Medicaid Advisory Committee
Meeting Minutes
Thursday, September 18, 2025

The Medicaid Advisory Committee (MAC) met on Thursday, September 18, 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: J. Michael Parnell, Brandi Renner, Jenelle Miller, Mary Phillips, Phillip Gray, Lori Wachter, Jennifer Hansen, Elizabeth Thelen, Vanessa Chavez Jurado, Vietta Swalley, Staci Hubert

Department of Health and Human Services (DHHS) employees in attendance: Celia Wightman, Bailey Reigle, Lynnae Johannes, Matthew Ahern

Members of the public in attendance:
Themis Gomes (Behaven Kids), Ken Powell (UnitedHealthcare), Keela VanGrinsven (Charles Drew Health Center), Mercedes Suppes (Heartland ABA), SaVonni Yestanti, Julie Fedderson (United Healthcare), Kim Bainbridge (Parent)

(Three call-in/phone numbers were present for the meeting)

MAC members not in attendance: Josh Sharkey, Jason Gieschen, John Anderson, Kelly Weiler, Dave Miers

I. Openings and Introductions

The meeting was called to order at 3:03 p.m. CST.

- The Open Meetings Act was made available for attendees.
- Vietta welcomed the meeting attendees and Celia ran through the roll call.
    - Celia gave a membership update
        - There are currently 2 vacancies on the committee
            - 1 provider vacancy and 1 beneficiary vacancy
        - A member from the Beneficiary Advisory Committee (BAC) will fill the beneficiary vacancy
- Medicaid and Long-Term Care (MLTC) staff made the conflict of interest policy form available for MAC members to sign.
    - Celia reminded members to complete their conflict of interest form and return it to her.

II. Review and Approval of July 17, 2025, Draft Minutes

The Committee had no revisions for the ~~May 15, 2025~~ July 17, 2025 draft MAC meeting minutes.

Vietta asked for a motion to approve the minutes. Michael made the motion to approve; Jennifer seconded the motion. The motion passed unanimously.

III. Follow Up Items from the July MAC Meeting:

MLTC provided a follow up response to a question regarding the Family Support Waiver from the sub-committee. See Section VII. – Subcommittees.

IV. Beneficiary Advisory Committee (BAC) Update

MLTC provided the following information regarding BAC representatives

- The BAC is holding elections for a BAC chair, BAC vice-chair, and an additional BAC representative
    - These positions will serve as the three BAC representatives on the MAC
    - These BAC representatives will be official voting members of the MAC
- From January 2026-May 2026 there will be 3 BAC representatives on the MAC
- From July 2026 to May 2027, there will be 4 BAC representatives on the MAC
- From July 2027 onward, there will be 5 BAC representatives on the MAC

Discussion regarding MAC/BAC Compensation

- MAC members asked MLTC to explain the recent state plan amendment (SPA) update regarding compensation for the MAC/BAC
- The SPA allows Nebraska Medicaid to disregard any compensation that non-MAGI Medicaid members receive from being a MAC/BAC member. This means that money earned from MAC/BAC meetings does not impact a non-MAGI beneficiary's Medicaid benefits.

V. Federal Legislative Update and Discussion

MLTC delivered updates on federal legislative bills and asked members to weigh in on options the state has.

- MLTC is still waiting on formal federal guidance from CMS but are actively working on standing up upcoming changes

The Rural Health Transformation Program

- Section 71404 of the H.R.1 creates a rural health transformation fund with the amount of:
    - FY26: $10 billion
    - FY27: $10 billion
    - FY28: $10 billion
    - FY29: $10 billion

    - FY30: $10 billion
- To receive these funds, states must submit applications to HHS during an application period that ends not later than December 31, 2025, that includes a detailed rural health transformation plan, a certification that none of the funds finance state share of Medicaid, and other information
- The funds must be allocated using the following formula:
    - 50% of funds for each fiscal year are distributed equally among states with approved applications
    - 50% of funds are allotted based on the percentage of the population that is rural, the proportion of rural health facilities in the state relative to the number of rural health facilities nationwide, and the situation of hospitals
- States must carry out at least three of these activities with the funds:
    - Promote evidence-based interventions to improve prevention and chronic disease management
    - Provide payments to health care providers for the provision of health care items or services
    - Promote consumer-facing, technology-driven solutions for the prevention and management of chronic diseases
    - Provide training and TA for the development and adoption of technology-enabled solutions that improve care delivery in rural hospitals, including remote monitoring, robotics, AI, etc.
    - Recruiting and retaining clinical workforce talent to rural areas
    - Providing TA, software, and hardware for significant information technology advances
    - Assisting rural communities to right size their health care delivery systems by identifying needed preventative, ambulatory, pre-hospital, emergency, acute inpatient care, outpatient care, and post-acute care service lines
    - Supporting access to OUD, SUD, and mental health services.
    - Developing projects that support innovative models of care, including VBP and APMs
    - Additional uses, as designated by the Secretary
- Nebraska Medicaid is actively developing a plan to request this funding and implement the program to benefit Nebraska's rural communities and wants input from stakeholders
- Rural Health Transformation ideas from the committee
    - 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

