

Table of Contents

State/Territory Name: NE

State Plan Amendment (SPA) #: 18-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages



Financial Management Group

Matthew A. Van Patten, DHA
Director, Division of Medicaid & Long Term Care
Nebraska Department of Health & Human Services
301 Centennial Mall South
Lincoln, NE 68509

September 4, 2018

RE: Nebraska State Plan Amendment TN: 18-0001

Dear Mr. Van Patten:

We have reviewed the proposed amendment to Attachments 4.19-D, 4.39, 4.39-A, 3.1-A and 3.1-B of your Medicaid State plan submitted under transmittal number (TN) 18-0001. This amendment adds the coverage and reimbursement of Nursing Facility Specialized Add-On Services to the Nebraska Medicaid State plan.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. This is to inform you that Medicaid State plan amendment 18-0001 is approved effective July 1, 2018. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Tim Weidler at (816) 426-6429.

Sincerely,

Kristin Fan
Director

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: NE 18-0001	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, 2018	
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 440.40		7. FEDERAL BUDGET IMPACT: a. FFY 2018 \$228,922 b. FFY 2019 \$950,690	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 4.19-D, Page 33 Att. 4.39, Page 1 Att. 4.39-A, Page 1 Att. 3.1-A, Pages. 2, 2a-2j *k* Att. 3.1-B, Pages 2, 2a-2k		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Att. 4.19-D, Page 33 Att. 4.39, Page 1 Att. 4.39-A, Page 1 Att. 3.1-A, Page 2, and new pages 2a * Att. 3.1-B, Page 2, and new pages 2a *	
10. SUBJECT OF AMENDMENT: Medicaid Nursing Facility Specialized Services			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Governor has waived review			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: Matthew A. Van Patton		Nancy Keller Division of Medicaid & Long-Term Care Nebraska Department of Health & Human Services 301 Centennial Mall South Lincoln, NE 68509	
14. TITLE: Director, Division of Medicaid and Long-Term Care			
15. DATE SUBMITTED: January 3, 2018, revised submission July 16, 2018			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: SEP 04 2018	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL 01 2018		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Kristin Fan		22. TITLE: Director, FMC	
23. REMARKS: * Pen and Ink changes per state response dated 8.9.18			

Section XIX. Specialized Add-on Services Payments

Specialized add-on services are paid to the provider(s) of specialized add-on services. Payments to providers for medically necessary services, including specialized add-on services in excess of limitations for covered services identified elsewhere in the state plan, or not listed as specialized add-on services according to the state plan, require pre-authorization.

- 1) Except as otherwise noted in the plan, fee schedule rates are the same for both governmental and private providers of specialized add-on services provided in the nursing facility. The Medicaid agency's rates were set as of June 30, 2018, and are effective for dates of services provided on and after that date. The fee schedule can be found on the agency's website
http://dhhs.ne.gov/medicaid/Pages/med_practitioner_fee_schedule.aspx.
- 2) Except as otherwise noted in the plan, fee schedule rates are the same for both governmental and private providers of habilitative services (i.e. those specialized add-on services not covered under the fee schedule described in section 1 above), provided to individuals residing in a nursing facility. The rates for these specialized add-on services were established using existing DD waiver fee schedules. The rates were set as of June 30, 2018 and are effective for dates of service provided on and after that date. The fee schedule can be found on the Department's website
http://dhhs.ne.gov/medicaid/Pages/med_practitioner_fee_schedule.aspx.
- 3) Payment excludes the supervisory activities rendered as a normal part of the employment support.

TN #. NE 18-0001
Supersedes
TN #. 10-19

SEP 04 2018 JUL 01 2018
Approved Date _____ Effective Date _____

Revision: HCFA-PM-93-1
January 1993

(BPD)

ATTACHMENT 4.39
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nebraska

DEFINITION OF SPECIALIZED SERVICES

Nebraska Medicaid defines Specialized Add-on Services as follows:

Specialized Add-on Services for Individuals with Intellectual Disability or a Related Condition: A continuous program for each individual, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services, and related services that is directed towards -

1. The acquisition of the skills necessary for the individual to function with as much self-determination and independence as possible; and
2. The prevention or deceleration of regression or loss of current optimal functional status.

TN #: NE 18-0001
Supersedes
TN #: MS-93-6

Approval Date SEP 04 2018 Effective Date JUL 01 2018

Revision: HCFA-PM-93-1
January 1993

(BPD)

ATTACHMENT 4.39-A
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nebraska

CATEGORICAL DETERMINATIONS

Nebraska Medicaid applies the following categorical determinations:

A categorical determination applies when an individual -

1. Is being admitted to a nursing facility for a period of time not to exceed 120 days for convalescent care for an acute physical illness which required hospitalization;
2. Is certified by a physician to be terminally ill;
3. Is documented to have a severe physical illness such as coma, ventilator-dependent, etc., that is so severe that the individual's medical needs are the predominant treatment issue and the individual could not be expected to benefit from or participate in mental health or intellectual disability services or specialized services;
4. Is being admitted pending further assessment in emergency situations requiring protective services, for a period not to exceed seven days;
5. Is being admitted to provide respite for in-home caregivers to whom the individual is expected to return, for a period not to exceed 30 days per stay; or
6. Has a diagnosis of intellectual disability or a related condition and Alzheimer's, dementia, or a related disorder, and the determination is made that the diagnosis of dementia is primary and predominant and the individual could not be expected to benefit from or participate in mental health or intellectual disability services or specialized services.

