

Table of Contents

State/Territory Name: NE

State Plan Amendment (SPA) #: 15-0004

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

October 16, 2015

Calder Lynch, 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 Mr. Lynch:

On August 25, 2015, the Centers for Medicare & Medicaid Services received Nebraska state plan amendment (SPA) transmittal submitted SPA No.15-0004. The purpose of the SPA is to align state plan authority for managed care, with the 1915(b) amendment approved on August 25, 2015. SPA No. 15-0004 requires mandatory enrollment into physical health for children with special healthcare needs eligible through a subsidized adoption; individuals eligible for coverage through the Breast and Cervical Cancer Prevention program, and carves in hospice services and non-emergency transportation provided by ambulances into the physical health benefits package for the special needs children and American Indians/Alaskan Native populations. The SPA notes that effective July 1, 2015, the MCO contracts awarded effective July 1, 2015, were procured through sole sourcing. Lastly, this SPA updated language that references "mental retardation" to now reflect "intellectual disability".

SPA 15-0004 was approved on October 14, 2015, with an effective date of July 1, 2015, as requested. Enclosed is a copy of the CMS-179 summary form, as well as the approved SPA pages for incorporation into the Nebraska State Plan.

If you have any questions regarding this amendment, please contact Sandra Levels or Barbara Cotterman at 816-426-5925.

Sincerely,

//s//

Sophia Hinojosa
Acting Associate Regional Administrator
for Medicaid and Children's Health Operations

Enclosures

cc: Courtney Miller

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 15-0004	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 July 1, 2015	

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:	7. FEDERAL BUDGET IMPACT: a. FFY 2015 \$ b. FFY 2016 \$
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-F, pages 4, 8-9, 15-16	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-F, pages 4, 8-9, 15-16

10. SUBJECT OF AMENDMENT:
Physical health Managed Care Expanded Populations and Services

11. GOVERNOR'S REVIEW (Check One):
- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor has waived review
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Nancy Keller Division of Medicaid & Long-Term Care Nebraska Department of Health & Human Services 301 Centennial Mall South Lincoln, NE 68509
13. TYPED NAME: Calder Lynch	
14. TITLE: Director, Division of Medicaid and Long-Term Care	
15. DATE SUBMITTED: August 24, 2015	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: August 25, 2015	18. DATE APPROVED: October 14, 2015
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2015	20. SIGNATURE OF REGIONAL OFFICIAL: //s//
21. TYPED NAME: Sophia Hinojosa	22. TITLE: Acting Associate Regional Administrator for Medicaid and Children's Health Operations
23. REMARKS:	

State: Nebraska

Citation	Condition or Requirement
1932(a)(1)(A) 42 CFR 431.51 1905(a)(4)(C)	4. <input checked="" type="checkbox"/> The state assures that all the applicable requirements of 42 CFR 431.51 regarding freedom of choice for family planning services and supplies as defined in section 1905(a)(4)(C) will be met.
1932(a)(1)(A) 42 CFR 438 42 CFR 438.50(c)(4) 1903(m)	5. <input checked="" type="checkbox"/> The state assures that all applicable managed care requirements of 42 CFR Part 438 for MCOs and PCCMs will be met.
1932(a)(1)(A) 42 CFR 438.6(c) 42 CFR 438.50(c)(6)	6. <input checked="" type="checkbox"/> The state assures that all applicable requirements of 42 CFR 438.6(c) for payments under any risk contracts will be met.
1932(a)(1)(A) 42 CFR 447.362 42 CFR 438.50(c)(6)	7. <input type="checkbox"/> The state assures that all applicable requirements of for 42 CFR 447.362 payments under any nonrisk contracts will be met.
45 CFR 74.40	8. <input checked="" type="checkbox"/> The state assures that all applicable requirements of 45 CFR 92.36 for procurement of contracts will be met.

D. Eligible Groups

- 1932(a)(1)(A)(i)
1. List all eligible groups that will be enrolled on a mandatory basis.

Families, children, and pregnant women eligible for Medicaid under Section 1931 of the Social Security Act or related coverage groups; recipients eligible for Medicaid through the Medicaid expansion under the State Child Health Insurance Program (CHIP); AABD Adults; recipients eligible for Medicaid through the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (Every Women Matters).
 2. Mandatory exempt groups identified in 1932(a)(1)(A)(i) and 42 CFR 438.50.

Use a check mark to affirm if there is voluntary enrollment any of the following mandatory exempt groups.

State: Nebraska

Citation	Condition or Requirement
----------	--------------------------

- ii. Indians who are members of Federally recognized Tribes except when the MCO or PCCM is operated by the Indian Health Service or an Indian Health program operating under a contract, grant or cooperative agreement with the Indian Health Service pursuant to the Indian Self Determination Act; or an Urban Indian program operating under a contract or grant with the Indian Health Service pursuant to title V of the Indian Health Care Improvement Act.

