

NOTICE

Hybrid Meeting of the Nebraska Olmstead Advisory Committee

Wednesday, January 28th, 2026

9:00 a.m. Central Time

PLEASE TAKE NOTICE that on Wednesday, January 28th, 2026, at 9:00 a.m. Central/8:00 a.m. Mountain, the Nebraska Olmstead Advisory Committee will hold an hybrid meeting at the Nebraska Department of Education Building located at 500 South 84th Street, Lincoln, NE 68510—Board of Education Room. You may attend in person or join the meeting virtually through Zoom via Computer, Smart Device or Telephone at <https://us06web.zoom.us/j/87855615743?pwd=IcbyNbnmNst4mdL3owPjqDctfPqX7h.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 January 16, 2026, a notice of this meeting with the agenda was sent to all Committee members and was published in the Omaha World-Herald, 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 prior to the meeting.

Agenda

Hybrid Meeting of the Nebraska Olmstead Advisory Committee

Wednesday, January 28th, 2026

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/87466407389?pwd=ZCJtbp58NbPckAgkgxgkg3z1eGi9OO.1> .

1. Call meeting to order

- Kathy Hoell & Mark Smith
- 9:00 a.m. CT– Mark Smith and Kathy Hoell, will call the meeting to order.
- Roll call.
- Indicate that on January 16, 2026, 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.

2. Consider a motion to approve the agenda

- Kathy Hoell & Mark Smith

- 3. Consider a motion to approve the minutes of December 19, 2025**
 - Kathy Hoell & Mark Smith
 - Pgs. 4-10
- 4. Department of Transportation Discussion of Olmstead Activities**
 - Jodi Gibson, Local Assistance Division Manager
- 5. Public Comment**
- 6. Proposed Discussion with AG Hilger and the Co-Chairs on Open Meetings Act requirements for the Olmstead Advisory**
 - Kathy Hoell & Mark Smith
- 7. Workgroup Reports**
 - Community Supports- Joni Thomas
 - Education- Mary Phillips and Stacy Bliss
 - Employment- Lindy Foley
 - Housing- Tobias Orr
 - Transportation- Dianne DeLair
- 8. Continuing Discussion from Previous Meeting regarding AD Waiver Changes**
 - Kathy Hoell & Mark Smith
- 9. Discussion of Future Meetings, Attendance, and Quorum Requirements**
 - Kathy Hoell & Mark Smith
- 10. Public Comment**
- 11. Upcoming Meeting Dates**
 - Next Meeting- April 29, 2026 at 9:00 am (In-Person) – Q2
 - Future Meetings-
 - i. July 22, 2026 at 9:00 am (In-Person) – Q3
 - ii. November 18, 2026 at 9:00 am (In-Person) – Q4
- 12. Motion to Adjourn**

Minutes

Hybrid Meeting of the Nebraska Olmstead Advisory Committee

Friday, December 19, 2025

10:30 a.m. Central Time

1. Call meeting to order:

Kathy Hoell called to order the meeting of the Olmstead Advisory Committee at 10:30 am on Friday, December 19, 2025.

2. Roll Call

The following committee members were present:

Advisory Members Present: Trish Bergman, Dianne DeLair, Lindy Foley, Timothy Heller, Kathy Hoell, Patty Jurjevich, Kristen Larsen, Mary Phillips, Tobias Orr, Kierstin Reed, Lorie Regier, Peggy Reisher, Mark Smith, Joni Thomas, Joe Valenti

3. Approval of Meeting Agenda

Joni Thomas made a motion to approve the agenda; the motion was seconded by Mary Phillips. The agenda was approved as amended.

4. Approval of Meeting Minutes

Mary Phillips made a motion to approve the minutes from October 29, 2025. The motion was seconded by Trish Bergman. The minutes were approved as presented, Kirsten Reed abstaining.

5. Presentation regarding the HCBS Waiver for Aged and Adults and Children with Disabilities (AD) Waiver Renewal and the Traumatic Brain Injury (TBI) Waiver

Colin Large, Policy Administrator, presented on key updates and changes to AD and TBI Waivers including:

Appendix A – Waiver Administration and Operations - Editorial updates for grammar, spelling, and alignment with current practices

Appendix B – Financial and Cost Limits - Addition of a high-utilization review at 150% by DDD Central Office clinical team - Implementation of an individual cost limit not to exceed 175% of the institutional cost limit - Institutional cost benchmark based on SFY 2025 nursing facility cost of \$92,438 per person - Safeguards described for participants exceeding limits - Minimum service frequency updated from 60 days to 90 days - TBI assessor qualifications updated to allow years of experience in place of a degree

