

Nebraska Council on Developmental Disabilities

February 6, 2026 at 9:30AM, CST

Hybrid Meeting

Nebraska State Office Building
[Lower-Level Meadowlark Conference Room]
301 Centennial Mall South Street
Lincoln, NE

The agenda was mailed to Council members prior to the meeting. The meeting was chaired by Beth Libra and called to order at 9:32AM, CST and the *Pledge of Allegiance* was recited. Quorum was present.

Present (In-Person): Amanda Anderson, Diane Cochran, Quinton Corwin, Tony Green, Brent Hoffman, Eddie Kraska, Beth Libra, Sasha Reeks, Jennifer Severe-Oforah, Mark Shriver, Dawn Sybrant, Joe Valenti, and Josh Whitfield.

Present (Virtual): Christopher Chambers, Shauna Graham, Jacob McIver, Hannah Mercer, Angie Ohlrich, DJ Plautz, Judy Trent, and Sadie Worthing.

Absent: Dr. Jamar Dorsey, Shaistha Kiran Karipi, Seamus Kelly, and Diana Meadors.

Guests (In-Person): Wendy Anderson, Larry Cochran, Robin Hoffman, Candi Kraska, and Kathy Rohwedder.

Guests (Virtual): Lisa Bickford, Tania Diaz, and Matt Kaslon.

Staff: Kristen Larsen, Rachel Ward, and Nikki Krause.

Welcome and Introductions

Kristen Larsen announced that there would be a New Council Member Orientation after today's Council meeting.

Nebraska Open Meetings Act

Beth explained that Council meetings fall under the Nebraska Open Meetings Act and a copy of the Act is posted on the entrance door by the sign-in table.

The Governor's Public Meeting Calendar referred members of the public and media to the Council's Meetings webpage for additional information (posted January 22, 2026.).

Public Comment Period #1

Beth mentioned that all public meetings must allow time on their agenda for people who are not on the Council to comment. Members of the public, who wanted to address the Council, were instructed to identify himself or herself, including an address and the name of any organization represented.

Shauna Paolini – Director of Enable Savings Plan –1445 K Street, Room 2027 Lincoln, NE

[Nikki Krause read an email from Shauna Paolini for public comment as Shauna could not be here.]

Enable Savings Plan updates to include the ABLE Age Adjustment Act, effective January 1, 2026, raises the age of eligibility for Achieving a Better Life Experience (ABLE) accounts from 26 to 46. To clarify, the onset of the eligible disability must have occurred prior to the individual's 46th birthday. A clear means to determine eligibility is if the individual is already eligible for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) because of a qualifying disability; or if a doctor has diagnosed the individual with a disability – either physical or mental.

Additional updates:

- Total Account Limit: \$550,000
 - To preserve SSI/SSDI benefit eligibility: \$100,000
- Annual Maximum Contribution: \$20,000
 - Federal Gift Tax remains at \$19,000

Wendy Anderson – Executive Director for the Common Coalition – PO Box 351 Trainer, IA
Wendy is also the Policy Chair for the Iowa DD Council. She is here to celebrate that both Nebraska and Iowa dropped out of the Texas versus Kennedy lawsuit. That is a huge win for both of our states. She is planning a disability celebration in March.

Approval of Minutes

Eddie Kraska asked the Council members if there were any corrections to the *DRAFT* November 21, 2025, Council meeting minutes. There were no corrections. Council members were reminded to abstain from voting if they were not in attendance for the November 21 Council meeting. As there were no corrections, Joe Valenti made the motion to approve the minutes and Brent Hoffman seconded. A roll call vote was taken: **Yes – 13, No – 0, Abstain – 6.*** Motion carried. [Sasha Reeks left the meeting.]

Declaration of Conflicts of Interest

As required by Council policy, at the first meeting of each federal fiscal year, members of the Council shall verbally declare any potential conflicts of interest of which they are aware. Council members, who had not already done so, were asked to verbally declare any potential conflicts of interest. They are noted below.

Amanda Anderson	Community Support Network, Collaborative Industries, The Arc of Nebraska
Shauna Graham	None
Tony Green	Department of Health and Human Services – Division of Developmental Disabilities
Jacob McIver	None
Hannah Mercer	None
Angie Ohlrich	None
Josh Whitfield	Poo Patrol, Extended Families of Nebraska
Sadie Worthing	Teammates of Lexington, Lexington Planning Commission

Financial Report

The Department of Health and Human Services (DHHS) is the Designated State Agency (DSA) for the Council. DHHS is the flow thru for Council funds. However, it is the Council that decides on how Council funds are to be allocated and monitors the allocated funds.

Kristen reviewed the Financial Report for Federal Fiscal Year (FFY) 2026, a handout at the meeting. At the August 15, 2025 Council meeting, the Council approved the budget of \$372,718 for FFY2026 (October 1, 2025 to September 30, 2026). The Year-to-Date Expenditures for the first quarter of FFY2026 (October 1, 2025 to December 31, 2025) were \$101,663 – 27% of the FFY2026 budget.

NOTE: Operating Expenses was high since the Council paid \$8,009 for FFY2026 dues (National Association of Councils on Developmental Disabilities [NACDD], DD Suite, and Nebraska Association of

Service Providers [NASP), Nebraska [NCCD] and for the Disability Scoop and Lincoln Journal Star e-subscription, but this is still under budgeted for the year.

We have not received our full FFY2026 award and we are at the point now where we no longer have “old” money we need to spend. We have spent the “old” money down and we are relying on FFY26 funds to pay staff and our projects. As a result, of not receiving our full award, it is causing a strain on our operating budget. Good news is that Congress has voted to flat fund Councils. That does not mean we get our Notice of Award (NoA) right away. The NoA will have to come. At this point, we have only received a NoA that goes up through the end of January. So, some hard decisions had to be made. Kristen worked with DHHS’s Human Resources Division and Edith Titamoh has been reassigned to the Rural Health Unit in Public Health. We simply do not have enough work to support two Program Specialists. The Council’s DSA has recommended that we budget and try to keep about six months of funding to cover salaries in reserve. The decision has also been made to wait until we get the full award before any money is obligated to those projects to be renewed for a second year and the project with the Munroe-Meyer Institute for the Home and Community-Based Services Advocacy Training.

The report reflects the balance of funds from FFY2024, FFY2025 and the partial award of FFY2026 as of December 31, 2025. Available Current Funds totaled \$289,849.47. Expenditures (obligations) totaled \$182,421.44. Balance of Current Funds Available was 107,428.03.

Report of the Legislative and Advocacy (L&A) Committee

Joe Valenti, L&A Committee Chair, reported that 547 Legislative Bills (LBs) and several Legislative Resolutions (LRs) were introduced this session and Council staff reviewed the introduced bills and resolutions to narrow down the number of bills and resolutions that would be presented to the L&A Committee to recommend Council action. Positions include:

- Support with Testimony;
- Oppose with Testimony;
- Neutral Testimony;
- Support with a Letter;
- Oppose with a Letter;
- Neutral Letter;
- Monitor; or
- Do Nothing.

At the November 21, 2025 Council meeting, the Council discussed, voted, and approved that Council staff could take positions on proposed legislative bills with hearings up to and including February 6, 2026, after conferring with the L&A Committee Chair and both are in agreement on the position the Council should take. The Executive Director would then follow-up with the Executive Committee to convey the position the Council would be taking. This would provide Council staff time to prepare written position statement letters.

Council staff took action on a total of sixteen bills that had hearings scheduled up to and including February 6, 2026. These include the following:

***LB733** (Senator Riepe) – Change the name of the Division of Developmental Disabilities to the Division of Disability and Aging within the Department of Health and Human Services. Support with Testimony.

- ***LB812** (Senator Bostar) – Provide requirements for the Department of Health and Human Services relating to medicaid eligibility redeterminations and community engagement. Monitor.
- ***LB832** (Senator Hansen) – Extend the prohibition of the addition of long-term care services and supports to the medicaid managed care program. Support with letter.
- ***LB839** (Senator Rountree) – Change reporting requirements under the Municipal Density and Missing Middle Housing Act. Support with letter.
- ***LB840** (Senator Rountree) – Provide requirements for multifamily housing projects under the Nebraska Affordable Housing Act. Support with letter.
- ***LB841** (Senator Rountree) – Change provisions relating to special education services, parental consent, and hearings. Support with testimony.
- ***LB860** (Senator Bostar) – Require the Department of Health and Human Services to create a program to provide behavioral health care services to individuals under twenty-one years of age. Support with letter.
- ***LB898** (Senator Lonowski) – Change which political subdivisions may use virtual conferencing for meetings under the Open Meetings Act and change related requirements. Support with letter.
- ***LB911** (Senator Hardin) – Provide requirements for licensed behavior analysts, certain child care licensing facilities, behavior analysis services under the Medical Assistance Act, and the Department of Health and Human Services. Oppose with letter.
- ***LB912** (Senator Hardin) – Adopt the Community Health Worker Training Endorsement Act. Support with letter.
- ***LB985** (Senator DeBoer) – Provide a limitation on the number of individuals for which a guardian or conservator may accept appointment. Support with letter.
- ***LB1043** (Senator G. Meyer) – Include prescription antidepressants, antipsychotics, and anticonvulsants on the preferred drug list under the Medical Assistance Act. Support with letter.
- ***LB1053** (Senator Arch [At the request of the Governor]) – Eliminate the prohibition regarding suspending a student that is in prekindergarten through second grade. Oppose with testimony.
- ***LB1071** (Senator Arch [At the request of the Governor]) – Provide, change, and eliminate provisions related to appropriations for the expenses of Nebraska State Government for the biennium ending June 30, 2027. Oppose with letter.
- ***LB1145** (Senator Lonowski) – Change provisions relating to notice requirements for a meeting of a public body under the Open Meetings Act. Monitor.
- ***LB303CA** (Senator M. Cavanaugh) – Constitutional amendment to provide for paid family medical leave. Monitor

The hybrid L&A Committee meeting (in-person and virtual) was held on Thursday – February 5, 2026 to review relevant legislative bills and legislative resolutions. The L&A Committee was comprised of Council members and non-Council members. Joe presented the Committee recommendations on the proposed legislative bills and legislative resolutions, and a block vote was conducted.

LB737 (Senator Rountree) – Require a joint public hearing to evaluate the progress of the Olmstead plan for individuals with disabilities. Support with testimony.

LB858 (Senator Fredrickson) – Appropriate funds to the Department of Health and Human Services for federally qualified community health centers. Support with letter.

LB958 (Senator M. Cavanaugh) – Provide a requirement for the Department of Health and Human Services relating to 1915 (c) waivers and define nursing facility level of care under the Medical Assistance Act. Support with testimony.