TN #: NE 18-0001
Supersedes
TN #: MS-93-6

Approval Date SEP 04 2018 Effective Date JUL 01 2018

Revision: HCFA-PM-93-5 (MB)
May 1993

Attachment 3.1-A
Page 2
OMB No.:

State: Nebraska

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided: ☐ No limitations ☒ With limitations*

Nursing facility (NF) services are available to eligible individuals in accordance with 42 CFR 440.40 and 440.155.

Specialized add-on services are available to certain individuals residing in a Medicaid-certified nursing facility. Specialized add-on services are paid as add-on services to the provider of the specialized add-on service in accordance with Attachment 4.19-D, page 33. Services will not be paid as specialized add-on services if the services are included in the nursing facility's per diem rate or covered under other sections of the State Plan.

Specialized add-on services are services which result in a continuous, aggressive individualized plan of care and recommended and monitored by the individual's interdisciplinary team (IDT). Specialized add-on services include habilitative services and are not provided by the nursing facility. Habilitative services are medically necessary services intended to assist the individual in obtaining, maintaining, or improving developmental-age appropriate skills not fully acquired as a result of congenital, genetic, or early acquired health condition.

Specialized add-on services are provided only when prior authorized, recommended by the individual's IDT and are included in the individual's plan of care. The IDT includes but is not limited to the attending physician, a RN and nurse aide with responsibility for the individual, a member of the food and nutrition services staff, to the extent possible the individual and the individual's representative(s), and other appropriate staff or professionals in disciplines as determined by the individual's needs or as requested by the individual.

Specialized add-on services must meet professional standards of quality and be provided by qualified persons in accordance with each individual's written plan of care.

Specialized add-on services, limitations, and the providers who may furnish the services are as follows:

TN No. NE 18-0001
Supersedes
TN No. NE 11-32

Approval Date SEP 04 2018

Effective Date JUL 01 2018

HCFA ID: 7986E

Revision: HCFA-PM-93-5
May 1993

(MB)

Attachment 3.1-A
Page 2a
OMB No.:

State: Nebraska

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

I. Habilitative Skills

- A. Habilitative Skills supports individuals to acquire new skills and/or increase skills in the areas of hygiene, self-advocacy, activities of daily living and communication. Habilitative skills can occur on-site (at the nursing facility) but may be expanded to also occur in the community such as grocery stores, financial institutions, movie theatres, recreational centers/events, and social activities so the individual learns these skills in a variety of settings. Services are expected to include both formal training (goal oriented and measureable) and opportunities to practice the skills in various settings.

Habilitative Skills services consist of:

1. Identification of skill needs requiring training with regard to individual rights and due process, advocating for their own needs, desires, future life goals and participation in the development of their plan of care, communication skills, personal hygiene skills, dressing skills, laundry skills, bathing skills, and toileting skills;
2. Development and implementation of formal training goals related to identified skill needs; and
3. Monitor and revise goals according to the individual's response to training.

This service is provided with a staff to individual ratio of 1:1.

This service is provided to individuals in order to meet the goals and outcome measurements as outlined in the individual's plan of care per 42 CFR §483.120 and 42 CFR §483.21.

B. Limitations

1. Transportation is not included in the reimbursement rates. Transportation services can be billed separately for off-site habilitative skills only and is limited to travel to and from the habilitative service. The individual must be present in the vehicle.
2. This service can be authorized in combination with but cannot be provided during the same time period as Habilitative Community Inclusion.

TN No. NE 18-0001

Supersedes

TN No. NE 11-32

Approval Date

SEP 04 2018

Effective Date

JUL 01 2018

HCFA ID: 7986E

Revision: HCFA-PM-93-5 (MB)
May 1993

Attachment 3.1-A
Page 2b
OMB No.:

State: Nebraska

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
3. This service shall exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA). This includes services not otherwise available through public education programs in the individual's local school district, including after school supervision and daytime services when school is not in session (i.e., summer breaks and/or scheduled school holidays, in-service days, etc.). Services cannot be provided during the school hours set by the local school district for the individual. Regular school hours and days apply for a child who receives home schooling.
- C. Provider requirements: Any person providing specialized add-on services for the individual (as an independent provider or as an employee of an agency provider) must comply with the following requirements:
 1. Be legally authorized to work in the United States;
 2. Not be a family member or legal guardian of the individual;
 3. Not be an employee of the Nebraska Department of Health and Human Services (DHHS);
 4. Be at least 19 years of age;
 5. Meet the following educational and/or work experience requirements:
 - a. Have a bachelor's or advanced degree from an accredited college or university in one of the following areas: social, behavioral, or human services, such as psychology, sociology, social work, medicine, nursing, rehabilitation, counseling, human development, gerontology, educational psychology, education, or criminal justice; and
 - b. At least one year of direct care experience with intellectually disabled individuals;
OR
 - c. In lieu of a bachelor's/advanced degree, a minimum of three years direct care experience with intellectually disabled individuals;
 6. Willing and qualified habilitation providers who are enrolled in Medicaid may provide this service.
- II. Employment Assistance
 - A. Employment Assistance supports the individual through habilitative training to obtain gainful employment in their community. The goal is to provide the skills, tools, and supports to enable the individual to seek and obtain employment.

