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State/Territory Name: NE

State Plan Amendment (SPA) #: 13-05

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 355
Kansas City, Missouri 64106



Division of Medicaid and Children's Health Operations

November 15, 2013

Vivianne Chaumont, Director
Department of Health & Human Services
Division of Medicaid and Long Term Care
301 Centennial Mall S., 3rd Floor
PO Box 95026
Lincoln, Nebraska 68509

Dear Ms. Chaumont:

On August 19, 2013, the Centers for Medicare & Medicaid Services (CMS) received Nebraska state plan amendment (SPA) transmittal #13-05 that removes language pertaining to a second home health visit on the same day.

This SPA was approved on November 12, 2013, with an effective date of September 1, 2013, as requested by the state.

Enclosed is a copy of the CMS 179 form, as well as, the approved pages for incorporation into the Nebraska Medicaid state plan.

I appreciate the significant amount of work that your staff dedicated to getting this SPA approved and the cooperative way in which we achieved this much-desired outcome. If you have any questions concerning this SPA, please contact me at (816) 426-5925 or have your staff contact Rhonda Wells or Sandra Levels at (816) 426-5925 or Rhonda.Wells@cms.hhs.gov.

Sincerely,

/s/

James G. Scott
Associate Regional Administrator
for Medicaid and Children's Health Operations

cc: Nancy Keller

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 13-05	2. STATE Nebraska
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE September 1, 2013	

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN
 AMENDMENT TO BE CONSIDERED AS NEW PLAN
 AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$760,555.44 b. FFY 2015 \$760,555.44
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Item 7a, Page 1, Page 2; Attachment 3.1-A, Item 7c, Page 2a, (new page) Attachment 3.1-A, Item 7d Attachment 4.19-B, Item 7, Page 1 Attachment 4.19-B, Item 7, Page 1a, (new page)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Item 7a, Page 1 and Page 2 of 2 Attachment 3.1-A, Item 7d Attachment 4.19-B, Item 7, Page 1

10. SUBJECT OF AMENDMENT:
Home Health Visits

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 Governor has waived review
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: _____ 13. TYPED NAME: Vivianne M. Chaumont	16. RETURN TO: Nancy Keller Division of Medicaid & Long-Term Care Nebraska Department of Health & Human Services 301 Centennial Mall South Lincoln, NE 68509
14. TITLE: Director, Division of Medicaid and Long-Term Care	
15. DATE SUBMITTED: August 19, 2013	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: August 19, 2013	18. DATE APPROVED: November 12, 2013
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: September 1, 2013	20. SIGNATURE OF REGIONAL OFFICIAL: //s//
21. TYPED NAME: James G. Scott	22. TITLE: Associate Regional Administrator
23. REMARKS:	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - HOME HEALTH NURSING SERVICES

1. Home health agency services must be authorized by the Medicaid Division.
2. Coverage for all home health agency services is based on medical necessity.
3. Medicaid does not cover skilled nursing visits provided by student nurses who are enrolled in a school of nursing and are not employed by the home health agency unless the student is accompanied by a registered nurse who is an employee of the home health agency.
4. Medicaid limits skilled nursing visits for teaching and training on an individual basis, based on medical necessity and the ability of the client, parent or caregiver to perform the task independently. The client must have a medical condition which has been diagnosed and treated by a physician. There must be a physician's order for the specific teaching and training.

TN No. NE 13-05
Supersedes
TN No. NE 11-18

Approval Date NOV 12 2013

Effective Date SEP 1 2013

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - HOME HEALTH NURSING SERVICES

5. Medicaid recognizes enterostomal therapy visits as a skilled nursing service.
- II. Telehealth: Home health nursing services are covered via telehealth technologies subject to the limitations as set forth in state regulations, as amended. "Hands on" professional services are excluded.

TN No. NE 13-05
Supersedes
TN No. MS-00-06

Approval Date NOV 12 2013

Effective Date SEP 1 2013

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – MEDICAL SUPPLIES, EQUIPMENT, AND APPLIANCES
SUITABLE FOR USE IN THE HOME

The State assures that with respect to an individual applicant's request for an item of medical equipment (ME) that the following conditions are met:

1. The process is timely and employs reasonable and specific criteria by which an individual item of Medical Equipment (ME) will be judged for coverage under the state's home health services benefit. These criteria must be sufficiently specific to permit a determination of whether an item of ME that does not appear on a state's pre-approved list has been arbitrarily excluded from coverage based solely on a diagnosis, type of illness, or condition.
2. The state's process and criteria, as well as the state's list of pre-approved items, are made available to beneficiaries and the public.
3. Beneficiaries are informed of their right, under 42 CFR. Part 431 Subpart E, to a fair hearing.

