

## **Table of Contents**

**State/Territory Name: NE**

**State Plan Amendment (SPA) #: 17-0005**

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**

---

January 29, 2017

Rocky Thompson, Interim Medicaid Director  
Department of Health & Human Services  
Division of Medicaid and Long-Term Care  
301 Centennial Mall South, 5<sup>th</sup> Floor  
PO Box 95026  
Lincoln, NE 68509-5026

Dear Mr. Thompson:

On July 20, 2017, the Centers for Medicare & Medicaid Services (CMS) received Nebraska's State Plan Amendment (SPA) Transmittal #17-0005. This SPA adds additional Medicaid reimbursable services when provided by a school district per Nebraska Revised Statute 68-911. Current Medicaid services reimbursable as school-based services are physical therapy, occupational therapy, and speech language pathology services. The additional services that will be reimbursable to school districts include nursing, personal assistance, medical transportation, vision, and mental health services.

SPA #17-0005 was approved January 25, 2017, with an effective date of September 1, 2017, 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 Karen Hatcher or Barbara Cotterman at (816) 426-5925.

Sincerely,

1/29/2018

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

Signe

Enclosure

cc:  
DHHS Nebraska  
Rosalind Sipe  
Nancy Keller

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: NE 17-0005	2. STATE Nebraska
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	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 September 1, 2017 **	

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: 42 CFR 440.170(a), 42 CFR 440.50(a), 42 CFR 440.130(d), 42 CFR 440.60(a), 42 CFR 440.110(b), 42 CFR 440.167, 42 CFR 440.110(a), 2 CFR Part 200	7. FEDERAL BUDGET IMPACT: a. FFY 2017      \$1,244,240.00 b. FFY 2018      \$15,117,516.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Item 4b, Pages 5-10 (new pages) * Attachment 4.19-B, Item 4b, page 4 (new page) Attachment 4.19-B, Item 11a, Page 2of2 Attachment 4.19-B, Item 11b, Page 2of2 Attachment 4.19-B, Item 11c, Page 2of2 Attachment 3.1-A, Item 4b, pgs 36- <del>43</del> <sup>52</sup> (new pages) ***	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment. 4.19-B, Item 11a, Page 2of2 Attachment 4.19-B, Item 11b, Page 2of2 Attachment 4.19-B, Item 11c, Page 2of2

10. SUBJECT OF AMENDMENT:  
Medicaid In Public Schools

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:  
Governor has waived review

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
13. TYPED NAME: <u>Thomas "Rocky" Thompson</u>	Nancy Keller Division of Medicaid & Long-Term Care Nebraska Department of Health & Human Services 301 Centennial Mall South Lincoln, NE 68509
14. TITLE: Interim Director, Division of Medicaid and Long-Term Care	
15. DATE SUBMITTED: July 12, 2017	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: July 12, 2017	18. DATE APPROVED: January 25, 2018
<b>PLAN APPROVED – ONE COPY ATTACHED</b>	
19. EFFECTIVE DATE OF APPROVED MATERIAL: September 1, 2017	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Leticia Barraza	22. TITLE: Acting Associate Regional Administrator for Medicaid and Children's Health Operations

23. REMARKS:

\*\* Pen and ink change per state email dated 7.20.17.  
\* Pen and ink change per state email dated 10.16.17.  
\*\*\* Pen and ink change per state email dated 1.3.18.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

LIMITATIONS – EARLY AND PERIODIC SCREENING AND DIAGNOSTIC AND TREATMENT  
OF CONDITIONS FOUND

---

**SCHOOL-BASED SERVICES Covered Under EPSDT:**

School-based services are provided by school districts, educational service units (ESUs), and approved cooperatives providing special education and related services to Medicaid eligible beneficiaries' birth to 21 years of age enrolled in Nebraska Medicaid. The service(s) must be defined as medically necessary, must be referred or prescribed by a physician, physician's assistant, or certified nurse practitioner, and documented in the Individualized Education Plan (IEP) or an Individual Family Service Plan (IFSP). Nebraska school districts, ESUs, and approved cooperatives providing special education and related services are enrolled in Nebraska Medicaid as the qualified providers of services. Direct services must be delivered by qualified provider types, as identified below, in a school setting.

The Educational Service Units (ESU's) are a public authority legally constituted within a State for administrative direction and to perform a service functions of public elementary and secondary schools for a combination of school districts or counties that is recognized in a State as an administrative agency for its public elementary or secondary schools.

**Free Choice of Providers:** Free choice of providers is available to the member. Providers not under contract or employed by a school district, ESU, or approved cooperative can provide services if they are qualified and willing to do so.

**Qualified Providers:** A qualified health care professional is defined as an individual who is registered, certified or licensed by the Department of Public Health as a health care professional who acts within the profession's scope of practice. In the absence of state regulations, a qualified health care professional must be registered or certified by the relevant national professional health organization and must be allowed to practice if the provider is qualified per State Law.

