Division of Medicaid & Long-Term Care

Nebraska Medicaid Expansion Report
July 2020

August 26, 2020

Prepared in Accordance with LB 294 (2019)
August 26, 2020

Clerk of the Legislature  
Legislative Fiscal Office  
P.O. Box 94604  
Lincoln, NE 68509

Dear Clerk of the Legislature and Legislative Fiscal Office:

In accordance with LB 294 (2019), please find attached a report on Medicaid Expansion Administrative and Aid policy decisions for the calendar month of July 2020.

If you have any questions, please contact Nate Watson, JD and Cert Legis Prac, Deputy Director for Policy and Regulations, at nate.watson@nebraska.gov.

Sincerely,

Jeremy Brunssen, Interim Director  
Division of Medicaid and Long-Term Care  
Department of Health and Human Services

Attachments: 2
The Department of Health and Human Services, Division of Medicaid and Long-Term Care (MLTC), provides the following update regarding Medicaid Expansion Administrative and Aid policy decisions for the calendar month of July 2020:

In July, the final preparations were made so that DHHS could begin accepting applications on August 1, 2020, for coverage. As part of these preparations, MLTC continued to recruit, hire, and train new eligibility staff. MLTC also finalized all field guides for eligibility staff to use while making eligibility determinations and completed Medicaid expansion-specific training for existing eligibility staff.

On July 2, DHHS received an update from the federal government related to its Section 1115 Demonstration Waiver for Medicaid expansion. On this date, the federal government sent DHHS its draft version of the Special Terms & Conditions for the waiver, which provided details on how the federal government would expect the demonstration program to be implemented. DHHS provided responses to the federal government on the draft terms and conditions on July 14. DHHS continues its productive dialogue with the federal government while working toward final approval of the Medicaid expansion demonstration program.

MLTC began many of its outreach efforts related to expansion in July. The purpose of this outreach is to inform stakeholders across the state of the basics of the Medicaid expansion program, including details like who is eligible, how to apply, and what benefits are available. By the end of July, MLTC held at least 30 events with various stakeholders. These events were in various formats, including webinars, media interviews, and more. MLTC also finalized and published online new informational materials related to expansion, including website updates, FAQs, fact sheets, flyers, and more.

MLTC also confirmed certain details around Medicaid eligibility for those who will be applying for coverage through Medicaid expansion. Some people who apply before October 1, when benefits under expansion begin, will have their Medicaid cards before their coverage begins. Medicaid has been reminding providers of this point so that they do not incidentally provide services for which they will not be reimbursed. Medicaid also determined that Medically Frail individuals interested in Personal Assistance Services can apply for these services after being determined Medically Frail.

Discussions continue and are ongoing with our federal and Nebraska partners. Implementation remains on track for October 1, 2020.

For the latest project schedule, please refer to the attached timeline.
Heritage Health Adult Alternative Implementation Plan Timeline

**Quarter 1 2020**
- CMS Review and Approval of SPAs
- Submit HHA Eligibility Levels to FFM
- CMS Drafting Special Terms and Conditions
- MCE and EB Contract Review and Signature
- Conduct MCE Operational Readiness Reviews

**Quarter 2 2020**
- Performance Test
- User Acceptance & Vendor Testing
- Develop Process and Job Aid Documentation
- Eligibility Team HHA Training

**Quarter 3 2020**
- 1115 Demonstration Waiver – CMS Negotiations
- CMS Review of MCE Contracts and Certification of Rates
- Conduct MCE Operational Readiness Reviews

**Quarter 4 2020**
- Draft 1115 Demonstration Waiver Evaluation Design
- Post Implementation Monitoring & Support
- Process HHA Applications
- Respond to CMS Finance/Actuarial Questions

**Track 1**
- Track 1: SPAs
  - Submit HHA Eligibility Levels to FFM

**Track 2**
- Track 2: Waivers
  - CMS Drafting Special Terms and Conditions
  - MCE and EB Contract Review and Signature

**Track 3**
- Track 3: Contracts
  - CMS Review and Approval of 1115(b) Renewal
  - CMS Review and Approval of 1115(c) Waivers

**Track 4**
- Track 4: OCM
  - Performance Test
  - User Acceptance & Vendor Testing

**Track 5**
- Track 5: Staffing and Rates
  - Develop Process and Job Aid Documentation
  - Eligibility Team HHA Training

**Track 6**
- Track 6: CAP
  - Performance Test
  - User Acceptance & Vendor Testing

**Track 7**
- Track 7: Budget
  - Prepare Advanced Planning Document Update
  - CMS Review and Approval of Advanced Planning Document Update

**Track 8**
- Track 8: KPIs and Metrics
  - MCO KPI Definition
  - Operational Metric Development & Training

**Track 9**
- Track 9: Communication
  - Communication Development
  - Communication Engagement (Education Webinars, Public Service Announcements, Radio/TV Interviews, Billboards, Social Media, Press Releases, Outreach Events)

**Track 10**
- Track 10: Drafting
  - Draft 1115 Demonstration Waiver Evaluation Design

**Figure 1: HHA Alternative Implementation Timeline**