

## **Table of Contents**

**State/Territory Name: NE**

**State Plan Amendment (SPA) #: 14-0011**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/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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December 4, 2014

Courtney Miller, Acting 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. Miller:

On September 5, 2014, the Centers for Medicare & Medicaid Services (CMS) received Nebraska's State Plan Amendment (SPA) transmittal #14-011, which proposes to amend reimbursement for home health services effective July 1, 2014.

This SPA 14-011 was approved on December 3, 2014, with an effective date of July 1, 2014, as requested by the State. Enclosed is a copy of the CMS-179 form, as well as, the approved pages for incorporation into the Nebraska State Plan. Please provide the date when the State starts making these enhanced payments.

If you have any questions regarding this amendment, please contact Narinder Singh at (816) 426-5925 or [Narinder.Singh@cms.hhs.gov](mailto:Narinder.Singh@cms.hhs.gov).

Sincerely,

//s//

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

Enclosure

cc: Nancy Keller

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: NE 14-011	2. STATE Nebraska
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE July 1, 2014	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (Check One):			
<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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:  42 CFR 440.70 *		7. FEDERAL BUDGET IMPACT: a. FFY 2014                      \$190,138.86 b. FFY 2015                      \$760,555.44	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A, Item 7a, Page 1 and Item 7b Attachment 4.19-B, Item 7, Page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 3.1-A, Item 7a, Page 1 and Item 7b Attachment 4.19-B, Item 7, Page 1	
10. SUBJECT OF AMENDMENT: Home Health Services - Allowing payment for multiple visits per day. *			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Governor has waived review	
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: Courtney Miller		Nancy Keller Division of Medicaid & Long-Term Care Nebraska Department of Health & Human Services 301 Centennial Mall South Lincoln, NE 68509	
14. TITLE: Deputy Director, Division of Medicaid and Long-Term Care			
15. DATE SUBMITTED: September 5, 2014			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:      September 5, 2014		18. DATE APPROVED:      December 3, 2014	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2014		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: James G. Scott		22. TITLE: Associate Regional Administrator for Medicaid and Children's Health Operations	
23. REMARKS:  * Pen and Ink changes authorized by state in response dated 9.30.14.			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - HOME HEALTH NURSING SERVICES

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1. Home health agency services must be prior authorized by the Medicaid Division.
2. Coverage for all home health agency services is based on medical necessity, and must be:
  - a. necessary to continuing a medical treatment plan;
  - b. prescribed by a licensed physician;
  - c. recertified by the licensed physician at least every 60 days; and
3. Medicaid does not cover skilled nursing visits provided by student nurses who are enrolled in a school of nursing and are not employed by the home health agency unless the student is accompanied by a registered nurse who is an employee of the home health agency.
4. Medicaid limits skilled nursing visits for teaching and training on an individual basis, based on medical necessity and the ability of the client, parent or caregiver to perform the task independently. The client must have a medical condition which has been diagnosed and treated by a physician. There must be a physician's order for the specific teaching and training.

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TN No. NE 14-011

Supersedes

TN No. NE 13-05

Approval Date December 3, 2014 Effective Date July 1, 2014

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - HOME HEALTH NURSING SERVICES – HOME HEALTH AIDE SERVICES

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1. Home health aide services must be:
  - a. Necessary to continuing a medical treatment plan;
  - b. Prescribed by a licensed physician;
  - c. Recertified by the licensed physician at least every 60 days; and
  - d. Supervised by a registered nurse.
2. Home health agency services must be prior authorized by the Medicaid Division.
3. Prefilling syringes with insulin for a blind diabetic is reimbursed only as a home health nursing service. Home health agencies will not be reimbursed for prefilling insulin syringes for a blind diabetic by a home health aide.
4. Skilled nursing visits are not a prerequisite for the provision of home health aide services.
5. Telehealth: Home health aide services are not covered when provided via telehealth technologies.

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TN No. NE 14-011

Supersedes

TN No. NE 11-18

Approval Date December 3, 2014

Effective Date July 1, 2014

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

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### HOME HEALTH SERVICES

Medicaid pays for medically prescribed and Department- approved home health agency services provided by Medicare-certified home health agencies. The Department may request a cost report from any participating agency.

For dates of service on or after July 1, 1990, Medicaid pays for home health agency services at the lower of:

1. The provider's submitted charge; or
2. The allowable amount for each respective procedure in the Nebraska Medicaid Home Health Agency Fee Schedule in effect for that date of service.

The Nebraska Home Health Agency Fee Schedule is effective for July 1 through June 30 of each fiscal year.

The Department reserves the right to adjust the fee schedule to:

1. Comply with changes in state or federal requirements;
2. Establish an initial allowable amount for a new procedure based on information that was not available when the fee schedule was established for the current year; and
3. Adjust the allowable amount when the Medicaid Division determines that the current allowable amount is:
  - a. Not appropriate for the service provided; or
  - b. Based on errors in data or calculation.

The Department may issue revisions of the Nebraska Medicaid Home Health Agency Fee Schedule during the year that it is effective. Providers will be notified of the revisions and their effective dates.

Payment for supplies normally carried in the nursing bag and incidental to the nursing visit is included in the per visit rate. Medical supplies not normally carried in the nursing bag are provided by pharmacies or medical suppliers who bill Medicaid directly. Under extenuating circumstances, the home health agency may bill for a limited quantity of supplies.

Medicaid applies the following payment limitations:

Brief Services are performed by a home health or private-duty nursing service provider to complete the client's daily care in a duration of 15 minutes to two hours per visit, when medically necessary. The services may be divided into two or more trips.

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TN #. NE 14-011

Supersedes

TN #. NE 13-05

Approval Date December 3, 2014

Effective Date July 1, 2014