NOTICE

In-Person Meeting of the Nebraska Olmstead Advisory Committee

Monday, June 9, 2025

9:00 a.m. Central Time

PLEASE TAKE NOTICE that on Monday, June 9, 2025, at 9:00 a.m. Central/8:00 a.m. Mountain, the Nebraska Olmstead Advisory Committee will hold hybrid meeting at the Nebraska State Office Building located at 301 Centennial Mall S, Lincoln, NE 68508 – Goldenrod Room Lower Level. You may attend in person or join the meeting virtually through Zoom via Computer, Smart Device or Telephone at https://us06web.zoom.us/j/81091160513?pwd=hgnThBgAeBVGPCxjBIy4YkPzyL0lVb.1.

An agenda of subjects known at this time is included with this notice, but the agenda shall be kept continually current and readily available for public inspection at 301 Centennial Mall South in Lincoln, Nebraska during normal business hours. A notice of this meeting with the agenda and other materials is available on the Nebraska Department of Health and Human Services website https://dhhs.ne.gov/Pages/Olmstead.aspx.

On May 23, 2025, a notice of this meeting with the agenda was sent to all Committee members and published in the Omaha World Hearld, a newspaper of statewide distribution. Notice of this meeting with the agenda and other materials are available for public inspection at 301 Centennial Mall South in Lincoln, Nebraska, and posted with the following links kept continually current: an electronic copy of the agenda, all documents being considered at the meeting, with a link to the current version of the Open Meetings Act are on the website of the Nebraska Department of Health and Human Services – https://dhhs.ne.gov/Pages/Olmstead.aspx.

Auxiliary aids or reasonable accommodations needed to participate in a hearing can be requested by calling (402) 853-1452. Individuals who are deaf or hard of hearing may call DHHS via the Nebraska Relay System at 711 or (800) 833-7352 TDD at least 2 weeks prior to the meeting.

Agenda

In-Person Meeting of the Nebraska Olmstead Advisory Committee

Monday, June 9, 2025

9:00 a.m. Central Time

In accordance with the Open Meetings Act, Chapter 84, Article 14 of the Reissue Revised Statutes of the State of Nebraska 1943, as amended, one copy of all reproducible written materials to be discussed is available to the public at the meeting and at the link below for examination and copying.

Join the virtual meeting by Zoom via Computer, Smart Device or Telephone at https://us06web.zoom.us/j/81091160513?pwd=hgnThBgAeBVGPCxjBIy4YkPzyL0lVb.1.

Pursuant to the Open Meetings Act, since this is a hybrid meeting, members of the Nebraska Olmstead Advisory Committee (Committee) who attend in-person or online are allowed to vote and be counted for the purpose of determining a quorum.

1. **Call meeting to order**
   Mark Smith & Kathy Hoell
   - 9:00 a.m. CT– Mark Smith and Kathy Hoell, will call the meeting to order.
   - Roll call.
   - Indicate that on May 6, 2025, a notice of this meeting with the agenda and other materials was provided to the public and all members of the Committee. Notice of this meeting with the agenda and other materials were available for public inspection at 301 Centennial Mall South in Lincoln, Nebraska, and also posted with the following link kept continually current: an electronic copy of the agenda and all documents being considered at the meeting, with a link to the current version of the Open Meetings Act are on the website of the Nebraska Department of Health and Human Services – https://dhhs.ne.gov/Pages/Olmstead.aspx.
   - Inform the public about the location of the Open Meetings Act which is accessible to members of the public https://dhhs.ne.gov/Pages/Olmstead.aspx. along with a copy of all reproducible written materials to be discussed at this meeting.
   - Public comment on any agenda item(s): Pursuant to the Open Meetings Act, the Chair of the Committee reserves the right to limit comments on agenda items. In accordance with the Open Meetings Act, there is no time limit on comments made by members of the Committee. Members of the Committee and members of the public may comment on agenda items or listen to the Committee Meeting; however, if the Committee votes to hold a closed session pursuant to the Open Meetings Act, members of the public may not comment or listen during that time. The committee requires any member of the public desiring to address the body to identify their name, including an address and the name of any organization represented by such person in accordance with Neb. Rev. Stat. §84-1412.