Revision: HCFA-PM-93-5
May 1993

(MB)

Attachment 3.1-A
Page 2c
OMB No.:

State: Nebraska

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Employment Assistance services consist of:

1. Identification of the individual's job preferences and skill needs;
2. Identification of available employment opportunities in their community;
3. Development and implementation of formal training goals related to the individual's employment needs including application for employment, job readiness and preparation skills and appropriate work behavior;
4. Monitor and revise goals according to the individual's response to training.

This service is provided with a staff to individual ratio of 1:1 and may be provided at the nursing facility or in the community.

This service is provided to individuals in order to meet the goals and outcome measurements as outlined in the individual's plan of care per 42 CFR §483.120 and 42 CFR §483.21.

B. Limitations

1. The individual's service hours are determined by the assistance needed to reach employment goals.
2. This service can be authorized in combination with but cannot be provided during the same time period as Employment Support.
3. Transportation is not included in the reimbursement rate and must be billed separately and is limited to travel to and from the habilitative service. The individual must be present in the vehicle.
4. This service shall exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA). This includes services not otherwise available through public education programs in the individual's local school district, including after school supervision and daytime services when school is not in session (i.e., summer breaks and/or scheduled school holidays, in-service days, etc.). Services cannot be provided during the school hours set by the local school district for the individual. Regular school hours and days apply for a child who receives home schooling.
5. No employment assistance or support services are available to a resident of a nursing facility through a program funded by the Rehabilitation Act of 1973 in Nebraska.

- C. Provider requirements: Any person providing specialized add-on services for the individual (as an independent provider or as an employee of an agency provider) must comply with the following requirements:

TN No. NE 18-0001

Supersedes

TN No. New Page

Approval Date SEP 04 2018

Effective Date JUL 01 2018

Revision: HCFA-PM-93-5 (MB)
May 1993

Attachment 3.1-A
Page 2d
OMB No.:

State: Nebraska

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
 1. Be legally authorized to work in the United States;
 2. Not be a family member or legal guardian of the individual;
 3. Not be an employee of the Nebraska Department of Health and Human Services (DHHS);
 4. Be at least 19 years of age;
 5. Meet the following educational and/or work experience requirements:
 - a. Have a bachelor's or advanced degree from an accredited college or university in one of the following areas: social, behavioral, or human services, such as psychology, sociology, social work, medicine, nursing, rehabilitation, counseling, human development, gerontology, educational psychology, education, or criminal justice; and
 - b. At least one year of direct care experience with intellectually disabled individuals;
OR
 - c. In lieu of a bachelor's/advanced degree, a minimum of three years direct care experience with intellectually disabled individuals;
 6. Willing and qualified habilitation providers who are enrolled in Medicaid may provide this service.

III. Employment Support

- A. Employment Support supports the individual through habilitative training to maintain integrated and gainful employment after the individual has secured employment. The goal is to provide the skills, tools, and supports necessary for the individual to maintain employment.

Employment Support services consist of:

1. Teaching appropriate work behavior related to punctuality, attendance and co-worker relationships;
2. Providing training and support for the individual to develop time management skills;
3. Providing training and monitoring in order for the individual to learn the job tasks necessary to maintain employment;
4. Providing social skills training in relation to the work environment; and
5. Monitoring and revising goals according to the individual's response to training.

State: Nebraska

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older. (Continued)

This service is provided with a staff to individual ratio of up to 1:4 and must be provided in the community.

This service is provided to individuals in order to meet the goals and outcome measurements as outlined in the individual's plan of care per 42 CFR §483.120 and 42 CFR §483.21.

B. Limitations

1. Payment for Employment Support excludes the supervisory activities rendered as a normal part of the business setting.
2. This service can be authorized in combination with but cannot be provided during the same time period as Employment Assistance.
3. Transportation is not included in the reimbursement rate and must be billed separately and is limited to travel to and from the habilitative service. The individual must be present in the vehicle.
4. This service shall exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA). This includes services not otherwise available through public education programs in the individual's local school district, including after school supervision and daytime services when school is not in session (i.e., summer breaks and/or scheduled school holidays, in-service days, etc.). Services cannot be provided during the school hours set by the local school district for the individual. Regular school hours and days apply for a child who receives home schooling.
5. No employment assistance/support services are available to a resident of a nursing facility through a program funded by the Rehabilitation Act of 1973 in Nebraska.

