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State/Territory Name: NE

State Plan Amendment (SPA) #: 17-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 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

June 26, 2017

Rocky Thompson, Interim Medicaid Director
Department of Health & Human Services
Division of Medicaid and Long-Term Care
301 Centennial Mall South, 5th Floor
P.O. Box 95026
Lincoln, NE 68509-5026

Dear Mr. Thompson:

On March 31, 2017, the Centers for Medicare & Medicaid Services (CMS) received Nebraska's State Plan Amendment (SPA) transmittal #17-0001. This SPA adds medical nutrition therapy and lactation counseling to the state plan under preventative services.

SPA #17-0001 was approved June 26, 2017, with an effective date of July 1, 2017, 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 Barbara Cotterman at (816) 426-5925.

Sincerely,

6/26/2017

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

Sign

Enclosure

cc:
Nancy Keller
Rosalind Sipe
DHHS NE

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 17-0001	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 July 1, 2017

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: 42 CFR 440.130(c), 42 CFR 430.10 *	7. FEDERAL BUDGET IMPACT: a. FFY 2017 \$44,623.00 ** \$240,738.00 b. FFY 2018 -\$180,903.00 ** \$984,977.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Item 13c, Pages 1 & 2 * Attachment 3.1-A, Pages 5, 6 * Attachment 3.1-A, Item 4b, Pages 33-35, new pages * Attachment 3.1-A, Item 6d, Pages 4, 5, new pages * Attachment 3.1-B, Page 5 Attachment 4.19-B, Item 13c, Page 1, new page	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Pages 5, 6 * Attachment 3.1-B, Page 5
10. SUBJECT OF AMENDMENT: Nutrition Services	

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: 	16. RETURN TO: Nancy Keller Division of Medicaid & Long-Term Care Nebraska Department of Health & Human Services 301 Centennial Mall South Lincoln, NE 68509
13. TYPED NAME: Calder Lynch	
14. TITLE: Director, Division of Medicaid and Long-Term Care	
15. DATE SUBMITTED: March 31, 2017	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 31, 2017	18. DATE APPROVED: June 26, 2017
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2017	20. SIGNATURE OF REGIONAL OFFICIAL:  <small>Digital Signature of James G. Scott</small>
21. TYPED NAME: James G. Scott	22. TITLE: Associate Regional Administrator for Medicaid and Children's Health Operations
23. REMARKS:	

* Pen and Ink changes per state response dated 5.12.17.

** Pen and Ink changes per state email dated 6.23.17.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

PREVENTATIVE SERVICES - EARLY AND PERIODIC SCREENING AND DIAGNOSTIC AND
TREATMENT OF CONDITIONS FOUND

Nutrition Services

Medical Nutrition Therapy for EPSDT clients:

Medical Nutritional Therapy (MNT) is the assessment, intervention and counseling provided by a medical nutrition practitioner when prescribed by a physician or nurse practitioner. MNT is done for the purpose of managing the nutritional needs of clients whose nutritional status affects their health and medical conditions. MNT is available to Medicaid eligible clients who are 20 years of age and younger as part of the EPSDT program.

Referral: Medical Nutritional Therapy is available only with a physician or nurse practitioner referral. Therapies will be in accordance with currently accepted dietary and nutritional protocols.

MNT services:

1. Assessment

A nutritional assessment is done by a child's primary care provider as part of an EPSDT screening. The diagnostic finding from the exam must indicate a nutritional problem or condition of such severity that nutritional counseling beyond that normally expected as part of the standard medical management is warranted.

2. Intervention

Assessment information is used to develop a plan to prevent, improve, or resolve identified nutritional problems.

3. Counseling

- a. Clients/caregivers receive individual counseling to explain the nutritional assessment and the implementation of a plan of nutritional care. Caregivers may only receive services when for the direct benefit of the child, and when the child is present.
- b. Clients/caregivers receive individual counseling to develop a plan to address identified nutritional problems based on the health objectives, resources, and capacity of the child/caregiver. Caregivers may only receive services when for the direct benefit of the child, and when the child is present.
- c. Clients/caregivers receive group counseling. Caregivers may only receive services when for the direct benefit of the child, and when the child is present.

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Supersedes

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

PREVENTATIVE SERVICES - EARLY AND PERIODIC SCREENING AND DIAGNOSTIC AND
TREATMENT OF CONDITIONS FOUND

4. Providers

- a. Be a currently licensed medical nutritional therapist in the State of Nebraska.
- b. Act within their scope of practice.

Provider Qualifications: Providers must be licensed to practice medical nutrition therapy pursuant to the Uniform Credentialing Act and hold a current license issued by the Nebraska Department of Health and Human Services Division of Public Health.

5. Client Eligibility

- a. Be 20 years of age or younger
- b. Be at risk due to a nutritional need that affects client's health and medical condition.
- c. All individuals under 21 years old can receive services based on medical necessity in accordance with EPSDT statute in 1905(r) of the Social Security Act.

Lactation Counseling Services as provided through EPSDT

Lactation counseling services are intended for children in the post-partum period and their mothers who need help with breastfeeding. Services may be sought for difficulties such as inadequate milk supply, poor milk extraction, poor weight gain, nipple and breast pain, breast infections, and engorgement.

