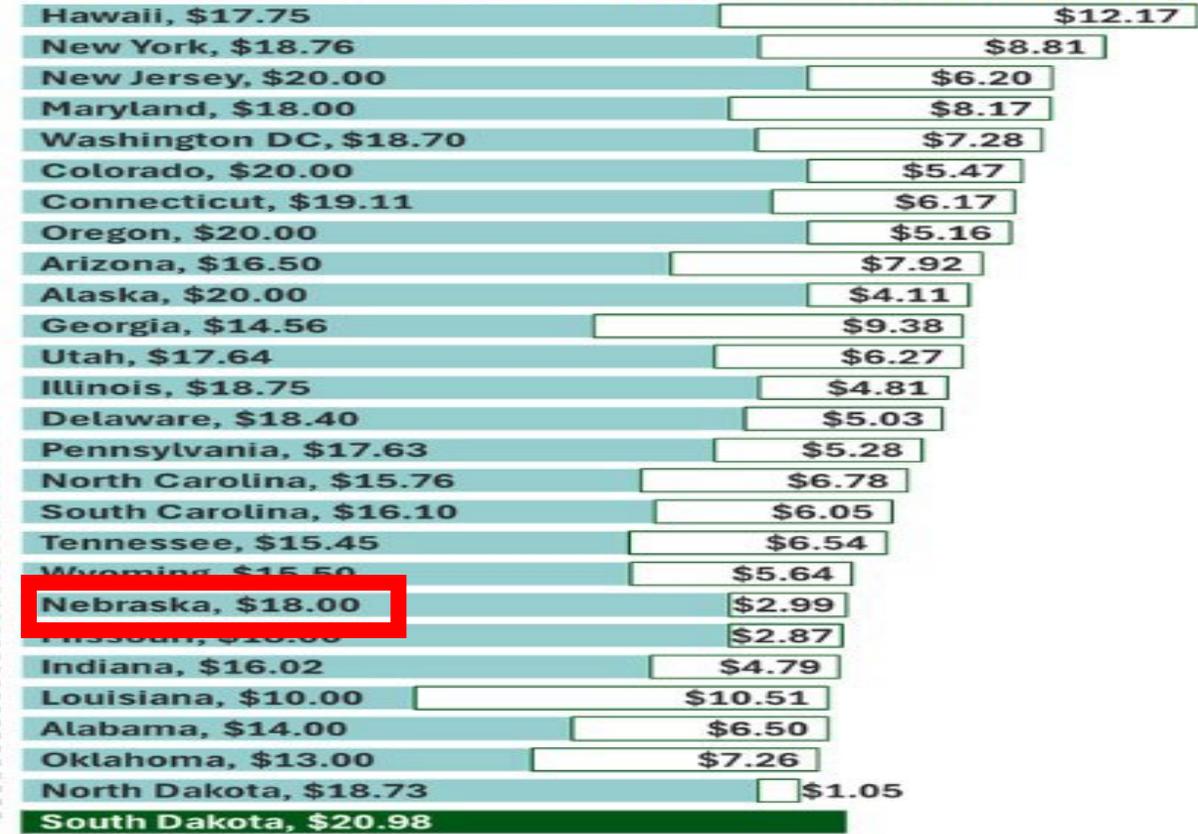
Living wage is the hourly wage one full-time worker must earn to cover the cost of their family's minimum basic needs where they live while still being self-sufficient. The graph to the right shows the median wage for DSPs by state, along with the difference between median wages and **living wage for one adult without any children.**

BENEFITS

On average, agencies offered benefits to some or all DSPs as described below:



Difference between hourly wage and living wage



Nebraska would need to increase hourly wages for DSPs by \$2.99 to meet the \$20.99 Nebraska living wage for one adult and no children.

RECRUITMENT & RETENTION



More than 4 out of every 5 agencies (79%) offer realistic job previews as part of recruitment efforts.



About 2 out of every 5 agencies (44%) offer pay incentives or bonuses to new hires as part of recruitment efforts.



About 2 out of every 5 agencies (37%) engage high schools and colleges as part of recruitment efforts.

