

Beneficiary Advisory Committee (BAC)

March 19, 2026

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Welcome

- Open Meetings Act (OMA)
- Roll call
- Conflict of Interest Policy

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Follow-ups from last meeting

- Review and approve January 15, 2026, meeting minutes
- <https://dhhs.ne.gov/Documents/DRAFT%20BAC%20Meeting%20Minutes%201.15.26.pdf>

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MLTC Announcements

- Hotel Prior Authorization
 - Must submit the prior authorization form 30 days before the meeting to be considered
- Annual Report
 - Any feedback?
- Communication/Contact Resource
- HCBS Program Flowchart:
<https://dhhs.ne.gov/DD%20Documents/HCBS%20Flow%20Chart.pdf>

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MLTC Announcements Cont.

- Nebraska Sustainable Coverage Waiver Public Comment ends March 26:
<https://dhhs.ne.gov/Pages/Nebraska-Sustainable-Coverage-Demonstration-Waiver.aspx>
- We will need another BAC representative on the MAC starting in July
 - Any volunteers to run for BAC rep?
 - If interested, can email DHHS.MACandBAC@Nebraska.gov

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BAC Announcements

- At this time, BAC members may share updates and announcements

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Public Notice Notification

- Public Notice: <https://dhhs.ne.gov/Pages/Medicaid-Public-Notices.aspx>

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Medicaid Home and Community-Based Services (HCBS) Waiver Services

March 19, 2026

BAC Meeting

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Division Of Developmental Disabilities

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The Division of Developmental Disabilities (DDD) provides funding and oversight for Medicaid Home and Community-Based Services (HCBS) Waivers, includes determining eligibility, providing service coordination for eligible people, monitoring services, and paying providers. DDD also oversees programs for people who have special health care needs and includes the State Unit on Aging and Medicaid State Review Team.



*Tony Green, Director
Division of Developmental
Disabilities*

Contact Us

 **Toll Free Number**

(877) 667-6266


[Email Us](#)

For more ways to contact us and information on specific teams and people, see our

[Contact Page](#)



Division Of Developmental Disabilities

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The Division of Developmental Disabilities (DDD) provides funding and oversight for Medicaid Home and Community-Based Services (HCBS) Waivers. This includes determining eligibility, providing service coordination for eligible people, monitoring services, and paying providers.

For information about available services, select the waiver you are interested in:

Aged and Disabled Waiver

Developmental Disabilities Waivers

Traumatic Brain Injury Waiver

Otherwise, select the topic which interests you. The Participant/Family and Provider sections contain information specific to those groups.

LB376 - Family Support Waiver and System Evaluation

Participants and Families

HCBS Providers

Training

Person-Centered Planning

Quality Assurance

Liberty Partnership Quality Project

Regulations and Waivers

Olmstead Plan

Resources

BSDC

Contact Us



Tony Green, Director
Division of Developmental Disabilities

Apply for Eligibility

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⚠ Report Abuse or Neglect

(800) 652-1999

! Complaints

- Complaint Form 📄
- Email Us ✉

! Appeal Rights

- Request for Fair Hearing Form ✉
- Aviso Y Peticion Del Departamento De Salud Y Servicios Humanos Para Una Audiencia Justa ✉
- Email Us ✉

Home and Community-Based Services (HCBS)

Waivers

- HCBS waivers allow the state to waive certain Medicaid requirements, provide services in the community, and avoid institutionalization.
- Waiver services are **in addition** to services available through the Medicaid State Plan, Vocational Rehabilitation, and the educational system.
- Medicaid waiver funds are paid to waiver providers for services.
- Waiver funds **cannot** be used for:
 - ▶ Room and board;
 - ▶ General home repair;
 - ▶ Things like routine childcare or vacations; or
 - ▶ Given directly to the participant.

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HCBS Waiver Services

- Services are designed to help participants live in the community.
- Paid services wrap around natural supports to meet a participant's needs.
- The goal is as much independence as possible.
- Service examples:
 - Help with and teaching household tasks.
 - Help with and teaching self-care skills.
 - Teaching skills to get or maintain a job.
 - Respite – relief to the usual caregiver.
 - Home and vehicle modifications.
 - Assistive technology and emergency response systems.