C. Provider requirements: Any person providing specialized add-on services for the individual (as an independent provider or as an employee of an agency provider) must comply with the following requirements:

1. Be legally authorized to work in the United States;
2. Not be a family member or legal guardian of the individual;
3. Not be an employee of the Nebraska Department of Health and Human Services (DHHS);
4. Be at least 19 years of age;

State: Nebraska

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older. (Continued)
5. Meet the following educational and/or work experience requirements:
 - a. Have a bachelor's or advanced degree from an accredited college or university in one of the following areas: social, behavioral, or human services, such as psychology, sociology, social work, medicine, nursing, rehabilitation, counseling, human development, gerontology, educational psychology, education, or criminal justice; and
 - b. At least one year of direct care experience with intellectually disabled individuals;
OR
 - c. In lieu of a bachelor's/advanced degree, a minimum of three years direct care experience with intellectually disabled individuals (must include one year of experience specific to employment support for individuals with developmental/intellectual disabilities);
6. Willing and qualified habilitation providers who are enrolled in Medicaid may provide this service.

IV. Habilitative Community Inclusion

- A. Habilitative Community Inclusion supports individuals to increase independence and inclusion in their community. Habilitative Community Inclusion must occur in the community in a nonresidential setting, separate from the individual's residential living arrangement. Making connections with community members is a strong component of this service provision. Habilitative Community Inclusion must be furnished consistent with the individual's care plan and include options and opportunities for community integration, relationship-building, and an increased presence in one's community.

Habilitative Community Inclusion services consist of:

1. Identification of needed skills with regard to access and use of community supports, services and activities;
2. Development and implementation of formal training goals related to:
 - a. Community transportation and emergency systems (such as police and fire);
 - b. Accessing and participation in community groups, volunteer organizations, and social settings; and
 - c. Opportunities to pursue social and cultural interests and building and maintaining interpersonal relationships; and

(MB)

Attachment 3.1-A
Page 2g
OMB No.:

State: Nebraska

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older. (Continued)

3. Monitor and revise goals according to the individual's response to training.

This service is provided with a staff to individual ratio of 1:1.

This service is provided to individuals in order to meet the goals and outcome measurements as outlined in the individual's plan of care per 42 CFR §483.120 and 42 CFR §483.21.

B. Limitations

1. Habilitative Community Inclusion can supplement, but cannot replace, activities that would otherwise be available as part of the NF activities program.
2. Transportation is not included in the reimbursement rate and must be billed separately and is limited to travel to and from the habilitative service. The individual must be present in the vehicle.
3. This service shall exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA). This includes services not otherwise available through public education programs in the individual's local school district, including after school supervision and daytime services when school is not in session (i.e., summer breaks and/or scheduled school holidays, in-service days, etc.). Services cannot be provided during the school hours set by the local school district for the individual. Regular school hours and days apply for a child who receives home schooling.

C. Provider requirements: Any person providing specialized add-on services for the individual (as an independent provider or as an employee of an agency provider) must comply with the following requirements:

1. Be legally authorized to work in the United States;
2. Not be a family member or legal guardian of the individual;
3. Not be an employee of the Nebraska Department of Health and Human Services (DHHS);
4. Be at least 19 years of age;

TN No. NE 18-0001
Supersedes
TN No. New Page

SEP 04 2018

Approval Date _____ Effective Date JUL 01 2018

(MB)

Attachment 3.1-A
Page 2h
OMB No.:

State: Nebraska

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older. (Continued)
5. Meet the following educational and/or work experience requirements:
 - a. Have a bachelor's or advanced degree from an accredited college or university in one of the following areas: social, behavioral, or human services, such as psychology, sociology, social work, medicine, nursing, rehabilitation, counseling, human development, gerontology, educational psychology, education, or criminal justice; and
 - b. At least one year of direct care experience with intellectually disabled individuals;
OR
 - c. In lieu of a bachelor's/advanced degree, a minimum of three years direct care experience with intellectually disabled individuals;
6. Willing and qualified habilitation providers who are enrolled in Medicaid may provide this service.

IV. Non-Medical Transportation

- A. Non-medical transportation is provided in order for the individual to participate in specialized add-on services in a community setting.
- B. Limitations
 1. Transportation is limited to travel to and from a habilitative service according to the individual's plan of care.
 2. The individual must be present in the vehicle.
 3. Purchase or lease of vehicles is not covered under this service.
 4. Is a separately billable service for off-site Habilitative Skills, off-site Employment Assistance, Employment Support, and Habilitative Community Inclusion.

TN No. NE 18-0001
Supersedes
TN No. New Page

SEP 04 2018
Approval Date _____ Effective Date _____

JUL 01 2018

(MB)

Attachment 3.1-A
Page 21
OMB No.:

State: Nebraska

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older. (Continued)
- C. Provider requirements: Any person providing specialized add-on services for the individual (as an independent provider or as an employee of an agency provider) must comply with the following requirements:
1. Be legally authorized to work in the United States;
 2. Have a valid State issued driver's license;
 3. Not be a family member or legal guardian of the individual;
 4. Not be an employee of the Nebraska Department of Health and Human Services (DHHS);
 5. Be at least 19 years of age;
 6. Willing and qualified habilitation providers who are enrolled in Medicaid may provide this service.
- V. Specialized add-on services are paid as payments to the provider of the specialized add-on service as described in Attachment 4.19-D, Part 1.