72% Use DSP recognition programs to support retention efforts

68% Use DSP engagement surveys to support retention efforts

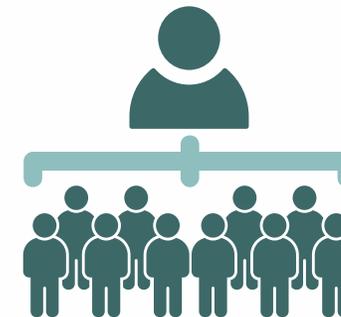
40% Use DSP ladders to retain workers in DSP roles

25% Support staff to get credentialed

29% Bonuses/raises tied to credentials

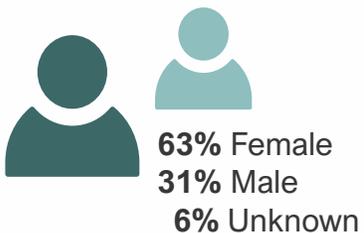
29% Include DSPs in agency governance

FRONTLINE SUPERVISORS



Average ratio of 1 Frontline Supervisors to 9 DSPs.
National average is 10 DSPs to 1 Frontline Supervisor.

DSP DEMOGRAPHICS



*Other category includes DSPs who are American Indian/Alaskan Native (0.6%), Asian (1%), Pacific Islander (0.7%) Other (1.7%), and More than one race/ethnicity (2%)



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Annual NCI Survey Cycles

AD Survey Cycle

- **NCI-AD ACS
(Adult Consumer Survey)**
 - June 1 – July 30
 - Status: Upcoming
- **NCI-AD SoTW
(State of the Workforce)**
 - October 1 – November 30
 - Status: Completed

DD Survey Cycle

- **NCI-IDD IPS
(In-Person Survey)**
 - June 1 – July 30
 - Status: Upcoming
- **NCI-IDD SoTW
(State of the Workforce)**
 - February 1 – June 30
 - Status: **Currently Open**

DD Quality Assurance Team

Paul Edwards

Quality Administrator

Paul.Edwards@Nebraska.gov

Sarah Henrichs

Quality Assurance Coordinator

Sarah.Henrichs@Nebraska.gov

Wanda Kelley

Quality Assurance Coordinator

Wanda.Kelley@Nebraska.gov



@NEDHHS



NebraskaDHHS



@NEDHHS

dhhs.ne.gov

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DD Waivers – SLP Contracts and Leases

When there is an active Shared Living Service, the agency provider is responsible to upload documents in Therap case notes, under the participant's name.

- **Completed Home Study Survey**

- Required for new SLP authorizations after January 2024.
- Required to in Therap after January 2024.

- **Rental Lease**

- Signed by the participant or guardian.
- Required for all HCBS residential settings since 2014.
- Required in Therap as of January 2024.

- **SLP Subcontract**

- Signed by the SLP and agency provider.
- Have always been required with this service.
- Required in Therap as of January 2024.

Risk Clinician Monthly Review v1.0 / DDD-NE

Service Review / DDD-NE

SLP Home Study / DDD-NE

SLP Participant Lease / DDD-NE

SLP Subcontract / DDD-NE

Training from November 2023:

<https://dhhs.ne.gov/DD%20Documents/SLP%20Training%20November%202023.pdf>

Shared Living Provider (SLP) Requirements - January 2024

Shared Living Provider requirements:

- Home Study Survey  - complete form
- SLP Training for DD Providers  - slides from November 9, 2023

<https://dhhs.ne.gov/Pages/DD-Providers.aspx>

DD Waivers – New PCP Template

(1/2)

New PCP template will be used beginning March 1, 2026.

- Redesign goals:
 - Streamline information so it is easier for teams to find key details in dropdowns, rather than lengthy narratives.
 - Increase ease of data collection, while keeping the most important person-centered information intact.
 - Reduce unnecessary content, so the document is usable and meaningful.
- Developed internally, then Service Coordinators (SCs) piloted with a few providers across the state.
- SCs will be trained on the template next week.

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DD Waivers – New PCP Template

(2/2)

New Rights and Restrictions Attachment

- SC will complete with the participant's team.
- Based on information provider submits for Human Legal Rights Committee (HLRC).