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Medicaid HCBS Waiver Participants

- When a person is receiving waiver services, they are participating in the waiver.
- A participant must meet the Level of Care requirement for the waiver they receive.
- A person may meet eligibility requirements for more than one waiver but may only receive services under one waiver at a time.
- A participant must use a waiver service at least once every 90 days.

Participant: a person receiving Medicaid HCBS Waiver services.

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Medicaid HCBS Waivers in Nebraska

All waivers require a person apply for and accept Medicaid.

- Aged and Disabled Waiver (AD Waiver)
 - All ages with a disability and ages 65 and older, meet nursing facility level of care.
 - Intended to help people live safely in their own home or assisted living; instead of a nursing facility.

- Traumatic Brain Injury Waiver (TBI Waiver)
 - Ages 18 through 64, meet nursing facility level of care.
 - Provides specialized assisted living.

- Developmental Disabilities Waivers (CDD, DDAD, FSW Waiver)
 - All ages, eligible for DD services per NE statute, and meet ICF/IID level of care.
 - Intended to maximize independence as people live, work, and socialize in their community.
 - Each waiver has specific eligibility and available services.

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HCBS Waiver Eligibility Requirements

To be eligible to receive any HCBS waiver, a person must:

- Be a citizen or legal resident of the United States;
- Be a legal resident of the state of Nebraska;
- Be eligible for and receive Nebraska Medicaid; and
- Have a need for waiver services.

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Medicaid HCBS Aged and Disabled (AD) and Traumatic Brain Injury (TBI) Waiver

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AD Waiver Eligibility Requirements

To be eligible to receive Aged and Disabled (AD) Waiver services, a person must:

- Be aged, disabled, or both:
 - Aged: over the age of 65.
 - Disabled: within Social Security criteria, includes ages 0-64 years.
- Meet Nursing Facility Level of Care eligibility found in [471 NAC](#).
 - AD Waiver Level of Care is based on the level of care needed to live in a nursing facility.
 - Level of care is determined by assessing a person's: Activities of Daily Living; Risk Factors; Medical Treatment; and Cognition Factors.

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TBI Waiver Eligibility Requirements

To be eligible to receive TBI services, a person must:

- Be between the ages of 18 and 64 years.
- Be disabled within Social Security criteria.
- Have a diagnosis of traumatic brain injury.*
 - Non-degenerative, non-congenital insult to the brain from an external mechanical force;
 - Possibly leading to permanent or temporary impairment of cognitive, physical, and psychosocial functions; and
 - An associated diminished or altered state of consciousness.
- Meet Nursing Facility Level of Care ([471 NAC](#)).

**This program is not for acquired brain injury caused by strokes, tumors, and other non-traumatic causes. The term TBI does not apply to brain injuries induced or caused by birth trauma.*

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AD Waiver Services Planning

Person-Centered Planning.

- Called the Plan of Services and Supports (POSS);
- Focuses on strengths, needs, priorities, and resources;
- Keeps the participant in charge of defining the direction of their life;
- Identifies the participant's needs based on assessments, and ensures those needs are met; and
- Is required before services can be authorized.

Plan development and revision involves the participant and their family, provider representation, and Service Coordination.

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AD/TBI Waiver Services

- Adult Day Health
- Assisted Living
- Assistive Technology
- Chore
- Companion
- Extra Care for Children with Disabilities
- Home and Vehicle Modifications
- Home-Delivered Meals
- Independence Skills Building
- Non-Medical Transportation
- Personal Care
- Personal Emergency Response System (PERS)
- Respite

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Medicaid HCBS Developmental Disabilities Waivers

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DD Waivers in Nebraska

Comprehensive Developmental Disabilities Waiver (CDD Waiver)

- All ages.
- Intended to maximize independence as people live, work, and socialize in their community.
- Includes 24-hour residential services.

Developmental Disabilities Adult Day Waiver (DDAD Waiver)

- Available at age 21 years, after the school year has ended.
- Intended to maximize independence to work in the community.
- Focus on competitive, integrated employment.

Developmental Disabilities Adult Day Waiver (FS Waiver)

- Available from age two through age 21
- Budget cap of \$10,000 a year.
- Intended to maximize independence in their community.