2. **Consider a motion to approve the agenda**

3. **Consider a motion to approve the minutes from January 29, 2025.**
   Mark Smith & Kathy Hoell

- See pages 5-12

4. **Call for Public Comment**
   Mark Smith & Kathy Hoell

5. **Review of Olmstead Plan Revisions**
   Colin Large

6. **Call for Public Comment**
   Mark Smith & Kathy Hoell

7. **Dates for Upcoming Meetings in 2025**
   Mark Smith & Kathy Hoell
   - July 30, 2025 from 9:00 am to 1:00 pm CT (in-person)
   - October 29, 2025 from 9:00 am to 1:00 pm CT (in-person)
   - January 28, 2026 from 9:00 am to 1:00 pm CT (hybrid)

8. ***Consider a Motion to Adjourn***
   Mark Smith & Kathy Hoell

Minutes

In-Person Meeting of the Nebraska Olmstead Advisory Committee

Wednesday, January 29, 2025

9:00 a.m. Central Time

1. **Call meeting to order:**
   Kathy Hoell called to order the regular meeting of the Olmstead Advisory Committee at 9:00 am on Wednesday, January 29, 2025

2. **Roll Call**
   The following persons were present:
   Advisory Members Present:
   In Person- Trish Bergman, Stacy Bliss, Kim Davis, Dianne DeLair, Lindy Foley, Patti Jurjevich, Kristen Larson, Edison McDonald, Peggy Reisher, Carlos Servan, Joe Valenti, Kierstin Reed, Susan Tatum,
   Virtual with Accommodation- Kathy Hoell, Joni Thomas
   Advisory Members Not Present: Don Dew, Timothy Hellers, Tobias Orr, Kasey Parker, Lorie Regier, Mark Smith, Kasey Parker
   Advisory Members Absent: Kathy Scheele
   DHHS Staff: In Person: Kristen Smith, Colin Large, Miranda Newtson, and Tony Green (Virtual)
   Other/Meeting Presenters: Mindy Anderson Knott, Melissa Lemmer (in for Kasey Parker)
   Members of the Public:

3. **Approval of Meeting Agenda**
   Edison McDonald made a motion to approve the agenda as presented, motion 2nd by Joe Valenti. The agenda was approved as presented.
4. **Approval of Meeting Minutes**
   Edison McDonald made a motion to approve minutes, a motion 2nd by Dianne DeLair. The minutes were approved as presented. Voted to approve as amended.
5. **Call for public comment**
   - One person online from the public, no comments.

6. **Proposed training for the committee-Kristen Larson, Dianne DeLair**
   - Would like to consider training specifically for the Advisory Committee
     . The training completed was an overview of Olmstead the ADA; a Historical perspective
     i. Training or orientation for Advisory
     ii. Dianne would put together some material for members
     iii. Could complete the orientation during Advisory meetings
     iv. Add 30 minutes to the next Advisory Agenda for A training on Olmstead
     v. Suggestion to approach training on Olmstead meeting by meeting

