

# **Division of Medicaid and Long-Term Care**

## **Medicaid Advisory Committee (MAC) and Beneficiary Advisory Committee (BAC) Annual Report**

**July 2026**

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# Acronym List

- ABA: Applied Behavior Analysis
- AD Waiver: Aged and Disabled
- BAC: Beneficiary Advisory Committee
- CBO: Community-Based Organization
- CFS: Child and Family Services
- CMS: Center for Medicare and Medicaid Services
- DDD: Division of Developmental Disabilities
- DHHS: Department of Health and Human Services
- FPL: Federal Poverty Level
- FSW: Family Support Waiver
- HCBS: Home and Community-Based Services
- MAC: Medicaid Advisory Committee
- MCAC: Medical Care Advisory Committee
- MCO: Managed Care Organization
- MLTC: Medicaid and Long-Term Care
- NOD: Notice of Decision
- SFY: State Fiscal Year
- SOB: Strengths, Opportunities, Barriers
- SRT: State Review Team
- SSA: Social Security Administration
- VR: Verification Request

## Introduction

### Medicaid Information

Nebraska Medicaid and Long-Term Care (MLTC) serves low-income children and adults, aged individuals, and individuals with disabilities. The program provided services and programs to over 400,000 Nebraskans during state fiscal year 2025 (SFY2025).

Additionally, approximately 70,000 providers were under contract with MLTC during SFY2025 to care for Nebraska's Medicaid beneficiaries.

MLTC works with three managed care organizations (MCOs) –Nebraska Total Care, Molina Healthcare, and UnitedHealthcare– to coordinate healthcare for beneficiaries. The managed care program combines physical health, behavioral health, dental, and pharmacy programs into a single comprehensive program for Nebraska's Medicaid and Children's Health Insurance Program (CHIP) beneficiaries.

MLTC is committed to facilitating access to high quality and cost-efficient health care for Nebraskans. Through stakeholder engagement at the Medicaid Advisory Committee and Beneficiary Advisory

Committee, MLTC strives to align with DHHS’s motto of “helping people live better lives” and evaluate how to improve upon customer services, delivery systems, and program processes.

## Background

### Ensuring Access to Medicaid Services Final Rule

In April 2024, the Centers for Medicare and Medicaid Services (CMS) finalized the [Ensuring Access to Medicaid Services Final Rule](#) (which will be referred to as the Final Rule, henceforth) which introduced significant changes to Medicaid advisory structures. One change replaced the Medical Care Advisory Committee (MCAC) with the new Medicaid Advisory Committee (MAC).

Additionally, the Final Rule required Nebraska to establish a Beneficiary Advisory Committee (BAC) by July 2025. This committee is composed of current and former Medicaid beneficiaries and family members/caregivers of Medicaid beneficiaries. The BAC will identify critical issues within Medicaid and will coordinate with the MAC and MLTC to provide direct feedback to help influence Medicaid policy and administration. The Final Rule requires the MAC and BAC to publish an annual report outlining their activities and recommendations.

### Open Meetings Act

[Nebraska Revised Statutes \(Neb.Rev.Stat.\) §84-1407 to 84-1414](#) establishes the Nebraska Open Meetings Act. The Open Meetings Act requires that all meetings of public bodies are open to the public. Because of this, all MAC and BAC meetings are open to the public and time is reserved in the agenda for both committees to receive public comment. The Open Meetings Act also requires at least half of the MAC/BAC meetings to be held in person. Both the MAC and the BAC abide by all requirements listed in the Act.

## Implementation

### MCAC to MAC

Nebraska Medicaid had an existing stakeholder advisory group called the Medical Care Advisory Committee (MCAC). The MCAC group was transitioned to become the MAC in order to meet the requirements of the Final Rule. The transition expanded the scope of the group’s previously required advisory role beyond just health and medical care to include a broad range of topics such as access to and quality of services, eligibility and enrollment processes, health equity, program communications, and other issues that impact the provision and outcomes of health and medical services under the Medicaid program. However, in practice, the MCAC largely already advised the Nebraska Medicaid program on topics beyond the limited scope of “health and medical services.”