TN No. NE 18-0001
Supersedes
TN No. New Page

Approval Date SEP 04 2018 Effective Date JUL 01 2018

(MB)

Attachment 3.1-A

Page 2j

OMB No.:

State: Nebraska

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older. (Continued)

- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

Provided: ☐ No limitations ☒ With limitations*

- c. Family planning services and supplies for individuals of child-bearing age.

Provided: ☐ No limitations ☒ With limitations*

- ☐ (iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)
*describe if there are any limits on who can provide these counseling services.

- d. 1) Face-to-Face Tobacco Cessation Counseling Services provided (by):

☒ (i) By or under supervision of a physician;

☒ (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other than* tobacco cessation services; or

- 2) Face-to-Face Tobacco Cessation counseling Services Benefit Package for Pregnant Women

Provided: ☒ No limitations ☐ With limitations*

*Any benefit package that consists of *less than* four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period (eight (8) per year) should be explained below.

Please describe any limitations:

TN No. NE 18-0001

Supersedes

TN No. New Page

Approval Date SEP 04 2018 Effective Date JUL 01 2018

Revision: HCFA-PM-93-5
May 1993

(MB)

Attachment 3.1-A
Page 2k
OMB No.:

State: Nebraska

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

5. a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided: ☐ No limitations ☒ With limitations*

- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the act).

Provided: ☐ No limitations ☒ With limitations*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by state law.

- a. Podiatrists' services.

Provided: ☐ No limitations ☒ With limitations*

* Description provided on attachment

TN No. NE 18-0001

Supersedes

TN No. NE-11-32

Approval Date SEP 04 2018

Effective Date JUL 01 2018

HCFA ID: 7986E

Revision: HCFA-PM-91-
1991

(BPD)

ATTACHMENT 3.1-B
Page 2
OMB No.: 0938State/Territory: NebraskaAMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

1. Inpatient hospital services other than those provided in an institution for mental diseases.

☒ Provided ☐ No limitations ☒ With Limitations*

2. a. Outpatient hospital services.

☒ Provided ☐ No limitations ☒ With Limitations*

b. Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise included in the State Plan)

☒ Provided ☐ No limitations ☒ With Limitations*

c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with sec. 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

☒ Provided ☐ No limitations ☒ With Limitations*

3. Other laboratory and x-ray services.

☒ Provided ☐ No limitations ☒ With Limitations*

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

☒ Provided ☐ No limitations ☒ With Limitations*

Nursing facility (NF) services are available to eligible individuals in accordance with 42 CFR 440.42 and 440.155.

TN No. NE 18-0001
Supersedes
TN No. NE-11-32SEP 04 2018
Approval Date _____ Effective Date JUL 01 2018

Revision: HCFA-PM-91-
1991

(BPD)

ATTACHMENT 3.1-B
Page 2a
OMB No.: 0938

State/Territory: Nebraska

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older, (Continued)

Specialized add-on services are available to certain individuals residing in a Medicaid-certified nursing facility. Specialized add-on services are paid as add-on services to the provider of the specialized add-on service in accordance with Attachment 4.19-D, page 33. Services will not be paid as specialized add-on services if the services are included in the nursing facility's per diem rate or covered under other sections of the State Plan.

Specialized add-on services are services which result in a continuous, aggressive individualized plan of care and recommended and monitored by the individual's interdisciplinary team (IDT). Specialized add-on services include habilitative services and are not provided by the nursing facility. Habilitative services are medically necessary services intended to assist the individual in obtaining, maintaining, or improving developmental-age appropriate skills not fully acquired as a result of congenital, genetic, or early acquired health condition.

Specialized add-on services are provided only when prior authorized, recommended by the individual's IDT and are included in the individual's plan of care. The IDT includes but is not limited to the attending physician, a RN and nurse aide with responsibility for the individual, a member of the food and nutrition services staff, to the extent possible the individual and the individual's representative(s), and other appropriate staff or professionals in disciplines as determined by the individual's needs or as requested by the individual.

Specialized add-on services must meet professional standards of quality and be provided by qualified persons in accordance with each individual's written plan of care.

Specialized add-on services, limitations, and the providers who may furnish the services are as follows:

I. Habilitative Skills

- A. Habilitative Skills supports individuals to acquire new skills and/or increase skills in the areas of hygiene, self-advocacy, activities of daily living and communication. Habilitative skills can occur on-site (at the nursing facility) but may be expanded to also occur in the community such as grocery stores, financial institutions, movie theatres, recreational centers/events, and social activities so the individual learns these skills in a variety of settings. Services are expected to include both formal training (goal oriented and measureable) and opportunities to practice the skills in various settings.