Appendix C – Participant Services - Alignment of TBI waiver language with AD waiver and CMS expectations - Clarification that waiver services may not overlap with school district-provided services

Personal Care, LRI Personal Care, and Companion Services - Must primarily support ADLs/IADLs as identified in service needs assessments - Combined service limits: - 40

hours/week for live-in caregivers (personal care + LRI personal care) - 70 hours/week for personal care, LRI personal care, and companion combined - Exceptions may be approved by DDD Central Office to address immediate health and safety needs - LRI Personal Care added to the TBI waiver

Additional Service Updates - Extra Care for Children with Disabilities (AD waiver only): - Cap of 50 hours/week - Clarification that licensed nursing staff are not guaranteed, though agencies may employ them - Respite Care: - Expanded definition allowing use across multiple waivers - Added daily rate for out-of-home respite - Independent Skills Building: - Limited to adults, with limited authorization for ages 16–17 when not duplicative - May be delivered individually or in groups of up to three - Chore Services: - Reorganized into five service areas - Annual cap of \$3,500 - Assistive Technology: - Increased cap to \$10,000 per 5-year period (up to \$20,000 with Central Office approval) - Assisted Living: - Renamed Supported Residential Living (AD waiver only) - No change to service nature or provider requirements

Provider Type Changes - Creation of new Direct Care Provider type with required CPR, First Aid, and abuse/neglect training - Creation of Non-Care Provider for chore and home modification services - Creation of Community Respite Provider to support non-traditional respite organizations - Consolidation of several provider categories for clarity and efficiency

Appendix D – Service Planning (TBI Waiver) - Removal of registered nurses from responsibility for service plan development - Updates to HCBS settings requirements

6. Committee Discussion regarding the HCBS Waiver for Aged and Adults and Children with Disabilities (AD) Waiver Renewal and the Traumatic Brain Injury

***Note:** Chairs called on Advisory Committee members and members of the public randomly. Questions and responses have been put into sections 6 or 7 depending on the affiliation of the commenter.*

- **Kathy Hoell-** Why are these changes being made on the AD waiver?
Response from Director Green: Our goal with the Aged and Disabled (A&D) Waiver is to keep the program strong and available now and in the future, while also making sure resources are shared fairly. Over time, the number of people using the waiver has grown by 34%, but costs have increased much faster—by 322%. That means the average cost per person has more than doubled. While we expect the program to grow, these rising costs are not sustainable.
If we do nothing, the state would eventually have to create a waiting list, and that is something we want to avoid. Nebraska has worked hard to eliminate waitlists in our HCBS system, and we do not want to go backward. After reviewing the data and financial trends beginning in June 2025, it became clear that changes are needed to control costs and protect the waiver long-term. The funding provided by the Legislature cannot support continued cost growth at this pace without taking steps to manage it.
- **Kathy Hoell-** What type of Nursing Home or Institution will be used to make determination of cost?

Response from Director Green: The \$92,438, that is the average or that is the payment that Medicaid makes for nursing facility care. The proposal is the average cost per person. So, just like the waiver averages, you have people more and you have people less. DHHS will inform Co-Chairs of the costs of Nursing Facilities based on skill level. It is a CMS requirement that waivers be cost neutral to the institutional level of care they qualify for. And so our obligation as a state is to ensure our waiver stays cost neutral to \$92,438 per person. We realize that there are people under that and we realize that there are people that are going to be over that. So we have put in the proposed waiver to allow individuals to use increased funding with high utilization review by DDD Central Office up to 175% based on a clinical review conducted by a team of nurses, psychologists, behavioral support staff, and BCBAs. We have tried in the draft proposal to give some flexibility.

