NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NOTICE OF PUBLIC HEARING

February 7, 2022
10:00 a.m. Central Time
Nebraska State Office Building – Lower Level A
301 Centennial Mall South, Lincoln, Nebraska
Phone call information: 888-820-1398; Participant code: 3213662#

The purpose of this hearing is to receive comments on proposed changes to Title 181, Chapter 1 of the Nebraska Administrative Code (NAC) – *Nebraska Chronic Renal Disease Program.* The proposed changes update definitions; modify terminology; remove duplicate statutory, unnecessary, and inconsistent language from the regulations; update non-covered services, payment determination, eligibility and application, and third-party refunds; set provisional approval requirements; and update section headings and formatting.

Authority for these regulations is found in Neb. Rev. Stat. § 81-3117(7).

In order to encourage participation in this public hearing, a phone conference line will be set up for any member of the public to call in and provide oral comments. Interested persons may provide verbal comments in person or by participating via phone conference line by calling 888-820-1398; Participant code: 3213662#.

Interested persons may attend the hearing and provide verbal or written comments, or mail, fax or email written comments, no later than the day of the hearing to: DHHS Legal Services, PO Box 95026, Lincoln, NE 68509-5026, (402) 742-2382 or dhhs.regulations@nebraska.gov, respectively.

A copy of the proposed changes is available online at http://www.sos.ne.gov, or by contacting DHHS at the mailing address or email above, or by phone at (402) 471-8417. The fiscal impact statement for these proposed changes may be obtained at the office of the Secretary of State, Regulations Division, 1201 N Street, Suite 120, Lincoln, NE 68508, or by calling (402) 471-2385.

Auxiliary aids or reasonable accommodations needed to participate in a hearing can be requested by calling (402) 471-8417. Individuals who are deaf or hard of hearing may call DHHS at (402) 471-9570 (voice and TDD) or the Nebraska Relay System at 711 or (800) 833-7352 TDD at least 2 weeks prior to the hearing.

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

TO: Executive Board
Room 2108 State Capitol
Legislative Council

FROM: Marge Respeliers, Paralegal I
Legal Services
Department of Health and Human Services (DHHS)

DATE: December 27, 2021

RE: Notice of Rulemaking under Neb. Rev. Stat. § 84-907.06

The Department of Health and Human Services (DHHS) will be holding a public hearing on amending the following regulations:

TITLE:	181	Special Health Programs
CHAPTER:	1	Nebraska Chronic Renal Disease Program

These regulations are scheduled for public hearing on February 7, 2022.

The purpose of this hearing is to receive comments on proposed changes to Title 181, Chapter 1 of the Nebraska Administrative Code (NAC) – *Nebraska Chronic Renal Disease Program.* The proposed changes update definitions; modify terminology; remove duplicate statutory, unnecessary, and inconsistent language from the regulations; update non-covered services, payment determination, eligibility and application, and third-party refunds; set provisional approval requirements; and update section headings and formatting.

The following items are enclosed for your referral to the chair of the relevant standing committee of the Legislature:

1. A copy of the notice of public hearing;
2. A copy of the proposed regulations;
3. A copy of the Policy Pre-Review Checklist; and
4. The estimated fiscal impact of this rulemaking action on state agencies, political subdivisions or persons being regulated.

FISCAL IMPACT STATEMENT

Agency: **Department of Health and Human Services, Division of Public Health**	
Title: 181	Prepared by: Monica Pribil
Chapter: 1	Date prepared: 7/12/2021
Subject: Chronic Renal Disease Program	Telephone: (402) 471-0925

Type of Fiscal Impact:

	State Agency	Political Sub.	Regulated Public
No Fiscal Impact	(☒)	(☒)	(☒)
Increased Costs	(☐)	(☐)	(☐)
Decreased Costs	(☐)	(☐)	(☐)
Increased Revenue	(☐)	(☐)	(☐)
Decreased Revenue	(☐)	(☐)	(☐)
Indeterminable	(☐)	(☐)	(☐)

Provide an Estimated Cost & Description of Impact:

State Agency: N/A

Political Subdivision: N/A

Regulated Public: N/A

TITLE 181 SPECIAL HEALTH PROGRAMS

CHAPTER 1 NEBRASKA CHRONIC RENAL DISEASE PROGRAM

~~1~~ 001. SCOPE AND AUTHORITY.~~:~~ These regulations ~~govern~~ implement the Nebraska Chronic Renal Disease Program established by Nebraska Revised Statutes (Neb. Rev. Stat.) §§ 71-4901, 71-4903, and 71-4904. ~~The regulations implement Neb. Rev. Stat. §§ 71-4903 by setting standards for client eligibility and participation.~~

~~1~~ 002. DEFINITIONS.~~:~~ The definitions set out in Neb. Rev. Stat. §§ 71-4901 to 71-4904 and the following are adopted for this chapter.