- Nebraska Medicaid is soliciting feedback and ideas until the end of September
    - Send any ideas to DHHS.MACandBAC@nebraska.gov
- Questions
    - Question: Other states are actively seeking public input. What is Nebraska's thought process for not seeking official public comment?
        - Answer: This meeting is a public meeting and an opportunity for people to share input. MLTC is meeting with a variety of stakeholders across the state to hear ideas.
    - Question: Will the official application that Nebraska submits be public?
        - Answer: At this time it is unsure if the application will be posted on the webpage. The application will be public information and can be accessed by members of the public with a document request.

Medicaid Waivers and Medicare

MLTC asked committee members to speak about the intersections they've seen between Medicaid waivers and Medicare when people are dually eligible. These plans are referred to as Dual Eligible Special Needs Plans (D-SNPs). MLTC is interested in seeing how this works, how they can better leverage these intersections to serve beneficiaries, and what gaps there are in services.

- Comments were shared stating that Medicare normally pays for everything except in home care
    - Family members say it's worth it to pay the Medicaid monthly share of cost so that they can get in-home support
- There are instances where a beneficiary becomes a Disabled Adult Child (DAC) and are kicked off Medicaid. Call centers aren't familiar with this. It is suggested that MLTC educate the call center on this.
- For the most part, members have had positives experiences being dually enrolled
- ~~There was a suggestion to look up how many people on SSI are paying a share of cost.~~ Phil suggested that a possible way to find individuals that should qualify as a DAC but have been missed might be to run an SSI history query against the current Social Security Disabled Individual (SSDI) record and anyone listed as paying their own Part B Medicare premium and on the SSI history query would likely be a DAC.
- There was discussion about the pros and cons to Medicare advantage plans
    - There are many resources that can help beneficiaries determine what plans are best for them
- There is strong benefit to aligning Medicare plans with Medicaid MCO plans

Open Discussion
The following items were brought up during this section of the meeting.

- Q: Tobii Dynavox has been seeing a pattern of denials for Augmentative and Alternative Communication (AAC) devices from one MCO. Can the state begin reporting on denials for durable medical equipment (DME)?
    - A: MLTC asked the person who brought this up to send an email with specific information and they will look into it.
- Q: Is there an opportunity to expand the MCO dashboard to include different information like the DME denials?
    - A: MLTC stated that the intent of the dashboard is for managing the contractual operations that the MCOs must be doing. MLTC may begin sharing member feedback and satisfaction in the future.
- Q: Has the state considered implementing a new 1915(c) waiver that was created by H.R.1?
    - A: Right now MLTC is focusing on efforts that have nearing effective dates. As the effective date of this provision gets closer, MLTC will circle back.
- Q: Are there numbers that show how H.R.1 will impact the Medicaid budget?
    - A: At this time we are still unsure. There will be a cut in a sense, but we will still net more than we ever have.
- Q: In the past, when beneficiaries applied for Medicaid waivers, the process took about 6-8 weeks. Since March of this year, the process has been taking 14-16 weeks on average. Why is there a change in the timeframe for this process?
    - A: MLTC is unsure of the change; they would need to see more specific information before saying why the timeframe has increased. Long-term care Medicaid applications can take a long time since there is a lot of information gathered.

VI. Educational Discussion

Due to the presenters of the Behavioral Health discussion being sick, we will reschedule the educational discussion to a different meeting.

VII. Sub-Committees

During the May meeting, the following question was asked – Why do families need to provide familial income for the Family Support Waiver if their income is disregarded?

- MLTC Response: We ask for familial income because we are screening for the child's eligibility in all Medicaid waivers, not just the FSW. Having the familial income also lets us determine if anyone else in the family may be eligible for Medicaid.

The committee asked MLTC to meet with the Division of Developmental Disabilities to discuss adding a supplemental page on the Medicaid HCBS waiver applications.

VIII. Open Discussion / Public Comment

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

- Q: Members of the public asked for an update to the ABA rate discussion. Is there anything DHHS is doing in regard to access of care?
    - A: DHHS is getting the MCOs to report on ABA access and where we have gaps of providers and delay of care.
- Q; How is DHHS measuring providers with pay cuts that may leave the ABA profession?
    - A: DHHS is tracking and transitioning to facility care coordination.

IX. Confirm the Next Meeting Time and Location

Vietta confirmed that the next meeting will be held on Thursday, November 20, 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 a hybrid meeting MAC members may join in person or online.

X. Adjournment

Vietta called for a motion to adjourn the meeting. Jennifer motioned ~~mentioned~~ and Brandi seconded the motion. The meeting was adjourned by the committee at 4:58 p.m. CST.