



Beneficiary Advisory Committee DRAFT Meeting Minutes Thursday, May 21, 2026

The Beneficiary Advisory Committee (BAC) met on Thursday, May 21, 2026, from 12:30 to 2:30 p.m. CST at the Molina Healthcare One Stop Health Center in Omaha, Nebraska. The meeting was in-person and members of the public were able to join virtually. A call-in option was also available.

BAC members in attendance: Amber Corbin, Allie Sothan, Arvoni Johnson, Franck Toe, Lori Wachter, Mary Phillips, Vanessa Chavez-Jurado

Department of Health and Human Services (DHHS) employees in attendance: Akshay Nathan, Bailey Reigle, Celia Wightman, Danny Gruber, Drew Preston, Jacob Kawamoto, Jason Davis, Jennifer Anders, Karlee Kistler, Kelsi Rodriguez-Cangas,

Members of the public in attendance: Adrienne, Allie, Christopher's Promise, Carol Salber, Carolyn Sheridan (NORD), Collin, Curt Safranek, Dee, Edison Mcdonald, Elizabeth, Jonathan F., Laurir, Lisa Spellman, Mikayla Findlay, Seamus Kelly, Stacy Malone, Timothy Ondrak, Marie Johnson, Monica, Stephanie

BAC members not in attendance: Alissa Kern, Erica Spears, Renae Wacker

There were two call-in numbers in attendance.

I. Opening and Introductions

The meeting was called to order by Mary.

- The Open Meetings Act and Conflict of Interest Policy was made available for attendees.
- Meeting attendees had the opportunity to introduce themselves.

II. Review and Approval of March 19, 2026, Draft Minutes

No edits were suggested to be made to the minutes. Amber motioned to approve the minutes and Lori seconded. The March meeting minutes were approved.

III. Announcements

MLTC Announcements

Nebraska State Plan Amendment (SPA) and Waiver Updates

- NE 25-0025: Program of All-Inclusive Care for the Elderly (PACE)
 - This SPA is a technical update to align the State Plan language with the current CMS PACE preprint and to clarify language in the State Plan regarding rates and payment methodologies (which will not have a fiscal impact). The SPA will not have an impact on the tribes as these are technical changes.
- NE 26-0004: Targeted Case Management (TCM) for Aged, Blind, and Disabled (ABD) and Aid to Families with Dependent Children (AFDC) eligibility groups.
 - Effective July 1, 2026, this SPA will specify which providers can provide TCM services to these groups by aligning it with the 1915(b)(4) waiver that was approved by CMS last year.
 - Providers allowed to provide TCM services for these groups include
 - State staff employed by DHHS
 - Entitles awarded a contract through DHHS' competitive bid process to provide TCM services
 - Entitles for whom DHHS has entered into a sole source award for the provision of TCM services
- NE 26-0002: Community Engagement
 - Effective May 1, 2026, Nebraska Medicaid will begin enforcing work requirements for new applicants and existing Medicaid members under the Medicaid adult expansion group.
- NE 26-0005: Certified Lactation Consultants – Prenatal Plus Program
 - Effective July 1, 2026, certified lactation consultants (CLCs) will be added as an approved provider type for breastfeeding instruction sessions under the Prenatal Plus Program.
- Nebraska Medicaid proposed to submit a Nebraska Sustainable Coverage Waiver that would limit retroactive eligibility to the first day of the month in which someone applies for Medicaid. Nebraska will **not** proceed with the submission of the Section 1115 waiver.

BAC members shared that they are interested in continuing to receive SPA and waiver updates as a standing agenda item.

[Upcoming H.R. 1/OBBBA Changes](#)

- Section 71119: Work/Community Engagement Requirements
 - Effective in Nebraska: May 1, 2026
 - Effective Nation-wide: December 31, 2026
- Section 71109: Eligibility Changes for Immigrants
 - Effective October 1, 2026
 - Introduce: July 2026
 - In depth presentation: September 2026
- Section 77107: Six Month Redeterminations

- Effective December 31, 2026
- Introduce: September 2026
- In-depth presentation: November 2026
- Section 71112: Retroactive Coverage Limits
 - Effective January 1, 2027
 - Introduce: September 2026
 - In-depth presentation: November 2026
- Section 71115: Provider Tax Provisions
 - Effective October 1, 2027
 - Quick overview: September 2027
- Section 71116: State Directed Payments
 - Effective January 1, 2028
 - Quick overview: November 2027
- Section 71121: HCBS Waiver Option
 - Effective: July 1, 2028
 - This is an optional provision. MLTC will engage the MAC/BAC on it if they choose to pursue it
- Section 71120: Cost-Sharing for Expansion Adults
 - Effective October 1, 2028
 - Introduce: July 2028
 - In-depth presentation: September 2028

MAC/BAC Annual Report

- No edits were suggested by BAC members.
 - Lori motioned to approve the report. Amber seconded the motion.
 - The committee voted unanimously to approve the report.
- *Note:* at the Medicaid Advisory Committee (MAC) meeting following the BAC meeting, MAC called for 1 edit that needs to be made to the report – the word miles needs to be added after 150 on page 6. The MAC voted to approve the report with that edit.
- MLTC will post the annual report on the MAC and BAC webpages

BAC Member Announcements

Arvoni suggested that Medicaid staff promote the BAC to the public more so that individuals are aware they can attend BAC meetings. For example:

- Announcements on the Medicaid webpage
- Creating a flyer

Vanessa noted that LB958 passed.

IV. BAC Representative Vote

The BAC voted unanimously to appoint Allie Sothan as a BAC representative for the Medicaid Advisory Committee (MAC).