LB1040 (Senator Kauth) – Change provisions of the Nebraska Mental Health Commitment Act relating to grounds for civil commitment and inpatient treatment and allow for interested parties to file petitions. Oppose with testimony.

LB1092 (Senator Bostar) – Provide for Back the Blue License Plates and Iconic-Design License Plates. Support with letter.

LB1097 (Senator Conrad) – Adopt the State and Political Subdivisions Sexual Abuse Liability Act. Support with letter.

LB1143 (Senator Hardin) – Change provisions relating to nursing facility rates and establish a money follows the person program under the Medical Assistance Act. Support with letter.

LB1222 (Senator Prokop) – Require insurance coverage of acquired brain injury service and require insurance and medicaid coverage of certain testing and treatments for Alzheimer's disease and related dementia. Support with letter.

LB1233 (Senator Hansen) – Adopt the Developmental Disabilities Provider Excessive Training and Cost Reduction Act. Monitor.

LR293 (Senator Kauth) – Urge the United States Congress to swiftly enact legislation to provide for veterans' access to treatments for traumatic brain injury and post-traumatic stress disorder. Monitor.

LR316CA (Senator M. Cavanaugh) – Constitutional amendment to provide for certain rights of persons with disabilities. Support with testimony.

A roll call vote was taken: **Yes – 13, No – 0, Abstain – 6.*** Motion carried.

REMINDER: Council members may not take a position on proposed legislative bills or legislative resolutions on behalf of the Nebraska Council on Developmental Disabilities without gaining permission from the Council Chair. However, Council members may take a position on proposed legislative bills or legislative resolutions as private citizens either by a letter or testimony.

Upcoming Events

- The Nebraska Association of Service Providers (NASP) 2026 Conference is March 31st and April 1st. It is a two-day event with the second day geared towards self-advocates. This would count as one of the two in-state conferences Council members may attend. Reach out to Nikki Krause if you are interested in attending.
- The Council is working with the DHHS Communications Division to schedule the Governor's Developmental Disabilities Awareness Month Proclamation in March. Proclamation language has been turned in. We are waiting for the date to be announced.
- The Arc of Nebraska's 57th Annual Senatorial Dinner will be the evening of March 3rd. To register, visit The Arc of Nebraska's website at https://www.arc-nebraska.org/senatorial_dinner. The Council is unable to cover the cost of the dinner as it is an unallowable expense.

2027-2031 Five-Year State Plan Development and Public Comments Update

The Draft 2027-2031 Five-Year State Plan Goals and Objectives were open for public comment December 8, 2025 to January 23, 2026. The Planning Committee met on January 29, 2026, to review the public comments that were received. Judy Trent, the Planning Committee Chair reported that based on the public comments received, two minor edits were made to the actual goals and objectives and more substantial edits were made to the accompanying document to strengthen some of the definitions and adding a few additional definitions.

NOTE: The edits are in red.

Goal 1

By September 30, 2031, Nebraskans with intellectual and developmental disabilities and their families and guardians will experience measurable increases in opportunities for self-determination, independence, productivity, safety, and inclusion in community life, as a result of systemic changes at the state, regional, and/or local level.

Objective A: Through September 30, 2031, the Nebraska Council on Developmental Disabilities will advocate for and monitor the progress of Nebraska's 2026-2031 Olmstead Plan goal to expand access to safe, affordable, and accessible housing in the communities where Nebraskans with disabilities choose to live.

Objective B: By September 30, 2031, the Nebraska Council on Developmental Disabilities will advocate for systemic changes that **strengthen and** expand access to Home and Community Based Services, such as person-centered community connection assistance and intermittent service alternatives, that increase the independence of Nebraskans with intellectual and developmental disabilities in their communities.

Objective C: Through September 30, 2031, the Nebraska Council on Developmental Disabilities will, in collaboration with related state agencies and organizations, advocate for systemic changes that increase the number of Nebraskans with intellectual and developmental disabilities who engage in competitive integrated employment and for the collection and sharing of data to measure the desired increase.

Objective D: By September 30, 2031, the Nebraska Council on Developmental Disabilities will advocate for systemic improvements in Medicaid navigation—defined as the ability of individuals with IDD and their families and guardians to understand, access, and effectively use Medicaid services. This includes increasing access to qualified providers, behavioral health services, and specialist care. These efforts aim to measurably enhance the health, wellbeing, and safety of Nebraskans with intellectual and developmental disabilities.

Objective E: Through September 30, 2031, the Nebraska Council on Developmental Disabilities will support high-quality, person-centered training opportunities for professionals who provide support to individuals with IDD. These trainings will focus on enhancing skills that promote the self-determination, independence, productivity, safety, and inclusion of individuals with intellectual and developmental disabilities in community life **and educational settings**.

Objective F: Through September 30, 2031, the Nebraska Council on Developmental Disabilities will, in collaboration with related stakeholders and organizations, monitor and respond to the needs of Nebraskans with intellectual and developmental disabilities and their families and guardians that result from manmade, natural, or environmental events.

Objective G: Through September 30, 2031, the Nebraska Council on Developmental Disabilities will serve as a trusted policy advisor to the Nebraska Legislature, the Governor, and other policymakers; track key legislative activity; collaborate with state and local stakeholders; and equip allies, self-advocates, families and guardians with tools to engage in advocacy. These efforts will ensure that policies across all areas of community life reflect the rights, needs, and voices of people with intellectual and developmental disabilities, promoting full inclusion and meaningful participation in decision-making.

Goal 2

By September 30, 2031, Nebraskans with intellectual and developmental disabilities and their families, caregivers, and guardians will have increased access to information, tools, and supports that empower them to make personally meaningful and appropriate choices about their services, education, employment, decision-making needs, healthcare, living situation, and relationships—leading to more self-determined lives.

Objective A: Through September 30, 2031, the Nebraska Council on Developmental Disabilities will increase the influence of self-advocates and leaders with disabilities by strengthening, supporting, and funding at least one self-advocacy organization led by people with intellectual and developmental disabilities.

- By September 30, 2031, the Nebraska Council on Developmental Disabilities will support opportunities for transition-age youth (14–21) with intellectual and developmental disabilities to form self-advocacy groups that build leadership and self-determination skills, promoting their inclusion in age-appropriate community clubs and activities.
- By September 30, 2031, the Nebraska Council on Developmental Disabilities will increase opportunities for self-advocate leaders to train others with disabilities to increase their personal, civic, and/or collaborative leadership roles.
- By September 30, 2031, the Nebraska Council on Developmental Disabilities will expand self-advocate participation in cross-disability and culturally diverse coalitions.

Objective B: Through September 30, 2031, the Nebraska Council on Developmental Disabilities will support individuals with intellectual and developmental disabilities, their families and guardians, and Council staff to increase leadership and participation in policymaking through active participation in statewide advisory committees, cross-disability workgroups, public advocacy, and cross-system dialogue.

Objective C: By September 30, 2031, transition-aged youth (ages 14–21) with intellectual and developmental disabilities, along with their families and guardians, will have increased access to person-

centered planning—grounded in the Charting the LifeCourse framework—through education and training that support informed choice and successful transitions to inclusive, meaningful employment and adult services. This will be achieved through collaboration with the Developmental Disabilities Network, state agencies, and community partners.

Objective D: By September 30, 2031, as the result of Nebraska Council on Developmental Disabilities efforts, individuals with intellectual and developmental disabilities, their families, guardians, professionals, related organizations, policymakers, and the public will have greater access to information about disability issues, services, and supports, and will assist individuals, their families, and guardians, to obtain needed supports and advocate effectively for themselves and for systems change.

Some of the public comments were very specific to the education system. There is only so much we as a Council can do. Kristen is going to reach out to the individuals that submitted these comments.

Additionally, throughout the public comment period, there were two major DHHS Home and Community-Based (HCBS) waivers' - the proposed Aged and Disabled (A&D) waiver changes and budget cuts tied to the new DD waivers' interRai assessment, that likely distracted families and providers from submitting public comments. Since the Council received limited public comments, the Planning Committee recommends that the Council host a second public comment period to give stakeholders additional time to review and respond to the draft goals and objectives. The timeline would be as follows:

- February 16th – April 3rd: Second public comment period.
- Week of April 6th – Planning Committee will meet virtually to review comments and adjust, if needed.
- April 17th – Council votes on final Goals and Objectives
- Goals and Objectives need to be submitted by August 15th.

The Planning Committee recommended to edit the Draft Goals and Objectives as indicated above and to have the Draft Goals and Objectives go out for a second comment period.

A roll call vote was taken: **Yes – 19, No – 0, Abstain – 0.*** Motion carried.

2026 Tri-Board Meeting Update

The Tri-Board consists of the DD Network Partners (the DD Council, Disability Rights Nebraska, and the Munroe-Meyer Institute (MMI)/University of Nebraska Medical Center). The 2026 Tri-Board meeting will be on Friday – June 12th. The topic will be Disability Advocacy Training to strengthen the voice of people with lived experience. The meeting will be held at MMI (located near the UNO Scott Campus at 6902 Pine Street). MMI is working on securing a hotel room block. More information and details will be shared at the April 17th Council meeting.

Aged and Disabled Waiver Renewal Application Concerns

Every five years, DHHS must renew Home and Community-Based Services (HCBS) waivers with the Centers for Medicare and Medicaid Services (CMS). Nebraska's Aged and Disabled (A&D) waiver renewal is due July 1st. DHHS posted the draft application for public comment December 5th – January 5th and held four informational sessions. Key concerns raised by the disability community included:

- Individual cost limits and unclear high-utilization review process.
- Cost caps tied to Medicaid nursing home rates (175% limit), which may not meet some individuals' needs, suggesting referrals to other services or institutional care.

- Service hour caps: Proposed 40-hour weekly limit for personal care, legally responsible individual (LRI) personal care, and companion services combined, compared to the current 112-hour allowance for those meeting nursing facility level of care.

NOTE: Kristen submitted comments on behalf of the Council and a copy is attached to the minutes.

After reviewing the public comments, DHHS made some significant changes and is having a second round of public comment February 2nd – March 4th.

Updates from State Agency Representatives

NOTE: Agency representatives were asked to briefly touch on any pressing issues or important updates the Council needed to be informed of. The written reports are attached at the end of the minutes and Council members are encouraged to read the written reports in their entirety. (Diana Meadors was absent and not able to present her report.) [Christopher Chambers, Department of Education – Office of Special Education; Tony Green, Division of Developmental Disabilities; Diana Meadors, Division of Behavioral Health; Jennifer Severe-Oforah, Division of Public Health – Maternal and Child Health; DJ Plautz, Nebraska Vocational Rehabilitation; Dawn Sybrant, Medicaid and Long-Term Care and Aging]

Division of Developmental Disabilities (DDD)

The new interRAI assessment for DD Waivers launched July 1, 2025. As of December 31, 2025, a total of 626 initial interRAI's assessments and 2,073 renewal assessments have been completed. Of the renewals, 81% have experienced no change (47%) or an increase in funding (34%). Of renewal assessments, 66% saw no change in their waiver recommendation from the current waiver they are on. The DDD website features up-to-date interRAI data.