**Medical Transportation Services (42 CFR 440.170(a))**

Definition:

Provide transportation to and from where a Medicaid covered service is received. Transportation must be provided on the same date of service that a Medicaid-covered service is received. The point of origination and termination must be at the school.

Limitations:

Medical Transportation Services must be provided by a school district employee. Transportation services must be provided on a specially adapted school vehicle.

---

TN NO. NE 17-0005

Supersedes

TN No. New Page

Approval Date January 25, 2018

Effective Date September 1, 2017

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

LIMITATIONS – EARLY AND PERIODIC SCREENING AND DIAGNOSTIC AND TREATMENT  
OF CONDITIONS FOUND

---

Provider Qualifications:

Provider personnel (bus driver, attendant, etc.) must be employed by or under contract with the school district, ESU, or approved cooperatives providing special education and related services. Nebraska school districts, ESUs, and approved cooperatives providing special education and related services must be enrolled in Nebraska Medicaid as the qualified providers of services

**Mental Health and Substance Use Disorder Services (42 CFR 440.130(d))**

Definition:

Mental Health and Substance Use Disorder services are available when medically necessary and documented in the IEP or IFSP. Mental Health and Substance Use Disorder services include: psychotherapy services, psychological testing, Applied Behavioral Analysis, substance use services, assessment and referral needs for specific counseling services, and evaluation.

Provider Qualifications:

Psychological services may be provided by: Physician, Licensed Psychologist within their scope of practice in State law, Licensed Independent Mental Health Practitioner (LIMHP) within their scope of practice in State law, Licensed Mental Health Practitioner (LMHP) within their scope of practice in State law, Licensed Alcohol and Drug Counselor (LADC) within their scope of practice in State law for substance use services only, Provisionally Licensed LADC for substance use only within their scope of practice in State law, Provisionally Licensed Psychologist within their scope of practice in State law, Provisionally Licensed Mental Health Practitioner (PLMHP) within their scope of practice in State law, Board Certified Behavioral Analyst, Board Certified Assistant Behavioral Analyst, and Registered Behavior Technician.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

LIMITATIONS – EARLY AND PERIODIC SCREENING AND DIAGNOSTIC AND TREATMENT  
OF CONDITIONS FOUND

---

Provisionally Licensed Psychologist

(This license applies only to persons earning experience in Nebraska towards the Psychology license.)

1. Have a doctoral degree in psychology that meets the standards of accreditation adopted by the American Psychological Association (APA) or evidence to demonstrate equivalency to APA.
2. Have completed a 1-year APA accredited internship or equivalent.
3. Have a designated supervisor who is a Nebraska licensed psychologist.

Provisionally Licensed Mental Health Practitioner

(This license applies only to persons earning experience in Nebraska towards the LMHP/LIMHP)

1. Have received at least a master's degree that consists of course work and training which was primarily therapeutic mental health in content and included a practicum or internship and was from an approved educational program.
2. Have a designated supervisor (LMHP, LIMHP, licensed psychologist or licensed physician).

Provisional Alcohol and Drug Counselor:

1. Has a High School Diploma or GED or College Degree.
2. Completed 270 clock hours of education (workshops, seminars, institutes, college/university coursework) related to the knowledge and skills of alcohol and drug counseling.
3. Completed supervised practical training, which includes performing a minimum of 300 hours in the 12 core functions and no single function performed less than 10 hours. (LADC, LMHP, LIMHP, licensed psychologist or licensed physician)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

LIMITATIONS – EARLY AND PERIODIC SCREENING AND DIAGNOSTIC AND TREATMENT  
OF CONDITIONS FOUND

---

Registered Behavior Technician.

1. This provider shall have a bachelor's degree in psychology, social work, child development or related field.
2. The equivalent of one year of full-time work experience or graduate studies in direct child/adolescent services, ASD and/or DD services, or a high school degree and two years post high school education in the human services field with two years full time work experience in direct child/adolescent services or ASD and/or DD services.
3. The provider must meet the certification qualifications of the Behavior Analyst Certification Board.

Board Certified Behavioral Analyst

1. This provider shall have a master's degree in behavior analysis
2. Be board certified by the Behavior Analyst Certification Board.