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DD Waiver Services

- Adult Day
- Assistive Technology
- Behavioral In-Home Habilitation
- Child Day Habilitation
- Community Integration
- Consultative Assessment
- Day Support
- Environmental Modification Assessment
- Home Modification
- Homemaker
- Independent Living
- Medical In-Home Habilitation
- Personal Emergency Response System (PERS)
- Prevocational
- Residential Habilitation (Continuous Home, Host Home, Shared Living)
- Respite
- Small Group Vocational Support
- Supported Employment – Follow-Along
- Supported Employment – Individual
- Supported Family Living
- Therapeutic Residential Habilitation
- Transitional
- Transportation
- Vehicle Modification

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DD Waiver Service Types

Most DD services fall into two main categories:

- **Day Services** focus on integrated, competitive employment.

Services may:

- ▶ Teach job skills prior to becoming employed.
- ▶ Provide support at a job.

- **Residential Services** focus on independent living skills.

Services may occur:

- ▶ In the participant's home.
- ▶ In their family home.
- ▶ At a provider-operated home.

Habilitation: The assisting of a person with improving and achieving developmental skills when impairments have caused delaying or blocking of initial acquisition of the skills.

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DD Waiver Eligibility Requirements

To be eligible to receive DD services, a person must have a developmental disability as defined in [Neb. Rev. Stat. §83-1205](#):

- A diagnosis prior to the age of 22 years that is expected to continue indefinitely,
 - A severe, chronic disability, including intellectual disability, other than mental illness, which is attributable to a mental or physical impairment.
- The disability must result in substantial functional limitations in each of the following areas of adaptive function:
 - **Conceptual** – language, literacy, money, time, number concepts, and adaptive functioning.
 - **Social** – interpersonal, social responsibility, self-esteem, gullibility, wariness, social problem solving, ability to follow laws and rules and avoid being victimized.
 - **Practical** – daily living, personal care, occupational skills, healthcare, and mobility.

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Applying for All Waiver Services

- The application includes a release of information so DDD can contact medical and educational professionals to obtain records.
- Anyone can help a person fill out an application.
- The application must be signed by the applicant, their guardian, or a legal representative.
- Application can be submitted:
 - Online at AccessNebraska www.ACCESSNebraska.ne.gov.
 - At any local DHHS office.
 - By email, mail, or fax.

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Eligibility Determination and Level of Care

- When DDD receives an application:
 - ▶ DDD calls the applicant to verify information on the application.
 - ▶ DDD requests needed documents:
 - ▶ Diagnosis can come from your medical doctor, a specialist, or a licensed psychologist.
 - ▶ Information from school:
 - ▶ All Multi-Disciplinary Team (MDT) reports.
 - ▶ Most recent Individual Education Plan (IEP).
 - ▶ When documents arrive, or after 90 days, eligibility is determined.
- When a person is determined DD eligible, their Level of Care is assessed.
 - ▶ DD Level of Care is based on the level of care needed to live in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

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DD Waiver Service Coordination and Planning

- DD Service Coordination is provided by the Division or Area on Aging (AD).
- Person-Centered Planning.
 - Called the Individualized Support Plan (ISP);
 - Focuses on services, supports, activities, and resources based on the participant's personal goals and preferences, and assessments of strengths and needs;
 - Helps participants live their most independent life and experience quality of life in their community by supporting what is meaningful to them; and
 - Is based on what a person wants (what's important to them) and what a person needs (what's important for them).

Development and revision of the ISP involves the participant and family, providers, Services Coordinator, and anyone else participant wants to invite.

Contact

General Information

dhhs.developmentaldisabilities@nebraska.gov

Eligibility and DD Registry

dhhs.ddeligibility@nebraska.gov

Toll-free (877) 667-6266



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Medicaid Work Requirements Update

Note: The information contained in this document is based on guidance from the Centers for Medicare and Medicaid Services (CMS) and other federal entities. The information in this document is subject to change based on updated guidance from CMS, changes to law or regulation, or other circumstances.

