NEBRASKA
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DEPT. OF HEALTH AND HUMAN SERVICES

Jim Pillen, Governor

01.14.26 - NE Tribal/Medicaid Monthly Call Agenda

Conference Access Number **+1-408-418-9388**

Access Code- **2495 538 5383**

Present: Jacob Kawamoto (MLTC Policy), Jacob Harlan (Div. of Public Health), Catherine Kearney (MLTC Plan Management), Aaron Kilgore (MLTC Plan Management), Bethany Nelson (MLTC Health Services), Jackie Orth (MLTC Eligibility Operations), Rachel Metry (Div. of Developmental Disabilities), Bailey Reigle (MLTC Policy), Jeshena Walker (MLTC Plan Management), Kendra Wiebe(MLTC Policy), Anita Wisecup(State Unit on Aging)

Andrea Herrera (NUIHC), Brenda Worrell (Omaha), Becky Crase (Ponca), Chasity Davis(Iowa Tribe of NE & KS), Leah Belgrade (GPTCHB), Michelle Runyan (Ponca), Nancy Mackey (Santee), RickyAnn Fletcher (Ponca), Sylvia Allen-Lopez (Ponca), Tashina Provost (Omaha), Val Holli Merrick (Omaha), Vietta Swalley (Santee) Cynthia Gillaspie, Kameron Runnels

Bethany Stech (Molina), Cynthia Gosling (UHC), Janine Fitzpatrick (Molina), Jonathan rich (Centene), Tracy Nelson (UHC), Robyn Salerno (Molina), Theresa Ellenwood (Molina), Tim Easton (NTC), Tuesday Kuhlman (NTC), Mary Mchale (UHC)

2 callers joined via telephone call-in

SPA/Waiver Updates

- SPA
  - None
- Waiver Authority
  - Renewal of the 1915(c) Medicaid Home and Community Based Services (HCBS) Aged and Adult and Children with Disabilities waiver (NE.0187) and amend the Traumatic Brain Injury Waiver (NE.40199)
    - These amendments would introduce a new institutional cost limit of 175% for waiver services. As Nursing Facility (NF) level of care waivers, this limit is based on the average per capita spending for nursing facilities in SFY 2025, which is **$92,438**. This figure reflects total annual nursing facility expenditures divided by the average number of recipients in SFY 2025. A high utilization review would therefore take place when waiver spending exceeded **$138,657** and waiver services would be limited to no more than **$161,766.50**.
    - Someone on a waiver needs to receive waiver services once every 90 days to keep their services
    - Personal Care and Legally Responsible Individual (LRI) Personal Care are limited to a combined maximum of 40 hours per week for live-in caregivers
    - Personal Care, LRI Personal Care, and Companion services are limited to a combined maximum of 70 hours per week

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- Exceptions to both combined limits may be approved by DDD Central Office to meet the immediate health and safety needs of a participant
- Extra care for Children with Disabilities (AD Only) is capped at 50 hours per week
- The respite definition was expanded to provide clarity and allow providers to provide respite across more than one waiver. As an example, if a parent has two children on two different waivers, one respite provider can provide respite to both of them
- Chore services was updated to provide support in five areas:
    - Minor home repair
    - Pest control
    - Mowing and site clearance
    - Snow and ice removal
    - Heavy cleaning
- An assistive technology cap of $10,000 in a 5 year period with a max of $20,000
- The public comment period for this waiver was from December 5, 2025 to January 5, 2025. Upon Approval by the Centers for Medicare and Medicaid Services (CMS), these waiver amendments would go into effect July 1, 2026.

