

May 11, 2011

National Institutional Reimbursement Team  
CMS, CMSO  
Attention: Mark Cooley  
7500 Security Boulevard, M/S S3-13-15  
Baltimore, MD 21244-1850

RE: Nebraska TN # 11-09 – ICF-MR Provider Tax Reimbursement

Dear Mr. Cooley:

Enclosed please find the above referenced amendment to the Nebraska State Plan.

Prior to submitting this State Plan Amendment, the Division of Medicaid Long-Term Care sought consultation from federally recognized Native American Tribes within the State of Nebraska to discuss the impact that the proposed State Plan Amendment might have, if any, on the Tribes. No comments were received.

If you have content questions, please feel free to contact Cindy Kadavy, 402-471-4684, [cindy.kadavy@nebraska.gov](mailto:cindy.kadavy@nebraska.gov) or for submittal questions, Pat Taft, 402-471-7787, [pat.taft@nebraska.gov](mailto:pat.taft@nebraska.gov).

Sincerely,



Vivianne M. Chaumont, Director  
Division of Medicaid & Long-Term Care  
Department of Health and Human Services

cc: James G. Scott  
Gail Brown Stevenson

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER: 11-09	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 July 1, 2011	

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:	7. FEDERAL BUDGET IMPACT: a. FFY 2011                      \$0 b. FFY 2012                      \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19-D, p 79	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 4.19-D, p 79

10. SUBJECT OF AMENDMENT:  
ICF-MR Provider Tax Reimbursement

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: Patricia (Pat) Taft Division of Medicaid & Long-Term Care Nebraska Department of Health & Human Services 301 Centennial Mall South Lincoln, NE 68509
13. TYPED NAME: Vivianne M. Chaumont	
14. TITLE: Director, Division of Medicaid and Long-Term Care	
15. DATE SUBMITTED: May 11, 2011	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:	18. DATE APPROVED:
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME:	22. TITLE:

23. REMARKS:

The State has in place a public process which complies with the requirements of Section 1902(a)(13)(A) of the Social Security Act.

31-008.16 Additional Payment to non-state-operated Intermediate Care Facility for the Mentally Retarded (ICF/MR) Providers:

In accordance with Nebraska Revised Statute 68-1804(4)(d), non-state-operated ICF/MR providers are eligible to participate in an additional distribution. Beginning in FY2011-12 and each fiscal year thereafter, on the second Wednesday of May, the Department will determine the amount available in the ICF/MR Reimbursement Protection Fund. Following the distributions of the payments identified in 68-1804(4)(a-c), the amount remaining in the Fund, not to exceed a total of six hundred thousand dollars, will be distributed to non-state-operated ICF/MR providers by the end of May of each year based on the following methodology:

- 1) On the second Wednesday of May each year, the number of Medicaid resident days paid for the period from the preceding July through March will be determined for each provider and
- 2) Each provider's percentage of the total will then be determined and multiplied by the amount remaining in the Fund, not to exceed a total of six hundred thousand dollars, in order to determine the payment for each provider.

---

TN# 11-09

Supersedes \_\_\_\_\_ Approved \_\_\_\_\_ Effective \_\_\_\_\_

TN# 09-05