

LEGISLATIVE BILL 1091

Approved by the Governor April 14, 2026

Introduced by Bostar, 29.

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

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

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

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

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

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

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

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

(e) Nothing in this subsection shall prohibit the department from requiring a managed care organization to coordinate benefits other than skilled nursing facility or nursing facility services or provide wraparound services for a long-term care client with special needs if financial risk and utilization management for a provider is not administered by the managed care organizations.

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

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

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