Efforts to transition the MCAC to become the MAC took place beginning in mid-2024 through mid-2025 (in conjunction with the efforts needed to stand up the BAC). During this time, Nebraska Medicaid updated the group’s conflict of interest policy and drafted updates to the committee’s bylaws and application.

MLTC also formalized its process for selecting members for the MAC. The largest changes came to the group's composition. The Final Rule requires that 25% of the MAC's composition be made up of BAC members by July 2027. CMS outlined a phased-in approach for this requirement where 10% of the MAC members are from the BAC as of July 2025, 20% as of July 2026, and 25% as of July 2027 and beyond. The group's bylaws were updated to reflect this requirement.

Larger discussions were held at MCAC/MAC meetings about the nature of beneficiary representation on the committee. Committee members recommended that at least 51% of the MAC be made up of beneficiaries and individuals with lived experience receiving Nebraska Medicaid benefits, whether or not they are also members of the BAC. As a result, the MAC bylaws were amended to allow beneficiaries and individuals with lived experience to be a part of the MAC without having to also be members of the BAC.

As the group transitioned from the MCAC to the MAC, its size stayed the same at 17 members. In addition to the membership changes noted above some of the 17 seats on the MAC were designated for specific types of representatives. One of the 17 spots was designated for a representative from a Nebraska Medicaid MCO. Together, the MCOs decided that whoever serves as the president of the Nebraska Association of Medicaid Health Plans would also serve as the MCO representative on the MAC for the duration of their term as president. Additionally, at least one spot on the MAC is reserved for a representative of a community-based organization, such as a charity or an advocacy group.

## BAC

Because Nebraska did not have an existing advisory group that could become the BAC to meet the requirements of the Final Rule, a new one needed to be created. MLTC staff began planning the BAC's implementation in early 2025. MLTC used the language in the Final Rule and the processes already in place for the MCAC to guide them in decision making while creating the committee. Steps taken to create the BAC included creating membership requirements, determining the scope and purpose of the BAC, deciding how the BAC will interact with the MAC, drafting committee bylaws, creating the application, recruitment of members, and creating compensation and reimbursement policies.

## Applications and Recruitment

Medicaid staff took elements of the MCAC membership recruitment process to create a standardized process for the MAC and BAC. The MCAC application was edited slightly to create a MAC application, and a separate BAC application was created. Applications for both committees are open on an ongoing basis, but recruitment efforts will be made when MLTC is selecting new members due to member terms expiring or members stepping down.

Recruitment activities can include press releases on the DHHS website, social media posts, flyer distribution in public spaces, and recruitment information shared with community partners. Once applications are received, Medicaid staff review and score all applicants. Applicants are assessed for relevance of skills and experiences, interest in improving the Nebraska Medicaid program, and clarity and relevance of responses. MLTC aims to establish diverse committees that are widely representative of the communities served. Per the Final Rule, the MLTC Director is given final

approval of members. Members will be informed via email if they are selected to serve on one of the committees. A more detailed member recruitment process can be found on the [MAC](#) and [BAC](#) webpages.

## Compensation and Reimbursement

As part of the MAC and BAC implementation efforts, MLTC created compensation and reimbursement policies for members of the committees. Beneficiary representatives of the committee may be eligible for compensation if they are not being compensated by another entity for their time spent at meetings. The compensation rate is \$25 per hour. Members may also be reimbursed for mileage driven to and from meetings. Mileage is reimbursed at the federal standard mileage rate which was 70 cents per mile in 2025. In 2026, the rate increased to 72.5 cents a mile. All compensation and reimbursement forms are emailed to [DHHS.MACandBAC@nebraska.gov](mailto:DHHS.MACandBAC@nebraska.gov).