002.01 ADEQUATE NOTICE. ~~Adequate Notice means a~~A notice from the Department mailed at least ten days before the effective date of the action(s) that states the action(s) to be taken, the reason(s) for the intended action(s), and the specific regulation that supports or requires the action(s).

002.02 CHRONIC KIDNEY DISEASE. ~~Chronic Kidney Disease – also known as Chronic Renal Disease – is t~~The slow loss of kidney function over time. End-Stage Renal Disease (ESRD) is the final stage of chronic kidney disease.

002.03 CLIENT. ~~Client means a~~An individual applying for or receiving assistance from the Nebraska Chronic Renal Disease Program.

002.04 COMPLETE APPLICATION. An initial application or renewal application which contains all of the required information and documentation, with attestation from the applicant to its truth and completeness.

~~Department means the Nebraska Department of Health and Human Services.~~

002.05 DEPRIVED. ~~Deprived means that a~~An individual within two years of applying for assistance from the Program who has ~~not~~ directly or indirectly given away or sold property for less than fair market value for the purpose of qualifying for assistance.

002.06 EXPLANATION OF BENEFITS. ~~Explanation of Benefits is a~~An insurance company's written explanation regarding a claim showing what it paid on a client's behalf. May also be called a remittance advice.

~~Program means the Nebraska Chronic Renal Disease Program, administered by the Nebraska Department of Health and Human Services for the purpose of assisting clients.~~

002.07 THIRD-PARTY. An entity responsible for, or otherwise under an obligation to provide, the payment of all or part of the cost of the care and treatment of a person with chronic kidney disease or chronic renal disease.

1 003. CLIENT ELIGIBILITY AND APPLICATION.1-003.01 Client Eligibility. To be eligible for participation in the Chronic Renal Disease Program, an individual applicant must meet all statutory requirements and the following:

(A)1. Be diagnosed with chronic kidney disease or chronic renal disease;

(B)2. Require dialysis or kidney transplantation to maintain or improve his or /her condition. An individual who has received a kidney transplant must have been a client prior to receiving the transplant and must be within three years of receiving the transplant in order to be served;

(C)3. Meet income guidelines based on household size. Annual income must be at or below three-hundred (300) percent of the federal poverty level in order to participate. The income level is adjusted based on household size; and

(D) Accept any Medicaid benefits for which the applicant may be eligible and benefits from any other programs, including any third-party payment, to the maximum extent possible.

4. Meet citizenship/alien status and Nebraska residency requirements.

5. Affirm that s/he has not deprived him or herself of property.

6. Meet the statutorily defined standards for being served by the Program.

1-003.01A An individual who has received a kidney transplant must have been a Program client prior to receiving the transplant and must be within three years of receiving the transplant in order to be served by the Program.

1-003.01B All individuals eligible for the Program must first apply for and accept any Medicaid benefits for which they may be eligible and benefits from any other programs, including any third-party payment, to the maximum extent possible.

1-003.01C Income Guidelines. A client's annual income must be at or below three-hundred (300) percent of the federal poverty level in order to participate in the Program. The income level is adjusted based on household size.

1-003.01Ci Proof of income sources and household size are defined in the Program's Policy for Determining Income Verification and Household Size.

1-003.01D For the purpose of determining eligibility for the Program, the Department applies the citizenship/alien status requirements from Neb. Rev. Stats. §§ 4-108 through 4-114.

1-003.021 Client Application APPLICATION. Clients must submit, through the staff at a licensed health clinic where the client receives dialysis, a complete application provided by the Department and the following: Application to the Program is made through the staff at the licensed health clinic where the client receives dialysis.

1-003.02 A Department approved application is used in applying for the Program. As part of the application process, at a minimum, clients are required to provide the following:

~~1. Contact and identifying information.~~

(A)~~2.~~ Income-verifying and household information~~.~~;

(B)~~3.~~ Insurance information~~.~~;

(C)~~4.~~Medical certification that verifies the individual requires dialysis ~~or kidney transplantation~~ to maintain or improve his or ~~/~~her condition~~.~~; and

(D)~~5.~~ ~~Proof~~ Documentation of:

(i) United States citizenship~~/~~ or alien status; and

(ii) Nebraska residency.

