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STATE/TERRIORITY NAME: NEBRASKA

STATE PLAN AMENDMENT (SPA)#: 21-0013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 601 E. 12th St., Room 355 Kansas City, Missouri 64106



Medic aid and CHIP Operations Group

January 10, 2022

Kevin Bagley, Director Nebraska Department of Health and Human Services Division of Medicaid and Long-Term Care 301 Centennial Mall South Lincoln, NE 68509

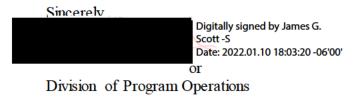
Re: Nebraska State Plan Amendment (SPA) 21-0013

Dear Mr. Bagley:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0013. This amendment provides requirements for non-emergency medical transportation (NEMT).

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that Nebraska Medicaid SPA Transmittal Number 21-0013 is approved effective December 27, 2021.

If you have any questions, please contact Sandra Porter at 312-353-8310 or via email at Sandra.Porter@cms.hhs.gov.



cc: Catherine Gekas Steeby Dawn Kastens

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2. STATE 2 1 0 0 1 3 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE December 27, 2021
5. FEDERAL STATUTE/REGULATION CITATION SSA Section 1902(a)(87)	 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2022 \$ 0 b. FFY 2023 \$ 0
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Att. 3.1-D	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Att. 3.1-D (NE 19-0009)

9. SUBJECT OF AMENDMENT
Non-Emergency Medical Transportation (NEMT) Requirements

10. 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				
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO Dawn Kastens Division of Medicaid & Long-Term Care				
11. TYPED NAME Kevin Bagley	Nebraska Department of Health and Human Services 301 Centennial Mall South				
12. TITLE Director, Division of Medicaid & Long-Term Care	Lincoln, NE 68509				
13. DATE SUBMITTED December 22, 2021					
FOR CMS USE ONLY					
16. DATE RECEIVED 12/22/2021	17. DATE APPROVED 1/10/2022				
PLAN APPROVED - ONE COPY ATTACHED					
18. EFFECTIVE DATE OF APPROVED MATERIAL 12/27/2021	NG OFFICIAL Digitally signed by James G. Scott -S Date: 2022.01.10 18:04:37 -06'00'				
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations				
22. REMARKS	•				

State <u>Nebraska</u> ASSURANCE OF TRANSPORTATION

Nebraska Medicaid enrolls non-emergency medical transportation (NEMT) service providers to provide appropriate medical transportation to Medicaid-eligible clients.

Nebraska Medicaid attests that all the minimum requirements outlined in 1902(a)(87) of the Act are met.

Non-emergency medical transportation (NEMT) service providers may be an approved individual, exempt, or public service commission (PSC) provider. Individual providers, defined as a friend, non-legally responsible family member, or volunteer, are enrolled as individual Medicaid providers and receive direct vendor payment from the state. Any qualified and willing individual may enroll as a fee-for-service NEMT provider. Public Service Commission (PSC) providers require Nebraska Public Service Commission certification while exempt providers do not. Exempt and PSC providers are enrolled as Medicaid providers and receive direct vendor payment from the state.

Clients who receive NEMT through fee-for-service may contact the assigned transportation worker to make an appointment for pick-up. The assigned transportation worker then contacts the appropriate provider to complete the appointment process. Fee-for-service clients may request any enrolled provider unless the provider is not the least costly and most appropriate provider for their medical needs.

Medically necessary escort services are covered by Nebraska DHHS, Division of Medicaid and Long-Term Care and authorized by Central Office staff, unless appropriately covered in another service when the client is participating in the Personal Assistance Service program or the Aged and Disabled Waiver program.

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. If the escort is not a member of the recipient's family, a paid personal care assistant or facility staff, a salary is also provided.

The managed care plans are responsible for covering and arranging NEMT for their members enrolled in Medicaid.

Nebraska Medicaid covers medically necessary ambulance services that are provided during an emergency or while the client is receiving emergency medical care (see Item 24a of Attachment 3.1-A).

TN No. <u>NE 21-0013</u>				
Supersedes	Approval Date	1/10/2022	Effective Date	12/27/2021
TN No. <u>NE 19-0009</u>				