In order to receive compensation and reimbursement, members must first complete and submit a [W-9/ACH Form](#). After each meeting, members seeking [compensation](#) or [reimbursement](#) must complete the respective form and provide all necessary information to the MAC/BAC email ([DHHS.MACandBAC@nebraska.gov](mailto:DHHS.MACandBAC@nebraska.gov)). Forms must be submitted within 60 days after the meeting. The MAC/BAC point of contact will review and approve all forms. Once all required documents are correctly completed and sent in, MLTC will compensate members within 45 days.

If a members lives more than 150 miles from the meeting location, they are eligible for hotel and meal reimbursement. Members interested in this option must submit the [Hotel and Meal Reimbursement Prior Authorization Form](#) 30 days before the meeting. Members will receive approval or denial 15 days before the meeting.

Under Medicaid income rules, compensation is counted as earned income but reimbursement is not. Due to this, receiving compensation may impact a member's Medicaid benefits. Nebraska Medicaid also implemented a state plan amendment that allows for the disregard of MAC and BAC compensation for Non-MAGI Medicaid members. It is the responsibility of the committee member to determine if receiving compensation will impact the state/federal benefits they receive. Members have the option to opt out of compensation at any time. Members are required to report their income within 10 days of receipt.

## Conflict of Interest Policy

Members who will serve on the MAC and BAC may also serve on the boards or committees of nonprofit community organizations, advocacy groups, or organizations that serve, support, or otherwise assist people who receive Medicaid services. It is possible that an item being discussed by the MAC and BAC might present a conflict of interest, or the appearance of a conflict of interest, between these separate roles. All members are required to disclose any conflicts of interest using the conflict of interest form. Committee members with a conflict of interest must not participate in committee discussions other than to offer information or answer questions. When a vote is taken, a

committee member with a conflict must not vote. A reminder about the conflict of interest policy is given at the beginning of each meeting.

## Committee Information

### MAC Members

The MAC is comprised of 17 members who represent clinical providers and administrators, Medicaid members, community-based organizations, and managed care organizations.

<b>MAC Committee Member Makeup</b>	
Clinical providers and administrators	7
Medicaid members	8 (including 3 BAC representatives)
Community-based organizations (CBOs)	1
Managed Care Organizations (MCOs)	1
<b>Total</b>	<b>17</b>

MAC members serve 3-year terms that end in June of the third year of their membership. As vacancies open, MLTC fills the empty positions with the goal that the committee is always comprised of 17 members.

The MAC’s executive committee consists of a chair and vice-chair. The executive committee serves one-year terms with the vice-chair becoming the chair at the end of their vice-chair term. The committee votes to elect a new MAC vice-chair every January. The 2025 chair was Vietta Swalley and the vice-chair was Jennifer Hansen. The executive team meets with MLTC staff prior to MAC meetings to draft the agenda. The chair is responsible for announcing agenda items and helping facilitate conversation. The vice-chair is responsible for filling in for the chair if they are absent.

### BAC Members

There are 10 members on the BAC, including current Medicaid beneficiaries, former Medicaid beneficiaries, and/or caregivers or family members of current or former Medicaid beneficiaries.

<b>BAC Committee Member Makeup</b>	
Current/Former Medicaid Beneficiary	4
Family Member/Caregiver of a Medicaid Beneficiary	6
<b>Total</b>	<b>10</b>

Since the BAC is a new committee and MLTC strives to ensure long-term sustainability of the group, half of the members will serve 2-year terms, and the other half will serve 3-year terms. The staggered term lengths ensure that the committee members don’t all roll off at the same time so there will always be experienced members on the committee. As vacancies open, MLTC will fill the positions as needed.

The BAC executive committee consists of a chair, vice-chair, and one BAC representative. These three members attend MAC meetings to represent the BAC. The executive committee meets with MLTC staff before meetings to draft the agenda. The 2025 chair, vice-chair, and BAC representative were Mary Phillips, Amber Corbin, and Renae Wacker. These members were elected into these positions by the committee.

## DHHS Staff

DHHS staff members that attend meetings regularly are considered non-voting members of the committee. These members include the MLTC Director, MLTC Deputy Director, Developmental Disability Deputy Director, policy staff, and communications staff. Additional staff members are invited to attend meetings as needed to provide information to the committees.

