Medicaid Advisory Committee
DRAFT Meeting Minutes
Thursday, May 15, 2025

The Medicaid Advisory Committee (MAC) met on Thursday, May 15, 2025, from 3 to 5 p.m. CST at the South Omaha Library in Omaha, Nebraska. The meeting was held in person for members with a call-in option also available to the public.

MAC members in attendance: Amy Nordness, Jennifer Hansen, Philip Gray, Vietta Swalley

Managed Care Organization (MCO) representatives in attendance: J. Michael Parnell (United Healthcare), Ken Powell (United Healthcare)

Department of Health and Human Services (DHHS) employees in attendance: Bailey Reigle, Celia Wightman, Dinah Wetindi, Jacob Kawamoto, Jennifer Clark, Jennifer Menebroker, Matthew Ahern

Members of the public in attendance:
Cheri, Carla Frase, LaTisha Henry (Comfort Squad), Marie Woodhead (Rickets), Mary Grace, Sarah Maresh (Nebraska Appleseed)

(One call-in/ phone number was present for the meeting)

MAC members not in attendance: Bradley Howell, Dave Miers, Heidi Stark, Jason Gieschen (planned absence), John Andresen, Josh Sharkey, Kelly Weiler, Michaela Call, Kenny McMorris, Shawn Shanahan

I. Openings and Introductions

The meeting was called to order by Vietta at 3:08 p.m. CST.

- The Open Meetings Act was made available for attendees.
    - Celia shared the following update on MAC meeting format:
      Per the Nebraska Open Meetings Act, up to half of MAC meetings can include a virtual call-in option for members. The in-person or hybrid meeting requirement specifically applies to MAC members. We are required to have a call-in option at every meeting, but it should only be used by members of the public for meetings where MAC members are required to be in person.

If a MAC member were to join an in person meeting virtually, they would not count for quorum and they would be recorded as a member of the public for attendance. MLTC would then ask that the MAC member reserve any comments for the public comment section of the meeting.
Note: Each meeting invitation will clearly state whether it is an in-person meeting. If you are unclear whether an upcoming meeting is in person or if you have any additional questions, please email DHHS.MACandBAC@nebraska.gov.

- Vietta welcomed the meeting attendees and Celia ran through the roll call.
    - Celia thanked the members whose terms end in June 2025. Thank you to Amy, Kenny, and Michaela!
- Celia informed members that MLTC has created a new conflict of interest policy form for MAC and BAC members. Previously, there was a conflict of interest policy, but there was not a form that members were able to fill out and submit. This new form will allow MLTC to keep a better record of potential conflicts of interest. MAC and BAC members will be asked to fill out the form in July pending new member selection.

II. Review and Approval of March 20, 2025, Draft Minutes

The Committee had no revisions for the March 20, 2025 draft MAC meeting minutes, Vietta asked for a motion to approve the minutes. Philip made the motion to approve; Amy seconded the motion. The motion passed unanimously.

Group Discussion:
After reviewing the March 20, 2025, Meeting Minutes, Philip wanted to revisit a question that he asked at the March 2025 meeting.

- **Question:** If a person is found to meet intellectual and developmental disability (IDD) by the Division of Developmental Disabilities (DD) decision but MLTC said they don't meet the Medicaid decision of disability that would seem to be a conflict. If that happens then how would that be resolved?
- **Answer:** We will circle back to this question.

III. Follow Up Items from the January MAC Meeting:

Matthew informed the group that he was standing in for Medicaid and Long-Term Care (MLTC) Director Drew Gonshorowski for the meeting. Matthew also shared that MLTC and the Division of Developmental Disabilities (DD) were coordinating a formal response to the report from Access to Waiver Services and Disability Determinations sub-committee that was shared at the March 20, 2025, MAC meeting. The formal response is scheduled for the July 17, 2025, MAC meeting.

IV. Review Committee Seat Openings

Vietta reminded the group that there are two openings for MAC members.

