



Center for Medicaid and State Operations, CMSO

Vivianne M. Chaumont, Director
Division of Medicaid & Long-Term Care
Department of Health and Human Services
301 Centennial Mall South
Lincoln, Nebraska 68509

APR - 2 2010

RE: NE 09-05

Dear Ms. Chaumont:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 09-05. Effective for services on or after July 1, 2009, this amendment proposes to revise the payment methodology for nursing facility (NF) and intermediate care facility for the mentally retarded (ICF/MR) services.

For NF services, this SPA provides for several updates to the prospective rate methodology. Specifically, it updates the rate period, the base period, various cost containment provisions, and new provider payment provisions. It also provides for an inflation factor of .78 percent. For ICF/MR services, this SPA separate small facilities (4-15 beds) from larger facilities (16 or more beds) and provides for a retrospective cost reimbursement payment methodology. Large facilities will continue to be paid on a prospective basis and this SPA provides for various updates to that methodology.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment 09-05 is approved effective July 1, 2009. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Tim Weidler at (816) 426-6429.

Sincerely,

A handwritten signature in black ink that reads "Cindy Mann". The signature is written in a cursive style.

Cindy Mann
Director

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