- **Dianne DeLair-** Why are we only hearing about this now when we have just 30 days to respond instead of informing us there were issues and having a discussion about it?
Response from Director Green: The Department owns the fact that these were not put on any agendas of the committee, and we can certainly try to do better next time. The changes that we've proposed in the amendment process, which is our standard renewal time. We're not doing this randomly. The waiver is due in its natural course for its renewal. It expires next July and so this is the natural time that we put out public comment and begin the process for renewing this waiver.
- **Kierstin Reed-** Do we know in the last year how many people have moved from the DD waiver or any of those waivers over to the AD waiver?
Response from Director Green: While that information is available I do not have it immediately available.
- **Kierstin Reed-** My understanding is that a family would be limited to both the 40 hour personal care limit and the 175% limit.
Response from Director Green: Yes, there are two caps in place both at the service level and for the overall budget.
- **Kierstin Reed-** Participant costs should be dictated by participant needs so setting limits is not fair and equitable. Additionally, the \$92,000 represents only custodial nursing facility care. We have a huge workforce shortage and this limit will significantly impact the number of people who can receive services.
- **Joni Thomas-** I asked my service coordinator about these changes and they were unaware of these changes.
Response from Director Green: We're in a public comment process which is required prior to submission to CMS. Based on comments we receive some changes may be made to the waiver. After Public Comment, the waiver will be submitted to CMS. In the approval process with CMS additional changes may be made to receive approval. CMS may not approve the waiver changes until June which limits our ability to train Service Coordinators in advance. League and AAA offices were informed of these changes. CMS requires us to submit draft waivers at least 90 days prior but have asked as a courtesy that waivers are submitted at least 180 days prior to implementation, which is what has driven our timeline and required going to public comment in December.
- **Kierstin Reed-** Is my understanding correct that the Assistive Technology budget limit has been raised from \$2,500 to \$10,000 over a 5 year period.

Response from Colin Large: Yes, we have increase the limit to allow an individual to purchase a larger ticket item if needed. We've also updated the Home and Vehicle Modifications to a \$10,000 limit with an exception process up to \$20,000 for each within a 5-year period to give participants additional flexibility.

- **Joe Valenti-** How much money or budget do you need to not make any of these changes going forward?

Response from Director Green: My appropriation is appropriate for this fiscal year. What we're trying to do is project long-term into the future and we do not want a waitlist tomorrow or in five years so we are trying to look further out and figure out how to ensure that doesn't happen as these costs continue to rise drastically within the waiver.

- **Lorie Regier-** Where I live in western Nebraska it is quite rural. Care outside our family is pretty much impossible to find. So I think that you should remove the limit of hours and let them do what they are willing to do. That will be the best care for their individual.
- **Dianne DeLair-** Has there been any consideration of expanding the \$20,000 cap on Home and Vehicle Modifications to be more realistic with costs?

7. Call for Public comment

- **April (No Last Name Given)-** Why is DHHS pushing DD participants to AD waiver?

Response from Director Green: There is never a push from the department from one waiver or the other. That is truly driven by need and eligibility. So the DD waiver and AD waiver have very different eligibility criteria. One is for an intermediate care facility, such as BSDC, and one is a nursing facility level of care. So there are different tools, different eligibility processes. There are some folks who qualify under both systems and both eligibility criteria and for those families, they do have a choice over which waiver might meet their needs best. But the department is indifferent to which waiver a family would choose if they are eligible under both waivers.

- **Jennifer Melvin-** We are upset over how you are treating us parents. You're considering us as informal support, when most of us have given up jobs and careers, I gave up a career in social work. The \$92,000 will not cover the costs of care for all participants. There are waiting lists for Nursing Homes, especially for children with the most severe needs. 40 hours a week for caregivers is not sufficient. The best place is home for our participants and this will not allow us to continue to provide home cares for all participants.
- **Jennifer Meints-** Why are hours being cut because of the interRAI?
Response: InterRAI assessments occur annually and hours are adjusted based on those assessments separately from these waiver changes. Additionally, the AD waiver has been using the interRAI for a number of years. It was only recently introduced to the DD waiver but that is not the subject of these waiver changes.
- **Heidi Sommer-** Were parents involved in the development of these changes? Were agencies and nursing that are able to provide for the complex care needs of impacted adults? Do you take care of a child that requires 24 hours of care and get no breaks and no sleep? It's not safe. I urge you to define who informal supports are. Who will take care of participants when their parents die?
- **Susan Samuelson-** I do think for the state to limit the families to 40 hours, and then the 30 additional hours is not even reasonable, especially in the current situation where we

are in such a need of workers, and people aren't going to come into the homes to do these very high needs individuals.

- **(No Name Given in Transcript)**- If you're not paying me enough hours, my home becomes unsafe, and I am the only individual. We will have to institutionalize our children. You have no plan for (these changes). How much does it cost per year to pay for institutionalized care?
- **(No Name Given in Transcript)**- Are individuals at BSDC going to be effected? They are receiving, on average, \$240,000 per year. Will they need to go through a clinical review? Also, what is the 10% additional cut being requested?

Response: We are unaware of what the 10% cut is in reference to. To the other question, BSDC is an Intermediate Care Facility (ICF) and would not be impacted by these waiver changes. ICF and Nursing Facility (NF) care waivers have very different expectations of the program; of the providers who deliver those services, the diagnosis, and the level of care are very different. So while some individuals may qualify under both systems, or both eligibility criteria, they are not equal and movement cannot happen from one to the other without eligibility.