Board Certified assistant Behavioral Analyst (BCaBA)

1. This provider shall have a bachelor's degree in psychology, social work, child development or related field
2. The equivalent of one year of full-time work experience or graduate studies in direct child/adolescent services, ASD and/or DD services.
3. The provider must meet the certification qualifications of the Behavior Analyst Certification Board.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NebraskaLIMITATIONS – EARLY AND PERIODIC SCREENING AND DIAGNOSTIC AND TREATMENT  
OF CONDITIONS FOUND

---

Service	Subcomponent	Provider
Behavioral Health Services: Services offered to help treat mental health and substance use disorder as it affects learning and the learning environment.		
	Individual Therapy: Individual psychotherapy is therapeutic encounters between the licensed clinician and the individual for the purposes of treating a mental health /youth substance use disorder through scheduled therapeutic visits. The focus of individual therapy is to improve or alleviate symptoms that may significantly interfere with functioning.	Licensed Psychologist, Provisionally Licensed Psychologist, Licensed Independent Mental Health Practitioner, Licensed Mental Health Practitioner, Provisionally Licensed Mental Health Practitioner

TN NO. NE 17-0005

Supersedes

TN No. New PageApproval Date January 25, 2018Effective Date September 1, 2017



## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NebraskaLIMITATIONS – EARLY AND PERIODIC SCREENING AND DIAGNOSTIC AND TREATMENT  
OF CONDITIONS FOUND

---

	<p><b>Group Therapy:</b> Group therapy is the treatment of psychiatric/substance use disorders through scheduled therapeutic visits between the therapist and the Medicaid eligible individuals in the context of a group setting including participants with a common goal. The focus of group therapy is to improve an individual's ability to function as well as alleviate symptoms that may significantly interfere with their interpersonal functioning. Group therapy will provide active treatment for a primary DSM (current edition) diagnosis. The goals, frequency, and duration of group treatment will vary according to individual needs and response to treatment.</p>	<p>Licensed Psychologist, Provisionally Licensed Psychologist, Licensed Independent Mental Health Practitioner, Licensed Mental Health Practitioner, Provisionally Licensed Mental Health Practitioner</p>
--	--	--

TN NO. NE 17-0005

Supersedes

TN No. New PageApproval Date January 25, 2018Effective Date September 1, 2017

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NebraskaLIMITATIONS – EARLY AND PERIODIC SCREENING AND DIAGNOSTIC AND TREATMENT  
OF CONDITIONS FOUND

---

	<p><b>Family Therapy:</b> Family therapy is for the treatment of mental health and substance use disorders (youth only) through scheduled therapeutic visits between the therapist, the individual, and the nuclear or the extended family. The specific objective of treatment shall be to alter the family system to increase the functional level of the identified individual and family by focusing services/interventions on the systems within the family unit. This therapy is typically provided with the family members and the identified individual. Counseling services to the beneficiary's family and significant others is for the direct benefit of the beneficiary, in accordance with the beneficiary's needs and treatment goals identified in the beneficiary's treatment plan, and for the purpose of assisting in the beneficiary's recovery.</p>	<p>Licensed Psychologist, Provisionally Licensed Psychologist, Licensed Independent Mental Health Practitioner, Licensed Mental Health Practitioner, Provisionally Licensed Mental Health Practitioner</p>
--	--	--

---

TN NO. NE 17-0005

Supersedes

TN No. New PageApproval Date January 25, 2018Effective Date September 1, 2017

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

LIMITATIONS – EARLY AND PERIODIC SCREENING AND DIAGNOSTIC AND TREATMENT  
OF CONDITIONS FOUND

---

	Psychological Testing: Psychological testing involves the culturally and linguistically competent administration and interpretation of standardized tests to assess an individual's psychological or cognitive functioning.	Licensed Psychologist, Provisionally Licensed Psychologist
--	--	---

---

TN NO. NE 17-0005

Supersedes Approval Date January 25, 2018 Effective Date September 1, 2017

TN No. New Page

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NebraskaLIMITATIONS – EARLY AND PERIODIC SCREENING AND DIAGNOSTIC AND TREATMENT  
OF CONDITIONS FOUND

	Assessment and Referral for counseling services (Initial Diagnostic Interview)	Physician, Physician Assistant, APRN, Licensed Psychologist, Provisionally Licensed Psychologist, Licensed Independent Mental Health Practitioner
<p>Behavior modification is an EPSDT service that seeks to identify maladaptive behaviors in order to replace those behaviors with socially acceptable behaviors through the use of counseling modalities and behavioral training which may involve interventions to:</p> <ul style="list-style-type: none"> <li>• change an individual's behavior and emotional state;</li> <li>• Address the function and efficiency of the problematic behavior in the least restrictive manner;</li> <li>• Promote the development of alternative adaptive skills; and</li> <li>• Improve socially significant behaviors.</li> </ul>		Licensed Psychologist, Provisionally Licensed Psychologist, Board Certified Behavioral Analyst, Board Certified Assistant Behavioral Analyst, Registered Behavior Technician

TN NO. NE 17-0005

Supersedes

TN No. New PageApproval Date January 25, 2018Effective Date September 1, 2017

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NebraskaLIMITATIONS – EARLY AND PERIODIC SCREENING AND DIAGNOSTIC AND TREATMENT  
OF CONDITIONS FOUND