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Medicaid Work Requirements Update

- ▶ Starting May 1, 2026, Nebraska Medicaid will begin enforcing work requirements for Medicaid members under Medicaid expansion.
 - ▶ Individuals applying on/after May 1 that are determined eligible in the Medicaid expansion group will be subject to work requirements.
 - ▶ Existing Medicaid expansion members that have renewals initiated on/after May 1 will be subject to work requirements.
 - ▶ Members whose eligibility period ends July 31, 2026, will be the first group of Medicaid expansion members subject to work requirements.

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Work Requirements Overview

- ▶ Work requirement activities can include:
 - ▶ Working
 - ▶ Attending school or an apprenticeship
 - ▶ Participating in a work program
 - ▶ Community service / volunteering
- ▶ Expansion members must spend at least 80 hours* in at least one qualifying month doing one of these activities. Members and applicants can combine any of these activities to get to 80 hours during a qualifying month.
 - ▶ *or attending school or an apprenticeship at least half time
- ▶ Individuals can also meet work requirements if they are working and earn the \$580 in a qualifying month. (Equivalent of 80 hours worked at the current federal minimum wage)
- ▶ Some people may be exempt, including temporary exemptions for hardships.

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Exemptions

- Under age 26 and aged out of foster care
- A member of a federally recognized Native American tribe, an Urban Indian, a California Indian, or if you receive services through the Indian Health Service (IHS)
- A parent or caretaker of a child age 13 or younger
- Caring for a person with a disability
- A veteran with a total disability rating
- Medically frail
 - Blindness or disability
 - Substance use disorder
 - A disabling mental health condition
 - A serious and complex medical condition
- A serious physical, intellectual, or developmental disability
- In a household that gets supplemental nutrition assistance program (SNAP) or Temporary Assistance for Needy Families (TANF) benefits and are compliant under certain conditions with work requirements
- In a qualified drug or alcohol treatment program
- Incarcerated or recently released (within 90 days of a qualifying month)
- Pregnant or had Medicaid while pregnant and are up to 12 months postpartum

Qualifying Month & Lookback Period – New Applicants

- ▶ For people **newly applying** for Nebraska Medicaid, the qualifying month is:
 - ▶ the month before the month they apply for qualifying activities and temporary hardships (e.g. an individual applying on May 1, 2026, would need to have a qualifying activity or hardship in April 2026); OR
 - ▶ either the month before the month they apply or the application month for exemptions (e.g. an individual applying on May 1, 2026, would need to have an exemption in May or April 2026)
- ▶ One month lookback for qualifying activities and temporary hardships and either one month lookback or application month for exemptions

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Qualifying Month & Lookback Period - Renewals

- ▶ For **people already enrolled** in Nebraska Medicaid through Medicaid expansion, a qualifying month is any month between their most recent Medicaid determination or renewal and their next regularly scheduled Medicaid renewal (e.g. a member whose annual eligibility period ends July 31, 2026, would need to have a qualifying activity, exemption, or temporary hardship between August 1, 2025, and July 31, 2026).
 - ▶ 12-month lookback from end of eligibility period
 - ▶ Starting in 2027 Medicaid expansion members will be required to complete semi-annual renewals and the lookback will change to 6 months

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Medicaid Work Requirement Projections

- ▶ DHHS completed an analysis of the 70K expansion member population to project the number of members with and without information related to qualifying activity and exemptions already available to Nebraska Medicaid.
 - ▶ DHHS used July 2025 enrollment as a snapshot to create the projections.
 - ▶ DHHS identified qualifying activities and exemptions for 60% to 72% of the expansion population (45K to 54K).
- ▶ Applying these projections, DHHS estimates that Nebraska Medicaid would request 28% to 40% (20K to 28K) of expansion members to provide information demonstrating qualifying activities or exemptions as part of the Medicaid renewal process.
- ▶ Nebraska Medicaid completes an average of 5,800 renewals each month

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Member Outreach & Resources

- ▶ In December 2025 Nebraska Medicaid sent a notice by mail to everyone enrolled in Nebraska Medicaid through Medicaid expansion.
- ▶ Nebraska Medicaid also sent follow up texts and emails to individuals that identified an electronic notice preference.
- ▶ Nebraska Medicaid will continue to send notices to anyone that becomes newly eligible in the Medicaid expansion group through April 2026.