TN No. NE 13-05

Supersedes

TN No. New Page

Approval Date NOV 12 2013

Effective Date SEP 1 2013

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - HOME HEALTH SERVICES – PHYSICAL THERAPY, OCCUPATIONAL
THERAPY, AND SPEECH PATHOLOGY AND AUDIOLOGY

To be eligible for home health services, the attending physician shall certify that the client cannot receive the services in an outpatient/physician office setting.

Services for Individuals Age 21 and Older: Medicaid covers occupational therapy, physical therapy, and speech, hearing, and language therapy services for individuals age 21 and older as a Home Health Agency service only when the following criteria is met. The services must:

1. Be prescribed by a physician;
2. Be performed by, or under the direct supervision of, a licensed physical therapist; and
3. Meet one of the following criteria:
 - a. The services must be restorative when there is a medically appropriate expectation that the patient's condition will improve significantly in a reasonable period of time;
 - b. The services must be reasonable and medically necessary for the treatment of the client's illness or injury;

These therapies for adults (age 21 and older) are a Home Health Agency Service only when there is no other method for the client to receive the service. Services must be prior authorized by Central Office staff. Substantiating documentation must be attached to the claim.

Services for Individuals Age 20 and Younger: Medicaid covers occupational therapy, physical therapy, and speech, hearing, and language therapy services for individuals birth to age 20 as a Home Health Agency service when the following criteria is met. The services must:

1. Be prescribed by a physician;
2. Be performed by, or under the direct supervision of, a licensed physical therapist; and
3. Meet one of the following criteria:
 - a. The services must be reasonable and medically necessary for the treatment of the client's illness or injury;

Telehealth: Home health physical therapy, occupational therapy, speech pathology and audiology services are covered when provided via telehealth technologies subject to the limitations as set forth in state regulations, as amended. Services requiring "hands on" professional services are excluded.

TN No. NE 13-05
Supersedes
TN No. NE-11-18

NOV 12 2013
Approval Date _____

Effective Date SEP 1 2013

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State Nebraska
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

HOME HEALTH SERVICES

Medicaid pays for medically prescribed and Department- approved home health agency services provided by Medicare-certified home health agencies. The Department may request a cost report from any participating agency.

For dates of service on or after July 1, 1990, Medicaid pays for home health agency services at the lower of:

1. The provider's submitted charge; or
2. The allowable amount for each respective procedure in the Nebraska Medicaid Home Health Agency Fee Schedule in effect for that date of service.

The Nebraska Home Health Agency Fee Schedule is effective for July 1 through June 30 of each fiscal year.

The Department reserves the right to adjust the fee schedule to:

1. Comply with changes in state or federal requirements;
2. Establish an initial allowable amount for a new procedure based on information that was not available when the fee schedule was established for the current year; and
3. Adjust the allowable amount when the Medicaid Division determines that the current allowable amount is:
 - a. Not appropriate for the service provided; or
 - b. Based on errors in data or calculation.

The Department may issue revisions of the Nebraska Medicaid Home Health Agency Fee Schedule during the year that it is effective. Providers will be notified of the revisions and their effective dates.

Payment for supplies normally carried in the nursing bag and incidental to the nursing visit is included in the per visit rate. Medical supplies not normally carried in the nursing bag are provided by pharmacies or medical suppliers who bill Medicaid directly. Under extenuating circumstances, the home health agency may bill for a limited quantity of supplies.

Medicaid applies the following payment limitations:

Brief Services are performed by a home health or private-duty nursing service provider to complete the client's daily care in a duration of 15 minutes to two hours per day, when medically necessary. The services may be divided into two or more trips. The service shall not exceed two hours per day and providers shall bill for brief services once daily.

TN #. NE 13-05

Supersedes

TN #. MS-00-06

Approval Date NOV 12 2013

Effective Date SEP 1 2013

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State Nebraska
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

HOME HEALTH SERVICES

Extended Services are performed by a home health or private-duty nursing service provider when the client's needs cannot be appropriately met within the Brief Service limitation of two hours or less.

Medicaid applies the following payment limitations to nursing services (RN and LPN) for adults age 21 and older:

- a. Per diem reimbursement for nursing services for the care of ventilator-dependent clients shall not exceed the average ventilator per diem of all Nebraska nursing facilities which are providing that service. This average shall be computed using nursing facility's ventilator interim rates which are effective January 1 of each year, and are applicable for that calendar year period.
- b. Per diem reimbursement for all other in-home nursing services shall not exceed the average case-mix per diem for the Extensive Special Care 2 case-mix reimbursement level. This average shall be computed using the Extensive Special Care 2 case-mix nursing facility interim rates which are effective January 1 of each year, and applicable for that calendar year period.

Under special circumstances, the per diem reimbursement may exceed this maximum for a short period of time - for example, a recent return from a hospital stay. However, in these cases, the 30-day average of the in-home nursing per diems shall not exceed the maximum above. (The 30 days are defined to include the days which are paid in excess of the maximum plus those days immediately following, totaling 30.)

TN #. NE 13-05

Supersedes

TN #. New Page

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