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Rights Restrictions & Safeguards

Participant Name:	Click or tap here to enter text.	Date of Team Approval:	Click or tap to enter a date.
Providers Implementing Restrictions:	Click or tap here to enter text.	Total Number of Restrictions:	Click or tap here to enter text.
Person Documenting Restrictions/Safeguards:	Click or tap here to enter text.		

Psychotropic Medication

Description:	Names and doses of restrictive psychotropic medications
Rationale:	Description of the symptoms treated by the medications and/or the intended effect of the medications on the participant's behavior/mood/symptoms/etc.
Risk vs. Risk:	<p>Risks of Implementing the Restriction: Description of the possible negative effects of the medication (e.g. side effects, restriction of rights, etc.)</p> <p>Risks of Not Implementing the Restriction: Description of the negative impacts of not taking the medication (e.g. increased symptoms, increased unsafe behavior, negative impacts on relationships/habilitation/etc.)</p> <p>Team Review of Risk vs. Risk: Description of team's determination that the risks of not implementing the restriction are greater than the risks posed by the restriction itself.</p>
What's Been Tried?	Description of what other interventions have been attempted to mitigate the risks and that less restrictive interventions haven't been tried prior to implementing the restriction. <i>explain why.</i>
Plan of Reduction:	Specific and measurable criteria the team uses to determine when the participant has demonstrated they have the ability to exercise their rights safely and reduction of the restriction should be considered.
Habilitation/Supports:	List the habilitation and/or supports in place that are supporting the participant to gain skills/knowledge/physical abilities that would lead to reduction of the restriction over time. When the restriction addresses a behavioral risk, there must be an FBA and BSP. When the restriction addresses a risk related to a lack of adaptive skills or knowledge, there must be formal habilitation teaching the needed skills/knowledge.
Team Review of Impact of Psychotropic Medication:	Summarize the team's discussion of any negative impact the medications may be having on the participant's quality of life/ability to engage in activities they enjoy/etc. This could be side effects of the medication, that the timing of the medication is causing an issue, that the medication having too much of the intended effect, etc. If there are not negative impacts on the participant, document that. If there are, document the team's concerns and how they will be addressed with the prescribing physician.
Last Review by Prescriber Date:	Team review must be at least semi-annual but may be more frequent if appropriate due to the nature of the restriction.
Frequency of Team Review:	Click or tap to enter a date.
Provider HLRC Review Date:	Click or tap to enter a date.

pg. 1

Hide Psych Med Section

Other Restrictions

Restriction:	Brief name/title of restriction
Rationale:	Detailed description of the restriction, including what the restriction is, how it should be implemented, and when it should be implemented. Be specific and avoid relative or subjective language like "appropriate" or "small" that may lead to the restriction being inconsistently implemented.
Rationale:	Detailed description of the risk the restriction is intended to mitigate and how the risk is mitigated by the restriction. This description should make the genuine and immediate risk which justifies the use of the restriction clear.
Risk vs. Risk:	<p>Risks of Implementing the Restriction: Description of the possible negative effects of using the rights restriction (e.g. limitation of individual rights, participant's dislikes or is upset by the intervention, loss of autonomy, etc.)</p> <p>Risks of Not Implementing the Restriction: Description of the negative impacts of not using the restriction (e.g. increased risk of harm to the participant or others).</p> <p>Team Review of Risk vs. Risk: Description of team's determination that the risks of not implementing the restriction are greater than the risks posed by the restriction itself.</p>
What's Been Tried?	Description of what other interventions have been attempted to mitigate the risks and that less restrictive interventions haven't been tried prior to implementing the restriction. <i>explain why.</i>
Plan of Reduction:	Specific and measurable criteria the team uses to determine when the participant has demonstrated they have the ability to exercise their rights safely and reduction of the restriction should be considered.
Habilitation/Supports:	List the habilitation and/or supports in place that are supporting the participant to gain skills/knowledge/physical abilities that would lead to reduction of the restriction over time. When the restriction addresses a behavioral risk, there must be an FBA and BSP. When the restriction addresses a risk related to a lack of adaptive skills or knowledge, there must be formal habilitation teaching the needed skills/knowledge.
Frequency of Team Review:	Team review must be at least semi-annual but may be more frequent if appropriate due to the nature of the restriction.
Provider HLRC Review Date (if applicable):	Click or tap to enter a date. Leave blank if restriction is only used by independent providers and there is no HLRC date.

