

Revision: HCFA-PM-94-9 (MB)
December 1994

Attachment 3.1-A
Page 10

State/Territory: Nebraska

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

Provided: Not provided

26. Personal assistance services are those services provided to a Medicaid client who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, institution for mental disease, or prison, which are authorized on a written service plan according to individual needs identified in a written assessment.

Personal assistance services are A) authorized by a Social Services Worker or designee, B) provided by qualified providers who are not legally responsible relatives, and C) are furnished inside the home, and outside the home with limitations.

Provided: State Approved (Not Physician) Service Plan Allowed
 Services Outside the Home Also Allowed
 Limitations Described on Attachment
 Not Provided

27. Reserved

28. (i) Licensed or Otherwise State-Approved Freestanding Birth Center

Provided: No limitations With limitations None licensed or approved

Please describe any limitations:

Facilities must:

- (a) Be specifically approved by Department of Health and Human Services, Division of Public Health to provide birthing center Services.
(b) Maintain standards of care required by Department of Health and Human Services, Division of Public Health for licensure.

28. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center

Provided: No limitations With limitations (please describe below)
 Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please check all that apply:

- (a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e. physicians and certified nurse midwives).

TN No. NE 11-21

Supersedes

TN No. MS 04-03

Approval Date APR 02 2012

Effective Date FEB 14 2012

Revision: HCFA-PM-94-9 (MB)
December 1994

Attachment 3.1-A
Page 10a

State/Territory: Nebraska

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- (b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife).*
- (c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).*

TN No. NE 11-21
Supersedes
TN No. New page

Approval Date APR 02 2012

Effective Date FEB 14 2012

ATTACHMENT 3.1-A
Item 27
Applies to both
Categorically and
Medically Needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – FREESTANDING BIRTH CENTER SERVICES

The facility fee is based on a review of Medicaid fees paid by other states. Under this State Plan, birthing centers are limited to those licensed by the State of Nebraska or other legally authorized licensing authority under applicable state laws, to provide a level of service commensurate with the professional skills of a physician (MD or DO) or a certified nurse-midwife (CNM) who acts as birth attendant. The center, the physician, and CNM must be licensed at the time and place the services are provided. The birthing center must be enrolled and approved by the state agency or its designee for participation in the Nebraska Medical Assistance Program. The center must have a written agreement for emergency care with a hospital that provides obstetrical services. Admission to the facility must be restricted to low-risk vaginal delivery patients. Caesarean section procedures are prohibited. Each mother and newborn must be discharged within 24 hours after admission, in a condition which will not endanger the well-being of either. If the condition of mother or newborn does not allow discharge within 24 hours, then transfer to a hospital must occur.

Coverage of birthing center facility services is limited to certain birthing services provided by the center and determined by the attending physician or CNM to be necessary for the care of the mother and live newborn child following the mother's normal, uncomplicated pregnancy. Reimbursable services are limited to facility services provided during the labor, delivery and postpartum periods. Birthing center facility services furnished prior to or after the above described period are not considered birthing center facility services and are not covered or reimbursed as such under this state plan. Services provided by a physician or CNM are not considered to be birthing center facility services.

TN No. NE 11-21

Supersedes

Approval Date APR 02 2012

Effective Date FEB 14 2012

TN No. New page

Revision: HCFA-PM-86-20 (BERC)
September 1986

ATTACHMENT 3.1-B
Page 1
OMB No.: 0938-0193

State/Territory: Nebraska

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

The following ambulatory services are provided.

- Rural health clinic services
- Other laboratory and x-ray services
- Early and Periodic Screening, Diagnosis, and Treatment
- Family planning services
- Physicians' services
- Podiatrists' services
- Optometrists' services
- Chiropractors' services
- Other practitioners' services
- Home health services
- Private duty nursing services
- Clinic services
- Dental services
- Physical therapy and related services
- Prescribed drugs, dentures, and prosthetic devices
- Eyeglasses
- Transportation
- Personal care services
- Nurse Practitioner Services
- Freestanding Birth Center Services

*Description provided on attachment.

TN No. NE 11-21

Supersedes

TN No. MS-86-25

Approval Date APR 02 2012

Effective Date FEB 14 2012

HCFA ID: 0140P/0102A

Revision: HCFA-PM-94-9
December 1994

(MB)

ATTACHMENT 3.1-B
Page 8b

State/Territory: Nebraska

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

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

Provided Not Provided

26. Personal assistance services are those services provided to a Medicaid client who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mental retarded, institution for mental disease, or prison, which are authorized on a written service plan according to individual needs identified in a written assessment.

Personal assistance services are A) authorized by a Social Services Worker or designee, B) provided by qualified providers who are not legally responsible relatives, and C) are furnished inside the home, and outside the home with limitations

Provided State Approved (Not Physician) Service Plan Allowed
 Services Outside the Home Also Allowed*
 Limitations Described on Attachment
 Not Provided

27. Reserved

28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers

Provided: No Limitations With Limitations None licensed or approved
 Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please describe any limitations:
Facilities must:

- (a) Be specifically approved by Department of Health and Human Services, Division of Public Health to provide birthing Center Services, and
- (b) Maintain standards of care required by Department of Health and Human Services, Division of Public Health for licensure.

28. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Centers

Provided: No Limitations With Limitations (please describe below)

* Exception described on attachment

TN No. NE 11-21

Supersedes

TN No. MS 04-03

Approval Date APR 02 2012

Effective Date

FEB 14 2012

Revision: HCFA-PM-94-9 (MB)
December 1994

ATTACHMENT 3.1-B
Page 8c

Please check all that apply:

- (a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).
- (b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife).*
- (c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).*

TN No. NE 11-21
Supersedes
TN No. New page

Approval Date APR 02 2012

Effective Date FEB 14 2012

ATTACHMENT 4.19-B
Item 27

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

FREESTANDING BIRTH CENTER SERVICES

Nebraska Medicaid providers of birthing center services are reimbursed based on a fee schedule as follows:

- a) Payment for birthing center services provided by a participating, licensed birthing center is limited to the allowable rates established by Nebraska Medicaid.
- b) The fee schedule established by Nebraska Medicaid is based upon a review of Medicaid fees paid by other states;
- c) The birthing center and the birth attendant must bill separately for the services provided by each. The birthing center may bill only for facility services outlined elsewhere in this state plan.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Freestanding Birthing Center Services. The agency's fee schedule rate was set as of July 1, 2011 and is effective for services provided on or after that date. All rates are published at http://www.dhhs.ne.gov/med/practitioner_fee_schedule.htm.

TN No. NE 11-21

Supersedes

TN No. New pageApproval Date APR 02 2012Effective Date FEB 14 2012