TN No. NE 18-0001

Supersedes
TN No. New Page

SEP 04 2018

Approval Date _____ Effective Date _____

JUL 01 2018

Revision: HCFA-PM-91-
1991

(BPD)

ATTACHMENT 3.1-B
Page 2b
OMB No.: 0938

State/Territory: Nebraska

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older, (Continued)

Habilitative Skills services consist of:

1. Identification of skill needs requiring training with regard to individual rights and due process, advocating for their own needs, desires, future life goals and participation in the development of their plan of care, communication skills, personal hygiene skills, dressing skills, laundry skills, bathing skills, and toileting skills;
2. Development and implementation of formal training goals related to identified skill needs; and
3. Monitor and revise goals according to the individual's response to training.

This service is provided with a staff to individual ratio of 1:1.

This service is provided to individuals in order to meet the goals and outcome measurements as outlined in the individual's plan of care per 42 CFR §483.120 and 42 CFR §483.21.

B. Limitations

1. Transportation is not included in the reimbursement rates. Transportation services can be billed separately for off-site habilitative skills only and is limited to travel to and from the habilitative service. The individual must be present in the vehicle.
2. This service can be authorized in combination with but cannot be provided during the same time period as Habilitative Community Inclusion.
3. This service shall exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA). This includes services not otherwise available through public education programs in the individual's local school district, including after school supervision and daytime services when school is not in session (i.e., summer breaks and/or scheduled school holidays, in-service days, etc.). Services cannot be provided during the school hours set by the local school district for the individual. Regular school hours and days apply for a child who receives home schooling.

TN No. NE 18-0001
Supersedes
TN No. New Page

Approval Date SEP 04 2018 Effective Date JUL 01 2018

Revision: HCFA-PM-91-
1991

(BPD)

ATTACHMENT 3.1-B
Page 2c
OMB No.: 0938

State/Territory: Nebraska

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

-
4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older, (Continued)
- C. Provider requirements: Any person providing specialized add-on services for the individual (as an independent provider or as an employee of an agency provider) must comply with the following requirements:
1. Be legally authorized to work in the United States;
 2. Not be a family member or legal guardian of the individual;
 3. Not be an employee of the Nebraska Department of Health and Human Services (DHHS);
 4. Be at least 19 years of age;
 5. Meet the following educational and/or work experience requirements:
 - a. Have a bachelor's or advanced degree from an accredited college or university in one of the following areas: social, behavioral, or human services, such as psychology, sociology, social work, medicine, nursing, rehabilitation, counseling, human development, gerontology, educational psychology, education, or criminal justice; and
 - b. At least one year of direct care experience with intellectually disabled individuals;
OR
 - c. In lieu of a bachelor's/advanced degree, a minimum of three years direct care experience with intellectually disabled individuals;
 6. Willing and qualified habilitation providers who are enrolled in Medicaid may provide this service.

II. Employment Assistance

- A. Employment Assistance supports the individual through habilitative training to obtain gainful employment in their community. The goal is to provide the skills, tools, and supports to enable the individual to seek and obtain employment.

Employment Assistance services consist of:

1. Identification of the individual's job preferences and skill needs;
2. Identification of available employment opportunities in their community;
3. Development and implementation of formal training goals related to the individual's employment needs including application for employment, job readiness and preparation skills and appropriate work behavior;
4. Monitor and revise goals according to the individual's response to training.

TN No. NE 18-0001
Supersedes
TN No. New Page

Approval Date SEP 04 2018 Effective Date JUL 01 2018

Revision: HCFA-PM-91-
1991

(BPD)

ATTACHMENT 3.1-B
Page 2d
OMB No.: 0938

State/Territory: Nebraska

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older, (Continued)

This service is provided with a staff to individual ratio of 1:1 and may be provided at the nursing facility or in the community.

This service is provided to individuals in order to meet the goals and outcome measurements as outlined in the individual's plan of care per 42 CFR §483.120 and 42 CFR §483.21.

B. Limitations

1. The individual's service hours are determined by the assistance needed to reach employment goals.
2. This service can be authorized in combination with but cannot be provided during the same time period as Employment Support.
3. Transportation is not included in the reimbursement rate and must be billed separately and is limited to travel to and from the habilitative service. The individual must be present in the vehicle.
4. This service shall exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA). This includes services not otherwise available through public education programs in the individual's local school district, including after school supervision and daytime services when school is not in session (i.e., summer breaks and/or scheduled school holidays, in-service days, etc.). Services cannot be provided during the school hours set by the local school district for the individual. Regular school hours and days apply for a child who receives home schooling.
5. No employment assistance or support services are available to a resident of a nursing facility through a program funded by the Rehabilitation Act of 1973 in Nebraska.

