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State/Territory Name: NE

State Plan Amendment (SPA) #: 18-0003

This file contains the following documents in the order listed:

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



Financial Management Group

JUL 17 2018

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

RE: Nebraska State Plan Amendment TN: 18-0003

Dear Mr. Van Patten:

We have reviewed the proposed amendment to Attachment 4.19-C of your Medicaid State plan submitted under transmittal number (TN) 18-0003. This modifies coverage and reimbursement for Psychiatric Residential Treatment Facility (PRTF) leave days. Leave days will be reimbursed at 50 percent of the PRTF per diem rate for a maximum of 5 days per treatment episode for medical leave and 10 days per treatment episode for therapeutic leave.

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 18-0003 is approved effective May 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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 18-0003	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 May 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 440.345, 42 CFR 447.40		7. FEDERAL BUDGET IMPACT: a. FFY 2018 \$(9,154.00) b. FFY 2019 \$(21,983.00)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-C		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-C	
10. SUBJECT OF AMENDMENT: PRTF Leave Days			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor has waived review <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Matthew A. Van Patten, DHA 14. TITLE: Director, Division of Medicaid and Long-Term Care 15. DATE SUBMITTED: May 8, 2018		16. RETURN TO: Nancy Keller Division of Medicaid & Long-Term Care Nebraska Department of Health & Human Services 301 Centennial Mall South Lincoln, NE 68509	
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: JUL 17 2018	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: MAY 1 2018		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Kristin Fan		22. TITLE: Director, FMCO	
23. REMARKS: * Pen & ink addition to box 6 per State's request. (tw)			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
 State Nebraska
 BEDHOLDING

The Nebraska Medical Assistance Program makes payments to reserve a bed in a nursing facility (NF) or an intermediate care facility for the developmentally delayed (ICF/IDD) during a client's absence due to hospitalization for an acute condition and for therapeutically-indicated home visits. Therapeutically-indicated home visits are overnight visits with relatives and friends or visits to participate in therapeutic or rehabilitative programs. Payment for bedholding is subject to the following conditions:

1. A held bed must be vacant and counted in the census. The census must not exceed licensed capacity;
2. For ICF/IDD residents, hospital bedholding is limited to full per diem reimbursement for 15 days per hospitalization (hospital bedholding does not apply to hospital NF-swing-beds or to hospitalization following a Medicare-covered (SNF) stay);
3. For NF residents hospital bedholding is limited to reimbursement at the applicable rate in effect for assisted living services under the Home and Community-Based Waiver for Aged Persons and Adults or Children with Disabilities for 15 days per hospitalization (hospital bedholding does not apply to hospital NF-swing-beds or to hospitalization following a Medicare-covered (SNF) stay);
4. For ICF/IDD residents, therapeutic bedholding is limited to full per diem reimbursement for 36 days per calendar year.
5. For NF residents, reimbursement, therapeutic leave bedholding is limited to the applicable rate in effect for assisted living services under the Home and Community-Based Waiver for Aged Persons and Adults or Children with Disabilities for 18 days per calendar year. Bedholding days are prorated when a client is admitted after January 1;
6. A transfer from one facility to another does not begin a new 18-day or 36-day period;
7. The client's comprehensive care plan must provide for therapeutic leave; and
8. Facility staff shall work with the client, the client's family and/or guardian to plan the use of the allowed 18 days of therapeutic leave for the calendar year.

When the limitation for therapeutic leave interferes with an approved therapeutic or rehabilitation program, the facility may submit a request for special limits of up to an additional six days per calendar year to the Medical Services Division.

When the facility is a Psychiatric Residential Treatment Facility (PRTF), Nebraska Medicaid makes payments to reserve a bed during a client's absence due to hospitalization for a medical or psychiatric condition. Medical leave days will be reimbursed to PRTFs at 50% of the per-diem. Medical leave days include medical/surgical and inpatient psychiatric stays. Five days of leave are allowed for medical/surgical stays per treatment episode, and five days of leave are allowed for inpatient psychiatric stays per treatment episode. When a youth is residing in a PRTF, and therapeutic leave is included in the plan of care, Nebraska Medicaid will make payment to the facility to reserve a bed during a resident's absence while participating in therapeutic leave days with their designated placement at discharge. Therapeutic leave days will be reimbursed to the PRTF at 50% of the per diem for a maximum of 10 days per treatment episode.

TN # NE 18-0003

Supersedes

TN # NE 12-11

Approval Date JUL 17 2018

Effective Date MAY 1 2018