- **Mary Angus**- A significant push in the current plan is person and family-centered planning and to ensure the plan is developed with the person, for the person, and by the person. It is a really different way of thinking how we create services and supports for the people based on what the participant wants and not what the system has to offer. They don't like to give the persons with disabilities the ability to control their services and budgets. There is little the service coordinator does in terms of that. It's mostly them supporting the participant by telling them what to do. It's a major percentage of the disability and that makes the whole thing inadequate.
- **Jodi (No Last Name Given)**- I am an independent provider and so I receive a hourly wage that is minimum wage. It will be increasing to \$15 per hour in January. With a restriction to only work 40 hours per week, that is only \$30,000 per year. That is not acceptable. My daughter's high complex needs would qualify her for more hours but all of those additional hours would be required to be filled by agency workers. Agencies are paid \$30-\$40 an hour. It would make more financial sense to just pay those hours to me. And if an individual is qualifying for such a high number of hours, why does it matter who is filling those hours? If the hours are approved, they ought to be approved for any provider- an agency or a parent.
- **Anna (No Last Name Given)**- Perhaps a service coordinator could just tell families how much it would cost to care for a participant in an institution and the family could just do that for the same cost without institutionalization? You have a lot of parents who are already stressed and this is just more stressful. Or could we grandfather some people in because some people left the workforce to be a caregiver. What are they supported do to? Even when my child is with LPS they will call and tell me they can't care for him and to come get him. We've tried people coming into the home and they are no reliable or they quit. Why aren't these individualized agreements? In the past five years, did we ever ask for more funds? Because you know what? It matters. Our disabled people matter. Their community matters, and if we truly care about them, and we want to keep them out of institutions, then let's make decisions that say we care about them and keep them out of institutions.
- **Beth Cleaver**- We have tried outside caregivers. We had caregivers calling out last minute. We had caregivers going outside and she was falling. We could not trust the

care outside of the family. Plus, they were not skilled enough to care for her. People told us to stay on the AD waiver and not go to the DD waivers and now the plans have changed.

- **Mary Angus-** HHS presentation was not accessible. It was too many words on one page and not enough space in between. Just wanted you to know the HHS was not acceptable or accessible.
- **Tori (No Last Name Given)-** As a taxpayer, I think that the state should quit paying middlemen. Agency rates are twice what independent provider rates are for the same service but we make rules that force people to use agencies. That is not a good use of my taxpayer money for the same service. If you are concerned about people being taken advantage of, or neglect, or abuse- there are many other ways to do that than paying the middlemen who in my experience have done very little.
Nursing homes are not set up to take care of participants with acute needs particularly adults with developmental disabilities and there are quite a few of those individuals on the AD waiver. I think there is a liability putting these high needs individuals into nursing facilities.
These children when they turn 19, they are no longer the parent's responsibility. But the state is putting a parental responsibility on them that doesn't exist. They will give you 40 hours but the rest of the time it's just your responsibility. I would recommend looking at the interRAI. I don't know how this test is qualifying people who don't even want to be on the waiver and who are very functional in the community. We could save a lot of money if we would just sort out who actually needs services and who doesn't. An algorithm is never going to be accurate.
- **HS (No Name Given)-** I know that this is supposed to go into effect in July, why are hours already being cut?
- **Linda (No Last Name Given)-** Nursing Homes are not prepared to care for individuals with a tracheotomy because they need continuous 1:1 care. You've taken away our livelihood. You've taken away the quality of care.
- **Kelly Quinlan-** If this is truly a budget decision, why would they be willing to pay someone else more to come in to provide cares than to pay me? It jeopardizes participant safety to have an outside caregiver come in. When you cut hours you're also cutting hours for the home that is providing for that participant. I have personally paid for a lot of items for my participant out of the income I was paid. If I do not have that income, I will have to revert to getting other funding for that. You won't be saving money.
- **Phil Gray-** The description of the changes sound reasonable and we understand the need to have an organized way to manage these program, because if not, the chaos will be unmanageable. But what I am hearing is, the difference between the organizational program coming from the state, which seemed reasonable and doable and the reality on the ground are two different things and do not match and are not going to work. I am not convinced that ending the waitlist is worth this catastrophe for parents. I don't know how we are going to deal with the implementation but that is the state's responsibility.

8. Motion from Kathy Hoell

- Quorum was not available to conduct business.

9. Adjournment

- Called to adjourn the regular meeting of the Olmstead Advisory Committee at 12:45 pm on Friday, December 19, 2025.