

## **Table of Contents**

**State/Territory Name: Nebraska**

**State Plan Amendment (SPA) #: 20-0006**

This file contains the following documents in the order listed:

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

July 13, 2020

Jeremy Brunssen, Interim Medicaid Director  
Division of Medicaid & Long-Term Care  
Nebraska Department of Health & Human Services  
301 Centennial Mall South  
Lincoln, NE 68509

RE: TN 20-0006

Dear Mr. Brunssen:

We have reviewed the proposed Nebraska State Plan Amendment (SPA) to Attachment 4.19-B, NE-20-0006, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on May 11, 2020. This plan amendment adds more comprehensive language describing the payment methodology for meals and lodging for attendant travel (when necessary) when non-emergency medical transport (NEMT) services are provided.

Based upon the information provided by the State, we have approved the amendment with an effective date of April 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Blake Holt at (415) 744-3754 or [blake.holt@cms.hhs.gov](mailto:blake.holt@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER: NE 20-0006	2. STATE Nebraska
	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 April 1, 2020	

5. TYPE OF PLAN MATERIAL (Check One):

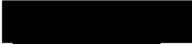
NEW STATE PLAN                       AMENDMENT TO BE CONSIDERED AS NEW PLAN                       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

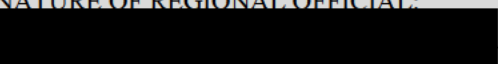
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.170(a)(3)(ii - iii)	7. FEDERAL BUDGET IMPACT: a. FFY 2020                      \$136,800 b. FFY 2021                      \$204,046
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Att. 4.19-B, Item 24a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Att. 4.19-B, Item 24a

10. SUBJECT OF AMENDMENT:  
Non-emergency medical transportation escort services

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

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO:  Dawn Kastens Division of Medicaid & Long-Term Care Nebraska Department of Health & Human Services 301 Centennial Mall South Lincoln, NE 68509
13. TYPED NAME: Jeremy Brunssen	
14. TITLE: Interim Director, Division of Medicaid and Long-Term Care	
15. DATE SUBMITTED: May 11, 2020	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 05/11/2020	18. DATE APPROVED: 7/13/20
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 04/01/2020	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Todd McMillion	22. TITLE: Director, Division of Reimbursement Review

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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TRANSPORTATION SERVICES

For dates of service on or after May 1, 2011, Nebraska Medicaid pays for emergency and non-emergency medical transportation services at the lower of:

1. The provider's submitted charge; or
2. The allowable amount for that procedure code in the Nebraska Medicaid Transportation Fee Schedule in effect for that date of service.

Non-emergency medical transportation services are reimbursed using the Non-Emergency Transportation Services Fee Schedule and emergency medical transportation services are reimbursed using the Ambulance Services Fee Schedule.

In accordance with 42 CFR 440.170(a)(3)(ii - iii), Nebraska Medicaid covers medically necessary travel expenses for the client and the escort including transportation, meals, and lodging. Escorts must be enrolled as providers and are reimbursed for meals and lodging directly upon presentation of expense verification up to our established per diem. Reimbursement through the fee schedules above is not limited by a per diem amount.

Meals and lodging services are reimbursed based on per diem rates. The rates are reflected on the fee schedule as by report or rates not established. The per diem rates are determined based on the local market costs of mid-priced hotels and restaurants of the area in which the expenses occurred.

For meals and lodging, Nebraska Medicaid will pay the lower of:

1. The provider's submitted charge; or
2. The average cost of the local market mid-priced hotels and restaurants of the area in which the expenses occurred.
  - i. The local market is determined as mid-priced hotels and restaurants within ten (10) mile radius of the area in which the expense is to occur.
  - ii. No fewer than five (5) restaurants and five (5) hotels of the local area will be used, unless the area as defined above does not have that many.
  - iii. The average costs/rates are reviewed and adjusted as necessary. Each rate is adjusted if the difference is equal or greater than \$5.00.
    - a. The rates for in state providers are annually reviewed and adjusted as necessary as described in 2.iii.
    - b. The rates for out-of-state providers through the prior-authorization request, are reviewed and adjusted as necessary as described in 2.iii.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of non-emergency transportation services and emergency transportation services. The agency's Non-Emergency Transportation Services and Ambulance Services Fee Schedule rates were set as of January 1, 2020 and July 1, 2019, respectively, and are effective for services provided on or after that date. The Non-Emergency Transportation Services Fee Schedule to be posted effective July 1, 2020 will add the meals and lodging rates. All rates are published on the agency's website at <http://dhhs.ne.gov/Pages/Medicaid-Provider-Rates-and-Fee-Schedules.aspx>. From the landing page, scroll down to the fee schedule for the specific program and year.

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TN # NE 20-0006

Supersedes

Approval Date 07/13/20

Effective Date 04/01/2020

TN #. NE 19-0011