

*Level of Care 180 (Short-term stay) is used for stays of less than 14 days when a client is discharged and the facility does not complete a full MDS admission assessment of the client. This is effective for admissions on or after July 1, 2010.

Additionally, Levels of Care 191,192,193 and 194 are used for clients at Levels of Care 101,102,103 and 104 who are approved under the reconsideration process described in 471 NAC 12-011.14A. Levels of Care 191,192,193 and 194 are weighted at the Casemix Index Values listed for Levels of Care 101,102,103 and 104, respectively.

12-013.04 Verification: Resident assessment information is audited as a procedure in the Department of Health and Human Services Division of Public Health, Survey and Certification process.

TN # 11-11
Supersedes
TN # 10-19

Approval Date OCT 18 2011

Effective Date MAY - 1 2011

12-014 Services for Long Term Care Clients with Special Needs

12-014.01 The term "Long term care clients with special needs" means those whose medical/nursing needs are complex or intensive and are above the usual level of capabilities of staff and exceed services ordinarily provided in a nursing facility as defined in 471 NAC 12-003.

12-014.01A Ventilator-Dependent Clients: These clients are dependent on mechanical ventilation to continue life and require intensive or complex medical services on an on-going basis. The facility shall provide 24-hour R.N. nursing coverage.

12-014.01A1 Criteria for Care: The client must-

1. Require intermittent (but not less than 10 hours in a 24-hour period) or continuous ventilator support. S/he is dependent on mechanical ventilation to sustain life, or is in the process of being weaned from mechanical ventilation. (This does not include individuals using continuous positive airway pressure (C-PAP) or Bi-level positive airway pressure (Bi-PAP) nasally; patients requiring use of Bi-PAP via a tracheostomy will be considered on a case-by-case basis);
2. Be medically stable and not require intensive acute care services;
3. Have care needs which require multi-disciplinary care (physician, nursing, respiratory therapist, psychology, occupational therapy, physical therapy, pharmacy, speech therapy, spiritual care, or specialty disciplines);

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OS Notification

State/Title/Plan Number: NE 11-011
Type of Action: SPA Approval
Required Date for State Notification: 10/30/2011
Fiscal Impact: FY 2011 \$ -0-
FY 2012 \$ -0-

Number of Services Provided by Enhanced Coverage, Benefits or Retained Enrollment: 0

Number of Potential Newly Eligible People: 0

Eligibility Simplification: No

Provider Payment Increase: No

Delivery System Innovation: No

Number of People Losing Medicaid Eligibility: 0

Reduces Benefits: No

Detail:

Effective May 1, 2011, this SPA is purely a technical change to Attachment 4.19-D. Language is being moved from one page to another to provide for a more efficient flow of information. There is absolutely no change to the content of the language that is being moved nor any change to the reimbursement methodology. This change is being made simply to separate a special rate setting methodology for special needs services from the general rate setting methodology.

Other Considerations: Prior to submitting this SPA, the Nebraska Division of Medicaid Long-Term Care sought consultation from federally recognized Native American Tribes with the State to discuss the impact that the proposed SPA might have, if any, on the Tribes. No comments were received.

We do not recommend the Secretary contact the governor.

CMS Contact: Tim Weidler, NIRT 816-426-6429