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State/Territory Name: Nebraska

State Plan Amendment (SPA) #: 23-0001

This file contains the following documents in the order listed:

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

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

May 5, 2023

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

Re: NE-23-0001 State Plan Amendment (SPA) 23-0001

Dear Mr. Bagley:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NE-23-0001. This amendment proposes to add practitioners authorized to order home health services in accordance with CMS-5531-IFC.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 1135 of the Social Security Act. This letter is to inform you that Nebraska Medicaid SPA 23-0001 was approved on May 4, 2023, with an effective date of January 1, 2023.

If you have any questions, please contact Tyson Christensen at 816-426-6440 or via email at tyson.christensen@cms.hhs.gov.

Sincerely,

A large black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Dawn Kastens
Catherine Gekas-Steeby

**TRANSMITTAL AND NOTICE OF
APPROVAL OF STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID
SERVICES**

1. TRANSMITTAL NUMBER

2 3 — 0 0 0 1

2. STATE

N E

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT ☒ XIX ☐ XXITO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN
SERVICES4. PROPOSED EFFECTIVE DATE
January 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

Title XIX of the Social Security Act
1135 of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a FFY 2023 \$ 0b FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Att. 3.1-A, Item 7a, Pg 1; Att. 4.19-B, Item 7, Pg 1a

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR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

Att. 3.1-A, Item 7a, Pg 1; Att. 4.19-B, Item 7, Pg 1a

9. SUBJECT OF AMENDMENT

Home Health APRN

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

12. TYPED NAME

Kevin Bagley

13. TITLE

Director, Division of Medicaid & Long-Term Care

14. DATE SUBMITTED

February 7, 2023

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

FOR CMS USE ONLY

16. DATE RECEIVED

February 7, 2023

17. DATE APPROVED

May 4, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - HOME HEALTH NURSING SERVICES

1. Home health agency services must be prior authorized by Nebraska Medicaid.
2. Coverage for all home health agency services is based on medical necessity, and must be:
 - a. necessary to continuing a medical treatment plan;
 - b. prescribed by a licensed physician, nurse practitioner, physician assistant, or clinical nurse specialist;
 - c. recertified by a licensed physician, nurse practitioner, physician assistant, or clinical nurse specialist at least every 60 days in accordance with licensure; and
3. Nebraska Medicaid does not cover skilled nursing visits provided by student nurses who are enrolled in a school of nursing and are not employed by the home health agency unless the student is accompanied by a registered nurse who is an employee of the home health agency.
4. Nebraska Medicaid limits skilled nursing visits for teaching and training on an individual basis, based on medical necessity and the ability of the client, parent or caregiver to perform the task independently. The client must have a medical condition which has been diagnosed and treated by a physician. There must be a physician's order for the specific teaching and training.

TN No. NE 23-0001

Supersedes

TN No. NE 14-011

Approval Date 5/4/2023

Effective Date 1/1/2023

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State Nebraska
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

HOME HEALTH SERVICES

A nurse practitioner, physician assistant, or clinical nurse specialist can order home health services and certify the home health agency's plan of care. Extended Services are performed by a home health or private-duty nursing service provider when the client's needs cannot be appropriately met within the Brief Service limitation of two hours or less.

Medicaid applies the following payment limitations to nursing services (RN and LPN) for adults age 21 and older:

- a. Per diem reimbursement for nursing services for the care of ventilator-dependent clients are paid at the lower of:
 1. The provider's submitted charge;
 2. The allowable amount for each respective procedure in the Nebraska Medicaid Home Health Agency Fee Schedule in effect for that date of service; or
 3. The average ventilator-dependent per diem of all Nebraska nursing facilities which are providing that service. This average per diem shall be computed using nursing facility's ventilator rates which are effective July 1 of each year, and are applicable for that state fiscal year period.
- b. Per diem reimbursement for all other in-home nursing services are paid at the lower of:
 1. The provider's submitted charge;
 2. The allowable amount for each respective procedure in the Nebraska Medicaid Home Health Agency Fee Schedule in effect for that date of service; or
 3. The Extensive Services 2 case-mix reimbursement level. This average shall be computed using the Extensive Services 2 case-mix nursing facility rates which are effective July 1 of each year, and applicable for that state fiscal year period.

Under special circumstances, the per diem reimbursement may exceed this maximum for a short period of time - for example, a recent return from a hospital stay. However, in these cases, the 30 day average of the in-home nursing per diems shall not exceed the maximum above. (The 30 days are defined to include the days which are paid in excess of the maximum plus those days immediately following, totaling 30.) When services which are reimbursed per a fee schedule, except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's rates were set as of July 1, 2022, and are effective for home health services on or after that date. All rates are published 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.

TN # NE 23-0001

Supersedes

TN # NE 22-0012

Approval Date 5/4/2023

Effective Date 1/1/2023