Per the Final Rule, at least one representative from a non-MLTC state agency must attend MAC meetings as a non-voting member.

## Meeting dates, times, locations

Meetings for both the MAC and the BAC are held every other month on the third Thursday of the month. Meetings are held during January, March, May, July, September, and November. The BAC meets from 12:30-2:30 p.m. and the MAC meets from 3:00-5:00 p.m., allowing for a 30-minute break between meetings. The meeting location rotates between Omaha and Lincoln. Due to Nebraska's Open Meetings Act, only half of the meetings in a year can have a virtual option for committee members. The committee opted to host the hybrid meetings during the colder months of November, January, and March. Members of the public are always allowed to join virtually.

## Onboarding/Orientation

The BAC orientation took place on July 17, 2025. At the orientation meeting, MLTC staff explained the background and purpose of the BAC and members were given the opportunity to share what they wanted to get out of the committee. An in-depth explanation was given regarding the committee's compensation and reimbursement policies and meeting expectations. As new members join the committees, they are emailed an orientation PowerPoint and given the option to have a call with MLTC staff before attending their first meeting.

## July 2025 Meetings

The July MAC and BAC meetings were held on July 17, 2025, at the Bess Dodson Walt Branch Library in Lincoln, Nebraska. Both meetings were held in person with a call-in option available to the public.

## BAC Meeting

July was the first official BAC meeting. 18 people were in attendance. The minutes from this meeting can be found [here](#). This meeting was spent discussing onboarding topics such as compensation and

July 2025 BAC Attendance	
<b>BAC Members</b>	7
<b>DHHS Employees</b>	6
<b>Members of the Public</b>	5
<b>Total Attendance</b>	<b>18</b>

reimbursement, attendance, meeting format and communication with MLTC. A Medicaid 101 presentation was given to the group to increase their understanding of the Nebraska Medicaid program.

MLTC staff asked BAC members to share strengths, opportunities, and barriers (SOB) they have seen within Nebraska Medicaid. The following items were discussed.

SOB Analysis		
Strengths	Opportunities	Barriers
Text message reminders for renewals	Collaboration with Child and Family Services (CFS)	Issues with foster parents accessing Medicaid cards and becoming an Authorized User
iServe tells you what you're missing in the application	Application tracking status	Timely/unclear communication
Waiver services	iServe app or optimize the webpage for mobile phones	Knowing what you qualify for
Great service coordinators	Benefit navigation	Access to dental services
	Language translation for documents and iServe	
	Utilizing social media more	
	Federal Poverty Level (FPL) calculator	

Information collected from this SOB analysis was used while determining priorities for the committee at the November meeting.

## MAC Meeting

The MAC Meeting was held after the BAC meeting, with 42 people in attendance. The minutes from this meeting can be found [here](#). The following items were discussed

- Beneficiary Advisory Committee (BAC) Update
- Bylaw updates
- State legislative update
- Federal legislative update
- Subcommittee Report Response from MLTC

July 2025 MAC Attendance	
<b>MAC Members</b>	8
<b>DHHS Employees</b>	8
<b>Members of the Public</b>	26
<b>Total Attendance</b>	<b>42</b>

## Subcommittee Report

The Access to Waiver Services and Disability Determinations sub-committee presented a report to the MAC and DHHS staff at the March 20, 2025 MAC Meeting. The subcommittee report listed five recommendations for DHHS to take into consideration. The recommendations for the sub-committee and responses from DHHS are as follows:

- **Recommendation 1:** Coordinate the sending of applications and notices – ensure that applications forms and notices are sent together to streamline communications.
  - *Response 1:* The State Review Team (SRT) office team is now sending the waiver notice when they notify Medicaid of the SRT determination. This process will ensure that both notices are sent within 24-48 hours (considering business days) of each other. While we have discussed the possibility of combining these notices, it is important to note that since Medicaid and the Waiver are two distinct applications and separate DHHS programs, each requires its own Notice of Decision.
- **Recommendation 2:** Include a cover letter – Add a cover letter that includes a list of all necessary forms and provides a brief explanation of the process. This would help parents understand what is needed to reduce confusion.
  - *Response 2:* Two documents are included with the initial Verification Request (VR) that is sent to each family. These documents are meant to help guide families through the disability determination process:
    - Medical Documentation Guide for Parents and Guardians – This document provides families with instructions on how to collect and submit medical records to help with the disability determination.
    - Medical Documentation Guide for Providers – This guide is intended for medical providers, helping them understand what documentation is needed to support the determination of disability for your child.
- **Recommendation 3:** Create a specific application for the Family Support Waiver (FSW) – Consider creating a specific application form for the Family Support Waiver. The general application form requests information about family income, wages, and the number of family members. While this supports the Department’s goal of making accurate decisions, it confuses parents since the FSW is primarily concerned with the child applicant’s income and medical condition.
  - *Response 3:* In April 2023, we intentionally consolidated all HCBS waivers into a single application to streamline the process, ensuring that families can apply for all waivers in one step. We believe the question above is focused on the Medicaid application and wanting to be able to apply for the child alone. Due to Medicaid regulations, the household must first be reviewed to determine eligibility under general Medicaid guidelines. Once this determination is made, alternative programs, such as Katie Beckett, can then be considered for Medicaid eligibility. This is the primary reason families are required to complete the full Medicaid application, whether they are seeking access to a waiver or simply Medicaid through Katie Beckett. We will continue to provide education and information to families regarding this requirement and process as they show interest in applying for services.
- **Recommendation 4:** Clarify the decision notices – Ensure that decision notices are clear, consistent, and include explanations for denials to help parents understand the reasoning behind the decision.
  - *Response 4:* The Notice of Decisions (NOD) populated by the SRT team include a narrative to explain the reason for the decision. See below for two examples that would be used when denied.

- Not met due to non-medical records “Non-medical records have been submitted. After careful review of the submitted information, the State Review Team (SRT) has found that Social Security Administration (SSA) disability criteria have not been met.”
- Not Met Due to Disability Criteria “After careful review of the submitted documentation, the State Review Team (SRT) has found that your condition does not meet the federal and state disability requirements for severity under SSA disability rules. The specific disability category considered was 112.11, neurodevelopmental conditions.”
- **Recommendation 5:** Review the Medical Care Organization (MCO) eligibility notification process – Meet with the MCOs to look for ways to improve the timely mailing of MCO cards. Develop a system for parents to request the MCO card if it is not received after the application has been approved.
  - **Response 5:** MLTC is working closely with each MCO to identify potential gaps in the mailing of MCO cards to participants. If gaps are identified, the team will take action to improve the process. Additionally, the MLTC team is also exploring potential gaps with the legal guardian’s ability to access necessary case information or request a new card. Again, gaps will be addressed as identified.

**Public Comment**

Several members of the public shared public concerns about upcoming reductions to Nebraska Medicaid reimbursement rates for Applied Behavior Analysis (ABA) services

## September 2025

The September MAC and BAC meetings were held on September 18, 2025, at the South Omaha Library in Omaha, Nebraska. Both meetings were held in person with a call-in option available to the public.

### BAC Meeting

18 people were in attendance at the September BAC meeting. The minutes from this meeting can be found [here](#). The bulk of the meeting was spent discussing MCOs. The MLTC Plan Management team shared a presentation on Heritage Health, Nebraska Medicaid’s managed care delivery system. The presentation explained the similarities and differences between the three MCOs in Nebraska – Molina, Nebraska Total Care, and United Healthcare. After the presentation, BAC members were asked to share strengths, barriers, and opportunities they have identified within Nebraska MCOs. The following topics were discussed.

September 2025 BAC Attendance	
<b>BAC Members</b>	9
<b>DHHS Employees</b>	7
<b>Members of the Public</b>	2
<b>Total Attendance</b>	<b>18</b>

SOB Analysis		
Strengths	Opportunities	Barriers

Members shared lots of positive experiences with their MCOs	More education about care coordination	Issues receiving calls back from MCOs regarding value-added services
	More education about value-added services	Issues with calling to schedule transportation
	Improve processes for unhoused individuals	Care coordination regarding social determinants of health
	Disseminate information through new channels	

Information collected from this SOB analysis was used while determining priorities for the committee at the November meeting.