7. **Elect a new Chair for the Transportation Subcommittee**
    - People in Advisory who are also on Transportation Kathy Hoell and Dianne DeLair
    - Dianne volunteered to take on the role of Chair
    - Kathy made the motion to appoint Dianne as Chair of the Transportation Subcommittee, Patti Jurjevich 2nd motion. Motion approved
8. **Subcommittee Discussion**
    - Suggestion to require all advisory committee members to be on a subcommittee due to lack of participation in subcommittees.
    - Confusion on how to sign up on the subcommittee: Can talk to Miranda Newtson or Colin Large, we can add you to the list
    - Can send an email to the Olmstead mailbox and ask to be added to the committees
    - Other committees have outside stakeholders-maybe advisory committee members can reach out more.
    - Need to get subject matter experts into the community supports workgroup
    - Requested to have the committee descriptions sent out
    - Requested to have committee members lists sent out to advisory members/ chairs of committees.
    - Would like to have subcommittees meeting monthly
    - PIE to start meeting with all workgroups in February
9. **Subcommittee Reports**
    - Community Supports -Joni
        - Have monthly meetings set up for 2025
        - Discussed EVV and its impacts
        - Tried to reach out to the other chairs because goals overlap
        - Add Trish Bergman to the Committee
        - Add Kiersten Reed to the committee
        - Would like someone from MLTC to attend the Community Supports meeting to talk about EVV
    - Data- Mark
        - PIE referenced that we may not have a Data committee
        - PIE has recommended the Data Committee disband; the entire plan should be organized towards data.
        - Makes sense to have data as part of each goal
        - No public-facing data- this was one of the purposes of this committee
        - The State doesn't have a uniform database
        - DHHS has to do manual pulls to get the data- it's not just a report that can run. We have to go to each individual to get the metrics.
    - Education-Stacy, Edison
        - Education has not met
        - Need to set up the meeting
    - Employment- Lindy
        - Recommend doing a crosswalk with what the employment work group does with the study with Dr. Mills.
        - Becky Kholer as subject matter expert

- Discussed the 7 priorities in Dr. Mills' action plan
- Data which is priority 7- put together some recommendations
- Data we would study for the action plan.
- Competitive integrated employment- how we might be able to access data from VR; NCBVI, DHHS DD, and BH
- Discussed quality indicators- Help people get employment, but what does that mean for hours worked and wages- Identified specific indicators
- Would like to follow up with DD and Behavioral Health if/when needed.
- Discussed what activities might be going on that we could attend
- LB336-Task force on supported employment
- Next meeting is set up for February.

- Housing -Tobias (out) Kathy reported
  - Look to put together a funding workgroup -look at all sources for potential funding
  - We an individual of DED Owner occupied Grants
  - Putting together a legislative resolution hoping to get it introduced-
    - different aspects of housing- so making something that is available easily made accessible- change in materials used so that it's easier to modify it later if needed.
  - Look at behavioral health implications that were brought up in the DOJ letter
  - Next meeting is set up for February
- Transportation
  - New chair appointed – Dianne DeLair
  - Next meeting to be announced

10. Division of Medicaid and Long-Term Care Questions & Answers -Deputy Director Ahern

- On track to receive Medicaid funds
  . The initial memo around the freeze of the federal grant awards did indicate that it was not intended to paus or halt any actives in which actual citizens received their federal assistance. It did call out Medicaid benefits and Social Security benefits
  i. There was a pause on payment system we us but that is back up and running by the afternoon.
  ii. There is a Q&A that should be published soon that Medicaid is not impacted by this pause.
- Hearing on the national front that there is going to be a threat to Medicare under this new administration.
  . There are advocates that will push back on it
  i. DHHS Medicaid stated having meetings about perspective changes and working on plans
  ii. DHHS Medicaid having discussions about things that might have to be dropped and what things might be revitalized that are good policy
  iii. Previously haven't had CMS director confirmed before August or September
  iv. Many policy-based decision that are in front of CMS are likely to be paused and will likely happen in the fall.
- Will there be a pause on wavier amendments that are already in process
  . Yes, there would pauses on waiver amendments

i. Would be more significant on 1115 waivers- that's information from CMS based on how the administration transitions look.
ii. Current DD waiver amendments are still on track those are not likely waivers to pause, they are not as new as the 1115 waivers
iii. Don't anticipate the 1915(i) or behavioral health wavier being paused at this time
iv. There are five major federal regulations that were passed right before the end of the previous administration. There is no automatic lever that the current administration can stop those that are passed.

