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State/Territory Name: NE

State Plan Amendment (SPA) NE: 24-0023

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
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group



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

RE: TN 24-0023

Dear Interim Director Ahem:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Nebraska state plan amendment (SPA) to Attachment 4.19-B NE 24-0023, which was submitted to CMS on September 26, 2024. This plan amendment will begin the coverage of interpretation services that are provided in conjunction with another Medicaid covered service.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2024. 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 LaJoshica Smith at 214-767-6453 or via email at ljoshica.smith@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">2</td> <td style="width: 20px;">4</td> <td style="width: 20px;">—</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> <td style="width: 20px;">2</td> <td style="width: 20px;">3</td> </tr> </table>	2	4	—	0	0	2	3	2. STATE <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">N</td> <td style="width: 20px;">E</td> </tr> </table>	N	E
	2	4	—	0	0	2	3				
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 July 1, 2024
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5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 433 Subpart B	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2024 \$ <u>38,383</u> b. FFY 2025 \$ <u>150,701</u>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Att. 4.19-B, Item 29 (New)	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Click or tap here to enter text.
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9. SUBJECT OF AMENDMENT
Coverage of Interpretation Services

10. GOVERNOR'S REVIEW (Check One)

<input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input checked="" type="radio"/> OTHER, AS SPECIFIED: Governor has waived review
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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
12. TYPED NAME Matthew Ahern	
13. TITLE Interim Director, Division of Medicaid & Long-Term Care	
14. DATE SUBMITTED September 26, 2024	

FOR CMS USE ONLY	
16. DATE RECEIVED 09/26/24	17. DATE APPROVED December 16, 2024

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL 07/01/24	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review

22. REMARKS

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

INTERPRETATION SERVICES

Nebraska Medicaid reimburses providers for sign language, oral interpretive, and translator services for limited and non-English speaking members and/or deaf or hard of hearing members, when these services are necessary and reasonable to communicate effectively with members in conjunction with another Medicaid-covered service.

Interpretation services can only be covered in conjunction with another covered Nebraska Medicaid service or medically necessary follow-up visit(s) to the initial covered service. To be reimbursable, the interpretation service must be provided by:

- A staff member of the Billing Provider;
- An individual/agency who is contracted with the Billing Provider
- An interpretation phone service contracted with the Billing Provider; or
- Equipment that provides translation and interpretation support, such as Communication Access Real-Time Translation (CART)

Providers must use the billing code designated by the Department when billing for reimbursement for interpreters for members with limited English proficiency (LEP) and communication services for people who are deaf or hard of hearing:

- Maximum units to be billed per Nebraska Medicaid service/service delivery date are 8 units. One unit is equivalent to 15 minutes of interpretation service.
 - Residential or facility-based providers may bill for additional units in excess of 8 units per day as deemed necessary during the covered healthcare service stay.

The agency's fee schedule rate was set as of July 1, 2024, and is effective for interpretation services provided on or after that date. All rates are published on the agency's website at <https://dhhs.ne.gov/Pages/Medicaid-Provider-Rates-and-FeeSchedules.aspx>. From the landing page, scroll down to the fee schedule for the specific program and year.

TN # NE 24-0023

Supersedes

Approval Date December 16, 2024 Effective Date 7/1/2024

TN # New