



Medicaid Advisory Committee DRAFT Meeting Minutes Thursday, March 19, 2026

The Medicaid Advisory Committee (MAC) met on Thursday, March 19, 2026, from 3 to 5 p.m. CST at the Nebraska State Office Building in Lincoln, Nebraska. The meeting was hybrid which allowed members to join in-person and virtually. A call-in option was also available.

MAC members in attendance: Amber Corbin, Brandi Renner, Dave Miers, Elizabeth Thelen, Emma Joyce, Frank Clepper, Jason Gieschen, Jenelle Miller (vice chair), Jennifer Hansen (chair), Kevin Low, Lisa Kaplan Howe, Mary Phillips, Philip Gray, Renae Wacker, Staci Hubert, Vietta Swalley

Department of Health and Human Services (DHHS) employees in attendance: Ashiye Aator, Bailey Reigle, Celia Wightman, Dinah Wetindi, Elsie Verbik, Jacob Kawamoto, Jamie Marjurinen, Jennifer Clark, Levi Kipp

Members of the public in attendance: Amanda Roberson, Amy Behnke, Anna, Brad Meurrens, Brittany L, Cindy Kadavy, Edward Stringham, Jennifer Blankenship, Jonathan Kratchman, Kelsey Arends, 'M', Margaret Preigh, Marie Woodhead, Meghan Chaffee, Nickhil Holla, Phil Galewitz, Rachael Porter, Tai Dinger, Tara Muir, Themis Gomes

MAC members not in attendance: Dan Pierce (planned absence), Kelly Weiler

There were four call-in numbers in attendance.

I. Opening, Introductions, and Announcements

The meeting was called to order by Jennifer at 3:00 p.m. CST.

- The Open Meetings Act was made available for attendees.
- Jennifer welcomed the meeting attendees and Celia ran through the roll call.
- Bailey reminded the committee of the Conflict of Interest policy. Conflict of Interest forms were available at the meeting.

MLTC Announcements

- MAC Vice-Chair
 - Jenelle Miller will serve as the Vice-Chair this upcoming year
- Hotel Reimbursement

- MLTC reminded MAC members that if they live 150 miles or more from a meeting location, they are eligible to receive hotel reimbursement. Prior Authorization forms must be submitted 30 days before the upcoming meeting to be considered.
- Annual Report
 - MLTC sent out the annual report for members to review. Please provide feedback by April 2. MLTC will bring an updated version of the report to the May meeting for members to vote on.
 - Please complete the member testimonial survey:
<https://forms.monday.com/forms/59513bded219f22712146c63c90cae1d?r=use1>
- Communication/Contact Resource
 - MLTC staff distributed a contact resource with MAC members and MLTC staff contact information.
- HCBS Flowchart
 - MLTC staff created a flowchart that shows all the HCBS programs, eligibility requirements for the programs, and steps to obtain coverage.
 - The flowchart can be found here:
<https://dhhs.ne.gov/DD%20Documents/HCBS%20Flow%20Chart.pdf>
- Nebraska Sustainable Coverage 1115 Waiver
 - The Public Comment period for this proposed waiver ends on Thursday, March 26
 - For more information about the waiver, please visit this webpage:
<https://dhhs.ne.gov/Pages/Nebraska-Sustainable-Coverage-Demonstration-Waiver.aspx>
- New BAC Representative
 - In July, a 4th BAC member will be joining the MAC. This is a requirement of the Final Rule that requires a certain percentage of the MAC to be made up of BAC members.
- Member Term Length Review
 - MLTC wants to remind MAC members when their terms end.
 - June 2026: Vietta, Jason, Staci, Kelly
 - June 2027: Phil, Jennifer, Dave
 - January 2028: Frank
 - June 2028: Elizabeth, Brandi, Jenelle
 - June 2029: Kevin

MAC Member Announcements

- There were no formal announcements made by MAC members at this meeting.
- It was announced that there would be free ice cream at Dairy Queen for the rest of the day and that the Husker men's basketball team won their March Madness game.

II. Review and Approval of January 15, 2026, Draft Minutes

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

III. Beneficiary Advisory (BAC) Update

Mary gave the BAC Update. She shared that the BAC listened to a presentation regarding HCBS waivers and that they reviewed the Medicaid Work Requirements application language.

IV. State Legislative Update

MLTC Deputy Director ran through a list of legislative bills (LB) that have an impact to Medicaid. The bills are listed below.

