

LEGISLATURE OF NEBRASKA
ONE HUNDRED NINTH LEGISLATURE
SECOND SESSION

LEGISLATIVE BILL 1091

FINAL READING

Introduced by Bostar, 29.

Read first time January 15, 2026

Committee: Health and Human Services

- 1 A BILL FOR AN ACT relating to public assistance; to amend section 68-994,
- 2 Revised Statutes Cumulative Supplement, 2024; to provide
- 3 requirements for long-term care clients with special needs under the
- 4 medical assistance program; and to repeal the original section.
- 5 Be it enacted by the people of the State of Nebraska,

1 **Section 1.** Section 68-994, Revised Statutes Cumulative Supplement,
2 2024, is amended to read:

3 68-994 (1) Until July 1, 2023, the department shall not add long-
4 term care services and supports to the medicaid managed care program. For
5 purposes of this section, long-term care services and supports includes
6 services of a skilled nursing facility, a nursing facility, and an
7 assisted-living facility and home and community-based services.

8 (2) It is the intent of the Legislature that services provided to
9 long-term care clients with special needs be administered in a manner
10 that preserves continuity of care, program stability, and specialized
11 oversight.

12 (3)(a) The department shall exclude skilled nursing facility and
13 nursing facility services for long-term care clients with special needs
14 from enrollment with medicaid managed care organizations.

15 (b) For purposes of this section, (i) long-term care client with
16 special needs means a medicaid recipient whose medical or nursing needs
17 are complex or intensive and exceed the usual level of staff expertise
18 and services ordinarily provided in a nursing facility and (ii) provider
19 means a medicaid-approved provider of long-term care services for long-
20 term care clients with special needs.

21 (c) Skilled nursing facility and nursing facility services provided
22 to a long-term care client with special needs shall continue to be
23 administered and reimbursed through fee-for-service medicaid or another
24 delivery system authorized under state or federal law and not through
25 medicaid managed care organizations.

26 (d) The department shall not require a provider to enroll with a
27 managed care organization as a condition of eligibility to serve a long-
28 term care client with special needs.

29 (e) Nothing in this subsection shall prohibit the department from
30 requiring a managed care organization to coordinate benefits other than
31 skilled nursing facility or nursing facility services or provide

1 wraparound services for a long-term care client with special needs if
2 financial risk and utilization management for a provider is not
3 administered by the managed care organizations.

4 (f) The department shall amend medicaid managed care contracts as
5 necessary, including, but not limited to, revisions to enrollment
6 processes, no later than six months after the effective date of this act.

7 (g) The department may adopt and promulgate rules and regulations to
8 implement this subsection.

9 **Sec. 2.** Original section 68-994, Revised Statutes Cumulative
10 Supplement, 2024, is repealed.