Tony Green mentioned that they appreciate all the feedback received during the public comment period for the Renewal Application of the HCBS A&D Waiver and Traumatic Brain Injury (TBI) waiver amendment. They have made some substantive changes, so there will be a second public comment period. The 30-day public comment period is February 2nd – March 4th. There is also a 30-day public comment period for the HCBS Comprehensive Developmental Disabilities Services waiver and the Developmental Day Services waiver for Adults January 26th – February 25th. Additional information and summary of proposed changes can be found on the public comment website:

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

Regarding the National Core Indicators (NCI), the DDD Quality Team is currently on track to complete all DD in-person surveys and to begin AD in-person surveys as soon as the NCI portal is open later this month.

Medicaid and Long-Term Care and Aging (MLTC)

Certified Community Behavioral Health Clinics (CCBHC) implementation occurred effective January 1, 2026. The CCBHC are interspersed throughout the state. HR1, signed into law on July 4, 2025, enacted the Rural Health Transformation Program (RHTP), which allows for the allocation of funding to support the provision of health care in rural areas. Nebraska was awarded over \$218 million for 2026, the 8th highest award in the country.

Nebraska Medicaid will begin enforcing work requirements on May 1, 2026. Medicaid members enrolled under Medicaid adult expansion must complete Work Requirements. Medicaid expansion includes people who are aged 19-64, have a low income, and get their health insurance through Nebraska Medicaid (also known as Heritage Health). They cannot get Medicare, and they cannot be pregnant or be

eligible based on a disability. There are multiple reasons that an adult expansion member can be exempt especially related to disabilities. Visit <https://dhhs.ne.gov/Pages/WorkRequirements.aspx> for a list of exemptions. Please note that if Nebraska Medicaid requests additional information from a member, the member must submit the requested information within 30 days of receipt, or they may lose their Medicaid coverage.

Division of Public Health – Maternal and Child Health (DPH-MCH)

Nebraska received a Notice of Award (NoA) for the Rural Health Transformation Program (RHTP) in late December. Nebraska received more funds than applied for and was required to submit a new budget and narrative by January 31, 2026 and is now awaiting a revised NOA. Nebraska will receive \$218 million per year for 5 years. One significant component of RHTP is the ability to increase the number of Community Health Workers (CHW) in the workforce. Each Local Health Department can apply for the funding to hire up to 10 CHWs. A CHW is a trusted member of, or has good understanding of, the community they serve. A Parent Resource Coordinator or a Home Visitor are examples of a CHW. Nebraska should start to see an increase in CHWs across the state in a few months.

Nebraska Vocational Rehabilitation (VR)

As of today, there have been 103 successful Supported Employment/Customized Employment (SE/CE) outcomes for Program Year 2025 which began July 1, 2025. They are on track to increase the number of outcomes from last year.

In a collaborative effort with agency partners, an application has been submitted for Nebraska to become a core state through the Office of Disability Employment Policy's (ODEP) National Expansion of Employment Opportunities Network (NEON) initiative. Selection would provide access to technical assistance and ongoing mentoring to support statewide strategies aimed at increasing employment opportunities for individuals with disabilities.

Nebraska Department of Education (NDE) – Office of Special Education (OSE)

The emphasis from the US Department of Special Education includes the following:

- Improving outcomes for students with disabilities.
- Strengthening and implementation of Free and Appropriate Education (FAPE).
- Ensuring Access to the Least Restrictive Environment (LRE).

The OSE has three new technical assistance Documents:

- Prior Written Notice
- Homebound/Home Instruction Guidance for Special Education
- Working Table for LRE Decisions

A review of District policies and procedures is due to NDE March 30, 2026.

Updates from the DD Network Representatives

NOTE: DD Network representatives were asked to briefly touch on any pressing issues or important updates the Council needed to be informed of. The written reports are attached at the end of the minutes and Council members are encouraged to read the written reports in their entirety. [Seamus Kelly, Disability Rights Nebraska; Mark Shriver, Munroe-Meyer Institute (MMI)/University Center of Excellence for Developmental Disabilities (UCEDD)]

Disability Rights Nebraska

Tania Diaz provided the Disability Rights Nebraska report. Disability Rights Nebraska submitted comments during the public comment period for the Aged and Disabled Waiver. They were pleased to see that because of public comments and the direction of Governor Pillen, DHHS has eliminated the 40-hour weekly cap on personal care services for live-in caregivers; the 70-hour combined limit on Legally Responsible Individual (LRI) person care and companion services has also been removed. Disability Rights Nebraska will provide additional comments during the 2nd public comment period.

One of the issues they have been receiving an increased number of calls about is the InterRAI assessment process, including reductions in hours for individuals. Their e-newsletter included a short survey to get a clearer idea of what people are experiencing, especially in the appeal process, so they can put together a strategy to address the issue.

In-mid December, they released their second guardianship report. It was based on the arrest of a Nebraska woman in November 2025 who was charged with multiple felonies involving the alleged theft of over \$20,000 from a vulnerable adult. Disability Rights Nebraska reached out to Senator DeBoer about guardianship reform, and she agreed to sponsor two pieces of legislation (LB985 and LB1178) that will move in a positive direction, some of which were recommended in their report. LB985 provides for the cap on the number of people a guardian can take and LB1178 changes provisions relating to guardianship in Nebraska to provide for more requirements for the guardian.

LB839 and LB840 are Olmstead and Housing bills. LB839 asks Nebraska cities to report on their efforts to make more affordable housing available and LB840 requires a certain number of accessible units when apartment buildings (“multifamily dwellings”) are built.

The fall Inclusive Education Lay Advocacy training concluded with three new trained advocates. Twenty-one referrals were made to the Inclusive Education Lay Advocacy program. The Education Lay Advocacy program teaches people in the community how to be advocates and to help families navigate the special education process. February 17 – March 26, 2026 are the dates for the spring Inclusive Education Lay Advocacy training.

Munroe-Meyer Institute (MMI)/University Center of Excellence for Developmental Disabilities (UCEDD)

MMI is restructuring space to provide a range of primary care services. A construction delay has delayed the start of providing services, but they are planning to have a soft launch of primary care services this February. The name of the Severe Behavior Department is being changed to Specialized Behavior Interventions Department. This name change helps focus on the type of services provided by the department.

MMI will be celebrating their 5-year anniversary in the Pine Street building on April 25, 2026. More details to follow.

As part of the Nebraska EmployABILITY Project, they are negotiating a partnership with iFixOmaha to develop training for students to attain WISE 1 and WISE 2 Certification in device repair (phones, tablets, laptops). This will include the development of online training modules and apprenticeship training. They are planning that this collaboration will serve as a demonstration for expansion to other identified needed employment opportunities in partnership with businesses across Nebraska. Later this month, they are meeting with leadership from VR, NDE (Career, Technical and Adult Education), Heartland Workforce Solutions, City of Lincoln, Nebraska Extension, and University of Nebraska System for a strategy

meeting to discuss developing a state-wide model for training and apprenticeship programs for individuals with developmental disabilities to meet employment needs in local communities. Sustainability!

Council Chair and Staff Updates

Beth mentioned that she is thankful they went through the interRAI and increased Ellie's services. Ellie is set to start a job at JK Med Spa in their clinic. For Buddy Baseball, they have almost 100 players going into spring. They started a Light Up the Night Dance. Beth mentioned she has started doing presentations on positive advocacy. They are having a Partners in Community Norfolk meeting to collaborate on community integration. On the guardian front, she and Kayla Walnofer at The Arc of Norfolk saw there was a need, so they meet every other month to show people what being a guardian looks like.

Kristen had a few updates to share.

- She is very excited about the NEON Core State Application for technical assistance that Nebraska VR Director Lindy Foley submitted, and seeing how it plays out.
- The UNL Employer Report has been released and is on our website and a few actions are recommended. Immediate actions include employer resource toolkits, transportation guide, grassroots advocacy, and outreach. The report is being shared with the Olmstead Employment Workgroup. She is also planning on sharing this report with the other Supported Employment Action Plan Partners.
- The 2025 Program Performance Report was submitted on December 29, 2025.
- Our national organization has launched what they are calling an impact project where every DD Council submits an impact story on a specific topic every quarter. This last quarter, the topic was caregivers.
NOTE: Attached is what the Council submitted.
- The 2027 NACDD Conference will be held in Albuquerque, New Mexico.

Rachel Ward is waiting for the Council to receive the rest of its 2026 funding so she can get the new projects and continuation projects going. The Lincoln Disability Pride Day is July 25, 2026. Charting the LifeCourse (CtLC) Ambassadors is going well. They have been meeting monthly and getting the Ambassadors more involved in the work group. She is very excited about the TransCen Project. Sean Roy will be presenting at future transition conferences and wants to get employment going throughout Nebraska.

Council Member Updates

Josh Whitfield mentioned he is an Ambassador for CtLC. He is also the administrator for two new Facebook pages – Nebraska CtLC and Nebraska CtLC Ambassadors (private page).

Amanda Anderson mentioned that she attended the TransCen event at CSN. Her brother is part of the 17% that went down in services on interRAI. They are trying to get their evidence to the right person so the determination can be reviewed. That has been a challenge.

Diane Cochran is still working on her non-profit and it is going well. She is working on developing a protocol for self-determination from preschool all the way up through adulthood.

Brent has been bowling. He received third place in regional bowling and gets to go to state in April.

Through Circle Theater, Eddie will be in *Descendents* the third week in March. He also has been bowling and got first place.

Judy mentioned that her grandbaby is great! Justine is letting her coach basketball. Regionals are coming up then state.

Shauna Graham mentioned that Bailey is doing unified track.

Public Comment Period #2

Beth mentioned that all public meetings must allow time on their agenda for people who are not on the Council to comment. Members of the public, who wanted to address the Council, were instructed to identify himself or herself, including an address and the name of any organization represented.

Matt Kaslon – 2804 Stagecoach Place, Grand Island, NE

Matt mentioned he was glad to see everyone again. His main goal has been advocacy. He thanked everyone for all we do.

Adjourn

The meeting adjourned at 2:26PM, CST.

The next Council meeting is scheduled for April 17, 2026 and will be in-person.