Additional Items

- Medicaid Program Updates
    - Medicaid Work Requirements
        - Starting May 1, 2026, MLTC will begin enforcing work requirements for new and existing Medicaid members under Medicaid expansion
        - Members of recognized Native American tribes are exempt from work requirements
        - At the beginning of January, a letter went out to everyone in the adult expansion group to explain work requirements and that they are coming in May. Outreach will go out to new members at the end of each month until May.
        - MLTC will need to identify Tribal members correctly to ensure they get the exemption
        - MLTC will go more in-depth on this topic at the February Quarterly Call
        - Questions/Comments
            - **QUESTION:** Some Tribes have been writing the Master Case number or the Medicaid number on Tribal enrollment documents and are emailing it to the ANDI Center to identify Tribal affiliation for the Medicaid Work Requirements exemption. Who should Tribes be emailing this information to?
                - **ANSWER:** MLTC will take this back to the Work Requirements workgroup and get more information
            - **QUESTION**: What documents are required for exemption? Are you requiring additional documents, or does selecting Native American on the Medicaid application automatically exempt someone.
                - **ANSWER**: MLTC has not nailed this down specifically yet. Marking Native American on the Medicaid application does count as an exemption. If someone does not mark it, MLTC is determining the best and least burdensome way to identify Tribal members. This could mean pulling information from the data sharing agreements as well as partnering with Tribal facilities and partners.

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        - **RECOMMENDATION**: It was recommended to add better language to the guidance about the Native American exemption. For example, include beneficiaries of IHS and those eligible to receive services through ITU.
            - MLTC will bring this back to the workgroup to update the language
        - **QUESTION**: Is it okay for the health facility to report exemptions?
            - **ANSWER**: Tentatively yes. More information to come at the February meeting.
    - Rural Health Transformation Program
        - Nebraska will receive $218,529,075 each fiscal year until 2030 to create and implement the Rural Health Transformation Program initiatives
        - Initiatives
            - 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
        - MLTC will bring more information about this in February
- Data Sharing Agreements
    - The reports generated for the Data Sharing Agreements were finalized and sent out to the specified point of contact with each of the Tribes on 06.09.25. MLTC is available for any support and partnership related to these efforts going forward.
    - We will resign the Data Sharing Agreements in May of 2026
- Medicare Crossover Claims – Update
    - MLTC has received and is reviewing the final Crossover Claims from the period of 07.01.17 – 06.30.19 from Omaha
- NEMT
    - At the August 2022 Quarterly Consultation meeting, it was agreed that the MCOs and Tribes would discuss how to improve access to transportation services for Tribal beneficiaries.
        - Jacob spoke with the PSC, brought more information to the November 2023 Tribal Consultation, and sent a follow up email to each of the Tribes. The Tribes should submit an exemption request to the PSC. If granted the exception, the Tribe will then need to enroll with Maximus as a PSC-exempt NEMT provider and can then provide the approval from the PSC to Maximus to complete this enrollment.
            - PSC contact: PSC.motorfilings@nebraska.gov
- Questions/Discussion
    - Do pre-authorizations follow members when they switch from one MCO to another or do they have to get a new one?
        - This falls under continuity of care and the MCOs will honor existing prior authorizations. MCOs should get this information on the transferring member data feed, but it is helpful if providers can inform them too (in case the prior auth doesn't transfer over).
            - NTC and Molina noted that Tribal providers can send the prior auth to the MCO Tribal Liaison to ensure continuity of coverage
            - UHC is looking into their process and will follow up with the Tribes.

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- Are Dually eligible Medicare and Medicaid beneficiaries required to have the same MCO company?
    - This is not required until 2030 – MLTC is working through this with the MCOs
- What if pre-authorization is not done before the work is done?
    - Ideally prior-authorization should be done before. Unique circumstances can be brought to the MCO Tribal Liaisons' attention to see what they can do for retroactive coverage.
- DSNPs are causing Santee issues on the billing side. They don't know who has DSNP and how that gets rejected by the MCO. The Tribes are unaware who is on these plans and members are unsure how they got signed up. This is also causing concerns and issues with timely filing. Vitetta sent Jake an email about this and would like to discuss this at the February meeting.
    - MLTC will work with the plan management team to figure out how the systems are working
- January 1, 2026 the Non-Emergency Medical Transportation contract with MTM started. Now all 3 MCOs have the same transportation broker
    - **QUESTION (Omaha):** Can the Tribes use the MTM portal for NEMT?
        - **ANSWER:** The MCOs will follow up. There have been discussions about an alternative process for the Tribes to use to better fit their unique NEMT delivery.

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