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Agency Provider Requirements

General Requirements

The agency provider must ensure all employees and contractors meet the following qualifications:

- Be authorized to work in the United States; and
- Be at least 19 years old when providing direct services to a participant.

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Agency Provider Requirements

Background Checks

- The DD Policy Manual outlines under Agency Provider Requirements that providers must complete background checks on all employees and contractors working directly with participants.
- Employees charged with, pending disposition of, or convicted of certain crimes are prohibited from working with participants.
- These checks are to be completed upon initial hire and annually thereafter.

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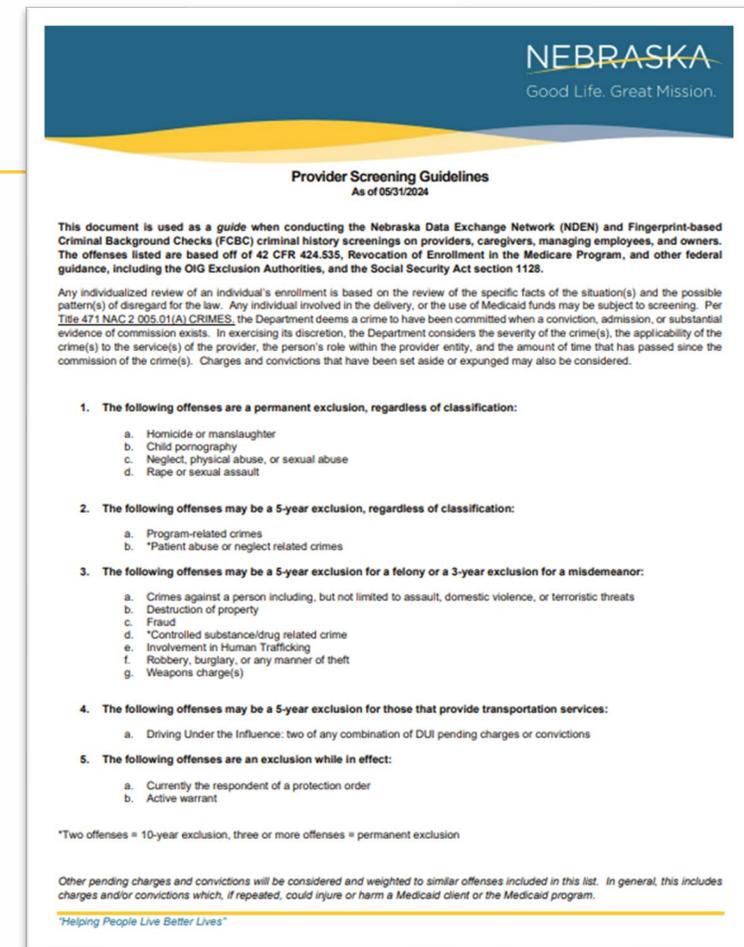
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Agency Provider Requirements

Medicaid Provider Screening Guidelines

- Ensuring consistency across programs, the Division defers to MLTC Program Integrity for the list of applicable crimes that would prohibit individuals from working with participants.
- This guidance is available on the MLTC Program Integrity website:
<https://dhhs.ne.gov/Documents/Provider%20Screening%20Guidelines.pdf>.



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Agency Provider Requirements

Required Checks

The following background checks are required before staff and subcontractors provide direct support to a participant, and for applicable household members.

- **National Criminal Background Check** – For all direct support staff, subcontractors, and household members (**age 18+**) in provider-operated residential settings.
- **Central Registry Checks** – For Child Protection and Adult Protective Services, required for all direct support staff, subcontractors, and household members (**age 13+**) in provider-operated residential settings.
- **Nebraska Sex Offender Registry Check** – For all direct support staff, subcontractors, and household members (**age 18+**) in provider-operated residential settings.
- All checks required in the Medicaid Service Agency Provider Agreement.