- Celia shared that MLTC is tentatively planning to fill the open positions with the following representatives:
    - 2 Beneficiary Advisory Committee (BAC) members
    - 2 clinical providers

- 1 MCO representative

V. Beneficiary Advisory Committee (BAC) Update and Proposed Bylaw Updates

Celia shared the following updates about the BAC:

- May 16, 2025, is the last day to submit BAC applications to be considered for the committee group that will begin meeting in July 2025. Thank you to those who shared recruitment materials and helped spread the word. As of May 15, 2025, we've received 26 applications and are in the process of reviewing applicants for selection. We are excited to see what the new committee will look like.
- We've also received 28 MAC applications, and we expect to have MAC members selected to attend the July 2025 meeting. With 5 spots on the MAC open after this meeting we will need to fill 1 of those spots with a managed care organization representative and 2 spots with BAC member representatives. MLTC proposes filling the other two spots with clinical representatives.

Celia also shared a proposed update to the MAC bylaws:

- As we were reviewing the bylaws we noticed a section that needs revision. In article 4: Committee Structure, Section 2, the number of BAC representatives on the MAC are listed as at least 2 for July 2025, 3 for July 2026, and 4 for July 2027. However, based on the requirements in the Access Rule, there should be 5 BAC representatives on the MAC for July 2025 to make up at least 25% of the MAC.
    - We plan on revising this section of the bylaws to be written in percentages. This would be 10% for 2025, 20% for July 2026, and 25% for July 2027, as are the requirements in the final Access Rule.
- We also propose to amend the bylaws to allow for compensation of beneficiary representatives on the MAC.
- For the July 2025 meeting, we will bring a copy of the bylaws with these changes for MAC members to review, and members will vote on the proposed changes.

Group Discussion:

- **Question:** Are there future opportunities for providers to be accepted into the MAC?
    - **Answer:** MLTC is always accepting applications to keep on file for when seats on the MAC become vacant. Some members roll off the MAC before their terms end, so there are opportunities to accept new members as spaces become available.
- **Question:** Are you okay with extending the deadline for managed care organizations (MCOs) to come together with a single representative?
    - **Answer:** It was under a final rule that was passed that we need to have representation of the MCOs on the committee. Rather than over-representing the MCOs with three separate representatives, we thought it would be good to just have one representative. We've been holding that spot for the MCO representative to begin in July.

- **Question:** What will that look like as far as representation of beneficiaries?
    - **Answer:** The two BAC members would be Medicaid beneficiary representatives. They would be people who sit on both the BAC and the MAC.
- **Question:** Is MLTC looking at having all beneficiary representatives on the MAC also serving on the BAC?
    - **Answer:** No, that wouldn't necessarily be a requirement. Beneficiary representation on the MAC isn't limited to only BAC members. As the terms of current beneficiary representatives on the MAC end and their seats on the MAC become vacant, we will have to consider whether we want all new beneficiary representatives on the MAC to also serve on the BAC.
- Amy pointed out as something to keep in mind that at a previous meeting some MAC members expressed they would still like to aim for 51% beneficiary representation on the MAC. (See section III of the January 16, 2025 MAC meeting minutes).
    - Matthew explained that something to consider when thinking about how many BAC members should also serve on the MAC is that it will be a significant time expenditure to have members serving on both committees. MLTC is still trying to figure out what this impact will look like in action and what is reasonable to expect of beneficiary representatives. With experience MLTC will get a feel for how onerous this will be for members.
- **Question:** What is the current makeup of beneficiary representatives on the MAC?
    - **Answer:** As of May 2025, there are 15 total MAC members, with 7 representing Medicaid beneficiaries, 9 representing providers, and 2 representing a state or local advocacy group or community-based organization. (Some members represent more than one category). Note: during the meeting, it was said that there were 9 beneficiary representatives, but this was incorrect.
- Amy shared that she had a conversation with a physician who explained that without the virtual/call-in option it's more difficult to step away from clinical practice to attend the meetings. It's important to look at if people are able to attend the meetings still and if this will change current member makeup, especially from a physician standpoint.
    - MLTC is working on looking to propose legislative language for next year to amend the Open Meetings Act for that reason. In the meantime, MLTC will follow the requirements of the Open Meetings Act.
    - Some members said that being able to have a virtual/call-in option at meetings would help with representation in Western Nebraska. The MAC strives to be representative of Western and rural Nebraska but not having a virtual/call-in option makes it hard for residents from these parts of the state to participate.

