

AMENDMENTS TO LB958

Introduced by Cavanaugh, M., 6.

1 1. Strike the original sections and all amendments thereto and
2 insert the following new sections:

3 **Section 1.** Section 68-901, Revised Statutes Cumulative Supplement,
4 2024, is amended to read:

5 68-901 Sections 68-901 to 68-9,111 and section 2 of this act shall
6 be known and may be cited as the Medical Assistance Act.

7 **Sec. 2. (1)** For purposes of this section:

8 (a) Assessment tool means any standardized instrument, including the
9 InterRAI assessment system or successor tools, used by the department to
10 evaluate functional eligibility, service needs, or service tier
11 assignments for medicaid or home and community-based services waiver
12 participants;

13 (b) Clinical interviewing means a type of directed conversation
14 applied in a variety of contexts, including assessment and treatment
15 planning for persons applying for, or receiving, services under the
16 medical assistance program or a home and community-based services waiver
17 authorized under section 1915(c) of the federal Social Security Act, as
18 amended. Clinical interviewing may include the use of standard assessment
19 materials but allows the interviewer, based on training and patient
20 responses, to determine the questions to ask, clarify ambiguities, and
21 adapt the questions to the patient's comprehension in order to enhance
22 understanding; and

23 (c) Waiver participant means an individual applying for, or
24 receiving, services under a home and community-based services waiver
25 authorized under section 1915(c) of the federal Social Security Act, as
26 amended.

27 (2) The department shall ensure that all employees and contractors

1 who administer or utilize assessment tools for waiver participants
2 receive training in clinical interviewing techniques. Such training shall
3 include, but not be limited to:

4 (a) Proper administration of assessment tools;

5 (b) Techniques for adapting questions to the comprehension and
6 communication needs of the individual being assessed;

7 (c) Methods for clarifying ambiguous or incomplete responses; and

8 (d) Procedures that ensure accurate and complete assessment results.

9 (3) The department shall communicate eligibility determinations,
10 service tier assignments, and service hour determinations to a waiver
11 participant, or a parent, guardian, or caregiver of a waiver participant,
12 in a timely, clear, and specific manner. Such communication shall
13 include:

14 (a) A complete explanation of the assigned service tier or
15 eligibility determination;

16 (b) A clear and precise explanation of the assessment tool results;

17 (c) A description of the scoring methodology and metrics used in the
18 assessment tool; and

19 (d) Information regarding the right to appeal the determination.

20 (4) If a determination results in a reduction of a waiver
21 participant's service tier, authorized service hours, or service
22 provision, the department shall conduct an immediate supervisory review
23 of the assessment and determination prior to final implementation of the
24 reduction.

25 (5) If an appeal is requested, the waiver participant, or the parent
26 or guardian of a waiver participant, shall have the right to obtain an
27 independent evaluation of the assessment and determination. The cost of
28 such independent evaluation shall be paid by the state, and the
29 evaluation shall be included as evidence in the appeal hearing.

30 (6) No later than August 1, 2026, and August 1, 2027, the department
31 shall submit a report to the Legislative Oversight Committee of the

1 Legislature, the Health and Human Services Committee of the Legislature,
2 and the office of the Public Counsel regarding the implementation and use
3 of assessment tools for waiver participants. The report shall include,
4 but not be limited to:

5 (a) The metrics used in the assessment tools;

6 (b) An explanation of algorithms, case-mix methodologies, or scoring
7 matrices used to determine eligibility or service tiers;

8 (c) The number and percentage of waiver participants whose service
9 tiers remained the same, increased, or decreased, and the reasons for
10 such changes;

11 (d) Aggregate assessment results compared to previous years'
12 assessments and service tier determinations;

13 (e) Any identified disparities, trends, or implementation
14 challenges;

15 (f) Any other information necessary to evaluate the effectiveness,
16 accuracy, and fairness of the assessment tools;

17 (g) The ways in which the department is complying with the Ensuring
18 Access to Medicaid Final Rule, including requirements related to
19 grievance procedures, critical incident reporting, and appeal processes
20 for waiver participants; and

21 (h) The procedures implemented by medicaid managed care contractors
22 relating to grievances, critical incidents, and appeals for waiver
23 participants.

24 **Sec. 3.** Original section 68-901, Revised Statutes Cumulative
25 Supplement, 2024, is repealed.

26 **Sec. 4.** Since an emergency exists, this act takes effect when passed
27 and approved according to law.