

## **Table of Contents**

**State/Territory Name: NE**

**State Plan Amendment (SPA) #: 19-0012**

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-14-26  
Baltimore, Maryland 21244-1850



**Center for Medicaid and CHIP Services**

**Disabled and Elderly Health Programs Group**

March 2, 2020

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

Dear Mr. Patton:

The CMS Division of Pharmacy team has reviewed Nebraska's State Plan Amendment (SPA) 19-0012 received in the Kansas City Regional Operations Group on December 20, 2019. This SPA proposes to allow the state to comply with the Medicaid Drug Utilization Review (DUR) provisions included in Section 1004 of the Substance Use-Disorder Prevention that promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (P.L. 115-271).

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 19-0012 is approved with an effective date of October 1, 2019. A copy of the signed CMS-179 form, as well as the pages approved for incorporation into Nebraska's state plan will be forwarded by the Kansas City Regional Operations Group.

If you have any questions regarding this amendment, please contact Charlotte Amponsah at (410) 786-1092 or [charlotte.amponsah@cms.hhs.gov](mailto:charlotte.amponsah@cms.hhs.gov)

Sincerely,

Cynthia R. Denemark, R.Ph.,  
Deputy Director  
Division of Pharmacy

cc: James Scott, Director, CMS Division of Program Operations  
Karen, Hatcher, CMS Division of Program Operations – Special Assistant  
Dawn Kastens, Division of Medicaid & Long Term Care

**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
NE 19-0012

2. STATE  
Nebraska

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
October 1, 2019

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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:  
1902(a)(85) and Section 1004 of the SSA

7. FEDERAL BUDGET IMPACT:  
a. FFY 2020      \$0  
b. FFY 2021      \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Section 4.26, Page 74d (new page)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT:  
Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act

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

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:  
Matthew A. Van Patton, DHA

14. TITLE:  
Director, Division of Medicaid and Long-Term Care

15. DATE SUBMITTED:  
December 20, 2019

16. RETURN TO:  
Dawn Kastens  
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:  
December 20, 2019

18. DATE APPROVED:  
March 2, 2020

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
October 1, 2019

20. SIG: \_\_\_\_\_ REGIONAL OFFICIAL

21. TYPED NAME:  
James G. Scott

22. TITLE:  
Director, Division of Program Operations

23. REMARKS:

74d

Revision: HCFA-PM-

(MB)

OMB No.

State/Territory: Nebraska

Citation

1902(a)(85) and Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act)

**Claim Review Limitations**

Prospective safety edits on opioid prescriptions to address days' supply, early refills, duplicate fills and quantity limitations for clinical appropriateness.

Prospective safety edits on maximum daily morphine milligram equivalents (MME) on opioid prescriptions to limit the daily morphine milligram equivalent (as recommended by clinical guidelines).

Retrospective reviews on opioid prescriptions exceeding these above limitations on an ongoing basis.

Retrospective reviews on concurrent utilization of opioids and benzodiazepines as well as opioids and antipsychotics on an ongoing periodic basis.

**Programs to monitor antipsychotic medications to**

**children:** Antipsychotic agents are reviewed for appropriateness for all children including foster children based on approved indications and clinical guidelines.

**Fraud and abuse identification:** The DUR program has established a process that identifies potential fraud or abuse of controlled substances by enrolled individuals, health care providers and pharmacies.

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TN No. New Page

Supersedes

Approval Date: March 2, 2020

Effective Date: October 1, 2019

TN No. \_\_\_\_\_