

## **Table of Contents**

**State/Territory Name: NE**

**State Plan Amendment (SPA) #: 13-24**

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 12<sup>th</sup> Street, Suite 355  
Kansas City, Missouri 64106



**Division of Medicaid and Children's Health Operations**

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March 5, 2014

Vivianne Chaumont, Director  
Department of Health & Human Services  
Division of Medicaid and Long Term Care  
301 Centennial Mall S., 5th Floor  
PO Box 95026  
Lincoln, Nebraska 68509

Dear Ms. Chaumont:

On December 31, 2013, the Centers for Medicare & Medicaid Services (CMS) received Nebraska's state plan amendment (SPA) transmittal #13-024, to implement legislative requirements for children related to telehealth. Nebraska Legislative bill 556 provides for the delivery of telehealth services for children's behavioral health services regardless of distance from place of residence. The SPA also eliminates the exclusion of several Medicaid services from telehealth and the exclusion on using telehealth in certain situations.

SPA 13-024 was approved on March 4, 2014, with an effective date of February 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 Sandra Levels or Karen Hatcher at (816) 426-5925.

Sincerely,

//s//

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

Enclosure

cc: Courtney Miller  
Nancy Keller  
Flora Coan  
Cynthia Brammeier  
Margaret Booth

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		<b>1. TRANSMITTAL NUMBER:</b> 13-24	<b>2. STATE</b> Nebraska
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		<b>3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
<b>TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>		<b>4. PROPOSED EFFECTIVE DATE</b> February 1, 2014	
<b>5. TYPE OF PLAN MATERIAL (Check One):</b>  <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>			
<b>6. FEDERAL STATUTE/REGULATION CITATION:</b>		<b>7. FEDERAL BUDGET IMPACT:</b> a. FFY 2014                      \$1,093.00 b. FFY 2015                      \$1,213.00	
<b>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</b>  Attachment 3.1-A Page 11 and 12		<b>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):</b>  Attachment 3.1-A Page 11 and 12	
<b>10. SUBJECT OF AMENDMENT:</b> Telehealth			
<b>11. GOVERNOR'S REVIEW (Check One):</b> <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED                      Governor has waived review <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
<b>12. SIGNATURE OF STATE AGENCY OFFICIAL:</b>		<b>16. RETURN TO:</b>  Nancy Keller Division of Medicaid & Long-Term Care Nebraska Department of Health & Human Services 301 Centennial Mall South Lincoln, NE 68509	
<b>13. TYPED NAME:</b> Vivianne M. Chaumont			
<b>14. TITLE:</b> Director, Division of Medicaid and Long-Term Care			
<b>15. DATE SUBMITTED:</b> 12/31/2013			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
<b>17. DATE RECEIVED:</b> December 31, 2013		<b>18. DATE APPROVED:</b> March 4, 2014	
<b>PLAN APPROVED -- ONE COPY ATTACHED</b>			
<b>19. EFFECTIVE DATE OF APPROVED MATERIAL:</b> February 1, 2014		<b>20. SIGNATURE OF REGIONAL OFFICIAL:</b> //s//	
<b>21. TYPED NAME:</b> James G. Scott		<b>22. TITLE:</b> Associate Regional Administrator for Medicaid and Children's Health Operations	
<b>23. REMARKS:</b>			

**Telehealth Services:** Medicaid covered services delivered by a health care practitioner that utilize an interactive audio and video telecommunications system that permits real-time communication between the health care practitioner at the distant site and the client at the originating site. Telehealth services do not include a telephone conversation, electronic mail message, facsimile transmission between a health care practitioner and a client, a consultation between two health care practitioners and asynchronous "store and forward" technology.

Health care practitioners must:

1. act within their scope of practice;
2. be enrolled with NMAP; and
3. be appropriately licensed, certified, or registered by Nebraska HHS Regulation and Licensure for the service for which they bill Medicaid.

All state plan prior authorization requirements must be met to be covered as a telehealth service. Prior authorization requests must state the intent to provide the service as a telehealth service.

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TN No. 13-24

Supersedes

TN No. MS-00-06

Approval Date March 4, 2014

Effective Date February 1, 2014

Services provided via telecommunications are not covered if the client has access to a comparable service within 30 miles of his/her place of residence.

Services provided by means of telecommunications technology, other than telehealth behavioral health services received by a child, are not covered if the child has access to a comparable service within thirty miles of his or her place of residence.

A telehealth service is not covered when the service delivered via telecommunication technology is deemed to be investigational or experimental. Even though a service is covered when provided in-person to a client, the service may be deemed investigational/experimental for Medicaid payment purposes when provided via telecommunications technology.

Transmission costs are not covered when the telehealth service provided by the health care practitioner is not a covered state plan service.

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TN No. 13-24

Supersedes

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