- LB365: Require coverage of self-measure blood pressure monitoring services under the Medical Assistance Act
- LB723: Provide for implementation of community engagement requirements under the Medical Assistance Act
- LB724: Require the Department of Health and Human Services to conduct a study of behavioral health care rates
- LB730: Require schools and state agencies to designate restrooms and locker rooms based on sex and require state agencies to define an individual's sex as either male or female for purposes of rules and regulations, the enforcement of administrative actions, and adjudication of disputes
- LB737: Require a joint public hearing to evaluate the progress of the Olmstead plan for individuals with disabilities
- LB740: Adopt the Housing First Supportive Services Act and require the Department of Health and Human Services to seek federal approval for coverage under the Medical Assistance Act
- LB750: State legislative intent relating to reimbursement for PACE program services under the Health Care Facility Licensure Act
- LB773: Eliminate a sunset date and change provisions of the Nebraska Prenatal Plus Program
- LB777: Provide for eligibility and reporting requirements under the medical assistance program
- LB780: Require insurance coverage of eating disorders
- LB812: Provide requirements for the Department of Health and Human Services relating to Medicaid eligibility redeterminations and community engagement
- LB832: Extend the prohibition of the addition of long-term care services and supports to the Medicaid managed care program
- LB860: 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
- LB911: 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
- LB912: Adopt the Community Health Worker Training Endorsement Act

- LB929: Provide requirements for the Department of Health and Human Services relating to deductions and cost sharing for Medicaid enrollees
- LB942: Provide requirements for Medicaid reimbursement for emergency medical conditions and inpatient services under the Medical Assistance Act
- LB944: Require direct reimbursement to certain facilities for hospice care services under the Medical Assistance Act
- LB945: Change provisions relating to the use of the Hospital Quality Assurance and Access Assessment Fund
- LB946: State intent regarding appropriations to the Department of Health and Human Services for Medicaid assisted-living facilities
- LB949: Change provisions relating to the prescription drug monitoring program, the statewide health information exchange, and the Health Information Technology Board
- LB950: Change provisions relating to uniform prior authorization forms, the designated health information exchange, and the Health information Technology Board
- LB958: 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
- LB961: Adopt the Collateral Sanction Relief Act
- LB962: Adopt the Youth Reentry and Transitional Support Act
- LB970: Require the Department of Health and Human Services to submit a state plan amendment to include a program of early literacy promotion and intervention in well-child visits under the early and periodic screening, diagnosis, and treatment services program
- LB1016: Require the Department of Health and Human Services to submit a demonstration project waiver for traditional healing services
- LB1031: Require appropriations from the Hospital Quality Assurance and Access Assessment Fund and state intent regarding Medicaid rates for mental health providers
- LB1043: Include prescription antidepressants, antipsychotics, and anticonvulsants on the preferred drug list under the Medical Assistance Act
- LB1071: Provide, change, and eliminate provisions related to appropriations for the expenses of Nebraska State Government for the biennium ending June 30, 2027
- LB1072: Provide for and change transfers from the Cash Reserve Fund and provide, change, and eliminate provisions relating to fees, funds, fund transfers, agency powers and duties, and various statutory programs
- LB1091: Provide requirements for the Department of Health and Human Services for long-term care clients with special needs under the medical assistance program
- LB1110: Change provisions related to the distribution of certain tax revenue, confidentiality of shared information, contracts between the Tax Commissioner and collection agencies, and the collection and enforcement of delinquent income tax claims and provide for fees

- LB1122: State intent regarding appropriations to the Department of Health and Human Services
- LB1124: Increase the cigarette tax and state intent and change provisions relating to the distribution of cigarette tax proceeds
- LB1132: Require the Department of Health and Human Services to file a state plan amendment for coverage of long-acting injectable and extended-release medications for certain individuals
- LB1143: Change provisions relating to nursing facility rates and establish a money follows the person program under the Medical Assistance Act
- LB1144: Redefine a term and provide requirements for entities issuing health plans under the Medical Assistance Act
- LB180: Provide for licenses to engage in intrastate Medicaid nonemergency medical transportation services and provide that certain rates charged by certain motor carriers are not subject to regulation by the Public Service Commission
- LB1221: Provide definitions relating to community engagement and work requirements under the Medical Assistance Act
- LB1222: State intent regarding appropriations to the Department of Health and Human Services
- LB1229: Create the Rural Health Transformation Fund
- LB1240: Change provisions relating to state recovery under the achieving a better life experience program

Questions during this topic

- Question: Where is LB958 at in the process?
 - Answer: It is a priority bill
- Question: How will the budget proposal impact Medicaid?
 - Answer: It depends on what gets passed. There are no proposals that would reduce state Medicaid staff.

