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State/Territory Name: NE

State Plan Amendment (SPA) #: 17-0018

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

December 12, 2017

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

Dear Mr. Thompson:

On November 29, 2017, the Centers for Medicare & Medicaid Services (CMS) received Nebraska's State Plan Amendment (SPA) transmittal #17-0018. This SPA is clarifying the provider types that are able to bill for Medical Nutrition Therapy.

SPA #17-0018 was approved December 8, 2017, with an effective date of October 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,

12/12/2017



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 FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 17-0018	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 October 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)	7. FEDERAL BUDGET IMPACT: a. FFY 2018 \$0 b. FFY 2019 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Item 4b, Page 5	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Item 4b, Page 5

10. SUBJECT OF AMENDMENT:
Nutrition Counseling Provider Clarification

11. GOVERNOR'S REVIEW (Check One):

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

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Thomas "Rocky" Thompson

14. TITLE:
Interim Director, Division of Medicaid and Long-Term Care

15. DATE SUBMITTED:
11/29/17

16. RETURN TO:

Nancy Keller
Division of Medicaid & Long-Term Care
Nebraska Department of Health & Human Services
301 Centennial Mall South
Lincoln, NE 68509

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
November 29, 2017

18. DATE APPROVED: December 8, 2017

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
October 1, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
James G. Scott

22. TITLE: Associate Regional Administrator
for Medicaid and Children's Health Operations

23. REMARKS:

ATTACHMENT 3.1-A
Item 4b, Page 5
Applies to both
Categorically and Medically
Needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

LIMITATIONS - EARLY AND PERIODIC SCREENING AND DIAGNOSTIC AND TREATMENT
OF CONDITIONS FOUND

The Medical Director or designee shall make a decision on each request in an expeditious manner. Appropriate health care professionals may be consulted during the decision-making process. If the initial request is denied, additional information may be sent for reconsideration.

EPSDT follow-up services include -

- Dental sealants: Application is covered if applied to permanent teeth within three years of eruption. Sealant application is covered only for permanent teeth numbered 2, 3, 4, 5, 12, 13, 14, 15, 18, 19, 20, 21, 28, 29, 30, and 31.
- Orthodontic treatment for individuals age 20 and younger: NMAP requires prior authorization of all orthodontic treatment except diagnostic evaluation procedures. Total payment of prior-authorized orthodontic treatment is made upon approval of the treatment plan and submittal of an ADA dental claim form.
- Well child cluster visits: The cluster visit is a well-child visit in a group setting with parent-child pairs of the same age, offering the opportunity for the provision of extended physician parent/child time with a focus on psychosocial aspects as well as physical aspects of well-child care. The cluster visit must include a complete EPSDT exam.
- Nutritional counseling: Nutritional counseling is provided by the screening physician, screening physician auxiliary staff, physician-contracted staff, as part of comprehensive well child or periodic visit. When a diagnostic finding from the EPSDT exam indicates that a nutritional problem or condition of such severity exists that nutritional counseling beyond that normally expected as part of the standard medical management is warranted, medical nutritional therapy can be ordered in compliance with Attachment 3.1-A, Item 4b, Page 33-34.

TN No. NE 17-0018

Supersedes

TN No. MS-00-06

Approval Date December 8, 2017

Effective Date October 1, 2017