- **Question:** Is there a limit to how many BAC members we can have start off?
    - Federally, there's not a limit. 10 was the number that Nebraska MLTC landed on that seemed like a good amount of voices but also isn't so many people that it's difficult to keep ahold of as it's getting off the ground.
- **Question:** In future years, after the BAC is more established, will the number stay at ten or will it grow?
    - **Answer:** MLTC felt that 10 members seemed like it wouldn't be too big to where members felt like they could disengage, but also not too small to where people feel singled out.
    - **Answer:** Most groups should be between eight and 10.
- **Question:** Will the BAC follow the same Open Meetings Act that the MAC does?
    - **Answer:** Yes.
- Philip said that he hopes MLTC will also consider travel distances for members, as he knew someone who wanted to apply and couldn't because of the travel distance.
    - Matthew said that we will come with reimbursement for BAC members to encourage their participation.
    - Jacob said MLTC has talked about potentially having meetings that are located in Western or Central Nebraska to balance that out.

VI. Legislative Update

Matthew delivered a legislative update on the following items:

Approved by governor:

- LB 22: Requires DHHS to file a state plan amendment for evidence-based nurse home visitation services
- LB 41: Change provisions relating to blood tests for pregnant women
- LB 527: Adopt the Medicaid Access and Quality Act and change provisions relating to taxes on health maintenance organizations, prepaid limited health service organizations, and insurance companies
- LB 84: Adopt the School Psychologist Interstate Licensure Compact
- LB 168: Adopt the 340B Contract Pharmacy Protection Act – funding for medications and pharmacies to rural hospitals

Awaiting the governor's signature (as of 5/15/2025):

- LB 198: Change provisions of the pharmacy benefit manager licensure and regulation act
- LB 257: Change licensure and scope of practice provisions regarding marriage and family therapy and occupational therapy and licensure requirements under the Child Care Licensing Act
- LB 332: Require Medicaid coverage for psychology services provided by certain practitioners
- LB 641: Change provisions relating to Medicaid estate recovery

Final reading (as of 5/15/2025):

- LB 380: Establish requirements for DHHS contractors providing medical assistance services
- LB 382: Provide for use of the Medicaid Managed Care Excess Profit Fund to reimburse designated area agencies on aging and state intent regarding appropriations

Group Discussion on legislative update:

- **Question:** What happens if the federal funding bill goes through?
  - **Answer:** MLTC is considering all the impacts that may be on the table. MLTC Is looking at what the bill would impact the most. One possibility for reducing spending would be implementing work requirements. Another possible impact is a reduction in retroactive eligibility. Members can currently request up to 3 months of retroactive coverage. The federal proposal would tighten this to 1 month. This could potentially save millions of dollars in state spending.
    Matthew also explained that many estimates in reductions in funding are overestimated, at least for what we would potentially see in Nebraska. Some evaluations may be more based on what would be applicable in other states.
- **Question:** When does the Federal Medical Assistance Percentage (FMAP) kick in?
  - **Answer:** The federal fiscal year is what that's tied to. This would begin in October. In the coming fiscal year, our FMAP reduction is half of what it was going to be. There was a provision based on emergencies that would allow us to get half of our reduction relieved for the year. We've gone through the process and gotten that approved by CMS for the year, but that is factored into our gap that we need to make up already.

VII. Educational Discussion – MLTC and Office of Economic Assistance Eligibility Operation Integration

Office of Economic Assistance (OEA) Deputy Director of Eligibility Operations Dinah Wetindi shared a presentation on the integration of eligibility determinations for MLTC and OEA. The linked slides were shared with meeting attendees.

In the fall of 2024, DHHS decided to merge eligibility operations between MLTC and OEA. Dinah noted that these changes are not yet final.

- Data showed that almost 60% of clients have overlapping services of SNAP and Medicaid, so the goal is to streamline the process for services and:
  - Reduce redundancies
    - This can help clients avoid having to send the same information to multiple agencies.
    - Clients receiving notices from multiple agencies can cause confusion.