Substance Use Service: Services used to assess an individual's substance use and provide treatment for individuals diagnosed with a substance use disorder as it affects learning and the learning environment.		
	Substance use assessment: Screening and assessment for indicators of substance use for which a treatment plan is developed.	Licensed Psychologist, Provisionally Licensed Psychologist, Licensed Independent Mental Health Practitioner, Licensed Mental Health Practitioner, Provisionally Licensed Mental Health Practitioner, Licensed Alcohol and Drug Counselor, Provisionally Licensed Alcohol and Drug Counselor
	Individual Therapy: Individual psychotherapy is therapeutic encounters between the licensed clinician and the individual for the purposes of treating a mental health /youth substance use disorder condition through scheduled therapeutic visits. The focus of therapy is to improve or alleviate symptoms that may significantly interfere with functioning.	Licensed Psychologist, Provisionally Licensed Psychologist, Licensed Independent Mental Health Practitioner, Licensed Mental Health Practitioner, Provisionally Licensed Mental Health Practitioner, Licensed Alcohol and Drug Counselor, Provisionally Licensed Alcohol and Drug Counselor

TN NO. NE 17-0005

Supersedes

TN No. New PageApproval Date January 25, 2018Effective Date September 1, 2017

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NebraskaLIMITATIONS – EARLY AND PERIODIC SCREENING AND DIAGNOSTIC AND TREATMENT  
OF CONDITIONS FOUND

---

	<p>Group Therapy:</p> <p>Group therapy is the treatment of substance use disorders through scheduled therapeutic visits between the therapist and the Medicaid eligible individuals in the context of a group setting including participants with a common goal. The focus of group therapy is to improve an individual's ability to function as well as alleviate symptoms that may significantly interfere with their interpersonal functioning in at least one life domain (e.g. familial, social, occupational, educational, etc.). Group therapy will provide active treatment for a primary DSM (current edition) diagnosis. The goals, frequency, and duration of group treatment will vary according to individual needs and response to treatment.</p>	<p>Licensed Psychologist, Provisionally Licensed Psychologist, Licensed Independent Mental Health Practitioner, Licensed Mental Health Practitioner, Provisionally Licensed Mental Health Practitioner, Licensed Alcohol and Drug Counselor, Provisionally Licensed Alcohol and Drug Counselor</p>
--	---	--

TN NO. NE 17-0005

Supersedes

TN No. New PageApproval Date January 25, 2018Effective Date September 1, 2017

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NebraskaLIMITATIONS – EARLY AND PERIODIC SCREENING AND DIAGNOSTIC AND TREATMENT  
OF CONDITIONS FOUND

---

	Family Therapy: Family Therapy is for the treatment of substance use disorders (youth only) through scheduled therapeutic visits between the therapist, the individual, and the nuclear or the extended family. The specific objective of treatment shall be to alter the family system to increase the functional level of the identified individual and family by focusing services/interventions on the systems within the family unit. This therapy is typically provided with the family members and the identified individual. Counseling services to the beneficiary's family and significant others is for the direct benefit of the beneficiary, in accordance with the beneficiary's needs and treatment goals identified in the beneficiary's treatment plan, and for the purpose of assisting in the beneficiary's recovery.	Licensed Psychologist, Provisionally Licensed Psychologist, Licensed Independent Mental Health Practitioner, Licensed Mental Health Practitioner, Provisionally Licensed Mental Health Practitioner, Licensed Alcohol and Drug Counselor, Provisionally Licensed Alcohol and Drug Counselor
--	--	---

Telehealth:

Rehabilitative services are covered when provided via telehealth technologies subject to the limitations set forth in state regulations.

TN NO. NE 17-0005

Supersedes

TN No. New PageApproval Date January 25, 2018Effective Date September 1, 2017

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

LIMITATIONS – EARLY AND PERIODIC SCREENING AND DIAGNOSTIC AND TREATMENT  
OF CONDITIONS FOUND

---

**Nursing Services**

Definition:

Nursing services are available when medically necessary and documented in an IEP or IFSP. Nursing services are provided through direct intervention. Direct nursing service interventions are within the scope of professional practice of the Registered Nurse (RN) or Licensed Practical Nurse (LPN) and must occur during a face-to-face encounter.

Limitations:

Nursing services considered stand-by in nature are not covered.

Provider Qualifications:

Nursing services may be provided by a RN as licensed by the state, a LPN as licensed by the state, health technician or health paraprofessional under the supervision of a licensed RN. Provider personnel must be employed by or under contract with the school district, ESU, or approved cooperatives providing special education and related services. Nebraska school districts, ESUs, and approved cooperatives providing special education and related services must be enrolled in Nebraska Medicaid as the qualified providers of services. The educational requirements and the licensure requirements are as follows:

- I. RN: two years to four years of education at a college or university. The education requirement of two years results in a diploma. The education requirement of four years results in a bachelor's degree. Must be licensed by the state.
- II. LPN: nine months to one year of education, graduate from a practical nursing program. Must always be under the supervision of an RN, and be licensed by the state.
- III. Health Technician or Health Paraprofessional: must be 19 years of age and work under the supervision of a RN.