## MAC Meeting

The MAC Meeting was held after the BAC meeting, and 22 people were in attendance. The minutes from this meeting can be found [here](#). At this meeting, MLTC Deputy Director Matthew Ahern gave an in-depth overview of the Rural Health Transformation Program. MAC members were encouraged to give input on what they would like to see the funds used for. Ideas from the committee included the following:

- Chronic care management
- Workforce development for nurses
- Keep in mind rural hospitals that have nursing homes attached
- Telehealth services for behavioral health and other medical services
- Having rooms in clinics set up for telehealth appointments
- Utilizing PACE
- Increasing dialysis providers

September 2025 MAC Attendance	
<b>MAC Members</b>	11
<b>DHHS Employees</b>	4
<b>Members of the Public</b>	10
<b>Total Attendance</b>	<b>22</b>

### Public Comment

Members of the public shared sentiments regarding Applied Behavioral Analysis (ABA) rate changes.

## November 2025

The November MAC and BAC meetings were held on November 20, 2025, at the Charles H. Gere Library branch in Lincoln, Nebraska. Both meetings were hybrid, giving members the option to come in person or join via Webex call.

### BAC Meeting

14 people were in attendance. The minutes from this meeting can be found [here](#). At this meeting, MLTC announced the creation of a recommendation from members can use to submit comments and questions regarding Medicaid. Additionally, BAC members elected leadership positions, determined member term lengths, and voted on their top three priorities.

- **BAC Leadership Selection**

- BAC chairperson: Mary Phillips
- BAC vice chairperson: Amber Corbin
- BAC representative: Renae Wacker

- **Term lengths**

- Half of the BAC members will serve two year terms while the other half serves three year terms. The staggered term lengths will ensure that not all members roll off the committee at the same time. An online tool was used to randomly determine which members would serve two year terms and which would serve three year terms.

- **BAC Top Priorities**

- Using information given from the BAC at previous meetings regarding strengths, opportunities, and barriers surrounding Medicaid, the committee voted on the top three priorities they want to focus on.
  - Community Outreach and Collaboration
  - Beneficiary Knowledge and Education
    - Transportation
    - Dental Services
  - Medicaid Website and Resources
    - Language access
    - Notices and notifications

November 2025 BAC Attendance	
<b>BAC Members</b>	9
<b>DHHS Employees</b>	4
<b>Members of the Public</b>	1
<b>Total Attendance</b>	<b>14</b>

## MAC Meeting

The MAC Meeting was held after the BAC, and 30 people were in attendance. The minutes from this meeting can be found [here](#). At this meeting, MLTC announced the creation of a recommendation from members can use to submit comments and questions regarding Medicaid. Additionally, the committee voted on adding a membership subcommittee to the group. This subcommittee would assist MLTC with recruitment and selection of new MAC members. MLTC did not receive any interest in members being a part of this subcommittee. The educational discussion at the November meeting was focused on Access to Behavioral Health and Mental Health Services.

November 2025 MAC Attendance	
<b>MAC Members</b>	11
<b>DHHS Employees</b>	6
<b>Members of the Public</b>	13
<b>Total Attendance</b>	<b>30</b>

### Public Comment

Members of the public asked questions about ABA changes, AD waiver changes, and denial of services.

## January 2026

The January MAC and BAC meetings were held on January 15, 2026, at the South Omaha Library in Omaha, Nebraska. Both meetings were hybrid, giving members the option to come in person or join via Webex call.

## BAC Meeting

17 people were in attendance at the January BAC meeting.

The minutes from this meeting can be found [here](#). The majority of this meeting was spent reviewing and providing feedback on a draft Medicaid Work Requirements (MWR) document. The feedback provided was then used by MLTC policy staff to improve the document before it was sent out to Medicaid members. Additional meeting topics included voting to approve the committee [bylaws](#) and a brief discussion about the committee's priorities.