- EVV and NPI requirements
  . Concerns identified by the state auditor is our systems and ability to track providers as they render personal care services or like services across different mediums or settings, they may be working for a home health agency but also doing past services and we have no way to track those across those pathways, they are somewhat invisible to us in the agency it hard to account for that and their billing has gone above what is practical or reasonable or we have no way to compare claims where they are providing services at the same time they are providing services elsewhere.
  i. Looked at ways to track this and we came across the NPI process. This way they have to register or identify who they are. That is held at a trusted point where it could hold up against disallowance databases and it's tied to their Social Security number without having to put their SS number on their claims. It allows them to have a level of removal when it comes to their personal information. This is a common practice across healthcare.
  ii. This is across DSPs as well as people providing in-home care. They would be the direct service providers Whoever is providing the direct services
  iii. There is a national expectation around electronic verification.
- EVV
  . Changes may not allow for flexibility When first went through EVV there were going to be some accommodations- the new changes require you to be at home.
  i. We need to address life in a flexible way and the ability to be accountable to the funding that we pay out and make sure the services people really need are really happening.
  ii. Trying to be thoughtful about this- the go-live date got pushed back because it was identified the need to be flexible to adjudicate claims.
  iii. Trying to build flexibility in the system to allow for the different scenarios
  iv. Are there sufficient staff at DHHS to handle the adjudications
  v. Concerns that Medicaid payments could be delayed- Will have to keep a close eye on. The missed time stamps have gone down drastically.
  vi. Signatures are not a hard stop because some people aren't able to sign.
  vii. Are we able to use a voice signature? -Follow up from MLTC
  viii. Agencies may have their own guidelines they enforce on their staff.
- Epiphany updates

. One main inflection point around long-term care is around the discharge from hospitals they may not have long-term care Medicaid yet and now they realize they need it. The challenges around Medicaid eligibility and then the waiver eligibility which impact that inflection point.

i. Working with hospitals- identified a few major hospitals some nursing facilities and assisted living facilities about the development of a pilot for risk offset. Where hospitals may be able to pay the facility prior to Medicaid eligibility being determined that way they could refill with a profitable bed. A risk sharing and shared incentive like that to help with placement.

ii. Need to bolster home and community-based services in the state- looking at changing rates around personal assistance services in terms of state plan. add in agency rate, exploring the idea of incorporating that into managed care.

iii. People may not even know that PAS exists

iv. Engaging with stakeholders to bolster PAS a little more

- Concerns with A&D waiver- if an agency is willing to provide a service to a child on the A&D waiver at the same facility as someone providing developmental disability services, they can't co-mix they have to be separate facilities. This is a licensure public health concern- HHS staff to follow up and bring more information to next Advisory meeting.
- MAC/BAC
  . People with lived experiences can provide feedback to Medicaid
  i. We structured in NE with a requirement that it had to be at least 51% of people that were either advocates or had lived experiences which includes parents
  ii. Regulation change- intent to make members' voices more prominent- It establishes two committees. MAC/BAC
  iii. Applications being collected for MAC
- Behavioral Health wavier
  . Work in progress
  i. Serious mental illness and DOJ engagement
  ii. It's been submitted to CMS
  iii. It's around engaging people in Congregated settings, assisted living facilities, and day treatment programs and helping facilitate their transition to a more community-engaged life with housing support, employment support care, and coordination in TCM. 1915(i) Roll out in April possible

11. Partners for Insight Evaluation (PIE): Nebraska Olmstead Plan Evaluation: Next Steps

- Revision Process for next implementation and iteration of Olmstead Plan
  - What's next
    - Guidance document revising and enhancing the Olmstead plan
      - Provides specific content
      - Process/revision approach
  - Key recommendations
    - Transition from a three-year plan to a six-year plan
      - Next iteration would be from July 2025-June 2031
    - Change language for key terms in the plan

            - Current language Goals, outcomes, action items, and Annual benchmarks suggested changes to Priorities, Goals, Key Activities, and Measures.
        - Modify priorities
            - 5 of 7 priorities would remain-Community-Based Services, Housing, Education, Employment, Transportation
            - Recommend adding Health and Medical Care and Collaboration & Service Coordination
    - Revision process
        - Based on feedback from evaluation, strategic planning strategies and logic model development concepts
        - Within each priority area: what is overall vision and work backward
    - Resources for Revisions Process
        - Created a fillable worksheet that work groups can work through
            - Has discussion questions
            - Some infographic evaluation summary reports
            - This is meant as a starting point
        - Vision: Discussion at the workgroup level
            - Members could reflect on
                - Olmstead plan goal wording
                - What success would mean
                - What experiences Nebraskans have
            - Created to help find consensus around the big picture for the priority
            - Could be a new section in the plan to provide context and clarity
        - Goals: Two-part process
            - Members reflect on
                - Facilitators and barriers
                - What progress has been made so far
            - Helps workgroups identify common things to work toward but wording be up to the agency implementing
        - Suggestions for Goals
            - No more than six goals per priority
            - Aim for things that can be accomplished within the six-year period and would progress toward the vision
            - Aim for SMART goals (specific, measurable, achievable, realistic, time-bound) without making it too specific
        - Key Activities & Measures
            - Determined by the agencies that will be implementing the work
                - Focus on high-level actions that can be taken to work toward the goal.
                - Measures should be a blend of process and outcome
        - Finalization
            - Workgroups review the final set of activities and measures

