

**ONE HUNDRED FIRST LEGISLATURE - SECOND SESSION - 2010**  
**COMMITTEE STATEMENT**  
**LB610**

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**Hearing Date:** Wednesday February 11, 2009  
**Committee On:** Health and Human Services  
**Introducer:** Mello  
**One Liner:** Change medicaid limitation provisions relating to services for persons with disabilities

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**Roll Call Vote - Final Committee Action:**  
Indefinitely postponed

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**Vote Results:**

**Aye:** 7                      Senators Campbell, Gay, Gloor, Howard, Pankonin, Stuthman, Wallman  
**Nay:**  
**Absent:**  
**Present Not Voting:**

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**Proponents:**

Senator Heath Mello  
Carey Winkler  
Cathy Miller  
  
Brad Meurrens  
Patty McGill  
Mary Angus  
Michelle Bartlett  
Tim Kolb  
Kathy Hoell

**Representing:**

Introducer  
Self  
Nebraska Planning Council on Developmental  
Disabilities  
Nebraska Advocacy Services  
Self  
The Arc of Nebraska  
Self  
Kolb Foundation for Disability Education  
Self

**Opponents:**

Vivianne Chaumont

**Representing:**

Department of Health and Human Services

**Neutral:**

Tim Pickrel

**Representing:**

Self

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**Summary of purpose and/or changes:**

LB 610 provides exemptions to limitations or caps on Medicaid services for persons with disabilities. The bill applies to persons "with disabilities or other chronic conditions for whom habilitation, rehabilitation services to meet goals of or to maintain or develop independent living". For such persons, the Department of Health and Human Services (department) is required to establish a procedure to allow for an exception to limitations or caps on Medicaid services.

The request for an exception must be submitted by the recipient or the recipient's legally responsible individual, and accompanied by a demonstration of need provided by the individual's physician or other licensed medical professional. Services must be continued pending a decision on the exception by the department, and no premium may be charged to an individual receiving services under an exception. The department is required to act on the exception request within ten business days after receipt of the request, otherwise the request is deemed approved. Periodic reporting is required by the physician or licensed medical professional as to the continuing need for such services.

If the individual no longer needs the services being provided under an exception, the limits on services established by the department will apply for the following fiscal year. An individual may reapply for an exception if he or she again

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meets the requirements for the exception. A decision of the department may be appealed under the Administrative Procedure Act. The bill requires the department to disregard income to the level of five hundred percent (500%) of the federal Office of Management and Budget income poverty guidelines when determining premiums to be paid by the family of a child or children receiving services under specialized Medicaid waivers, including, but not limited to, the Katie Beckett waiver and any Medicaid home and community-based services waiver pursuant to federal regulation. The bill requires that home and community-based waiver services be available at the same or greater level as would be available in any and all institutions covered by the medical assistance program. The bill contains an emergency clause.

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Tim Gay, Chairperson