January 2026 BAC Attendance	
<b>BAC Members</b>	9
<b>DHHS Employees</b>	5
<b>Members of the Public</b>	3
<b>Total Attendance</b>	<b>17</b>

## MAC Meeting

The MAC Meeting was held after the BAC meeting, and 34 people were in attendance. The meeting minutes can be found [here](#). At this meeting, the committee voted to approve updates to the [bylaws](#), voted for a new vice-chair, and were given a presentation about the Rural Health Transformation Program (RHTP) and Medicaid Work Requirements (MWR).

January 2026 MAC Attendance	
<b>MAC Members</b>	13
<b>DHHS Employees</b>	6
<b>Members of the Public</b>	15
<b>Total Attendance</b>	<b>34</b>

- 2026 Vice-Chair
  - The vote for vice-chair ended in a tie. MLTC staff took the decision to the Medicaid Director to break the tie. Jenelle Miller was elected the new vice-chair. Per the bylaws, 2025 vice-chair, Jennifer Hansen will become the 2026 chair.
- Rural Health Transformation Program (RHTP)
  - MLTC announced that Nebraska will be awarded \$218 million from the RHTP
  - The initiatives for the program include
    - Make Rural Nebraska Healthy Again through Food as Medicine
    - Regionalized Rural Access and Navigation
    - Rural Workforce Acceleration
    - eHealth and Mobile
    - Rural Emergency Behavioral Health
    - Assisted Living Facility (ALF) Special Needs Population Incentive Model
    - Nebraska Rural Health Technology Catalyst Fund and Partnership Initiative
- Medicaid Work Requirements
  - MLTC announced that starting May 1, 2026, Nebraska Medicaid will begin enforcing work requirements for Medicaid members under Medicaid expansion
  - Discussions regarding requirements and exemptions occurred
  - Members were able to ask questions and provide feedback on the new Work Requirements

## Public Comment

Members of the public shared comments about ABA changes and AD waiver changes.

## March 2026

The March MAC and BAC meetings were held on March 19<sup>th</sup> at the Nebraska State Office Building in Lincoln, Nebraska. Both meetings were hybrid.

### BAC Meeting

There were 31 people in attendance at the BAC meeting. Division of Developmental Disabilities (DDD) by Deputy Director Jennifer Clark gave a presentation about DDD . The presentation discussed the state’s different HCBS waivers and the intersection between DDD and MLTC. MLTC staff gave an update on Medicaid Work Requirements that go into effect May 1, 2026. BAC members were given the opportunity to review and provide feedback on a one-page resource for Medicaid work requirements. The meeting minutes can be found [here](#).

March 2026 BAC Attendance	
<b>BAC Members</b>	7
<b>DHHS Employees</b>	9
<b>Members of the Public</b>	15
<b>Total Attendance</b>	<b>31</b>

### MAC Meeting

The MAC meeting followed the BAC, and 49 people were in attendance. At this meeting, the committee reviewed term lengths, discussed legislative bills that could impact Medicaid, and had an in-depth discussion about Medicaid Work Requirements. Committee members were able to ask many questions regarding work requirements, and they gave great feedback to MLTC staff. The meeting minutes can be found [here](#).

March 2026 MAC Attendance	
<b>MAC Members</b>	14
<b>DHHS Employees</b>	11
<b>Members of the Public</b>	24
<b>Total Attendance</b>	<b>49</b>

## Conclusions and Next Steps

Nebraska Medicaid is incredibly pleased with the year that the MAC and BAC committees have had. It has been invaluable to receive feedback on programs and services from those who it impacts the most. The recent federal regulatory changes have led to increased efforts from MLTC to ensure that the work of these committees is both meaningful and engaging. In the upcoming year, Nebraska Medicaid will continue to ask for and include MAC and BAC member’s feedback in program updates, especially regarding program changes needed in the coming years that stem from the One Big Beautiful Bill Act.