        - Ensure there's alignment with the vision set by the workgroup
    - Ultimately state partners should denote that wording/measures are appropriate
- Implementing the Revision Process
    - Start with workgroup meetings in February
        - Review infographic reports
        - Hold a discussion around a vision for each priority
        - Discussion of workgroup goals facilitated by PIE for each workgroup in March
        - Presentation of draft goals at next meeting for committee consideration (April 30).
    - Use PIE as a resource as needed.

12. Questions

- High-quality workforce
    . How is it integrated into the sections
        a. Best under topic specific area-in part to streamline your workgroup.
- Recommend new priorities Health and Medical Care and Collaboration and Service Coordination
    . Health and Medical Care
        a. Came up in focus group conversations
        b. Wanted to have something more specific to medical care, getting access to care, coordinating with service providers, and coordinating with providers
        c. State plans integrate behavioral health activities, and mental health activities, really focusing on kind of the total care of an individual.
        d. Those activities would bring together the medical community, having clinicians and providers to better coordinate services

    i. Collaboration and Service Coordination
        a. Harder to determine if it should be a stand-alone goal or just something worked in with other workgroup priorities.
        b. Many states have a priority of Service Coordination looks at the state as a whole and how people transition through different sectors or services to get the types of assistance they need (does Medicaid talk to public health, do they talk to housing, priority specific to increasing conversation and collaboration to understand the system as a whole)
        c. Help people navigate the system so they don't feel siloed.
- How does the committee move forward with these recommendations
    . Start with an agreement on whether this committee accepts the recommendation that PIE has made either as presented or with modifications
    i. The first step is for the committee to discuss and accept recommendations or not.
    ii. Collaboration and service coordination along with Data should be part of all the workgroups
    iii. Data does need to be part of all the workgroups just need to make sure that component is in all the workgroups, and we don't lose the dashboard or some kind of public-facing tracking of the goals.

iv. Joe Valenti made a motion to accept PIE's recommendation around the Data group and high-quality workforce being integrated into current workgroups. motion 2nd by Dianne DeLair.
    a. Amendment to not add the additional two workgroups.
        a. Motion to approve as amended. Edison McDonald Abstained
v. Kristen Larsen made a motion to transition from a three-year plan to a six-year plan as recommended by PIE, motion 2nd by Joe Valenti
    a. Amendment to the motion to allow flexibility for Olmstead Advisory Committee to evaluate the progress on priorities and make changes to key activities and goals when we all agree on that annually.
        a. The advisory committee can make recommendations for changes, but the steering committee is ultimately the one that will be putting forward the plan.
        b. There does need to be some sort of mechanism for flexibility to make/recommend changes.
    b. Motion withdrawn
vi. Continued discussion
    a. What is required by statute
    b. The commitment to the ever three years is for DHHS to work with a consultant who can provide continuous analysis of the strategic plan and report on the progress and changes or revisions as recommendations to the legislature.
vii. Joni Thomas made a motion to accept PIEs recommendation to move the plan from three to six years, motion 2nd by Joe Valenti. Motion was approved

13. Public comment

- No comment

14. Next meeting scheduled

- April 30, 2025, from 9am to 1pm

15. Call meeting to adjourn

- Kathy Hoell called to adjourn the regular meeting of the Olmstead Advisory Committee at 1:10 pm on Wednesday, January 29, 2025