V. Medicaid Work Requirements (MWR)

MLTC staff gave an update on the Medicaid Work Requirements. The slides for this presentation can be found on the [MAC webpage](#) under '2026 Meetings'.

Questions during this topic

- Question: Will there be an increase in staff time to complete renewals? Will more staff be needed?
 - Answer: MLTC will be able to accommodate the work with the current staff they have.
- Question: MLTC was asked about the Medicaid Fraud Investigation. Is the response public?

- Answer: MLTC is cooperating and taking it seriously. This investigation is not tied to MWR. MLTC is unaware if the response to CMS is public.
- Question: Does someone need to meet a qualifying activity only 1 month in their renewal?
 - Answer: Yes, they only need to meet the requirements for 1 month of their renewal.
- Question: Will Developmental Disability (DD) populations accidentally get added to this group?
 - Answer: We should already have data showing if someone has a disability. Because of that, they will be exempt.
- Question: When will the updates be made to iServe?
 - Answer: May 1
- Question: Can seasonal workers opt into 1 or 6 month renewals?
 - MLTC will look at 1 month first, if we see they are a seasonal worker, then MLTC will look back 6 months.
- Question: Why is California Indian called out as an exempted population?
 - Answer: Because some of the Tribes in California are not federally recognized.
- Question: Does the VA exemption need to be 100%
 - Answer: Yes
- Question: Is Medicaid for Workers with Disabilities (MIWD) an exemption?
 - Answer: Yes
- Question: Are sheltered workshops an exemption?
 - Answer: MLTC is taking this back and will bring an answer to the next MAC meeting.
- Question: Does MLTC have a sense of what CMS will address in the June Final Rule?
 - Answer: MLTC is working with CMS closely on MWR and hope that there will be no surprises in the June Final Rule.
- Question: Will the MWR resources be available in other languages?
 - Answer: MLTC is working on Spanish documents. If you call Medicaid you can request translation services. There may be a way for iServe to translate to other languages. MLTC is taking this back to look into.
- Question: Will MLTC still need documentation from Tribal members to prove their exemption if they answer the question on the application stating that they are a Tribal member?
 - Answer: For now, attestation on the application is fine. Down the road we may need more information to verify.
- Question: What if I'm not working but my Medicaid household makes \$580 a month?
 - Answer: If the income is countable on a budget, then it's countable for MWR.

- Question: Can organizations that help people apply to Medicaid see the additional MWR screener questions before May 1 so that their staff can become familiar with the questions?
 - MLTC is taking this back to consider what resources can be released to organizations early.
- Question: Should people upload documents verifying attested information?
 - Answer: It's not required, but the more information MLTC has the easier it will be to determine an exemption or if someone meets MWR.
- Question: Will Medical frail exemptions need to be verified every 6 months at renewal?
 - Answer: Not necessarily, MLTC will look back on claims data to see if that person is still considered medically frail.
- Question: When does the look back for renewals change?
 - Answer: Starting January 1, members in the Medicaid expansion group will be subject to 6-month renewals.

VI. Open Discussion / Public Comment

- Question: Are there any updates on the Mental Health SUD Provider Manual?
 - Answer: Not at this time.
- Question: Is the response to the federal audit public?
 - Answer: MLTC will look into this.
- Question: Is the Department aware that beneficiaries on the waiver are seeing a reduction in hours and additional denials?
 - Answer: Assessors were told to look more at medical necessity. The cases seen so far have seemed to have been made appropriately.
- Question: What is the process to advocate for new clinical services that are not covered by Nebraska Medicaid to be covered?
 - Answer: Send an email to DHHS.MLTCExperience@nebraska.gov. The service request will be sent to the Health Services team to review and decide if Nebraska should start covering that service.
- Question: Will the MWR screener and attestation forms include SNAP exemptions?
 - Answer: No because that information is already known to the agency.
- Question: What is the timeframe on the Behavioral Health regulations?
 - Answer: MLTC will bring more information on this next time.

VII. Confirm the Next Meeting Time and Location

MLTC confirmed that the next meeting will be held on Thursday, May 21 2026, from 3:00 p.m. to 5:00 p.m. in Omaha, 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.

VIII. Adjournment

The meeting was adjourned by the Committee at 4:51 p.m. CST.

DRAFT