

## **TABLE OF CONTENTS**

**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



Medicaid and CHIP Operations Group

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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](mailto:Sandra.Porter@cms.hhs.gov).

Sincerely



Digitally signed by James G.  
Scott -S  
Date: 2022.01.10 18:03:20 -06'00'

or

Division of Program Operations

cc: Catherine Gekas Steeby  
Dawn Kastens

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER 2 1 — 0 0 1 3	2. STATE N E
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="checkbox"/> XIX <input type="checkbox"/> XXI	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE December 27, 2021
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5. FEDERAL STATUTE/REGULATION CITATION SSA Section 1902(a)(87)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>0</u> b. FFY <u>2023</u> \$ <u>0</u>
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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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Att. 3.1-D (NE 19-0009)
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9. SUBJECT OF AMENDMENT  
Non-Emergency Medical Transportation (NEMT) Requirements


10. GOVERNOR'S REVIEW (Check One)

<input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="radio"/> OTHER, AS SPECIFIED: Governor has waived review
<input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Dawn Kastens Division of Medicaid & Long-Term Care Nebraska Department of Health and Human Services 301 Centennial Mall South Lincoln, NE 68509
11. TYPED NAME Kevin Bagley	
12. TITLE Director, Division of Medicaid & Long-Term Care	
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	19. SIGNATURE OF APPROVING OFFICIAL  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 Nebraska

ASSURANCE OF TRANSPORTATION

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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).

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TN No. NE 21-0013

Supersedes

Approval Date 1/10/2022

Effective Date 12/27/2021

TN No. NE 19-0009