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Agency Provider Requirements

Medicaid Regulations and Policies

- Waiver providers are Medicaid providers.
- Agencies must adhere to all Medicaid regulations and policies, including those in the Division of Medicaid and Long-Term Care Nebraska Medicaid Provider Manual published January 6, 2026.
 - <https://dhhs.ne.gov/Documents/Medicaid%20Provider%20Manual.pdf>
- Medicaid Provider Bulletins:
 - <https://dhhs.ne.gov/Pages/Medicaid-Provider-Bulletins.aspx>
 - Please Subscribe for Updates

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March is DD Awareness Month

Scan QR
code to
nominate.



- For the third consecutive year, we will celebrate with awards
- **Nomination period February 20 – March 6, 2026**
- Categories:
 - **Individual Spotlight:** A person with a developmental disability who has overcome adversity to achieve or exceed their goals. This individual demonstrates a drive to improve, a desire for greater independence, and a commitment to making a difference in their own life and the lives of others.
 - **Outstanding Provider:** An independent or agency provider who excels in delivering services. This provider strives for person-centered outcomes, fosters a welcoming culture, and goes above and beyond to support individuals with developmental disabilities in living their best lives as defined by them.
 - **Community Leader:** A person or group of people who have dedicated their time (paid or unpaid) to helping individuals with developmental disabilities. These selfless leaders are committed to promoting independence and making positive changes, showcasing their passion for advancing individual lives.
 - **Creative Employer:** A community employer who employs individuals with developmental disabilities. This employer goes above and beyond expectations to help employees thrive in their workplace. Their culture is open and innovative, fostering success for all employees.

Upcoming Events – February 2026

- **Independent Provider Orientation**
 - Wednesday, February 25 at 1:00 – 3:00 pm, Central Time
 - Shauna Adams
- **Habilitation Program Writing**
 - Wednesday, February 25 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 – March 2026

- **Monthly DHHS Stakeholder Meeting**

- Monday, March 2 at 4:00 – 5:00 pm, Central Time
- Deputies and leadership

- **PCP Champions – Dive into CtLC**

Family focus: how families help with CtLC and how CtLC helps families

- Tuesday, March 3 at 3:00 – 4:00 pm, Central Time
- Amy Calendar-Taft

- **Habilitation Program Writing**

- Wednesday, March 25 at 1:00 – 3:00 pm, Central Time
- Shauna Adams

- **Independent Provider Orientation**

- Wednesday, March 25 at 5:30 – 7:30 pm, Central Time
- Shauna Adams



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Upcoming Events – April 2026

- **Monthly DHHS Stakeholder Meeting**
 - Monday, April 6 at 4:00 – 5:00 pm, Central Time
 - Deputies and leadership
- **Independent Provider Orientation**
 - Wednesday, April 29 at 1:00 – 3:00 pm, Central Time
 - Shauna Adams
- **Habilitation Program Writing**
 - Wednesday, April 29 at 5:30 – 7:30 pm, Central Time
 - Shauna Adams



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Upcoming Events – May 2026

- **Monthly DHHS Stakeholder Meeting**
 - Monday, May 4 at 4:00 – 5:00 pm, Central Time
 - Deputies and leadership
- **PCP Champions – Dive into CtLC**

Panel of self-advocates: sharing how they use CtLC

 - Tuesday, May 5 at 3:00 – 4:00 pm, Central Time
 - Amy Calendar-Taft
- **Habilitation Program Writing**
 - Wednesday, May 27 at 1:00 – 3:00 pm, Central Time
 - Shauna Adams
- **Independent Provider Orientation**
 - Wednesday, May 27 at 5:30 – 7:30 pm, Central Time
 - Shauna Adams



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Thank You!

Tony Green, Director

Jenn Clark

Deputy Director of Community Services
(402) 471-7909

Jillion Lieske

Administrator – DD SC
(402) 471-8662

Karen Houseman

Program Manager – AD & TBI SC
(402) 471-9329

Shauna Adams

Provider Relations Manager
(402) 278-9318

Kristen Smith

Deputy Director of Eligibility, Policy, and Quality
(402) 471-8704

Colin Large

Policy Administrator
(402) 471-8720

Crystal Wheeler

Program Manager – Eligibility and Enrollment
(402) 276-0199

Paul Edwards

Quality Administrator
(402) 471-6477



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