

Beneficiary Advisory Committee (BAC)

July 16, 2026

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Welcome

- Open Meetings Act
- Conflict of Interest Form
- Roll Call

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Follow-ups from last meeting

- Review and approve May 21, 2026, meeting minutes:
<https://dhhs.ne.gov/Pages/Medicaid-Beneficiary-Advisory-Committee.aspx#docaccess-0d06fd025875d4144b69b8f07652d895>

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MLTC Announcements

- Jacob Kawamoto – Deputy Director of Policy & Plan Management
- The MAC/BAC Annual Report is now posted - <https://dhhs.ne.gov/Pages/Medicaid-Beneficiary-Advisory-Committee.aspx#docaccess-991b44af9588ec5d581038dd6cd80707>
- July 2026 updates to the Applied Behavior Analysis (ABA) Medicaid Service Definitions can be viewed here - <https://dhhs.ne.gov/Pages/Medicaid-Behavioral-Health-Definitions.aspx> (Public comment was December 2025-January 2026)
- Group feedback on extending the November MAC meeting by 30 minutes

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MLTC Announcements

State Plan Amendments (SPA)

NE 26-0005: Certified Lactation Consultant (CLC) – Prenatal Plus Program

o Effective July 1, 2026, Certified Lactation Consultants will be able to provide breastfeeding instruction sessions under the Prenatal Plus Program (PPP)

NE 26-0006: Enhanced Primary Care (EPC) Program

Effective July 1, 2026, the Nebraska Medicaid EPC program will be discontinued.

EPC provider claims incurred through June 30, 2026, will be reimbursed using the EPC fee schedule rate. Effective July 1, 2026, EPC provider services will be reimbursed primarily through the Physician fee schedule.

No action is required from participating EPC providers

NE 26-0007: Nursing Facility Inflation Factor

Effective July 1, 2026, the inflation factor for the nursing facility rate period is -2.07%

NE 26-0008: Intermediate Care Facility Inflation Factor

Effective July 1, 2026, the inflation factor for intermediate care facilities for individuals with developmental disabilities (ICF-DD) is 24.0%

NE 26-0009: Inpatient Hospital Rates

Effective July 1, 2026, MLTC will update the Medicaid State Plan to reflect updated effective dates for payment rates for psychiatric residential treatment facilities and transplant diagnosis-related group direct medical education payments

NE 26-0010: Outpatient Hospital and Professional Provider Rates

Effective July 1, 2026, MLTC will update the Medicaid State Plan to reflect current payment rate effective dates for state fiscal year 2027

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BAC Announcements

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

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**Division of Developmental Disabilities
Beneficiary Advisory Committee Presentation:**

InterRAI Assessments

July 16, 2026

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What is the InterRAI?

- InterRAI assessments are a suite of assessment tools developed for a particular population, but all InterRAI assessment tools work together.
- The InterRAI is a standardized and validated tool that has gone through rigorous research and testing to establish the reliability and validity of items, outcome measures, assessment protocols, case-mix algorithms and quality indicators.
- The InterRAI is used internationally for similar purposes. Many states in the United States use the InterRAI.

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InterRAI in Nebraska

- CMS approved the use of the InterRAI in Nebraska for the developmental disability waiver effective 7/1/2025.
- Nebraska chose to use the InterRAI assessments after reviewing several types of assessments.
- We have been using the InterRAI HomeCare for our Aged and Disabled waiver for many years.
- The InterRAI has multiple purposes on the developmental disability waiver.
 - The InterRAI is a very comprehensive assessment and has replaced the previous level of care, ICAP, and risks screen assessment.
 - The ICAP was an outdated tool with no ability for updates.
 - This must be done annually to fulfill annual level of care requirements by CMS.
- We use the InterRAI Intellectual Disability assessment for participants 22 and older.
- We use the Child and Youth Mental Health and Developmental Disability assessment for participants under 22.

Best Practices

- InterRAI assessments are geared toward the participant. The participant should be the primary source of information.
- The best sources of information are the people that serve and support the participants.
- We conduct an in-person assessment along with a documentation review when completing interRAI assessments.
- Per CMS regulations we are required to create an objective assessment process. This requires that we gather the same information in the same way for each participant.

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After the Assessment

- Participants and guardians have a right to request a copy of their complete InterRAI assessment.
 - This can be requested from your assigned service coordinator.
- If participants or guardians feel that there are errors in the assessment, they have the right to an appeal.
- Appeals are designed to correct errors, not to try to adjust outcomes. The objective assessment process provides an outcome based on the answers in the assessment.
- When a request for appeal is received, the hearing office will assign a date and time for the appeal. The hearing office will hear testimony from both sides telephonically and determine if there was an error in the assessment. A decision of the hearing will be mailed to the participant or guardian when the hearing office comes to a conclusion.