Nebraska Council on Developmental Disabilities

Mission

The Council engages in **Advocacy**, **Capacity Building**, and **Systemic Change** activities that assure that individuals with developmental disabilities and their families participate in the design and have access to needed community services, individualized support, and other forms of assistance that promote *self-determination, independence, productivity, and integration and inclusion* in all facets of community life.

01/02/2026

Public Comment on behalf of the Nebraska Council on Developmental Disabilities (NCDD)

Submitted by Kristen Larsen, Council Executive Director

Re: DHHS Renewal Application of the Home & Community Based Services (HCBS) Aged and Adult and Children with Disabilities (A&D) Waiver and Traumatic Brain Injury (TBI) waiver amendment

On behalf of the Nebraska Council on Developmental Disabilities (NCDD), I am submitting public comments on Nebraska DHHS's application to the Centers for Medicare & Medicaid Services (CMS) for the A&D waiver. Although NCDD is appointed by the Governor and administered by the Department of Health and Human Services (DHHS), we operate independently, and our comments do not necessarily reflect the views of the Governor's administration or DHHS. NCDD is a federally mandated, independent Council comprised of individuals with developmental disabilities, their families, community providers, and agency representatives who advocate for systems change and quality services.

NCDD works to ensure that individuals with developmental disabilities and their families participate in designing and accessing community services, individualized supports, and other assistance that promote self-determination, independence, productivity, and full inclusion in community life. When needed, NCDD serves as a nonpartisan source of information and advice for state policymakers and appreciates the opportunity to provide input through this DHHS public comment process.

NCDD is deeply concerned that DHHS-DDD released notice and requested public comments on the A&D and TBI (Traumatic Brain Injury) Waivers during two federally and state-recognized holidays. These changes will significantly impact individuals with varied disabilities, including those with developmental disabilities and brain injuries. Stakeholders deserve a full 30-day comment period that allows adequate time to review extensive application materials without the disruption of holiday schedules. We strongly urge DHHS to engage stakeholders earlier in discussions about major service changes.

It is also troubling that these proposals were not shared with the Governor's Developmental Disabilities Advisory Committee or Nebraska's Olmstead Advisory Committee before public comment. Families and advocates were caught off guard by the scope of these changes, introduced without sufficient notice or prior dialogue. This approach raises serious concerns about transparency with stakeholders, families, and recipients of the A&D and TBI waivers.

NCDD highlights the following concerns regarding the proposed A&D waiver renewal application.

Within Appendix B: Participant Access and Eligibility

NCDD is very concerned about how these changes will impact the quality of lives or the ability to have the choice to live in the community based on the cap limits. These changes include the following:

Appendix B-2: Individual Cost Limit

- Added individual cost limit in excess of institutional costs.
- Added how the state is implementing the individual cost limit.
- Added other safeguards for when services exceed cost limit.
- Added High Utilization Review at 150% by DDD Central Office-Clinical Support
- Added individual cost limit in excess of institutional costs of no more than 175%. Added how the state is implementing an individual cost limit.
- Added safeguards for when services exceed the cost limit.
- Institutional costs are based on the total State Fiscal Year (SFY) expenditures divided by the average number of recipients. In SFY2025, Nursing Facility costs were **\$92,438** per person.

These proposed changes raise serious concerns about individuals' ability to remain in their own homes. For many people served under this waiver, in-home supports are not simply a preference — they are essential. Nebraska also lacks sufficient facility-based options to accommodate those who could be displaced by reductions in home-based services. Imposing caps or reducing hours without viable alternatives threatens individuals' safety and independence.

The proposed caps on personal care hours conflict with the principles of person-centered planning. Current authorizations reflect documented assessments of need. Replacing individualized determinations with arbitrary limits disregards person-centered practices and creates real risks to health and safety.

Cost caps tied to Medicaid nursing home rates are equally problematic. These rates have contributed to nursing home closures in Nebraska, making them an unreliable benchmark for community-based services. Applying the same standard to individuals living at home is fundamentally flawed. While NCDD understands the need for fiscal responsibility, these caps could destabilize supports for people with the most significant needs. If DHHS moves forward, individuals currently above the proposed limits should be grandfathered to prevent abrupt service disruptions and ensure continuity of care.

NCDD is also concerned about the introduction of individual cost limits and the unclear process for high-utilization reviews. The waiver language lacks transparency and raises questions about due process and fairness. For example:

- The description of combining waiver costs with “Medicaid state plan services” is ambiguous. Stakeholders should not have to seek clarification to understand what services are included.
- The clinical review process is undefined. Who conducts it? What qualifications and criteria apply? Without clear standards, decisions risk being arbitrary and harmful.

The proposed 175% cost limit is particularly troubling. The application acknowledges that some individuals' needs cannot be met within this cap and suggests referrals to other community services or institutional care. This fundamentally changes the waiver's purpose—from serving all individuals who meet nursing facility level of care to excluding those with the highest needs. Institutional placement is not an acceptable substitute for home and community-based services and undermines Nebraska's obligations under the Olmstead decision.

If cost neutrality is the goal, there are better alternatives:

- Implement targeted strategies to manage costs without rigid caps.
- Provide transparent criteria and appeal rights that meet due process standards.

- Engage stakeholders in developing safeguards for individuals at risk of losing services.

NCDD strongly urges DHHS to:

- Clarify language regarding combined costs and included services.
- Define the high-utilization and clinical review processes, including qualifications, criteria, and timelines.
- Reconsider the 175% cap or, at least, establish robust safeguards to prevent unnecessary institutionalization.
- Ensure clear appeal rights and transparent decision-making.

The current proposal lacks clarity and creates significant risk for individuals with high support needs. These changes should not proceed without meaningful stakeholder engagement and a plan that protects the right to live safely in the community.

Appendix C-1/C-3: Participant Services – Revised Service Specifications on Personal Care, LRI Personal Care, and Companion

NCDD appreciates the addition of LRI (Legally Responsible Individual) personal care to the TBI waiver; however, we remain deeply concerned about the proposed cap limiting personal care, LRI personal care, and companion services to a combined maximum of 40 hours per week for caregivers. This change represents a drastic reduction from current A&D waiver allowances, where caregivers can provide up to 112 hours per week for individuals who meet nursing facility level of care.

The Department suggests that individuals with documented needs exceeding 40 hours provided by live in caregivers could receive up to 30 additional hours from an agency provider. While this sounds reasonable in theory, it does not reflect reality. Families report that finding agency staff is already extremely difficult due to workforce shortages. Expecting families to replace lost hours with agency care is unrealistic and places individuals at risk.

The argument that 40 hours aligns with a “typical full-time work week” ignores the fact that these caregivers provide round-the-clock care for people with complex medical needs. Messaging that families should rely on “natural supports” assumes informal help is readily available, which is often not the case. During public comment sessions, families shared that losing these hours could result in losing their homes – and some of these homes have been personally modified to meet the needs of their loved ones.

Further, the proposal assumes individuals can seamlessly transition to non-family providers when family hours are cut. This assumption is flawed. In many areas, staffing simply does not exist to fill these gaps. Reducing hours without viable alternatives directly threatens health and safety.

Pages 127–128 mention exceptions for health and safety, but these appear temporary and discretionary rather than aligned with long-term needs. Individuals requiring continuous supervision cannot have their safety met through short-term exceptions layered on top of rigid caps.

Reducing hours will also undermine existing safety plans. Authorized hours are based on documented assessments of risk and health needs, not arbitrary decisions. Cutting these supports creates dangerous gaps, increasing the likelihood of harm, medical crises, and

emergency interventions. A safety plan cannot function if the supports it relies on are diminished or removed.

The proposal also introduces inequities by basing limits on the type of caregiver rather than assessed need. Two individuals with identical needs could receive different levels of support simply because one relies on a family member. This is not needs-based, but rather, it is provider-based, which penalizes those who require consistent, trusted caregivers due to disability-related needs.

From a fiscal perspective, reducing family caregiving hours is shortsighted. Family caregivers provide care at a fraction of the cost of agency staff and far less than institutional placement. Limiting family involvement and fair compensation without ensuring adequate alternatives will increase nursing facility placements that will drive up costs and undermining fiscal responsibility.

Key Concerns:

- Health and safety are acknowledged, yet strict caps make safety unattainable for some individuals.
- Person-centered planning is referenced, but rigid limits override individualized assessments.
- Reductions in authorized hours will weaken or invalidate existing safety plans.
- The right to remain in one’s home is not adequately safeguarded.
- Provider choice is restricted, penalizing those who rely on family-based care.
- Cost containment efforts conflict with the increased risk and expense of institutionalization.

NCDD strongly urges DHHS to:

- Reconsider these provisions and maintain flexibility for individuals with high needs.
- Align waiver policies with staffing realities, uphold person-centered planning, and protect individual rights.
- Ensure any changes do not compromise health, safety, or the ability to remain in the community.

Appendix C-1/C-3: Participant Services - Assistive Technology

- The annual cap for assistive technology was changed from \$2,500 to \$10,000 in a five-year period, with a maximum of \$20,000 with DD Central Office approval.

NCDD is concerned about the proposed funding caps for assistive technology and home or vehicle modifications. These supports are often critical in determining whether an individual can remain safely in their home or must transition to an institutional setting. For many, modifications such as accessible entrances, bathroom adaptations, or vehicle equipment are not optional—they are essential for independence, health, and community participation. Limiting funding for these services risks forcing individuals into unsafe situations or costly facility placements.

The current proposal sets a cap of \$10,000 over five years, with a lifetime maximum of \$20,000 for modifications and assistive technology. These limits do not reflect the reality of rising costs for construction, labor, and specialized equipment. For example, individuals who require both an accessible entrance and bathroom modifications may be forced to choose between the two, even though both are necessary for basic daily living. Similarly, vehicle modifications tailored to individual needs often exceed these caps, leaving people without reliable transportation or access to their communities.

Fixed caps also undermine person-centered planning by restricting flexibility to meet unique needs. While cost containment is important, these limits fail to account for inflation and the long-term savings associated with keeping individuals in their homes. A few months in a nursing facility often costs more than even the most expensive home modification. Investing in accessibility prevents injuries, reduces hospitalizations, and saves taxpayer dollars over time.

NCDD strongly urges DHHS to reconsider these caps or, at minimum, increase them to better align with current costs. We recommend raising the lifetime cap for home and vehicle modifications to at least \$30,000 and allowing flexibility for exceptions when justified by assessed needs. This approach would support independence, uphold person-centered planning, and reduce the risk of unnecessary institutionalization.

Investing in adequate funding for home and vehicle modifications is not only person-centered but fiscally responsible. The upfront cost of accessibility improvements is far less than the expense of institutional care, which can exceed the cost of even the most extensive modifications in just a few months. By enabling individuals to remain safely in their homes, Nebraska can reduce hospitalizations, prevent injuries, and avoid costly facility placements, ultimately saving taxpayer dollars while honoring the principles of independence and community inclusion.