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Member Outreach & Resources Cont.

- ▶ FAQs and Website were updated March 17 with additional information and resources.
- ▶ DHHS and Nebraska Medicaid will be incorporating referrals to job assistance and training, education, and community service resources for Medicaid expansion members.
- ▶ Nebraska Medicaid will be publishing educational & “How To” videos.
- ▶ In April DHHS will begin running public service announcements (PSAs), and in May will begin a Social Media campaign.

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Medicaid Application and Renewal Updates

- ▶ Nebraska Medicaid is updating the Medicaid application and renewal forms (online and paper) to include new (optional) screening questions to allow individuals to provide information that will help verify work requirement qualifying activities, exemptions, and temporary hardships for those individuals determined eligible under Medicaid expansion.

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Screening Questions – SAMPLE Review

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Reporting Work Requirement Information

- ▶ Nebraska Medicaid will examine Medicaid members' case information to determine if they have a qualifying activity or if they qualify for an exemption or temporary hardship in a qualifying month – this process is known as ex parte review.
- ▶ If we do not have enough information to verify work requirements or an exemption, we will contact the individual and ask for more information.
- ▶ If we request additional information, individuals must submit the requested information within **30 days** of receipt, or they may be denied or lose their Medicaid coverage.

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Verification of Compliance Notice – SAMPLE Review

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Documentation (Reporting) Requirements

- ▶ If Medicaid cannot verify work requirement compliance using available information, individuals are required to provide information.
 - ▶ Information can be provided online (iServe), mail, and phone.
 - ▶ **Reporting requirements will change in future years based on federal law, regulations, or CMS guidance.**
- ▶ Medicaid agencies are required to **verify** information for work and education qualifying activities.
 - ▶ Individuals must provide **primary source documents** that contain required information (e.g. number of hours worked, school transcripts or class schedules)

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Documentation (Reporting) Requirements cont.

- ▶ Medicaid agencies are required to collect **individual declarations** for specific qualifying activities, exemptions, and temporary hardships.
 - Participating in a work program and volunteering
 - Some exemptions
 - Temporary Hardships; hospitalized or lived in a nursing home, travel outside their community to receive care to treat a serious health condition
- ▶ Individuals will need to complete an individual declaration form with identifying information (e.g. organization name, address, contact information, relationship information, medical provider information).
- ▶ For most declarations, individuals are not required to provide supporting documentation (e.g. health records)
- ▶ As with a Medicaid application or renewal, members and applicants are providing information under penalty of perjury.

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Individual Declaration Form – SAMPLE Review

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Work Requirements Resources

- ▶ For more information:
 - ▶ Medicaid Work Requirements webpage: <https://dhhs.ne.gov/Pages/WorkRequirements.aspx>
 - ▶ Medicaid Work Requirements FAQ:
 - ▶ English: <https://dhhs.ne.gov/Documents/MLTC-WR-Requirements-FAQ.pdf>
 - ▶ Spanish: <https://dhhs.ne.gov/Documents/MLTC-WR-Requirements-FAQ-Spanish.pdf>
 - ▶ Medicaid Work Requirements Outreach Notice:
 - ▶ English: <https://dhhs.ne.gov/Documents/MLTC-WR-Outreach-Notice.pdf>
 - ▶ Spanish: <https://dhhs.ne.gov/Documents/MLTC-WR-Requirements-FAQ-Spanish.pdf>
- ▶ For job-seeking assistance:
 - ▶ Visit the Nebraska Department of Labor's online resources: <https://networks.nebraska.gov/vosnet/Default.aspx>

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Open Discussion / Public Comment

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Next Meeting

- May 21, 2026, from 12:30 to 2:30 p.m. – Omaha, NE
- In-person meeting –virtual option for the public

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For information on the Nebraska Medicaid Advisory Committee, email
DHHS.MACandBAC@Nebraska.gov

or visit <https://dhhs.ne.gov/Pages/Medicaid-Beneficiary-Advisory-Committee.aspx>

For general Medicaid inquiries, email
DHHS.MedicaidCommunications@Nebraska.gov

or visit <https://dhhs.ne.gov/Pages/Medicaid-and-Long-Term-Care.aspx>



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