~~6. Affirmation that the individual meets the Program's statutorily defined standards.~~

~~1-~~003.02~~B~~ ~~Approval.~~ APPROVAL. An approved application establishes client eligibility for seven years, provided the client continues to meet the eligibility requirements in this chapter ~~181 NAC 1-003.01~~. The service start date for a client is the first day of the month in which the complete Department approved application is received by the Department. The service start date may be adjusted upon the discretion of the Department. ~~When the Department determines an individual meets the eligibility requirements to participate in the Program, the Department must send written notice to the client stating s/he has been approved for participation in the Program and the service start and end dates.~~

~~1-003.02Bi Service Start Date. The service start date for a client is the first day of the month in which the complete Department approved application is received by the Program. The service start date may be adjusted upon the discretion of the Department.~~

003.03 PROVISIONAL APPROVAL. The Chronic Renal Disease Program may assist clients on a provisional basis subject to the limitations noted in this chapter. Provisional services require additional documentation or explanation at the time of application and are provided for 12 (twelve) months or less after which the client must provide updated documentation to continue participation. Provisional services may be adjusted or discontinued at the discretion of the Department. Client situations which may qualify for provisional approval include:

(A) Those who are recently out-of-work due to their chronic kidney disease or chronic renal disease diagnosis;

(B) Those who are homeless;

(C) Those who are awaiting determinations from other insurances; or

(D) Those who are awaiting a disability determination due to their diagnosis.

~~1-~~003.0~~42C~~ ~~Denial~~ DENIAL. When ~~the Department determines~~ an individual does not meet the eligibility requirements in this chapter, ~~in 181 NAC 1-003.01,~~ the Department must send ~~written~~ adequate notice to the individual stating the reason for the denial.

~~1-~~003.05~~3Ci~~ ~~Re-application~~ RE-APPLICATION. To re-apply after a denial, a new complete application is required.

~~1-~~003.06~~3~~ PAYMENT. ~~The Program will not authorize~~Payment for any services prior to the client's service start date shall not be authorized.

~~1~~ 004. MAINTENANCE OF CLIENT ELIGIBILITY. The client, or the client's representative, is responsible for informing the Department, in writing, within thirty (30) days of the following changes:

(A) When the client's annual income increases above three hundred (300) percent of the federal poverty level;
(B) In the number of persons living in the home;
(C) To the treatment status which includes whether or not the client is still receiving dialysis, has had a kidney transplant, or has died;
(D) To the client's residency; or
(E) To the client's home address and primary phone number.

~~1-004.01 Changes in Client Status. The client, or the client's representative, is responsible for informing the Program, in writing, within thirty (30) days of the following changes:~~

~~1. When the client's annual income increases above three hundred (300) percent of the federal poverty level.~~
~~2. In the number of persons living in the home,~~
~~3. To the treatment status – including whether or not the client is still receiving dialysis,~~
~~has had a kidney transplant, or has died.~~
~~4. To the client's residency status – including whether the client has moved out-of-state.~~
~~5. To the client's permanent home address and primary phone number.~~

~~Failure to inform the Program of changes to the client status is grounds for terminating the client from the Program.~~

~~1~~ 004.0~~2~~1 ~~Renewal Applications~~ RENEWAL APPLICATIONS. A ~~new Department approved~~ complete application must be submitted for each active client every seven years calculated from the service start date stated in the client eligibility letter. The renewal application must be received by the Department within sixty (60) days of the service end date noted on the client eligibility letter and include the documentation required by this chapter for initial approval.

~~1-004.02A The client works with staff at the licensed health clinic to submit the renewal application.~~

~~1-004.02B When due, the renewal application must be received by the Program within sixty (60) days of the service end date noted on the client eligibility letter.~~

~~1-004.02C The Program will notify the client of his/her eligibility status.~~

~~Failure to submit a renewal application when due shall result in the termination of the client from the Program.~~

~~1~~ 005. BENEFITS. Benefits are set out below.

~~1~~ 005.01 ~~Covered Services~~ COVERED SERVICES. The ~~Program~~ Department may ~~will~~ assist in paying for the following services that are directly related to the care and treatment of chronic kidney disease or chronic renal disease:

~~1-005.01~~(A) Pharmaceutical products listed on the Chronic Renal Disease Program's Reimbursable Drug Formulary.