Appendix F: Participant Rights: State Grievance/Complaint System

NCDD appreciates the inclusion of updated grievance language to align with the HCBS Final Rule and the recently published CMS Access Rule. However, there remains a significant need for DDD to educate HCBS participants and their families on the types of grievances and complaints they can file, as well as the steps involved in the process.

Clear and accessible information should be provided on:

- The specific types of grievances and complaints participants can submit.
- The process for filing a grievance or complaint.
- How complaints are handled from submission to resolution.

Ensuring transparency and accessibility in this process will empower participants and families to advocate for their rights and receive the support they need.

Appendix I: Financial Accountability -Concerns with Electronic Visit Verification (EVV)

Although EVV is a federal requirement, NCDD is concerned that Nebraska has adopted an unrealistic and extreme rate of zero manual corrections. Expecting 100% compliance is impractical. This requirement coupled with not allowing exceptions for live-in caregivers are much more rigid than what is required and does not consider the flexibilities that CMS allows. The geofencing requirement for live-in caregivers restricts clients from engaging in activities of their choosing outside of the home if those activities take them past the time their provider must clock out. The requirement hinders community integration and choice.

The Nebraska Council on Developmental Disabilities appreciates your time in reviewing this letter and addressing the concerns raised. If you have any questions or desire additional information related to these public comments, please contact Kristen Larsen, NCDD Executive Director, at Kristen.larsen@nebraska.gov.

IMPACT PROJECT NARRATIVE TEMPLATE

Instructions: Please complete the form by answering each question. Type in the gray shaded area. Each gray area is character-limited. Ideally, information should be approximately 250 words. Do not include links to websites or other reports. We may edit submissions to meet the word limitations. Send completed forms to adeaville@nacdd.org, eberg@nacdd.org, and/or smatney@nacdd.org with the Subject Line “Impact Project”.

Project/Initiative Title: Advocating for Caregiver Supports in Nebraska’s Aged & Disabled Waiver Renewal

Problem Statement: *What was the problem or need? Briefly describe the issue your Council worked to address and why it mattered. Include data or context, if available (2-3 sentences & no more than 400 characters).*

NE DHHS recently proposed significant cuts to the Aged & Disabled waiver, reducing reimbursable caregiver hours & imposing strict cost caps tied to nursing home rates. These changes threatened individuals’ ability to remain safely in their homes & conflicted w/ person-centered planning principles, creating risks to health, independence, & continuity of care. DHHS sought public comment 12/5 - 1/5

Strategies and Activities: *What did your Council do to respond? Describe the key actions, methods, or collaborations your Council led or supported (3-4 sentences and no more than 500 characters).*

NCDD mobilized advocacy networks, engaged families and disability partners, and leveraged representation on multiple state committees to elevate concerns. NCDD submitted formal public comments, collaborated with DD Network colleagues, and partnered with advocacy groups to oppose proposed cuts and promote person-centered planning.

Results: *What happened as a result? Summarize the outcomes (to date) of your work. Include measurable results, examples, or short quotes showing how lives, systems, or services changed (3-4 sentences and no more than 500 characters).*

As a result of strong advocacy and public input, DHHS announced on 1/27/26 that they will remove the proposed 40-hour cap on live-in caregivers and the 70-hour combined limit, preserving person-centered planning. The revised waiver also includes an

IMPACT PROJECT NARRATIVE TEMPLATE

exception process for cost caps, ensuring individuals with high needs can remain safely in their homes. The revised A&D waiver will be out for a second public review period from 2/2/26 through 3/4/26. NCDD plans to submit comments again.

What made the Council's role unique? Tell why the Council was best positioned to take up this work. For example, the Council consistently listens to people with I/DD. It embeds the needs into this work and establishes working relationships with other agencies and organizations, existing topical experts, and experienced catalysts for systems change (2-3 sentences, no more than 200 characters).

NCDD's strong ties with families, advocacy groups, and state committees enabled rapid mobilization and ensured lived experiences shaped policy decisions.

Nebraska Council on Developmental Disabilities

State Agency Representative
Report to Council Members

Representative: Christopher Chambers, Part B Specialist

Agency: Nebraska Department of Education, Office of Special Education

Update on activities/trends/improvements/issues impacting individuals with I/DD since the last Agency update:

Emphasis from the U.S. Department of Special Education

- Improving outcomes for students with disabilities
- Strengthening and implementation of Free and Appropriate Education (FAPE)
- Ensuring Access to the Least Restrictive Environment (LRE)

New Technical Assistance Documents

- Prior Written Notice
- Homebound/Home Instruction Guidance for Special Education
- Working table for LRE Decisions

FFY 2024 SPP/APR submitted

District policies and procedures review due to NDE March 30, 2026

Current Agency activities/trends/improvements/issues impacting individuals with I/DD:

Focused Monitoring

Corrective Action Plans Indicator for Child Find Indicator 11, Transition Indicator 13

TIP Trainings

Parent Survey for Districts in Cohort 3-- [Parent Survey Cohorts](#)

Future/upcoming Agency activities:

NASES Legislative Conference- February 19, 20, 2026

ASD Conference- April 9 and 10, 2026 Younes Conference North Kearney, Nebraska

Nebraska Young Child Institute- June 16 and 17- Younes Conference North Kearney, NE

Nebraska Council on Developmental Disabilities

State Agency Representative

Report to Council Members

February 6, 2026

Representative: Tony Green, Director

Agency: Department of Health and Human Services – Division of
Developmental Disabilities and Home & Community Based Services

Update on activities/trends/improvements/issues impacting individuals with IDD since the last Agency update:

The InterRAI Assessments for DD Waivers

- As of December 31st, 2025, a total of 626 initial interRAI's assessment and 2073 renewal assessments have been completed.
 - Of the renewals 81% have experienced no change (47%) or an increase in funding (34%).
 - Of the initial assessments, 48% have received a recommendation for the Comprehensive Developmental Disabilities (CDD) waiver, 5% for the Developmental Disabilities Adult Day (DDAD) waiver, 37% completed a manual review with the DDD Clinical team, and 11% for the Family Support Waiver (FSW).
 - Of the renewal assessments, 66% saw no change in their waiver recommendation from the current waiver they are on. (4% increase to CDD, 8% decreased to lower waiver, 19% manual review, 3% no previous waiver).

Public Comment Periods:

- Second Public Comment Period for Community Based Services (HCBS) Aged and Adult and Children with Disabilities (NE.0187) waiver and amend the Traumatic Brain Injury Waiver (NE.40199). The 30-day **public comment period is from February 2 through March 4, 2026.**
- State plans to amend the Medicaid Home and Community Based Services (HCBS) Comprehensive Developmental Disabilities Services (NE.4154) waiver and the Developmental Disabilities Day Services Waiver for Adults (NE.0394). 30-day **public comment period will be from January 26 to February 25, 2026,**
- Additional information and summary of proposed changes can be found on the public comment website: <https://dhhs.ne.gov/Pages/DD-Public-Comment.aspx>
- Submit comments:
 - Online: Online Public Comment Form
 - Email: DHHS.HCBSPublicComments@nebraska.gov
 - US Mail: DDD Public Comments; PO BOX 98947; 301 Centennial Mall South; Lincoln, NE 68509

National Core Indicators (NCI):

- The DDD Quality Team is currently on track to complete all DD in-person survey's and to begin AD in-person survey's as soon as the NCI portal is open later this month.
- Additional information about NCI, links to the dashboard, and State & National reports can be found on the DHHS Quality Assurance for HCBS Waiver website: <https://dhhs.ne.gov/Pages/DD-Quality-Assurance.aspx>

Future/upcoming Agency activities:

All Information available on DD Calendar of Events page on DD Homepage

- Monthly DHHS Stakeholder Meeting – Monday, March 2, 2026
- DD Advisory Committee Meeting – Wednesday, March 11, 2026

Nebraska Council on Developmental Disabilities

State Agency Representative
Report to Council Members

Representative: _____ Diana Meadors Deputy DBH _____

Agency: _____ DBH _____

Update on activities/trends/improvements/issues impacting individuals with I/DD since the last Agency update:

Certified Community Behavioral Health Clinics (CCBHCs) went live statewide on January 1, 2026. DBH is currently advancing work on Rural Health Transformation contracts to strengthen access and service delivery in underserved areas. Planned investments include funding for a statewide crisis platform and 988 crisis response services, secured transportation initiatives for rural communities, infrastructure development for the Crisis Stabilization Unit, and a nursing facility pilot project designed to support individuals who require nursing-level care while also needing enhanced mental health services.

Additionally, DBH is contracting with the Nebraska Medical Association to expand integrated mental health services within primary care settings. The department has received our notice of award for the FY27 Mental Health, Substance Use, Prevention, and Treatment Block Grant. DBH is also actively collaborating with the Regions to identify future budgeting priorities, with a focus on individuals with the highest levels of need for such services.

Current Agency activities/trends/improvements/issues impacting individuals with I/DD:

Future/upcoming Agency activities:

Nebraska Council on Developmental Disabilities

State Agency Representative Report to Council Members

Representative: DJ Plautz

Agency: Nebraska VR

Update on activities/trends/improvements/issues impacting individuals with I/DD since the last Agency update:

- Nebraska VR continues to provide technical assistance to agency providers in an effort of improving the quality of service delivery.
- Successful SE/CE outcomes for PY 2025 = 98
- Nebraska VR continues to collaborate with agency partners as a result of the Dr. Mills study and subsequent action plan.
- Nebraska VR and ATP continue to be actively engaged in the development and implementation of Nebraska's Olmstead Plan. The VR Director leads the employment workgroup and the ATP Director is the chair of the housing workgroup. The agency's involvement in this critical planning helps to ensure employment and accessibility remain a priority for Nebraskans with disabilities.
- In a collaborative effort with agency partners, an application has been submitted for Nebraska to become a core state through ODEP's National Expansion of Employment Opportunities Network (NEON) initiative. Selection would provide access to technical assistance and ongoing mentoring to support statewide strategies aimed at increasing employment opportunities for individuals with disabilities.

Nebraska Council on Developmental Disabilities

State Agency Representative
Report to Council Members

Representative: Jennifer Severe-Oforah

Agency: Division of Public Health, DHHS

Nebraska received a Notice of Award (NOA) for the Rural Health Transformation Program (RHTP) in late December. Nebraska received more funds than applied for and was required to submit a new budget and narrative by 1/31/2026. We are awaiting a revised NOA.