    - Reduce administrative burden
        - Merging and operating from one place of service will reduce the administrative burden for DHHS and create a more seamless experience.
- DHHS hasn't fully decided on all the details, but the first focus is on creating an assigned caseload.
    - For some services, there will be an assigned caseload where the client will have one assigned social service worker (SSW) for their whole case.
    - The SSW will be familiar with the cases and be able to help the client more efficiently.
- Other services will employ a decision-based model.
    - Case workers will be assigned to a case only while a decision is pending. Once a decision is made, they will be unassigned.
- Currently, DHHS is working on how to merge and align MLTC and OEA policies.
    - Staff will have to be cross trained by getting both Medicaid training and SNAP benefits training. This was done previously, about 10 or 15 years ago.
- DHHS is also making efforts to encourage and educate clients on how to better utilize their online resources.
- There will be a shift from measuring little steps throughout the process to now focusing on the end goal of the process.
    - Rather than focusing on the number of calls taken in a day or clients contact, the focus will be on the number of applications processed.

Matthew also noted that MLTC and OEA are approaching this by looking at what drives a more effective engagement for the member.

- The most important thing that a client cares about is getting their decision as soon as possible.
- This will also create a more efficient process on the back-end, because if we can get decisions made more quickly, we will hopefully get fewer calls later.

Group Discussion:

- **Question:** This is very technical and there will be a lot of adjustments. Are you scheduling weekly training? Notices are issued frequently, and rules change frequently, so training should be frequent.
    - **Answer:** Before staff can go into training, they go through a pilot so they can understand the concept and what they will be expected to deliver. Later they go through training. Medicaid staff will be cross trained to do SNAP and the employees with SNAP experience will be cross trained to do Medicaid. After that, our main aim is to have a refresher course every year.
    - **Answer:** Supervisors will also be doing quality checks.

    - **Answer:** DHHS has been doing a lot of work on how we coordinate the roll-out of information and the tools that we use to inform staff. Staff will have reference tools for them to refer to their protocols and know what they need to do. The department is putting a lot of effort into the best way to inform staff of changes without it just 'becoming noise.' It's easy for information to get lost with there are frequent changes.
- Latisha Henry noted that this effort is positive because some participants in the waiver program lose benefits because they think they've done the renewal, but they only completed the SNAP renewal and forget about the annual Medicaid renewal.
- **Question:** If a member has the same case worker all the way through, how will they get in contact with their correct assigned case worker?
    - **Answer:** The worker will provide their direct phone number to the client. If that employee is out of the office, their caseload will be covered by someone else from that group.
- **Question:** What happens during the first pilot in August?
    - **Answer:** The first pilot is to tell us if there are things we've missed. We will first go through the training and then start combining cases.
- **Question:** These eligibility operations used to be combined in the past. Why did they get separated?

    Answer: They found efficiencies to be gained in separating them, which has led to some trepidation in re-merging them so we're trying to do it thoughtfully. That's why this process has been about identifying the use cases where it makes sense to combine, where we have seen significant overlap in the utilization of services for a common population. We're trying to do it in a slightly different way than before. iServe Nebraska, the application portal that we rolled out, was a good effort in integrating the application process for programs across different agencies because there was huge overlap in the application questions. We were able to reduce the questions that an applicant would have to answer by around 40%. Since we had huge success in integrating our application interface, it made sense to start looking at where we could integrate the process on the back end. We've been thinking about this process for over a year and are only taking steps that make sense rather than trying to base it on the predetermined idea of what should happen. We've been working on this and have started to see improvements in quality.
    - **Answer:** We are increasing ownership and accountability. Some workers are processing up to 10 or 15 cases in a day, which is huge and making a difference. Quality is also a big part of it. It's not just about the numbers, but also the quality.

VIII. Sub-Committees

Vietta noted that Celia had shared a copy of the report that the Access to Waiver Services and Disability Determinations sub-committee (Philip and Jennifer) presented at the March 20, 2025, MAC meeting. (See the March 20, 2025 Meeting Minutes, Section VII – Sub-Committees, to view the full report and group discussion.)

- Philip and Jennifer had requested that the MAC review the report prior to the May 15, 2025, MAC meeting and discuss the findings.

Philip gave a summary to remind the MAC of the report's findings.