~~1-005.01~~(B) Dialysis procedures listed on the Chronic Renal Disease Program's Reimbursement Procedures for Dialysis Services. Procedures must be provided through a licensed health clinic as described in 175 Nebraska Administrative Code (NAC) 7.

(C) All services must be prescribed by a licensed health care provider possessing appropriate specialized knowledge in the diagnosis and treatment of chronic kidney disease or chronic renal disease.

~~1-005.02 Services Must Be Prescribed. All services must be prescribed by a licensed health care provider possessing appropriate specialized knowledge in the diagnosis and treatment of chronic kidney disease.~~

~~1~~ 005.0~~3~~2 ~~Non-covered Services~~ NON-COVERED SERVICES. The Department does not pay for the following: ~~Program does not cover:~~

~~1-005.03~~(A) Any service denied by Medicare, Medicaid or any other health insurance as not medically necessary for the ~~individual~~ client~~.~~;

~~1-005.03~~(B) Any service related to the treatment of diabetes or other non-renal related conditions~~.~~; or

~~1-005.03C Post-kidney transplant immunosuppressant (anti-rejection) drugs.~~

~~1-005.03D~~(C) Services which are investigative or experimental.

~~1~~ 006. LIMITATIONS. The annual amount paid by the Department on behalf of any one client will not exceed one and a one half percent (1.5%) of the amount allocated to the Department to operate the Chronic Renal Disease Program by the Nebraska Legislature for that state fiscal year. This amount may be adjusted upon the discretion of the Department based on the availability of funds and the number of clients served by the Chronic Renal Disease Program. A client will be given adequate notice that he or she has met his or her annual Program allotment. Service costs not covered by the Program after all other available insurance resources have determined and paid their share are the responsibility of the client.

~~1-006.01 Client Assistance. The annual amount paid by the Program on behalf of any one client will not exceed one and one-half percent (1.5%) of the amount allocated to the Program by the Nebraska Legislature for that state fiscal year. This amount may be adjusted upon the discretion of the Department based on the availability of funds and the number of clients served by the Program.~~

~~1-006.01A A client will be given adequate notice that s/he has met his/her annual Program allotment.~~

~~1-006.01B Service costs not covered by the Program after all other available insurance resources have determined and paid their share are the responsibility of the client.~~

~~1-~~006.0~~2~~1 ~~Out-of-State Services~~ OUT-OF-STATE SERVICES. Only out-of-state dialysis service providers or pharmacies, within fifty (50) miles of the Nebraska border that have signed a Chronic Renal Disease Program Service Provider Enrollment Form, may receive payment from the Department for providing covered services for a client subject to the limitations noted in this chapter ~~provide covered services and claim payment from the Program~~.

~~1-006.02A If a client lives near the border between Nebraska and another state, and the nearest – within fifty (50) miles – dialysis service provider or pharmacy is in another state, the client may receive services at that out-of-state facility.~~

~~1-006.02B Out-of-state dialysis and pharmacy services are available within the Program's budgetary limitations as described in 181 NAC 1-006.01.~~

~~1-~~006.0~~3~~2 ~~Payer of Last Resort~~ PAYER OF LAST RESORT. The Chronic Renal Disease Program is a ~~the~~ payer of last resort. Primary insurance providers, ~~(~~private, Medicaid or Medicare~~),~~ must be invoiced first and have paid on a client's behalf before an invoice is sent to the Chronic Renal Disease Program for payment consideration.

~~1-~~006.0~~4~~3 ~~Termination from the Program~~ TERMINATION. Clients are no longer eligible for participation in the Chronic Renal Disease Program under the following circumstances:

~~1-006.04~~(A) Clients who stop dialysis treatments will be terminated from participation ~~the Program~~ twelve (12) months after the month in which the course of dialysis is terminated;~~.~~

~~1-006.04~~(B) Clients who receive a kidney transplant and no longer require dialysis will be terminated from participation ~~the Program~~ thirty-six (36) months after the month in which the kidney transplant is received;~~.~~

~~1-006.04~~(C) If a client's annual income exceeds three-hundred (300) percent of the federal poverty level; ~~s/he is terminated from the Program.~~

~~1-006.04~~(D) If the client moves out-of-state he or she ~~s/he~~ is terminated from participation ~~the Program~~ effective the date of the move;~~.~~

(E) If the client fails to provide updated income-verifying or insurance documentation within the time frame requested by the Department;

~~1-006.04D~~(F) Misrepresentation on the part of a client;~~.~~

~~1-006.04F~~(G) Upon death;~~.~~

(H) If there have been no payments for pharmaceutical or dialysis services processed on a client's behalf in one year. The year is calculated from the start of each state fiscal year;

(I) Failure to inform the Department of changes to the client status as required by this chapter; or

(J) Failure to submit a renewal application when due.