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

LIMITATIONS – EARLY AND PERIODIC SCREENING AND DIAGNOSTIC AND TREATMENT  
OF CONDITIONS FOUND

---

**Physical Therapy Services (42 CFR 440.110(a))**

Definition:

Physical therapy services are services available when medically necessary and documented in the IEP or IFSP. They are provided by or directed by a licensed physical therapist. Physical Therapy Services are provided in accordance with regulations at 42 CFR 440.110(a).

Provider Qualifications:

Physical therapy services must be provided by a licensed physical therapist, licensed physical therapy assistant or paraprofessional under the supervision of licensed physical therapist. Providers must be employed by or under contract with the school district, ESU, or approved cooperatives providing special education and related services. Nebraska school districts, ESUs, and approved cooperatives providing special education and related services must be enrolled in Nebraska Medicaid as the qualified providers of services.

Telehealth:

Physical Therapy services are covered when provided via telehealth technologies subject to the limitations set forth in state regulations.

**Occupational Therapy Services (42 CFR 440.110(b))**

Definition:

Occupational therapy services are services available when medically necessary and documented in the IEP or IFSP. They are provided by or directed by a licensed occupational therapist. Occupational Therapies are provided in accordance with 42CFR 440.110(b).

Provider Qualifications:

Occupational therapy services must be provided by a licensed occupational therapist, licensed occupational therapy assistant, or a paraprofessional under the supervision of a licensed occupational therapist. Provider personnel must be employed by or under contract with the school district, ESU, or approved cooperatives providing special education and related services. Nebraska school districts, ESUs, and approved cooperatives providing special education and related services must be enrolled in Nebraska Medicaid as the qualified providers of services.

Telehealth:

Occupational Therapy services are covered when provided via telehealth technologies subject to the limitations set forth in state regulations.

---

TN NO. NE 17-0005

Supersedes

TN No. New Page

Approval Date January 25, 2018

Effective Date September 1, 2017

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NebraskaLIMITATIONS – EARLY AND PERIODIC SCREENING AND DIAGNOSTIC AND TREATMENT  
OF CONDITIONS FOUND

---

**Services for Individuals with Speech, Hearing, and Language Disorders**Definition:

Speech, language, and hearing services are available when medically necessary and documented in the IEP or IFSP. They are provided by or directed by a Speech Language Pathologist or Audiologist or under the direction of a Speech Language Pathologist or Audiologist. Services for individuals with speech, hearing, and language disorders are provided in accordance with regulations at 42 CFR 440.110(c).

Provider Qualifications:

Speech, language, and hearing services must be provided by a currently licensed speech pathologist, a currently licensed audiologist or a paraprofessional under the supervision of a licensed speech pathologist. Provider personnel must be employed by or under contract with the school district, ESU, or approved cooperatives providing special education and related services. Nebraska school districts, ESUs, and approved cooperatives providing special education and related services must be enrolled in Nebraska Medicaid as the qualified providers of services.

Telehealth:

Services for Individuals with Speech, Hearing, and Language Disorders are covered when provided via telehealth technologies subject to the limitations set forth in state regulations.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

LIMITATIONS – EARLY AND PERIODIC SCREENING AND DIAGNOSTIC AND TREATMENT  
OF CONDITIONS FOUND

---

**Personal Care Services (42 CFR 440.167)**

Definition:

Personal assistance services are tasks to assist with Activities of Daily Living (ADLs), intended to supplement the child's own personal abilities and resources and documented in the IEP or IFSP. Personal Care Services are provided in accordance with regulations at 42 CFR 440.167.

- i. Basic personal hygiene;
- ii. Toileting/bowel and bladder care;
- iii. Mobility and transfers;
- iv. Assistance with self-administered medications; and
- v. Assistance with food, nutrition, and diet activities.

These services are provided by paraprofessionals.

Limitations:

Supervision, which provides for a person to be present without specific tasks to be completed, is not allowed.

Provider Qualifications:

Personal assistance providers must be age 19 or older. Provider personnel must be employed by or under contract with the school district, ESU, or approved cooperatives providing special education and related services. Nebraska school districts, ESUs, and approved cooperatives providing special education and related services must be enrolled in Nebraska Medicaid as the qualified providers of services.

---

TN NO. NE 17-0005

Supersedes

TN No. New Page

Approval Date January 25, 2018

Effective Date September 1, 2017

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

LIMITATIONS – EARLY AND PERIODIC SCREENING AND DIAGNOSTIC AND TREATMENT  
OF CONDITIONS FOUND

---

**Optometrist Services (42 CFR 440. 60)**

Optometrist services: Services furnished by an Optometrist are covered in accordance with their scope of practice within the state. These services are to be documented in the IEP or IFSP.

