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State/Territory Name: Nebraska

State Plan Amendment (SPA) #: 16-0008

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

August 16, 2016

Calder Lynch, Medicaid Director
Department of Health & Human Services
301 Centennial Mall, S. 3rd Floor
PO Box 95026
Lincoln, NE 68509-5026

Dear Mr. Lynch:

On May 18 2016, the Centers for Medicare & Medicaid Services (CMS) received Nebraska's State Plan Amendment (SPA) transmittal #16-0008, with a proposed effective date of July 1, 2016. This SPA requests approval for coverage changes for hearing aids. This SPA adds the options of in-the-ear canal (ITC) and completely in-the-canal (CIC) hearing aids.

NE SPA 16-0008 was approved today, with an effective date of July 1, 2016, 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.

If you have any questions regarding this amendment, please contact Gail Brown at (816) 426-5925 or Gail.Brown@cms.hhs.gov.

Sincerely,

//s//

Leticia Barraza
Acting Associate Regional Administrator
for Medicaid and Children's Health Operations

Enclosure

cc: Courtney Phillips, CEO
Nancy Keller

| | | | |
|---|--|--|----------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | | 1. TRANSMITTAL NUMBER: NE 16-0008 | 2. STATE Nebraska |
| FOR: HEALTH CARE FINANCING ADMINISTRATION | | 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, 2016 | |
| 5. TYPE OF PLAN MATERIAL (<i>Check One</i>): | | | |
| <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>) | | | |
| 6. FEDERAL STATUTE/REGULATION CITATION: | | 7. FEDERAL BUDGET IMPACT: | |
| | | a. FFY 2016 \$0.00 | |
| | | b. FFY 2017 \$0.00 | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Item 11c, Page 3 of 3 | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A Item 11c, Page 3 of 3 | |
| 10. SUBJECT OF AMENDMENT: Hearing Aid Services | | | |
| 11. GOVERNOR'S REVIEW (<i>Check One</i>): | | | |
| <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: <i>✓</i> Calder Lynch | | Nancy Keller | |
| 14. TITLE: Director, Division of Medicaid and Long-Term Care | | Division of Medicaid & Long-Term Care | |
| 15. DATE SUBMITTED: May 18, 2016 | | Nebraska Department of Health & Human Services | |
| | | 301 Centennial Mall South | |
| | | Lincoln, NE 68509 | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED: May 18, 2016 | | 18. DATE APPROVED: August 16, 2016 | |
| PLAN APPROVED - ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2016 | | 20. SIGNATURE OF REGIONAL OFFICIAL: //s// | |
| 21. TYPED NAME: Leticia Barraza | | 22. TITLE: Acting Associate Regional Administrator for Medicaid and Children's Health Operations | |
| 23. REMARKS: | | | |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – SERVICES FOR INDIVIDUALS WITH SPEECH, HEARING, AND LANGUAGE DISORDERS

Nebraska Medicaid requires a complete audiogram (pure tone, air bone, masking, speech) for a hearing aid or assistive listening device, and a Form DM-5H "Physician's Report on Hearing Loss" to be filled out by the examining physician and either the examiner or the hearing aid dispenser.

Nebraska Medicaid requires that a client be evaluated by an E.N.T. when any of the following criteria is met:

1. The client has a conductive hearing loss;
2. The client has a unilateral hearing loss; or
3. The client is age 16 or younger.

Nebraska Medicaid covers standard in-the-ear, behind the ear, in the ear canal (ITC), completely in the canal (CIC), or body hearing aids. Bone conduction aids will be approved with Ear, Nose and Throat (E.N.T.) Specialist approval.

Nebraska Medicaid covers hearing aid batteries.

Exception: Nebraska Medicaid does not cover hearing aid batteries for residents of a nursing facility except with the initial fitting

Nebraska Medicaid does not cover accessories which are for convenience and not medically necessary.

Telehealth: Speech pathology and audiology services are covered when provided via telehealth technologies subject to the limitations as set forth in state regulations, as amended. Services requiring "hands on" professional care, such as hearing aid fittings, are excluded.

TN No. NE 16-0008

Supersedes

TN No. MS-08-09

Approval Date August 16, 2016 Effective Date July 1, 2016