C. Provider requirements: Any person providing specialized add-on services for the individual (as an independent provider or as an employee of an agency provider) must comply with the following requirements:

1. Be legally authorized to work in the United States;
2. Not be a family member or legal guardian of the individual;
3. Not be an employee of the Nebraska Department of Health and Human Services (DHHS);
4. Be at least 19 years of age;

TN No. NE 18-0001
Supersedes
TN No. New Page

Approval Date SEP 04 2018 Effective Date _____

JUL 01 2018

Revision: HCFA-PM-91-
1991

(BPD)

ATTACHMENT 3.1-B
Page 2e
OMB No.: 0938

State/Territory: Nebraska

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

-
4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older, (Continued)
5. Meet the following educational and/or work experience requirements:
- a. Have a bachelor's or advanced degree from an accredited college or university in one of the following areas: social, behavioral, or human services, such as psychology, sociology, social work, medicine, nursing, rehabilitation, counseling, human development, gerontology, educational psychology, education, or criminal justice; and
 - b. At least one year of direct care experience with intellectually disabled individuals;
OR
 - c. In lieu of a bachelor's/advanced degree, a minimum of three years direct care experience with intellectually disabled individuals;
6. Willing and qualified habilitation providers who are enrolled in Medicaid may provide this service.

III. Employment Support

- A. Employment Support supports the individual through habilitative training to maintain integrated and gainful employment after the individual has secured employment. The goal is to provide the skills, tools, and supports necessary for the individual to maintain employment.

Employment Support services consist of:

- 1. Teaching appropriate work behavior related to punctuality, attendance and co-worker relationships;
- 2. Providing training and support for the individual to develop time management skills;
- 3. Providing training and monitoring in order for the individual to learn the job tasks necessary to maintain employment;
- 4. Providing social skills training in relation to the work environment; and
- 5. Monitoring and revising goals according to the individual's response to training.

This service is provided with a staff to individual ratio of up to 1:4 and must be provided in the community.

This service is provided to individuals in order to meet the goals and outcome measurements as outlined in the individual's plan of care per 42 CFR §483.120 and 42 CFR §483.21.

TN No. NE 18-0001
Supersedes
TN No. New Page

SEP 04 2018
Approval Date _____ Effective Date JUL 01 2018

Revision: HCFA-PM-91-
1991

(BPD)

ATTACHMENT 3.1-B
Page 2f
OMB No.: 0938

State/Territory: Nebraska

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older, (Continued)

B. Limitations

1. Payment for Employment Support excludes the supervisory activities rendered as a normal part of the business setting.
2. This service can be authorized in combination with but cannot be provided during the same time period as Employment Assistance.
3. Transportation is not included in the reimbursement rate and must be billed separately and is limited to travel to and from the habilitative service. The individual must be present in the vehicle.
4. This service shall exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA). This includes services not otherwise available through public education programs in the individual's local school district, including after school supervision and daytime services when school is not in session (i.e., summer breaks and/or scheduled school holidays, in-service days, etc.). Services cannot be provided during the school hours set by the local school district for the individual. Regular school hours and days apply for a child who receives home schooling.
5. No employment assistance/support services are available to a resident of a nursing facility through a program funded by the Rehabilitation Act of 1973 in Nebraska.

- C. Provider requirements: Any person providing specialized add-on services for the individual (as an independent provider or as an employee of an agency provider) must comply with the following requirements:

1. Be legally authorized to work in the United States;
2. Not be a family member or legal guardian of the individual;
3. Not be an employee of the Nebraska Department of Health and Human Services (DHHS);
4. Be at least 19 years of age;
5. Meet the following educational and/or work experience requirements:
 - a. Have a bachelor's or advanced degree from an accredited college or university in one of the following areas: social, behavioral, or human services, such as psychology, sociology, social work, medicine, nursing, rehabilitation, counseling, human development, gerontology, educational psychology, education, or criminal justice; and
 - b. At least one year of direct care experience with intellectually disabled individuals;OR

TN No. NE 18-0001
Supersedes
TN No. New Page

Approval Date SEP 04 2018 Effective Date JUL 01 2018

Revision: HCFA-PM-91-
1991

(BPD)

ATTACHMENT 3.1-B
Page 2g
OMB No.: 0938

State/Territory: Nebraska

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older, (Continued)
 - c. In lieu of a bachelor's/advanced degree, a minimum of three years direct care experience with intellectually disabled individuals (must include one year of experience specific to employment support for individuals with developmental/intellectual disabilities);
6. Willing and qualified habilitation providers who are enrolled in Medicaid may provide this service.

IV. Habilitative Community Inclusion

- A. Habilitative Community Inclusion supports individuals to increase independence and inclusion in their community. Habilitative Community Inclusion must occur in the community in a nonresidential setting, separate from the individual's residential living arrangement. Making connections with community members is a strong component of this service provision. Habilitative Community Inclusion must be furnished consistent with the individual's care plan and include options and opportunities for community integration, relationship-building, and an increased presence in one's community.

Habilitative Community Inclusion consists of:

1. Identification of needed skills with regard to access and use of community supports, services and activities;
2. Development and implementation of formal training goals related to:
 - a. Community transportation and emergency systems (such as police and fire);
 - b. Accessing and participation in community groups, volunteer organizations, and social settings; and
 - c. Opportunities to pursue social and cultural interests and building and maintaining interpersonal relationships; and
3. Monitor and revise goals according to the individual's response to training.