1. Services

Comprehensive lactation counseling must include the following:

- a. A face-to-face encounter with the mother and child lasting a minimum of thirty minutes
- b. Comprehensive maternal, infant and feeding assessment related to lactation
- c. Interventions at a minimum:
 - i. Observation of mother and child during breastfeeding
 - ii. Instruction in positioning techniques and proper latching to the breast
 - iii. Counseling in nutritive suckling and swallowing, milk production and release, frequency of feedings and feeding cues, expression of milk and use of pump if indicated, assessment of infant nourishment and reasons to contact a health care provider
- d. Information on community supports such as Women, Infant and Children (WIC)
- e. Evaluation of outcomes from interventions

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PREVENTATIVE SERVICES - EARLY AND PERIODIC SCREENING AND DIAGNOSTIC AND
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2. Limitations

Lactation counseling services is primarily intended for children age birth through ninety days postpartum or ninety days corrected for gestational age; however, it may be available to children up to age 21 when medically necessary. There is a limit of five counseling sessions per child, and each session can last up to ninety minutes. In accordance with Section 1905(r) of the Social Security Act this service limit may be exceeded based on medical necessity.

3. Providers

a. The following providers may provide all lactation counseling services: Physician, Nurse Practitioner (NP), Physician Assistant (PA), Midwife (MW), and Registered Nurse (RN)

b. Qualifications

i. Certified as an International Board Certified Lactation Consultant (IBCLC)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State Nebraska

LIMITATIONS – PREVENTATIVE SERVICES

Nutrition Services

Medical Nutritional Therapy for adult clients:

Medical Nutritional Therapy (MNT) is the assessment, intervention and counseling provided by a medical nutrition practitioner when prescribed by a physician or nurse practitioner. MNT is done for the purpose of managing the nutritional needs of clients whose nutritional status affects their health and medical conditions.

This service is available to a select adult population of eligible clients with medical needs that require nutritional assessment, intervention, and continued monitoring.

Referral: Medical Nutritional Therapy is available only with a physician or nurse practitioner referral. This referral must be made based on the need for nutritional diagnosis, therapy, and counseling to manage a qualifying medical condition. Therapies will be in accordance with currently accepted dietary and nutritional protocols.

MNT services:

1. Assessment

A nutritional assessment is done by a client's primary care provider. The diagnostic finding from the exam must indicate that a nutritional problem or condition of such severity that nutritional counseling beyond that normally expected as part of the standard medical management is warranted.

2. Intervention

Assessment information is used to develop a plan to prevent, improve, or resolve identified nutritional problems.

3. Counseling

- a. Clients receive individual counseling to explain the nutritional assessment and the implementation of a plan of nutritional care.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State Nebraska

LIMITATIONS – PREVENTATIVE SERVICES

- b. Clients receive individual counseling to develop a plan to address identified nutritional problems based on the health objectives, resources, and capacity of the client.
4. Providers
- a. Be a currently licensed medical nutritional therapist in the State of Nebraska.
 - b. Act within their scope of practice.

Provider Qualifications: Providers must be licensed to practice medical nutrition therapy pursuant to the Uniform Credentialing Act and hold a current license issued by the Nebraska Department of Health and Human Services Division of Public Health.

Intervention and counseling provided under Medical Nutrition Services are provided by licensed Medical Nutritional Therapist.

5. Client Eligibility
- a. Be an adult age 21 or over
 - b. Have at least one of the following medical conditions and require medical nutritional therapy for that condition:
 - i. Type I or type II diabetes
 - ii. Have kidney disease
 - iii. Have had a kidney transplant in the last 36 months

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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All covered groups

- c. Prosthetic devices
 Provided No limitations With Limitations*
- d. Eyeglasses
 Provided No limitations With Limitations*
13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.
- a. Diagnostic services.
 Provided No limitations With Limitations*
 Not Provided
- b. Screening services.
 Provided No limitations With Limitations*
- c. Preventive services.
 Provided No limitations With Limitations*
 Not Provided
- d. Rehabilitative services.
 Provided No limitations With Limitations*
14. Services for individuals age 65 or older in institutions for mental diseases.
- a. Inpatient hospital services.
 Provided No limitations With Limitations*
- b. Skilled nursing facility services.
 Provided No limitations With Limitations*

*Description provided on attachment.

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TN No. MS-00-06

Approval Date June 26, 2017

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

PREVENTIVE SERVICES

MEDICAL NUTRITION THERAPY/LACTATION COUNSELING SERVICES

Nebraska Medicaid pays for Medical Nutrition Therapy/ Lactation Counseling services at the lower of:

1. The provider's submitted charge; or
2. The maximum allowable fee established by the Department.

Except as otherwise noted in the plan, state – developed fee schedule rates are the same for both governmental and private providers of Medical Nutrition Therapy/Lactation Counseling Services. The agency's fee schedule rate for nutritional services was set as of July 1, 2017 and is effective for services provided on or after that date. All rates are published on the agency's website at http://dhhs.ne.gov/medicaid/Pages/med_practitioner_fee_schedule.aspx

Payment for Telehealth Services: Payment for telehealth services is set at the Medicaid rate for the comparable in-person service.

Payment for Telehealth Transmission Costs: Payment for telehealth transmission costs is set at the lower of: (1) the provider's submitted charge; or (2) the maximum allowable amount.

The Department reimburses transmission costs for line charges when directly related to a covered telehealth service. The transmission must be in compliance with the quality standards for real time, two way interactive audiovisual transmission as set forth in state regulations, as amended.

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