Telehealth:

Other Licensed Practitioner services are covered when provided via telehealth technologies subject to the limitations set forth in state regulations.

---

TN NO. NE 17-0005

Supersedes

TN No. New Page

Approval Date January 25, 2018

Effective Date September 1, 2017

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

---

- A. Reimbursement Methodology for Special Education School-Based Services  
School-based services, known as Medicaid in Public Schools (MIPS), are delivered by the Nebraska Public School Districts (K-12 educational institutions and Educational Service Units (ESUs); and include the following services pursuant to Nebraska Revised Statute 68-911(4):
1. Medical Transportation Services
  2. Mental Health and substance Use Disorder Services
  3. Nursing Services
  4. Physical Therapy Services
  5. Occupational Therapy Services
  6. Personal Care Services
  7. Services for Speech, Hearing, and Language Disorders
  8. Visual Care Services
- B. Direct Medical Services Payment Methodology:  
Beginning with cost reporting period September 1, 2017, effective for services on or after September 1, 2017, the State of Nebraska Medicaid Agency will begin settling Medicaid reimbursement for direct medical services.

Changes to the payment methodology are presented to accommodate the state moving to a cost based reporting methodology for its MIPS direct service program. ESU, school or school district employees perform direct service activities in support of the Medicaid program. Under the new payment methodology, a random moment time study (RMTS) is used for identifying and categorizing Medicaid direct service activities performed by employees.

The time-study results serves as the basis for developing each school district's quarterly interim payments for the direct service activities utilizing a quarterly cost report methodology. The same time study results are used in the calculation of annual MIPS Cost Settlements. The annual MIPS Cost Settlement compares each school district's quarterly interim payments for the same period to the annual Cost Settlement calculation. Each school district's quarterly interim payments are compared to their Annual Cost Settlement to determine if they have been over or under paid.

---

TN #. NE 17-0005

Supersedes

Approval Date January 25, 2018

Effective Date September 1, 2017

TN #. New Page

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

---

If interim payments exceed the amount calculated on the annual Cost Settlement, the school district is obligated to return the overpayment to the State of Nebraska. If interim payments are less than the amount calculated on the annual Cost Settlement, the State of Nebraska will pay these additional monies to the school district.

C. Data Capture for the Cost of Providing Health-Related Services  
Data capture for the cost of providing health-related services will be accomplished utilizing the following data sources:

1. Total direct and indirect costs, less any federal payments for these costs, are captured utilizing the following data:
  - a. MIPS cost reports received from school districts and ESUs;
  - b. Nebraska Department of Education (NDE) Unrestricted Indirect Cost Rate (IDCR);
  - c. Random Moment Time Study (RMTS) Activity Code 4b (Direct Medical Services), and Activity Code 10 (General Administration); and
  - d. School District/ESUs specific IEP Ratios.

D. Data Sources and Cost Finding Steps

The following provides a description of the data sources and steps to complete the cost reporting and reconciliation:

1. Allowable Costs:

Direct costs for direct medical services include unallocated payroll costs and other unallocated costs that can be directly charged to direct medical services. Direct payroll costs include total compensation (i.e., salaries and benefits and contract compensation) of direct services personnel listed in State Plan Attachment 3.1-A, Item b, pages 36-43 section of the covered Medicaid services delivered by school districts and ESUs. These direct costs are calculated on a district-specific level and are reduced by any federal payments for these costs, resulting in adjusted direct costs.

Other direct costs include costs directly related to the approved direct services personnel for the delivery of medical services, such as medically-related purchased services, supplies and materials. These direct costs are accumulated on the quarterly MIPS Cost Report and are reduced by any federal payments for these costs, resulting in adjusted direct costs. The cost report contains the scope of cost and methods of cost allocation that are approved by the Centers for Medicare & Medicaid Services (CMS).

---

TN #. NE 17-0005

Supersedes

Approval Date January 25, 2018

Effective Date September 1, 2017

TN #. New Page

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

---

The source of this financial data becomes audited Chart of Account records kept at the school district and ESUs level. The Chart of Accounts is uniform throughout the state of Nebraska.

a. Direct Medical Services

Non-federal cost pool for allowable providers consists of:

- i. Salaries;
- ii. Benefits;
- iii. Medically-related purchased services; and
- iv. Medically-related supplies and materials

2. Indirect Costs:

Indirect costs are determined by applying the school district's specific unrestricted indirect cost rate to its adjusted direct costs. Nebraska public school districts and ESUs use predetermined fixed rates for indirect costs. Nebraska Department of Education has, in cooperation with the United States Department of Education (ED), developed an indirect cost plan to be used by school districts and ESUs in Nebraska. Pursuant to the authorization in 34 CFR §75.561(b), NDE approves unrestricted indirect cost rates for school districts for the ED, which is the cognizant agency for school districts. Providers are permitted only to certify Medicaid-allowable costs and are not permitted to certify any indirect costs that are outside their unrestricted indirect cost rate.