This service is provided with a staff to individual ratio of 1:1.

Revision: HCFA-PM-91-
1991

(BPD)

ATTACHMENT 3.1-B
Page 2h
OMB No.: 0938

State/Territory: Nebraska

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older, (Continued)

This service is provided to individuals in order to meet the goals and outcome measurements as outlined in the individual's plan of care per 42 CFR §483.120 and 42 CFR §483.21.

B. Limitations

1. Habilitative Community Inclusion can supplement, but cannot replace, activities that would otherwise be available as part of the NF activities program.
2. Transportation is not included in the reimbursement rate and must be billed separately and is limited to travel to and from the habilitative service. The individual must be present in the vehicle.
3. This service shall exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA). This includes services not otherwise available through public education programs in the individual's local school district, including after school supervision and daytime services when school is not in session (i.e., summer breaks and/or scheduled school holidays, in-service days, etc.). Services cannot be provided during the school hours set by the local school district for the individual. Regular school hours and days apply for a child who receives home schooling.

- A. Provider requirements: Any person providing specialized add-on services for the individual (as an independent provider or as an employee of an agency provider) must comply with the following requirements:

1. Be legally authorized to work in the United States;
2. Not be a family member or legal guardian of the individual;
3. Not be an employee of the Nebraska Department of Health and Human Services (DHHS);
4. Be at least 19 years of age;
5. Meet the following educational and/or work experience requirements:
 - a. Have a bachelor's or advanced degree from an accredited college or university in one of the following areas: social, behavioral, or human services, such as psychology, sociology, social work, medicine, nursing, rehabilitation, counseling, human development, gerontology, educational psychology, education, or criminal justice; and

Revision: HCFA-PM-91-
1991

(BPD)

ATTACHMENT 3.1-B
Page 2i
OMB No.: 0938

State/Territory: Nebraska

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older, (Continued)
- b. At least one year of direct care experience with intellectually disabled individuals;
OR
 - c. In lieu of a bachelor's/advanced degree, a minimum of three years direct care experience with intellectually disabled individuals;
6. Willing and qualified habilitation providers who are enrolled in Medicaid may provide this service.

IV. Non-Medical Transportation

- A. Non-medical transportation is provided in order for the individual to participate in specialized add-on services in a community setting.
- B. Limitations
- 1. Transportation is limited to travel to and from a habilitative service according to the individual's plan of care.
 - 2. The individual must be present in the vehicle.
 - 3. Purchase or lease of vehicles is not covered under this service.
 - 4. Is a separately billable service for off-site Habilitative Skills, off-site Employment Assistance, Employment Support, and Habilitative Community Inclusion.
- C. Provider requirements: Any person providing specialized add-on services for the individual (as an independent provider or as an employee of an agency provider) must comply with the following requirements:
- 1. Be legally authorized to work in the United States;
 - 2. Have a valid State issued driver's license;
 - 3. Not be a family member or legal guardian of the individual;
 - 4. Not be an employee of the Nebraska Department of Health and Human Services (DHHS);
 - 5. Be at least 19 years of age;
 - 6. Willing and qualified habilitation providers who are enrolled in Medicaid may provide this service.

- V. Specialized add-on services are paid as payments to the provider of the specialized add-on service as described in Attachment 4.19-D, Part 1.

TN No. NE 18-0001
Supersedes
TN No. New Page

Approval Date SEP 04 2018 Effective Date JUL 01 2018

Revision: HCFA-PM-91-
1991

(BPD)

ATTACHMENT 3.1-B
Page 2j
OMB No.: 0938

State/Territory: Nebraska

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older, (Continued)
- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.

☒ Provided ☐ No limitations ☒ With Limitations*

- c. Family planning services and supplies for individuals of child-bearing age.

☒ Provided ☐ No limitations ☒ With Limitations*

*Description provided on attachment

- d. 1) Face-to-Face Tobacco Cessation Counseling Services provided (by):

- ☒ (i) By or under supervision of a physician;
- ☒ (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other than tobacco cessation services*; or
- ☐ (iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and who is specifically designated by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)*
*describe if there are any limits on who can provide these counseling services.

TN No. NE 18-0001
Supersedes
TN No. New Page

Approval Date SEP 04 2018 Effective Date JUL 01 2018

Revision: HCFA-PM-91-
1991

(BPD)

ATTACHMENT 3.1-B
Page 2k
OMB No.: 0938

State/Territory: Nebraska

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

2) Face-to-Face Tobacco Cessation counseling Services Benefit Package for Pregnant Women

Provided: ☒ No limitations ☐ With limitations*

*Any benefit package that consists of less than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period (eight (8) per year) should be explained below.

Please describe any limitations:

5. a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

☒ Provided ☐ No limitations ☒ With Limitations*

- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the act).

☒ Provided ☐ No limitations ☒ With Limitations*

*Description provided on attachment.

TN No. NE 18-0001
Supersedes
TN No. NE-11-32

Approval Date SEP 04 2018

Effective Date JUL 01 2018