Self-identification from the eligibility system. Nebraska has the authority to mandatorily enroll this group.

42 CFR 438.50

F. List other eligible groups (not previously mentioned) who will be exempt from mandatory enrollment

- a) Clients with Medicare coverage pursuant to 471 NAC 3-000;
- b) Clients residing in nursing facilities and receiving custodial care pursuant to 471 NAC 12-000;
- c) Clients residing in intermediate care facilities for the intellectually disabled (ICF/IID) pursuant to 471 NAC 31-000;
- d) Clients who are residing out of state (i.e. Children placed with relatives out of state, and who are designated as such by HHSS personnel);
- e) Aliens who are eligible for Medicaid for an emergency condition only pursuant to Titles 468, 469, 477, and 479 NAC;
- f) Clients participating in the refugee resettlement program/ medical pursuant to Title 470 NAC;
- g) Clients receiving services through the following home and community based waivers pursuant to Title 480 NAC for:
 - 1. Adults with intellectual disability or other related conditions;
 - 2. Aged persons, adults or children, with disabilities;
 - 3. Children with intellectual disability and their families;
 - 4. Clients receiving Developmental Disability Targeted Case Management Services; and
 - 5. Any other group for whom which the Nebraska HHS System has received approval of a 1915(c) waiver of the Social Security Act.
- h) Clients who have excess income (i.e. spenddown - met or unmet) pursuant to 471 NAC 3000.

TN No. NE 15-0004

Supersedes
TN No. 13-06

Approval Date October 14, 2015

Effective Date July 1, 2015

State: Nebraska

Citation	Condition or Requirement
	<ul style="list-style-type: none">i) Clients participating in the Subsidized Adoption Program, including those receiving subsidy from another state pursuant to Title 469 NAC. (Nebraska is requesting 1915(b) Waiver Authority to mandate enrollment into Managed Care.)j) Clients eligible during the period of presumptive eligibility pursuant to 471 NAC 28- 000.k) Transplant recipients pursuant to 471 NAC 10-000.l) Clients who have received a specific disenrollment/waiver of enrollment from the Nebraska Medicaid Managed Care program.m) American Indians and Alaskan Natives (Nebraska uses the 1915(b) Waiver Authority to mandate enrollment into managed care).n) Clients who have an eligibility program that is only retro-active.
42 CFR 438.50	G. <u>List all other eligible groups who will be permitted to enroll on a voluntary basis</u>
	H. <u>Enrollment process.</u>
1932(a)(4) 42 CFR 438.50	1. Definitions <ul style="list-style-type: none">i. An existing provider-recipient relationship is one in which the provider was the main source of Medicaid services for the recipient during the previous year. This may be established through state records of previous managed care enrollment or fee-for-service experience or through contact with the recipient.

State: Nebraska

Citation	Condition or Requirement
1932(a)(5) 42 CFR 438.50 42 CFR 438.10	<u> X </u> The state assures that its state plan program is in compliance with 42 CFR 438.10(i) for information requirements specific to MCOs and PCCM programs operated under section 1932(a)(1)(A)(i) state plan amendments. (Place a check mark to affirm state compliance.)
1932(a)(5)(D) 1905(t)	L. <u>List all services that are excluded for each model</u> <u>For the MCO program:</u> a. Pharmacy b. Dental c. HCBS Waiver services d. Mental Health/Substance services e. Nursing Facility services-custodial level of care f. ICF/IID services g. School-based services covered under Medicaid in Public Schools h. Non-Home Health Agency Approved Personal Care Aide Services (PAS) i. Optional targeted case management services j. Non-emergency transportation (except when provided by an ambulance).
1932 (a)(1)(A)(ii)	M. <u>Selective contracting under a 1932 state plan option</u> To respond to items #1 and #2, place a check mark. The third item requires a brief narrative. 1. The state will <u> X </u> /will not_____ intentionally limit the number of entities it contracts under a 1932 state plan option. 2. <u> X </u> The state assures that if it limits the number of contracting entities, this limitation will not substantially impair beneficiary access to services.

State: Nebraska

Citation

Condition or Requirement

3. Describe the criteria the state uses to limit the number of entities it contracts under a 1932 state plan option. (Example: a limited number of providers and/or enrollees.)

Nebraska uses a competitive procurement process and ensures that qualifying MCO contracts comply with federal procurement requirements and 45 CFR Section 92.36. The Department requires all participating MCOs to be licensed by the Nebraska Department of Commerce, Insurance Division. The Department sets the capitation rates and any contracting MCO must accept those rates for the respective Medicaid covered services. Effective July 1, 2015, the Department will enter into sole source contracts with the existing MCO's. These contracts will be effective through June 30, 2017. Nebraska Revised Statute 73-507 allows for sole source contracts in excess of fifty thousand dollars when preapproved by the Director of Administrative Services.

4. The selective contracting provision is not applicable to this state plan.