Indirect Cost Rate

- a. Apply the Nebraska Department of Education Cognizant Agency Unrestricted Indirect Cost Rate applicable for the dates of service in the rate year.
- b. The NDE IDCR is the unrestricted indirect cost rate calculated by the Nebraska Department of Education.

---

TN #. NE 17-0005

Supersedes

Approval Date January 25, 2018

Effective Date September 1, 2017

TN #. New Page

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

---

3. Time Study Percentages:  
A CMS-approved time study is used to determine the percentage of time that medical service personnel spend on direct medical services, general and administrative time and all other activities to account for 100 percent of time to assure that there is no duplicate claiming. The appropriate time study results are applied to the direct medical services and targeted case management services cost pools. The direct medical services costs and targeted case management services costs and their respective time study results are aligned to ensure proper cost allocation. The CMS approval letter for the time study are maintained by the State of Nebraska and CMS.
  4. IEP Ratio Determination:  
A district-specific IEP Ratio is established for each participating school district or ESU on an annual basis. This annual IEP Ratio is applied to each quarterly cost report for the determination of interim payments, and is used in the calculation of the annual Cost Settlement. When applied, this IEP Ratio will discount the Direct Medical cost pool by the percentage of IEP Medicaid students. The names and birthdates of students with a health related IEP identified from the December 1 Report and matched against the Medicaid eligibility file to determine the percentage of those that are eligible for Medicaid. The students with a health related IEP are identified and matched against the Medicaid eligibility file to determine the percentage of those that are eligible for Medicaid. The numerator of the rate are the students with an IEP that are eligible for Medicaid and the denominator is the total number of students with an IEP.
  5. Total Medicaid Reimbursable Cost:  
The result of the previous steps is a total Medicaid reimbursable cost for each school district or ESU for Direct Medical Services. Reported expenditures must be reasonable, allowable, and allocable, and must be adjusted, if necessary, to comport with the guidelines specified in the CMS-approved time study.
- E. Specialized Transportation Services Payment Methodology  
The effective date of specialized transportation services begins on September 1, 2017. Providers are reimbursed on an annual basis for trips originating and terminating from the school building for students with a plan of care, IEP or IFSP, to receive a Medicaid approved school health service. The calculation of specialized transportation reimbursement is completed annually through the annual Cost Settlement process. Specialized transportation services are defined as transportation services that require a specially equipped vehicle, or the use of specialized equipment.
- 

TN #. NE 17-0005

Supersedes

Approval Date January 25, 2018Effective Date September 1, 2017TN #. New Page



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

---

Transportation costs included on the cost report worksheet only include those personnel and non-personnel costs associated with special education reduced by any federal payments for these costs, resulting in adjusted costs for transportation. The cost identified on the cost report includes the following:

1. Bus Drivers
2. Mechanics
3. Substitute Drivers
4. Fuel
5. Repairs & Maintenance
6. Rentals
7. Contract Use Cost
8. Depreciation

The source of these costs are audited Chart of Accounts data kept at the school district and ESU level. The Chart of Accounts is uniform throughout the State of Nebraska. Special education transportation costs include those adapted for wheelchair lifts and other special modifications which are necessary to equip a school bus in order to transport children with disabilities.

When school districts or ESUs are not able to discretely identify the special education transportation cost from the general education transportation costs, a special education transportation cost discounting methodology is applied. A rate is established and applied to the total transportation cost of the school district or ESU.

This rate is based on the Total IEP SPED Students in District Receiving Specialized Transportation divided by the Total Students in District Receiving Transportation. The result of this rate (%) multiplied by the Total School District or ESU Transportation Cost for each of the categories listed above are included on the cost report. It is important to note that this cost will be further discounted by the ratio of Medicaid Eligible SPED IEP One Way Trips divided by the total number of SPED IEP One Way Trips. This data will be provided from bus logs. The process will ensure that only one way trips for Medicaid eligible Special Education children with IEP's are reimbursed.

---

TN #. NE 17-0005

Supersedes

Approval Date January 25, 2018

Effective Date September 1, 2017

TN #. New Page

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

---

Transportation is claimed as a Medicaid service when the following conditions are met:

1. Special transportation is specifically listed in the IEP as a required service;
2. The child required transportation in a vehicle adapted to serve the needs of an individual with a disability;
3. A Medicaid covered service is provided on the day of specialized transportation;
4. When claiming these costs, each school district is responsible for maintaining written documentation, such as a trip log, for individual trips provided; and
5. The driver has a valid driver's license.

F. Certification of Costs Process:

On a quarterly and annual basis, each provider certifies through its cost report, its total actual, incurred Medicaid allowable costs/expenditures, including the federal share and the nonfederal share. Providers are permitted only to certify Medicaid-allowable costs and are not permitted to certify any indirect costs that are outside their unrestricted indirect cost rate.

