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State/Territory Name: NE

State Plan Amendment (SPA) #: 14-004

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

January 12, 2015

Courtney Miller, Deputy Director
Department of Health & Human Services
Division of Medicaid and Long-Term Care
301 Centennial Mall South, 3rd Floor
PO Box 95026
Lincoln, Nebraska 68509

Dear Ms. Miller:

On May 15, 2014, the Centers for Medicare & Medicaid Services (CMS) received Nebraska's State Plan Amendment (SPA) transmittal #14-04. This SPA moved the administration for medically necessary escorts from the Non-Emergency Medical Transportation (NEMT) broker to the State Medicaid Agency.

SPA #14-04 was approved January 9, 2015, with an effective date of May 1, 2014, as requested by the state. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Nebraska State Plan.

If you have any questions regarding this amendment, please contact Karen Hatcher or Benton Williams at (816) 426-5925.

Sincerely,

//s//

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

Enclosure

cc: Nancy Keller

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-04	2. STATE Nebraska
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 May 1, 2014	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT:	
		a. FFY 2014 \$0.00	
		b. FFY 2015 \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Item 24a, Page 4a, 4d and 4f Attachment 3.1-D **		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A, Item 24a, Page 4a, 4d and 4f Attachment 3.1-D **	
10. SUBJECT OF AMENDMENT: Non-Emergency Transportation (NET)			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Governor has waived review	
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: Courtney Miller		Nancy Keller Division of Medicaid & Long-Term Care Nebraska Department of Health & Human Services 301 Centennial Mall South Lincoln, NE 68509	
14. TITLE: Deputy Director, Division of Medicaid and Long-Term Care			
15. DATE SUBMITTED: May 15, 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: May 15, 2014		18. DATE APPROVED: January 9, 2015	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: May 1, 2014		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: James G. Scott		22. TITLE: Associate Regional Administrator for Medicaid and Children's Health Operations	
23. REMARKS: Pen and Ink change per e-mail dated 7.3.14.			

State/Territory: Nebraska

1. The State will operate the broker program without the requirements of the following paragraphs of section 1902(a);
 - (1) state-wideness (indicate areas of State that are covered)
 - (10)(B) comparability (indicate participating beneficiary groups)
 - (23) freedom of choice (indicate mandatory population groups)

2. Transportation services provided will include:
 - wheelchair van
 - taxi/commercial carrier
 - stretcher car
 - bus passes

 - tickets
 - secured transportation
 - other transportation (if checked describe below other transportation)
 - Individual volunteer

- (3) The State assures that transportation services will be provided under a contract with a broker who:
 - (i) is selected through a competitive bidding process based on the State's evaluation of the broker's experience, performance, references, resources, qualifications, and costs:
 - (ii) has oversight procedures to monitor beneficiary access and complaints and ensures that transportation is timely and transport personnel are licensed qualified, competent and courteous:
 - (iii) is subject to regular auditing and oversight by the State in order to ensure the quality and timeliness of the transportation services provided and the adequacy of beneficiary access to medical care and services:
 - (iv) complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under Section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate.)

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transportation services. The agency's rates were set as of May 1, 2011, and are effective for services rendered on or after that date. The fee schedule is subject to annual/periodic adjustment. All rates, including current and prior rates, are published and maintained on the agency's website. Specifically, the fee schedule and any annual/periodic adjustments to the fee schedule are published at http://www.dhhs.ne.gov/med/practitioner_fee_schedule.htm.

(B) Who will pay the transportation provider?

- (i) Broker
- (ii) State
- (iii) other

The broker will pre-purchase fixed route public transportation and commercial air tickets on behalf of the beneficiary when determined to be necessary and will not bill the state until the pre-purchased ticket/pass is actually dispersed or used by the beneficiary. Public transit passes shall be administered pursuant to the CMS letter to State Medical Directors, issued December 2, 1996. The Medicaid beneficiary is not reimbursed mileage for use of their personal vehicle by the broker, nor the state.

(C) What is the source of the non-Federal share of the transportation payments? Describe the source of the non-Federal share of the transportation payments proposed under the State plan amendment. If more than one source exists to fund the non-Federal share of the transportation payment, please separately identify each source of non-Federal share funding.

State General Funds

- (D) The State assures that no agreement (contractual or otherwise) exists between the State or any form of local government and the transportation broker to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly). This assurance is not intended to interfere with the ability of a transportation broker to contract for transportation services at a lesser rate and credit any savings to the program.

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- (9) Please describe below how the NEMT brokerage program operates. Include the services that will be provided by the broker. If applicable, describe any services that will not be provided by the broker and name the entity that will provide these services.

The broker shall be responsible for and perform all administrative brokerage functions to include: establish and monitor Medicaid program compliance of a transportation network; receive NET service requests through a customer service call center during the hours of 8:00 a.m. - 7:00 p.m. CST, Monday through Friday, and on-call representative for urgent care trips; verify client Medicaid eligibility, and their requested medical service provider is an active Medicaid provider through a daily batch interface to the broker's system; screen client need for service and mobility status for the most appropriate mode of transportation; approve and arrange the least expensive transport to the closest appropriate Medicaid provider; submit claims for completed services in MMIS for direct provider payment from the State. The broker provides oversight to assure services through:

- a. Client Surveys;
- b. The broker shall determine that the client is requesting NET medical services to a qualified, enrolled, medical service provider who is willing to accept the client, within the travel standards established by the State. The state may require pre-transportation validation checks of trips to specific program services, such as non-routine out-of-state medical care and physical therapy; and
- c. Random post payment validation checks a minimum ten (10%) percent of the NET service referrals, in a month for each contract year. The broker shall ensure that all NET provider supporting documentation is maintained and matches the prior-authorization, and that the trips occurred in accordance to Nebraska Medicaid regulations.

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State Nebraska

ASSURANCE OF TRANSPORTATION

NMAP enrolls individual and agency providers to provide appropriate medical transportation to Medicaid-eligible clients.

Individual Transportation Providers, defined as a friend, non-legally responsible family member, or volunteer, are enrolled as Medicaid providers and receive direct vendor payment from the state.

NMAP covers medically necessary ambulance services that are provided during an emergency or while the client is receiving emergency medical care (see Item 23a of Attachment 3.1-A).

Transportation is provided state wide through a contracted broker. A description of the brokered services can be found on Attachment 3.1-A.

In accordance with 42 CFR 440.170(a)(3)(iii) transportation includes expenses for the cost of an attendant to accompany the recipient, if medically necessary, and the cost of the attendant's transportation, meals and lodging, and, if the attendant is not a member of the recipient's family, a paid personal care assistant or facility staff, a salary.

Medically necessary escort services are covered by Nebraska DHHS, Division of Medicaid and Long-Term Care and authorized by Central Office staff, unless appropriately covered in another service when the client is participating in the Personal Assistance Service program or the Aged and Disabled Waiver program.

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