~~1-006.05(H) Client Inactivity. If there have been no payments for pharmaceutical or dialysis services processed on a client's behalf in one year – calculated from the start of each state fiscal year – the client's participation in the Program shall be terminated.~~

~~1-~~007. PROVIDER REQUIREMENTS AND PAYMENTS. To participate in the Chronic Renal Disease Program, service providers must be licensed by the Department, or its equivalent in another state. Service providers must complete and sign the Chronic Renal Disease Program's Service Provider Enrollment Form prior to participation. Providers not meeting the standards set out in the Provider Enrollment Form are not eligible to receive payment for covered services.

~~1-007.01 Participation Standards. To participate in the Program, service providers must be licensed by the Department, or its equivalent in another state.~~

~~1-007.01A Service providers must complete and sign the Program's Service Provider Enrollment Form prior to participating with the Program. Providers not meeting the standards of the Provider Enrollment Form are not eligible to participate with the Program.~~

~~1-~~007.0~~2~~1 ~~Pharmaceutical Payment~~ PHARMACEUTICAL PAYMENT. Only pharmaceutical products listed on the Chronic Renal Disease Program's Reimbursable Drug Formulary are eligible for payment ~~are covered by the Program~~. Payments are made in accordance with the Provider Standards noted in the Chronic Renal Disease Program's Service Provider Enrollment Form and follow the Payment procedures outlined in this chapter. Invoicing procedures are outlined in the Chronic Renal Disease Program's Reimbursement Procedures for Pharmacies and may be adjusted upon the discretion of the Department.

007.02 PAYMENT DETERMINATION. The pharmaceutical payment amount is based on Nebraska Medicaid fee for service allowable cost. Any remaining cost after the Department has paid is the responsibility of the client. Payment is subject to the limitations in this chapter and is made on behalf of a client directly to the pharmacy.

~~1-007.02A Payments are made in accordance with the Provider Standards noted in the Program's Service Provider Enrollment Form and following the Approval and Payment procedures outlined in 181 NAC 1-008.~~

~~1-007.02B Invoicing procedures are outlined in the Program's Reimbursement Procedures for Pharmacies. Invoicing procedures may be adjusted upon the discretion of the Department.~~

~~1-007.02C Payer of Last Resort. The Program is the payer of last resort. Primary insurance providers (private, Medicaid or Medicare) must be invoiced first and have paid on a client's behalf before an invoice is sent to the Program for payment consideration.~~

~~1-007.02D If the client has prescription drug insurance coverage, the Program reimburses the portion that is the client's responsibility. This may be adjusted upon the discretion of the Department.~~

~~1-007.02E If the client is responsible for paying the cost of the drug at the time it is dispensed, the payment amount is based on Nebraska Medicaid fee for service allowable cost.~~

~~1-007.02Ei The remaining cost after the Program has paid is the responsibility of the client.~~

~~1-007.02F Payment is subject to the limitations in 181 NAC 1-006.~~

~~1-~~007.03 ~~Dialysis Service Payment~~ DIALYSIS SERVICE PAYMENT. The ~~Program~~ Department pays up to fifty (50) percent of the client co-pay after all other insurances or third-party payers have paid their share. The payment percentage may be adjusted upon the discretion of the Department. The remaining dialysis service cost after the Chronic Renal Disease Program has paid is the responsibility of the client. Payments are made directly to the service provider in accordance with the Provider Standards in the Chronic Renal Disease Program Service Provider Enrollment Form and follow the Payment procedures outlined in this chapter. Invoicing procedures are outlined in the Chronic Renal Disease Program's Reimbursement Procedures for Dialysis Services and may be adjusted upon the discretion of the Department.