V. InterRAI Discussion

Medicaid staff announced that this topic would be moved to the July meeting because the appropriate Division of Disability and Aging (DDA), formerly called Division of Developmental Disabilities, staff were not able to attend.

Medicaid staff announced that while members can bring concerns about any Medicaid-related topics to the BAC, Developmental Disabilities Advisory Committee - <https://dhhs.ne.gov/Pages/DD-Advisory-Committee.aspx> would be a better place to get answers on InterRAI-related questions due to the staff's scope of work and knowledge.

VI. Medicaid Work Requirements (MWR) Group Discussion

Discussion Questions:

Medicaid staff presented the following questions, and BAC members had an open discussion based on this framework:

- What information have you seen from DHHS directly about Medicaid Work Requirements?
 - Where did you see or hear this information? Online? In person? By mail or telephone?
- What information have you seen from other people or organizations about MWR?
 - Where did you see or hear this information? Online? In person? By mail or telephone?
- If you had a question about MWR, where would you go to find the answer?
 - Do you think other members and advocates are aware of resources to find information?
- Based on what you've heard in this group and outside of it, what do you think members and advocates are confused about?

Group Discussion:

Where members have seen/heard information on MWR:

- TV commercial/public service announcement – created by DHHS
- Announcement on local radio station
 - Amber shared this announcement was presented in a way that could cause concern or stir people up
- Information shared by the Munroe-Meyer Institute (MMI)

- Information shared by Nebraska Appleseed

BAC members shared the following concerns:

- Misunderstandings and Confusion
 - Some people think that elderly people will need to meet work requirements
 - **Note:* work requirements apply to Medicaid expansion members, aged 19-64
 - Information from some news channels/sites might not be detailed enough and can generate more confusion
 - Concern that members won't know if they're exempt.
- Some people have been dissuaded from applying to Medicaid because they think they won't meet the requirements.
- Income reporting:
 - Concerns about how income is counted MWR and general Medicaid eligibility and how that intersects.
 - Fear that DHHS will investigate if they make too little money.
 - **Note:* the way that members should report income to DHHS has not changed.

Questions and Answers:

- Is there a minimum requirement for number of nights/days to count for the hospital stay temporary hardship exemption?
 - This is based on the facility's definition of inpatient, which is generally 24 hours or more.
- Is everyone on Medicaid getting a letter about work requirements?
 - Initial outreach letters sent to everyone enrolled in adult expansion through end of April.
 - Only went to people enrolled in expansion group.
- Are foster parents exempt?
 - Yes, if they are the parent, guardian, caretaker/relative, family caregiver of a child age 13 or younger or a child of any age with a disability.
- Do work requirements apply to marketplace coverage?
 - Work requirements only apply to people enrolled in Medicaid through the Medicaid expansion group. Medicaid work requirements don't apply to marketplace insurance coverage.
 - If someone is determined ineligible for Medicaid based on not meeting work requirements, they will not be eligible for tax credits through the marketplace.
- Does foster parent income count toward the \$580?
 - In the FAQ document, we address what types of income count.
 - " Income you earn from a job counts, as well as income you may receive from other sources such as other
 - benefits. Medicaid will count your income and may also count the income from others in your household in some cases. For more information, see state regulations in 477 NAC 16"
- Can you give more information on how self-employment works for work requirements?

- A self-employed person can report their income (the process for members to report income has not changed) and may meet work requirements based on the \$580 minimum income threshold.
- At times, a self-employed person may not earn at least \$580 in a qualifying month. In this instance, they would qualify based on the numbers they've worked. Hours can be verified through a self-employment ledger.
- What qualifies as a business? Is it a 1099? Are there specific requirements?
 - DHHS is still waiting for federal guidance as of the date of the meeting.

Work Requirement Resources:

- Webpage: <https://dhhs.ne.gov/Pages/WorkRequirements.aspx>
- FAQ: <https://dhhs.ne.gov/Pages/WorkRequirements.aspx#docaccess-caff30eaa885cb4dc37179ce17ebc2ee05a87efcaa8118263eb2415b31591c7b>
- One-page flyer: <https://dhhs.ne.gov/Pages/WorkRequirements.aspx#docaccess-b40498662441391f66f4061e3495b86f>

VII. Open Discussion / Public Comment

Kelsey from Appleseed shared some feedback that Appleseed has received from Medicaid members:

- Some people don't know whether they are subject to work requirements
 - They are receiving conflicting information on if it applies to them
 - People would love to see if they are in the expansion category – if work requirements apply to them
- People are concerned about when more info will come out about immigration eligibility and 6-month redeterminations.

Adrienne shared concerns about recent changes to the InterRAI assessment and asked the BAC to request a pause on the assessment. Some of the concerns included:

- The rate that caretakers are being paid based on changes in the assessment
- The effectiveness of the fair hearing process

Franck shared that he has experienced a similar situation to Adrienne.

Question:

- Do BAC members have the right to request a pause on the InterRAI assessment?

- Answer: BAC members can make recommendations to the Division of Medicaid and Long-Term Care (MLTC).
- Medicaid staff will bring more information at the next meeting about how BAC members can report information and make recommendations to MLTC.

VIII. Confirm the Next Meeting Time and Location

MLTC confirmed that the next meeting will be held on Thursday, July 16, 2026, from 12:30 p.m. to 2:30 p.m. in Lincoln, Nebraska with the exact location to be announced. There **will not** be a virtual option for this meeting for MAC members. Members of the public will be able to join virtually.

IX. Adjournment

The meeting was adjourned by the committee.

DRAFT