More information, including the application, can be found at:

<https://dhhs.ne.gov/Pages/Rural-Health-Transformation.aspx>

One significant component of RHTP is the ability to increase the number of Community Health Workers (CHW) in the workforce. Each Local Health Department can apply for the funding to hire up to 10 CHWS.

A CHW is a trusted member of, or has good understanding of, the community they serve. They are able to build trusting relationships and are able to link individuals with the systems of care in the communities they serve. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy. CHW is an umbrella term used to define other professional titles.

A Parent Resource Coordinator or a Home Visitor are examples of a CHW.

We should start to see an increase in CHWs across the state in a few months.

Requirements. Medicaid expansion includes people who are aged 19-64, have a low income, and get their health insurance through Nebraska Medicaid (also known as Heritage Health). They cannot get Medicare, and they cannot be pregnant or be eligible on the basis of a disability.

Exemptions (only includes exemptions for disabilities)

There are multiple reasons that an adult expansion member can be exempt. Some notable exemptions include:

- Parents, caretakers or guardians of children up to age 13 or of an individual with disabilities
- Veterans with a total disability rating
- People who are medically frail or have special medical needs, including:
 - Blindness or disability
 - Substance use disorder
 - Disabling mental disorder
 - Or other significant physical, intellectual or developmental disabilities
- (This is not a complete list of exemptions. To see all other exemptions, visit <https://dhhs.ne.gov/Pages/WorkRequirements.aspx>)

Reporting Work Requirements

Nebraska Medicaid will examine Medicaid expansion members' case information to determine if they have met work requirements or if they qualify for an exemption.

If NE Medicaid does not have enough information to verify work requirements or an exemption, we will contact the individual and ask for more information. We will send the individual a form describing the information we need from them and how they can send it to us. If NE Medicaid requests additional information from a member, the member must submit the requested information within 30 days of receipt, or they may lose their Medicaid coverage.

Medicaid members should check their mail or email regularly in case DHHS requests more information from them. If a Medicaid member does not receive a request from DHHS, then they do not have to send additional information.

For more information:

More information on work requirement activities, exemptions, and reporting is available on the webpage: <https://dhhs.ne.gov/Pages/WorkRequirements.aspx>

Disability Rights Nebraska
Report to Council Members
February 2026

Representative: Seamus Kelly/ Tania Diaz

Agency: Disability Rights Nebraska

Update on activities/trends/improvements/issues impacting individuals with I/DD since the last Agency update:

Aged and Disabled Waiver:

Disability Rights Nebraska submitted comments during the public comment period (December 5- January 5). We also sent out an action alert via email encouraging people on our list to comment on the waiver changes during the short time period available. Legal Services Director Dianne DeLair met with Tony Green, and the Olmstead Advisory Committee convened an emergency meeting to discuss the possible changes. Dianne also met with staff at Senator Rountree's office to inform them of the situation.

We were pleased to see as a result of public comments and the direction of Governor Pillen, HHS has eliminated the 40-hour weekly cap on personal care services for live-in caregivers; the 70-hour combined limit on Legally Responsible Individual person care and companion services has also been removed. A 150% modified cap will remain in place with an exception process available when out-of-home caregivers are necessary to protect immediate health and safety. **Public comment process is open from February 2 to March 4, 2026.**

InterRAI:

One of the issues we've been receiving an increased number of calls about is the InterRAI assessment process. We have received numerous reports of issues during the process, including reductions in hours for individuals. It's also become apparent that the appeal process is awkward and difficult and often without clear resolution. Our e-newsletter included [a short survey](#) to get a clearer idea of what people are experiencing, especially in the appeal process, so we can put together a strategy to address the issue. We have

received 10 responses so far. The Arc of Nebraska is also conducting a [survey which can be found here](#).

Guardianship Report 2025:

In mid-December, we released our second guardianship report. It was based on the arrest of a Nebraska woman in November 2025 who was charged with multiple felonies involving the alleged theft of over \$20,000 from a vulnerable adult. At the time of her arrest, she was serving as court-appointed guardian for more than 30 people spread over 16 counties. She was also a Representative Payee for 70 people, meaning she handled the money for all 70 of these people and their daily needs including rent, groceries, etc. (Both the 2024 and 2025 Guarding from the Guardians reports can be found on our [Publications page](#).)

We reached out to Senator DeBoer about guardianship reform and she agreed to sponsor two pieces of legislation that will address multiple things we feel move in a positive direction, some of which were recommended in our reports:

1. Cap the number of people one person can serve as a guardian at 20 people (this is what the Office of Public Guardian currently has as a limit).
2. Allow the person under guardianship, or proposed to need a guardian, to attend hearings relating to guardianships in person or virtually so they can be present at a proceeding that is important to their life and rights.
3. Require that the guardians visit the people they serve and check on the care they are receiving no less than once per month. "The guardian shall maintain a written record of each visit with a ward or protected person and shall have periodic contact with all public or private individuals and agencies that provide care or related services to the ward or protected person;" so if the person is in a facility, the guardian also needs to talk with the people providing care there.
4. "The person alleged to be incapacitated or any person interested in his or her welfare may petition for a finding of incapacity and appointment of a guardian or a standby guardian...An interested person may file a motion to make more definite and certain requesting a specific description of the functional limitations and physical and mental

condition of the person alleged to be incapacitated with the specific reasons prompting the request for guardianship.”

5. Require any person appointed as guardian to successfully complete a training program approved by the Public Guardian, within three months of their appointment as a guardian.

Senator DeBoer’s Legislative Bills (LB’s) are [LB 985](#) and [LB 1178](#).

- 985 provides for the cap on number of people a guardian can take.
- 1178 provides for the other actions listed above to preserve a person’s rights.
- Amy Miller with Disability Rights Nebraska provided testimony in support of both bills.

Olmstead and Housing:

Thanks to everyone who testified or sent in comments in regard to the need for affordable accessible housing during the hearing for Senator Rountree’s [LR 86](#). This Legislative Resolution (LR) gave rise to two bills that we will be tracking this session:

- [LB 839](#): This bill asks Nebraska cities to report on their efforts to make more affordable housing available. LB839 would add language to require reporting on the number and availability of accessible housing units.
- [LB 840](#): This bill requires a certain number of accessible units when apartment buildings (“multifamily dwellings”) are built. It would require at least 20% of the apartments (“units”) be accessible for people with mobility challenges / physical disabilities, and at least 10% be accessible for people with vision or hearing disabilities.
- Dianne DeLair with Disability Rights Nebraska gave testimony on these two bills.

The Disability Rights Nebraska Public Policy Team is in the process of deciding on the final bills we propose to focus on this session. These will likely be included, but the final decision as to which bills we will weigh in on rests with the Board of Directors, who meet on February 14th.

Inclusive Education Lay Advocacy:

October 2-16, the fall Inclusive Education Lay Advocacy training concluded with three (3) new trained advocates.

December 19 the semi-annual Inclusive Education Lay Advocacy project advocates get-together was held. Five people attended in person with another 10 who attended on zoom. The topic of discussion was proposed changes to the Aged and Disabled waiver that would affect children receiving those services and strategies for submitting public comment.

Twenty-one referrals were made to the Inclusive Education Lay Advocacy program. Advocates were identified for 12 of those referrals. The remainder of the referrals were provided with limited advocacy through the provision of support and information regarding their situation.

February 17- March 26, 2026 are the dates for the spring Inclusive Education Lay Advocacy training. 13 people are signed up for the training. If you are interested in registering for the training, please reach out to Pat Cottingham at patriciac@drne.org

Email Newsletters:

- 10/15/25 (General): Housing, Transportation, ENABLE: Invitation for comment or hearing attendance for LR 86 (Rountree, Housing); Olmstead Transportation survey; ENABLE Savings Plan training.
- 10/20/25 (Targeted): Lincoln/Lancaster County Long Range Transportation plan: involvement options.
- 10/31/25: (Targeted): Rep. Don Bacon Virtual Town Hall.
- 12/1/25: (Targeted): a fundraising campaign for Giving Tuesday.
- 12/18/25: A&D Waiver Action Alert: changes to the A&D waiver and a compressed timeline for public comment.
- 12/23/25: Holiday Wishes & Office Hours.

Nebraska Council on Developmental Disabilities

State Agency Representative
Report to Council Members

Representative: Mark Shriver

Agency: Munroe-Meyer Institute University Center for Excellence in Developmental Disabilities

Update on activities/trends/improvements/issues impacting individuals with I/DD since the last Agency update:

As noted at last meeting, we have hired a primary care physician, Brittini Herrera, MD and we are restructuring space (e.g., adding a radiology lab) to provide range of primary care services. Construction delay has delayed start of providing services, but we plan to have a soft launch of primary care services this February. We are in process of finalizing negotiation with a second physician with adult focus. Still recruiting for 1-2 psychiatrists.

We have a new faculty member in our Severe Behavior Department, Bethjoy Houck, PhD, BCBA-D started in January. Dr. Houck has extensive experience with treating significant behavior problems and working in community settings. Her role will primarily be clinical including student training and supervision.

We are changing name of our Severe Behavior Department to Specialized Behavior Interventions Department. This name change helps focus on the type services provided by the department. This will be a slow rollout over time as signage and websites and materials are changed.

We will be celebrating our 5-year anniversary in the Pine Street building on April 25, 2026. More details to follow.

Current Agency activities/trends/improvements/issues impacting individuals with I/DD:

Rural Health Transformation Project includes goals for development of standards for Community Health Worker (CHW) training, development of training programs, and development of billing framework. As part of this effort, LB 912 was introduced to develop a statewide process for recognizing community health worker training programs that meet minimum standards of quality and content and ensure that community health worker services are eligible for reimbursement by Medicaid and private insurers. (Hardin, 1/30/26 hearing)

We have existing collaboration with College of Public Health on CHW training and expertise in training CHW competencies with our Parent Resource Coordinators and Family Care Enhancement Project and our current collaboration with NE DHHS Title V. We are working to continue these collaborations to develop CHW training leading to recognized credentials and capability for billing.

Future/upcoming Agency activities:

As part of our Nebraska EmployABILITY Project, we are negotiating a partnership with iFixOmaha to develop training for students to attain WISE 1 and WISE 2 Certification in device repair (phones, tablets, laptops). This will include the development of online training modules and apprenticeship training.