~~1-007.03A Payments are made in accordance with the Provider Standards noted in the Program Service Provider Enrollment Form and following the Approval and Payment procedures outlined in 181 NAC 1-008.~~

~~1-007.03B Payer of Last Resort. The Program is the payer of last resort. Primary insurance providers (private, Medicaid or Medicare) must be invoiced first and have paid on a client's behalf before an invoice is sent to the Program for payment consideration.~~

~~1-007.03C Invoicing procedures are outlined in the Program's Reimbursement Procedures for Dialysis Services, Invoicing procedures may be adjusted upon the discretion of the Department.~~

~~1-007.03D The remaining dialysis service cost after the Program has paid is the responsibility of the client.~~

~~1-007.03E Payment is subject to the limitations in 181 NAC 1-006~~.

~~1-007.04 The Program makes payment on behalf of a client directly to the service provider or pharmacy.~~

~~1-~~008. ~~APPROVAL AND~~ PAYMENT. Payment for pharmaceuticals and dialysis services must be approved by the Department. Claims may be approved for payment when all of the following conditions are met:

(A) A Chronic Renal Disease Program Service Provider Enrollment Form is on file with the Department for the entity claiming payment;

(B) The client was approved for participation when the service was provided;
(C) The services provided are covered services as described in this chapter; and
(D) No more than six months have elapsed from the date of service until when the claim is received by the Chronic Renal Disease Program. Payment may be made by the Department for claims received more than six months after the date of service if the circumstances which delayed the submittal were beyond the provider's control. The Department may determine whether the circumstances were beyond the provider's control based on documentation submitted by the provider.

~~1-008.01 Payment Approval. Payment for pharmaceuticals and dialysis services must be approved by the Department. Payment is subject to the limitations in 181 NAC 1-006. Claims will be approved for payment when all of the following conditions are met:~~

~~1-008.01A A Program Service Provider Enrollment Form is on file with the Department for the entity claiming payment.~~

~~1-008.01B The client was approved for participation in the Program when the service was provided.~~

~~1-008.01C The services provided are for Program covered services as described in 181 NAC 1-005.~~

~~1-008.01D No more than six months have elapsed from the date of service until when the claim is received by the Program.~~

~~1-008.01Di Payment may be made by the Department for claims received more than six months after the date of service if the circumstances which delayed the submittal were beyond the provider's control. An example of a circumstance considered by the Department to be beyond the provider's control is third-party liability situations. The Department shall determine whether the circumstances were beyond the provider's control based on documentation submitted by the provider.~~

~~1-~~008.0~~2~~1 ~~Provider's Failure to Cooperate in Securing Third-Party Payment~~ PROVIDER'S FAILURE TO COOPERATE IN SECURING THIRD-PARTY PAYMENT. The ~~Program~~ Department shall ~~may~~ deny payment of a provider's claims if the provider fails to~~:~~ apply third-party payments to covered services, file necessary claims, or cooperate in matters necessary to secure payment by insurance or other responsible third-parties.

~~1-008.02A Third-Party Payment means any firm, partnership, corporation, company, association or any other entity responsible for, or otherwise under an obligation to provide, the payment of all or part of the cost of the care and treatment of a person with chronic kidney disease.~~

~~1-~~008.02~~B~~ ~~Third-Party Liability Refunds~~ THIRD-PARTY REFUNDS. Whenever a service provider receives a third-party ~~liability~~ payment after a claim has been paid by the Department,

the provider shall refund the Department for the full amount of the payment ~~within thirty (30) days~~. The refund must be accompanied by a copy of the documentation, such as the Explanation of Benefits or electronic coordination of benefits.

009. RIGHT TO A FAIR HEARING. The fair hearing process is conducted in accordance with 184 NAC 1. If a client is denied services, has his or her case terminated or believes the Department acted erroneously, the client may request a fair hearing. The request must be in writing and filed with the Department within (30) days of the mailing date on the written notice from the Department. The request must:

(A) Include a brief summary of the Department's action being challenged;
(B) Describe the reason for the challenge; and
(C) Be sent to the Director of the Nebraska Department of Health & Human Services, Division of Public Health.

~~1-009.01 Right to a Fair Hearing. If a client is denied services, has his/her case terminated or believes the Program acted erroneously, s/he may request a fair hearing. The request must be in writing and filed with the Department within thirty (30) days of the mailing date on the written notice from the Department. The request must:~~

~~1. Include a brief summary of the Department's action being challenged;~~
~~2. Describe the reason for the challenge; and~~
~~3. Be sent to the Director of the Nebraska Department of Health & Human Services, Division of Public Health.~~

~~The fair hearing process is conducted in accordance with 184 NAC 1.~~