G. Quarterly Interim Payment Process

For Medicaid services provided in schools during the state fiscal year, each school district and ESU completes a quarterly cost report to calculate their allowable interim payments. The primary purposes of the cost report process are to: document the provider's total CMS-approved, Medicaid allowable costs of delivering Medicaid coverable services using a CMS-approved cost allocation methodology.

H. Annual Cost Report Process

Each provider completes an annual cost report for all school health services delivered during the previous state fiscal year covering September 1 through August 31. The cost report is due on or before September 1 of the year following the reporting period. The primary purposes of the cost report are to:

1. Document the provider's total CMS-approved, Medicaid allowable scope of costs for delivering school health services, including direct costs and indirect costs, based on CMS-approved cost allocation methodology procedures; and
2. Reconcile its quarterly interim payments to its total CMS-approved, Medicaid-allowable scope of costs based on CMS-approved cost allocation methodology procedures. The annual MIPS Cost Report includes a certification of funds statement to be completed, certifying the provider's actual, incurred costs/expenditures. All filed annual MIPS Cost Reports are subject to a desk review by DHHS or its designee.

---

TN #. NE 17-0005

Supersedes

Approval Date January 25, 2018

Effective Date September 1, 2017

TN #. New Page

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State NebraskaMETHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

---

## I. The Cost Reconciliation Process

The cost reconciliation process must be completed within twenty-four months of the end of the reporting period covered by the annual MIPS Cost Report. The total CMS-approved, Medicaid allowable scope of costs based on CMS-approved cost allocation methodology procedures are compared to the provider's Medicaid interim payments during the reporting period, resulting in a cost reconciliation. For the purposes of cost reconciliation, the state may not modify the CMS-approved scope of costs, the CMS-approved cost allocation methodology procedures, or its CMS approved time study for cost-reporting purposes. Any modification to the scope of cost, cost allocation methodology procedures, or time study for cost-reporting purposes requires approval from CMS prior to implementation; however, such approval does not necessarily require the submission of a new state plan amendment.

## J. The Cost Settlement Process

For services delivered for a period covering September 1<sup>st</sup>, through August 31<sup>st</sup>, the annual MIPS Cost Report is due on or before September 1<sup>st</sup> of the preceding year (4 months after the fiscal year end), with the cost reconciliation and settlement processes completed no later than May 1<sup>st</sup> (9 months after the fiscal year end).

If a provider's interim payments exceed the actual, certified costs of the provider for school health services to Medicaid clients, the provider returns an amount equal to the overpayment. If the actual, certified costs of a provider for school health services exceed the interim Medicaid payments, DHHS will pay the federal share of the difference to the provider in accordance with the final actual certification agreement and submit claims to CMS for reimbursement of that payment in the federal fiscal quarter following payment to the provider. DHHS shall issue a notice of settlement that denotes the amount due to or from the provider.

---

TN #. NE 17-0005

Supersedes

Approval Date January 25, 2018Effective Date September 1, 2017TN #. New Page

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

---

Payment for Telehealth Services: Payment for telehealth services is set at the Medicaid rate for the comparable in-person service.

Payment for Telehealth Transmission Costs: Payment for telehealth transmission costs is set at the lower of: (1) the provider's submitted charge; or (2) the maximum allowable amount.

The Department reimburses transmission costs for line charges when directly related to a covered telehealth service. The transmission must be in compliance with the quality standards for real time, two way interactive audiovisual transmission as set forth in state regulations, as amended.

---

TN #. NE 17-0005

Supersedes

TN #. MS-00-06

Approval Date January 25, 2018

Effective Date September 1, 2017

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

---

Payment for Telehealth Services: Payment for telehealth services is set at the Medicaid rate for the comparable in-person service.

Payment for Telehealth Transmission Costs: Payment for telehealth transmission costs is set at the lower of: (1) the providers submitted charge; or (2) the maximum allowable amount.

The Department reimburses transmission costs for line charges when directly related to a covered telehealth service. The transmission must be in compliance with the quality standards for real time, two way interactive audiovisual transmission as set forth in state regulations, as amended.

---

TN #. NE 17-0005

Supersedes

TN #. MS-00-06

Approval Date January 25, 2018

Effective Date September 1, 2017

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

---

Payment for Telehealth Services: Payment for telehealth services is set at the Medicaid rate for the comparable in-person service.

Payment for Telehealth Transmission Costs: Payment for telehealth transmission costs is set at the lower of: (1) the provider's submitted charge; or (2) the maximum allowable amount.

The Department reimburses transmission costs for line charges when directly related to a covered telehealth service. The transmission must be in compliance with the quality standards for real time, two way interactive audiovisual transmission as set forth in state regulations, as amended.

---

TN #. NE 17-0005

Supersedes

TN #. MS-00-06

Approval Date January 25, 2018

Effective Date September 1, 2017