We are planning that this collaboration will serve as a demonstration for expansion to other identified needed employment opportunities in partnership with businesses across Nebraska. Later this month, we are meeting with leadership from Nebraska Vocational Rehabilitation (NE-VR), Nebraska Department of Education (Career, Technical and Adult Education), Heartland Workforce Solutions (HWS), City of Lincoln, Nebraska Extension, and University of Nebraska System for a strategy meeting to discuss developing a state-wide model for training and apprenticeship programs for individuals with developmental disabilities to meet employment needs in local communities

Public Comment on Behalf of the Nebraska Council on Developmental Disabilities (NCDD)

Re: Nebraska Medicaid Section 1115 "Sustainable Coverage" Demonstration — Proposal to End Retroactive Eligibility

Date: March 25, 2026

To Nebraska DHHS Medicaid Leadership:

The Nebraska Council on Developmental Disabilities (NCDD) appreciates the opportunity to comment on the proposed Section 1115 "Sustainable Coverage" Demonstration. Although NCDD is appointed by the Governor and administered by the Department of Health and Human Services (DHHS), we operate independently, and our comments do not necessarily reflect the views of the Governor's administration or DHHS. NCDD is a federally mandated, independent Council comprised of individuals with developmental disabilities, their families, community providers, and agency representatives who advocate for systems change and quality services.

NCDD works to ensure that individuals with developmental disabilities and their families participate in designing and accessing community services, individualized supports, and other assistance that promote self-determination, independence, productivity, and full inclusion in community life. When needed, NCDD serves as a nonpartisan source of information and advice for state policymakers and appreciates the opportunity to provide input through this DHHS public comment process.

NCDD understands the State's interest in encouraging timely enrollment and in stewarding public resources. However, fully eliminating retroactive Medicaid eligibility would predictably harm Nebraskans with disabilities, their families, and the providers who serve them. As we understand it, the proposal would go beyond current federal limitations and would make Nebraska an outlier among states by offering no retroactive coverage at all—while other states that limit retroactivity retain carveouts for highly vulnerable populations. That approach shifts risk from the program onto families and care systems rather than solving the root causes of coverage gaps.

Why Retroactive Eligibility Matters

Newborns and maternal child health. Under the proposed waiver, women enrolled in Medicaid at the time of delivery may find their newborns temporarily without coverage if eligibility is not established immediately. Even brief administrative lags can result in delayed care or unexpected bills, especially for infants with congenital conditions or complex needs. Ensuring eligibility dates that reach back to the moment care begins is a basic safeguard that prevents avoidable health and financial crises.

NICU and other high-acuity episodes. Families rarely anticipate NICU admissions or specialized, high-cost care. A gap of just a few days can translate into bills totaling thousands per day and, in extreme cases, seven figures over the course of treatment. Narrowing eligibility to the application month exposes families to catastrophic costs precisely when their attention must be on their child's survival and recovery. Eliminating retroactive eligibility for these NICU stays undermines early intervention, family stability, and long-term developmental outcomes.

People who only discover eligibility when care is needed. Many Nebraskans, including individuals with disabilities, people with limited health literacy, or those in the midst of major life changes, do not realize they qualify until a medical need arises. Retroactive coverage exists to catch those situations. Removing it increases uncompensated care and medical debt, with disproportionate impact on people with cognitive, mobility, or mental health challenges who cannot easily apply on the day care begins.

Emergencies and accidents. Strokes, trauma, psychiatric crises, and other emergencies do not align with application timelines. For Nebraskans who would otherwise qualify, eliminating retroactivity strips away the safety net at the exact moment it is most needed.

Existing Administrative Barriers

Families and providers routinely describe how long and complicated the disability-related eligibility process can take, particularly when documentation of an Institutional Level of Care is required. In real-world situations, especially during medical or behavioral crises, paperwork is delayed, records are lost, and individuals with intellectual or developmental disabilities or brain injuries often depend on others to navigate extensive forms. Administrative mistakes also occur, including individuals being placed in the wrong coverage category or children with disabilities losing Medicaid due to household income changes, even when the state's own rules exclude parental income for children who meet disability criteria. Retroactive eligibility is the safeguard that prevents these administrative hurdles from turning into harmful coverage gaps while corrections are made. Removing this protection would leave many people exposed simply because their health, disability-related needs, or the circumstances they are facing make it impossible to complete the enrollment process immediately. Ultimately, the proposal shifts the consequences of system delays and errors onto low-income Nebraskans who are least able to absorb them.

Family Strain Results in Delays

In practice, many families delay Medicaid applications because they are caring through acute medical events, or because they misunderstand resource rules, particularly in rural areas where families may assume land or agricultural assets automatically preclude eligibility for an adult child with disabilities. When a caregiver dies or can no longer provide support, those adults may be left without coverage. Removing retroactive eligibility increases the likelihood that individuals will avoid or postpone needed care until eligibility is established, which can take months.

System-level consequences for Nebraska providers

Hospitals, especially rural facilities operating on thin margins, will see more uncompensated care and greater financial instability if retroactive coverage ends. Clinicians report that backdated eligibility facilitates safe and timely discharges; without it, hospitals may face discharge delays for uninsured patients who are awaiting approval, clogging beds in NICUs, emergency departments, and inpatient units. Reduced retroactive eligibility shifts costs rather than preventing them, ultimately threatening system stability and access to specialized services statewide.

The Budget Reality

We recognize the State's desire to reduce expenditures. Yet any near-term "savings" from eliminating retroactivity are likely offset by downstream costs: delayed care typically leads to complications, avoidable readmissions, and higher long-term spending. It also shifts costs onto families and providers, increasing medical debt and threatening the viability of services in underserved regions. In short, this change risks costing Nebraskans and the healthcare system more over time.

Recommendations

NCDD respectfully urges DHHS to **withdraw** the proposal to end retroactive eligibility. If the State proceeds with changes, we recommend at minimum:

1. **Maintain retroactive eligibility consistent with federal allowances** and avoid becoming the only state with no retroactive coverage.
2. **Create explicit exemptions** that backdate coverage for:
 - Newborns and perinatal episodes (including NICU stays),
 - Individuals with disabilities and those meeting an Institutional Level of Care,
 - Accident, trauma, and psychiatric emergencies, and
 - Cases delayed due to administrative processing, document gathering, or agency error.
3. **Invest in process improvements** (e.g., streamlined documentation, clearer guidance on resource rules, and rapid correction of misclassifications) so timely enrollment improves **without** removing the safety net.

Conclusion

Medicaid's retroactive eligibility is a core protection for people with disabilities, low-income families, and Nebraskans facing crises. Eliminating it would widen inequities, increase medical debt, and destabilize providers, especially in rural communities, without delivering durable savings. NCDD stands ready to collaborate on solutions that promote timely enrollment while preserving safeguards that keep care accessible when Nebraskans need it most.

Sincerely,

Kristen Larsen
Executive Director
Nebraska Council on Developmental Disabilities (NCDD)

03/04/2026

To: DHHS – Division of Developmental Disabilities

Subject: Second Round of Public Comments on behalf of NCDD for DHHS Renewal Application of the Home & Community Based Services (HCBS) Aged and Adult and Children with Disabilities (A&D) Waiver

Submitted by: Kristen Larsen, NE Council on Developmental Disabilities Executive Director

On behalf of the Nebraska Council on Developmental Disabilities (NCDD), I am submitting second round public comments on Nebraska DHHS's application to the Centers for Medicare & Medicaid Services (CMS) for the A&D waiver. Although NCDD is appointed by the Governor and administered by the Department of Health and Human Services (DHHS), we operate independently, and our comments do not necessarily reflect the views of the Governor's administration or DHHS. NCDD is a federally mandated, independent Council comprised of individuals with developmental disabilities, their families, community providers, and agency representatives who advocate for systems change and quality services.

NCDD works to ensure that individuals with developmental disabilities and their families participate in designing and accessing community services, individualized supports, and other assistance that promote self-determination, independence, productivity, and full inclusion in community life. When needed, NCDD serves as a nonpartisan source of information and advice for state policymakers and appreciates the opportunity to provide input through this DHHS public comment process.

NCDD welcomes the chance to weigh in on the Aged & Disabled (A&D) Waiver renewal. Nebraska's 1915(c) waivers are the foundation of HCBS services, allowing people with disabilities to live in their homes and communities rather than institutions. These supports promote health and safety, caregiver sustainability, and prevent far more costly institutional placements. We appreciate the Department's efforts to share information about the proposed updates through virtual briefings, which help stakeholders better understand the changes.

I am pleased that, as a result of continued advocacy, DHHS is offering a second round of public comments. As stated in my initial submission, NCDD had significant concerns about the original comment period for the A&D and TBI Waivers being held from December 5, 2025, to January 5, 2026, which overlapped with federally and state-recognized holidays. Requesting feedback during this time limited stakeholders' ability to thoroughly review and respond to proposed changes that could meaningfully affect individuals with developmental disabilities, brain injuries, and other disabilities. Moving forward, NCDD strongly encourages DHHS to engage stakeholders earlier and ensure full, accessible 30-day comment periods, particularly when substantial HCBS waiver changes are under consideration.

NCDD highlights the following:

Appendix B: Participant Access and Eligibility

NCDD is pleased to see that DHHS has removed the language specific to individual cost limit so that there will no longer be an absolute individual Cost Limit on the waiver.

The initially proposed changes raised serious concerns about individuals' ability to remain in their own homes, so this revision is an important improvement. For many people served under this waiver, in-home supports are not simply a preference — they are essential. Nebraska also lacks sufficient facility-based options to accommodate those who could be displaced by reductions in home-based services. Imposing caps or reducing hours without viable alternatives threatens individuals' safety and independence.

Appendix C-1/C-3: Participant Services – Updated Limits on Personal Care, LRI Personal Care, and Companion Services

NCDD appreciates the addition of LRI (Legally Responsible Individual) personal care to the TBI waiver. NCDD was deeply concerned that the initial A&D application proposed limiting Personal Care and LRI Personal Care to a combined 40-hour limit, as well as imposing a 70-hour combined limit across Personal Care, LRI Personal Care, and Companion Services. As a result of strong advocacy and extensive public input during the first public comment period, DHHS has removed these previously proposed hour limits, preserving the integrity of person-centered planning.

Appendix C-4: Participant Services

NCDD recognizes that DHHS has revised the previously proposed Institutional Cost Limit, allowing participants to access up to 150% of the average nursing facility cost for HCBS services. Exceptions may be approved by the DDD Clinical Team beyond this limit if a participant's need for personal care services provided by out-of-home caretakers exceeds the 150% cap and is necessary to support the participant's immediate health and safety. Under the updated proposal, participants may receive up to approximately \$138,657 in services before an exception review is required, and an exception process is available for those who need additional support to continue living independently.

However, this raises an important concern: what occurs when necessary in-home care provided by families and caregivers reaches the 150% modified cap?