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Crystal Wheeler

HCBS Eligibility and Enrollment

Administrator I

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Department of
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H.R.1 Updates

1. Medicaid work requirements update
 1. Data Reporting
 2. Interim Final Rule
 3. Processing MWR Renewals
 4. County-based temporary hardships
2. Introduction to Medicaid eligibility changes for noncitizens

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Medicaid Eligibility for Noncitizens: Upcoming Changes

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Five-Year Bar

- ▶ To receive Medicaid or CHIP, certain qualified noncitizens who lawfully enter the United States*, must wait five years after receiving a qualified immigration status before they are eligible, unless they meet certain exceptions.
- ▶ Pregnant women and children under 19 do not have to meet the 5-year bar

*Applies to people who entered the U.S. on or after August 22, 1996

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Five-Year Bar

The noncitizens who **do not** need to meet the 5-year bar after becoming lawful permanent residents are:

- Asylees
- Refugees
- Certified victims of trafficking and their spouse, child, sibling, or parents
- Veterans or active-duty military and spouses or unmarried dependents,
- Amerasian immigrants
- Iraqi and Afghani special immigrants
- Certain Ukrainian or Afghan parolees
- People whose deportation is being withheld
- Certain Native Americans born abroad

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Medicaid Eligibility: Changes for Noncitizens

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Current Medicaid Eligibility Based on Immigration Status

- ▶ Currently, qualified noncitizens that can be deemed eligible for Medicaid are:
 - ▶ Lawful permanent residents*
 - ▶ Refugees
 - ▶ Certain Parolees*
 - ▶ Cuban and Haitian Entrants
 - ▶ Asylum grantees
 - ▶ Certain noncitizens granted conditional entry
 - ▶ Certain abused spouses and children
 - ▶ Trafficking victims
 - ▶ COFA migrants (individuals residing in US who are with Compacts of Free Association with Micronesia, the Marshall Islands and Palau)
 - ▶ Certain other noncitizens

▶ *subject to meeting the five-year bar requirement. Pregnant women and children are exempt from the five-year bar.

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Upcoming Medicaid Eligibility Based on Immigration Status

These noncitizens who meet all other eligibility requirements (such as income requirements), will still qualify for Medicaid after September 30, 2026:

- **Lawful permanent residents**, also known as green card holders, who have met the five-year waiting period or can be credited with 40 working quarters
- **Lawful permanent residents** who used to be in one of the following groups:
 - Refugees
 - Asylees
 - Victims of trafficking and their spouse, child, sibling, or parents
 - Veterans or active-duty military and spouses or unmarried dependents who also have qualified non-citizen status
 - Amerasian immigrants
 - Iraqi and Afghani special immigrants
 - Certain Ukrainian and Afghan parolees
 - People whose deportation is being withheld
- **Cuban and Haitian entrants**
- **Compact of Free Association (COFA) migrants**, including individuals from Micronesia, Marshall Islands, and Palau
- Lawfully present non-citizens who are:
 - **Pregnant**, or
 - **Under the age of 19**

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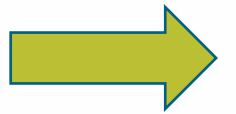
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Can people who lose their Medicaid coverage still get other medical assistance from DHHS?

Yes, there may be other options for medical assistance available.



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599 CHIP Program

- Program covers unborn children of expecting mothers who are not eligible for Medicaid or CHIP
- Coverage limited to prenatal and pregnancy-related services, as well as labor and delivery
- Mother cannot have health insurance
- Common cases covered under 599:
 - Pregnant minors whose parents' income is too high
 - Pregnant women ineligible for Medicaid due to immigration status



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Emergency Medical Services for Aliens (EMSA)

- For Nebraska residents who are ineligible for Medicaid due to citizenship or immigration status
- Covers treatment for emergency medical conditions
- Emergency defined as:
 - Serious jeopardy to health
 - Serious impairment of bodily functions
 - Serious bodily dysfunction
- Treatment covered
 - Hospitalization and ER
 - Labor and delivery
 - Serious events like strokes, etc.
- There is a not separate application for these services



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Next Steps

What should potentially impacted groups do to prepare?



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Noncitizens who could be affected should:

1. Make sure Nebraska has their current mailing address and phone number.
2. Respond to any requests for information from DHHS.
3. Schedule all medical, dental, and behavioral health appointments and refill prescriptions now.

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Nebraska Department of Health and Human Services

Medicaid and Long-Term Care

Questions can be emailed to
DHHS.MLTCEXperience@nebraska.gov



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Yearly Committee Feedback

Paper questionnaires for committee members

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Yearly Committee Feedback – Open Discussion

1. Do you feel your time on this committee is making a real difference for Medicaid members in my state.
2. Has state leadership fostered an environment of respect, trust, and openness in the meetings?
3. Do you have a better understanding of how the Medicaid program works than you did before I joined the committee?
4. What do you think is the most impactful thing the committee accomplished this year?
5. What is one thing you would like the committee to do differently next year?

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Open Discussion / Public Comment

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Next Meeting

- September 17, 2026, from 12:30-2:30p.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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