- The report focuses on surveyed families' experiences who had applied for waiver services after the State Review Team (SRT) moved to the DD.
- The sub-committee reported four main concerns:
    1. Confusion about the process
    2. Inconsistent medical record requests
    3. Issues with the MCO eligibility cards
    4. Inconsistent decision notices
- The sub-committee provided five recommendations:
    1. Coordinate the sending of applications and notices
    2. Include a cover letter including a list of the necessary forms and providing a brief explanation of the process
    3. Create a specific application for the Family Support Waiver (FSW)
    4. Clarify the Decision Notices
    5. Review the MCO eligibility notification process

After summarizing the report, Philip noted these additional items:

- If he continues to do these kinds of reports it would make sense to meet with the people making the decisions to be able to have a conversation about what works and what doesn't.
    - This would ensure that the people making decisions have input into the suggestions and that the suggestions are germane to the decisions they're making.
- He doesn't think these kinds of eligibility criteria can be decided by only the state. They must involve parents and advocacy groups. It shouldn't be done in isolation anymore.

Group Discussion:

- **Question:** It wouldn't be too late to get feedback from other organizations. Is that something you'd still like to do?
    - **Answer:** Jennifer Hansen said that she would like this to be an ongoing process, especially with the changes that are happening. For example, the SRT moving to DD is a huge change that we won't be able to see the outcomes of for a while. She suggested checking back in with the surveyed families in a few months to see how they're doing with the changes and staying updated on other changes that may occur.
      The period from when the SRT had moved over to DD to when the survey was conducted was very short, so they may not have had enough time to gather enough information.
- Philip suggested getting their questionnaires to a targeted focus group.
- **Question:** The SRT is collecting medical data, and that material is being used by DD to make the IDD decision, but that material is also being used by MLTC to make their decision. How does that process work?

    - **Answer:** The SRT is looking at the federal SSI guidelines for disability. Those are different than the state guidelines for disability. Very rarely is someone found eligible with the state guidelines but not with the federal guidelines, but it can happen. This can happen because there are two different statutes in regard to what disability looks like.
- **Question:** Is the SRT writing the medical decision?
    - **Answer:** It's not a medical decision. It's a determination of disability based on the federal regulations.
- **Question:** Does the SRT have to send it for approval from the MLTC agency?
    - **Answer:** SRT sends it to MLTC to make them aware of the determination, but there is no approval needed.
- **Question:** After the determination, does MLTC send an eligibility notice to the person?
    - **Answer:** MLTC opens the case, activates the Medicaid and sends out the notice. The Medicaid eligibility decision triggers DD's waiver process and they then have to conclude the waiver decision.
- **Question:** Are there any other changes that have happened or that are being implemented soon?
    - **Answer:** Not in the near future. There are some things that DD is working through, but they are not near finalization. There may be more updates on changes for the July 2025 meeting.
- **Question:** Do you do a medical review every year?
    - **Answer:** DD does a level of care every year. For our DD waiver, it's making sure that the person still meets the ICF level of care, and for the Aged and Disabled (AD) and Traumatic Brain Injury (TBI) Waiver it's making sure they meet nursing home level of care.
- Matt noted that it would make sense to set up a periodic review of this topic, possibly every six months or every year. It would make sense to explore some feedback from Medicaid members.
- Vietta noted that she believes United Healthcare has a feature on their use portal where members can log into their account and print their card.
    - A United Healthcare representative said that you can also call the call center to ask them to mail it to them. Any information that the member is entitled to will be sent directly to the member.
    - Matthew noted that it's an objective that cards are sent out within 10 days of the request.
- **Questions:** Is there a reason why if a family knows that other family members are over income for waiver services they still have to report family income? Why can't they opt out of this?
    - **Answer:** Matthew noted that this is worth exploring other options.
    - **Answer:** Jennifer Clark said she will look at if that's a possibility with iServe.

IX. Open Discussion / Public Comment

There were no open discussion items from MAC members or members of the public.

X. Confirm the Next Meeting Time and Location

Vietta confirmed that the next meeting will be held on Thursday, July 17, 2025, from 3:00 p.m. to 5:00 p.m. in Lincoln, Nebraska with the exact location to be announced. This meeting will be in person for MAC members.

- MLTC has since reserved a space at Bess Dodson Walt Branch Library (6701 South 14th Street Lincoln, NE 68512).

XI. Adjournment

Amy made a motion to adjourn the meeting. Jennifer seconded the motion. The meeting was adjourned by the committee at 4:37 p.m. CST.