While NCDD appreciates the inclusion of an exception process, several issues remain. The state has not defined how the DDD Clinical Team will determine whether an exception is warranted, nor established clear timelines for reviews—both of which are critical for individuals whose health and safety depend on timely decisions. NCDD is also concerned that Nebraska lacks alternative placement options, as many rural areas have no nursing facilities and the state continues to experience widespread nursing home closures. Additionally, many individuals with complex medical needs cannot be served in nursing facilities due to licensing requirements, leaving unanswered questions about where the state expects to place individuals who exceed the cap.

NCDD is further concerned that Nebraska's provider network lacks sufficient capacity to meet the needs of individuals requiring high levels of support. These limitations, combined with the new cost-cap structure, may inadvertently create tension between family caregivers and provider agencies—both of whom strive to meet the needs of the same individuals. Policies should support a continuum of care options that uphold person centered planning and prioritize health and safety, rather than placing caregivers and providers in competing roles.

Appendix C-1/C-3: Participant Services - Assistive Technology

- The annual cap for assistive technology was changed from \$2,500 to \$10,000 in a five-year period, with a maximum of \$20,000 with DD Central Office approval.

NCDD is concerned about the proposed funding caps for assistive technology and home or vehicle modifications. These supports are often critical in determining whether an individual can remain safely in their home or must transition to an institutional setting. For many, modifications such as accessible entrances, bathroom adaptations, or specialized vehicle equipment are essential for independence, health, and community participation. Limiting funding for these services risks forcing individuals into unsafe situations or costly facility placements.

The current proposal sets a cap of \$10,000 over five years, with a lifetime maximum of \$20,000 for modifications and assistive technology. These limits do not reflect the reality of rising costs for construction, labor, and specialized equipment. Individuals who require both accessible entrances and bathroom modifications, for example, may be forced to choose between the two, even though both are necessary for basic daily living. Similarly, vehicle modifications tailored to individual needs often exceed these caps, leaving people without reliable transportation or access to their communities.

Fixed caps also undermine person-centered planning by restricting flexibility to meet unique needs. While cost containment is important, these limits fail to account for inflation and the long-term savings associated with keeping individuals in their homes. A few months in a nursing facility often costs more than even the most expensive home modification. Investing in accessibility prevents injuries, reduces hospitalizations, and saves taxpayer dollars over time.

NCDD strongly urges DHHS to reconsider these caps or, at minimum, increase them to better align with current costs. We recommend raising the lifetime cap for home and vehicle modifications to at least \$30,000 and allowing flexibility for exceptions when justified by assessed needs. This approach would support independence, uphold person-centered planning, and reduce the risk of unnecessary institutionalization.

Investing in adequate funding for home and vehicle modifications is not only person-centered but fiscally responsible. The upfront cost of accessibility improvements is far less than the expense of institutional care, which can exceed the cost of even the most extensive modifications in just a few months. By enabling individuals to remain safely in their homes, Nebraska can reduce hospitalizations, prevent injuries, and avoid costly facility placements.

Appendix F: Participant Rights: Fair Hearing and State Grievance/Complaint System (pp. 159-160)

NCDD appreciates the updated grievance language and its alignment with the HCBS Final Rule and the CMS Access Rule. However, there remains a significant need for DDD to further educate HCBS participants and their families about the types of grievances and complaints they may file, how these differ from fair hearing requests, and the steps involved in each process.

Clear, accessible information should be provided regarding:

- The types of appeals and grievances/complaints available to participants
- The procedures for submitting an appeal or grievance/complaint
- How appeals and grievances/complaints are reviewed, investigated, and resolved

NCDD requests additional clarification on the distinction between filing a grievance or complaint and filing an appeal. More guidance is particularly needed related to the following questions:

- Is a reduction in a participant’s waiver budget considered grounds for filing a grievance?
- If a participant or their family/guardian believes the Level of Care assessment or budgeting tool was administered incorrectly, does this constitute a grievance? If so, what steps follow once it is filed?
- Does DHHS maintain a system for recording individual complaints and evaluating them to identify systemic issues?

NCDD recommends creating a plain language handout—with visuals—explaining both the grievance and appeal processes to strengthen participant understanding.

Ensuring clarity, transparency, and accessible communication about these processes will better equip participants and families to advocate for their rights and secure the supports they need.

Appendix I: Financial Accountability -Concerns with Electronic Visit Verification (EVV)

While EVV is a federal requirement, NCDD has significant concerns with Nebraska’s approach, particularly the expectation of a zero-manual-correction rate. A 100 percent compliance standard is unrealistic, and when paired with the absence of exceptions for live-in caregivers, the policy is far more restrictive than what CMS requires.

The geofencing mandate for live-in caregivers is especially problematic, as it prevents individuals from fully participating in community activities if those activities extend beyond the provider’s required clock-out time. This limitation hinders community integration, personal autonomy, and meaningful choice.

NCDD recognizes that this policy originates within the DHHS Division of Medicaid and Long-Term Care rather than the Division of Developmental Disabilities. However, given its impact on HCBS participants, NCDD intends to elevate these concerns to CMS.

Consider Allowing A&D Waiver Participants to Access Employment Services

Employment Supports, such as job coaching, supported employment with follow along, and benefits counseling, are not currently included in the Aged and Disabled waiver. NCDD recommends that DHHS explore adding employment services beyond those available through Vocational Rehabilitation in a future waiver amendment. This has been a known gap in the A&D Waiver for many years.

Concerns Regarding Consolidation of A&D Waiver Functions within the Division of Developmental Disabilities

NCDD is concerned that the Division of Developmental Disabilities (DDD) is responsible for nearly all major components of A&D Waiver administration. This includes eligibility determinations, individual budgets, waiver service administration, quality oversight, final decisions on appeals, and—most recently—assuming service coordination duties previously performed by the League of Human Dignity.

NCDD believes that greater separation of duties, increased transparency, and enhanced oversight of DDD are necessary to ensure accountability and protect participant rights. We recommend

establishing an independent entity to oversee appeals and to monitor utilization trends and systemic issues across waiver services.

Conclusion

The Nebraska Council on Developmental Disabilities appreciates your time in reviewing these comments and addressing the concerns raised. If you have any questions or need additional information, please contact Kristen Larsen, NCDD Executive Director, at Kristen.larsen@nebraska.gov.

02/23/2026

Public Comment on behalf of the Nebraska Council on Developmental Disabilities (NCDD)

Submitted by Kristen Larsen, Council Executive Director

Re: Amendment on the HCBS Comprehensive Developmental Disabilities Services (NE.4154) waiver and the Developmental Disabilities Day Services Waiver for Adults (NE.0394)

On behalf of the Nebraska Council on Developmental Disabilities (NCDD), I am submitting public comments on Nebraska DHHS's plan to amend the 1915(c) Medicaid and Home and Community Based Services (HCBS) Comprehensive DD and Adult Day DD waivers. Although NCDD is appointed by the Governor and administered by DHHS, we operate independently. Our comments do not necessarily reflect the views of the Governor's administration or DHHS. NCDD is a federally mandated, independent Council comprised of individuals with developmental disabilities, their families, community providers, and agency representatives who advocate for systems change and quality services.

NCDD works to ensure that individuals with developmental disabilities and their families participate in designing and accessing community services, individualized supports, and other assistance that promote self-determination, independence, productivity, and full inclusion in community life. When needed, NCDD serves as a nonpartisan source of information and advice for state policymakers and appreciates the opportunity to provide input through this DHHS public comment process.

Appendix C: Participant Services: NCDD Concerns

Removal of the consultative assessment service:

NCDD has significant concerns regarding the proposed removal of the consultative assessment service under Participant Services.

DHHS has indicated that Functional Behavior Assessments (FBA) are covered under Medicaid as Applied Behavior Analysis (ABA) assessments and are available through all three Managed Care Organizations (MCOs). Stakeholders have been told that HCBS waivers cannot cover services already available through the Medicaid State Plan.

However, there is considerable uncertainty about how providers can access these services through straight Medicaid. Even clinicians who serve as risk providers have expressed confusion. NCDD is concerned that this change could negatively impact risk services and potentially require agencies to continue delivering a level of support that is no longer easily reimbursed. Losing convenient access to professional guidance for individuals with the most intense behavioral needs would be a serious setback for DD services.

Providers offering FBA services are being encouraged to credential through the MCOs to continue serving participants. This process appears cumbersome and may lead to unintended consequences for habilitation services, particularly for individuals with challenging behaviors. The consultative assessment service has been a critical, easily accessible resource for both providers and participants. Recent reductions in Medicaid's ABA reimbursement rates have already resulted

in fewer ABA providers. Eliminating this service could make it even harder for HCBS recipients to obtain the behavioral supports necessary to thrive in community settings.

Change in Meeting Frequency: Semi-Annual to Annual:

Reducing person-centered planning (PCP) meetings from twice a year to only once annually undermines the core principles of person-centered care. This change eliminates critical opportunities for individuals to share their needs, preferences, and goals, placing their voice at risk of being overshadowed by system convenience. Limiting these discussions to a single annual meeting restricts meaningful dialogue and the ability to adjust plans as needs evolve.

Cutting back to one meeting per year removes essential chances for people to shape their own lives. Goals that seem appropriate initially often fail in practice, and without regular check-ins, individuals may remain in plans that no longer reflect who they are or what they want. Person-centered planning should be dynamic and responsive instead of a yearly formality. These meetings are among the few times when families, friends, and trusted supporters can come together to ensure decisions truly honor the person's voice. Reducing them risks turning planning into paperwork instead of a process that empowers choice and growth.

Implementing true person-centered planning through the CtLC framework has been challenging even with two meetings per year. Nebraska has made progress through collaboration with advocates and DD Division leadership, and NCDD fears that fewer meetings will halt this momentum. Often, months pass before anyone realizes a goal or service isn't effective. Reducing meeting frequency makes it even more likely that progress will slow and skill development will stall. Semi-annual meetings provide an essential opportunity for teams to refocus on what the HCBS participant truly wants to experience or achieve, rather than defaulting to what providers believe should be learned.

We appreciate the effort to streamline processes, but it's essential that efficiency does not diminish engagement or accountability. To uphold person-centered principles, we recommend exploring strategies that maintain ongoing involvement for individuals and their natural supports, ensuring meaningful input continues throughout the year rather than being limited to one annual meeting.

Appendix G: Participant Safeguards: NCDD Concern

Change to BSP Requirements: FBAs Only for Risk Tier

This change could leave individuals without timely behavioral support, particularly those not classified in a risk tier, but who still require FBAs to address significant behavioral challenges. Reduced access may lead to gaps in care and hinder progress for participants with complex needs.

The Nebraska Council on Developmental Disabilities appreciates your time in reviewing this letter and addressing the concerns raised. If you have any questions or desire additional information related to these public comments, please contact Kristen Larsen, NCDD Executive Director, at Kristen.larsen@nebraska.gov.