

August 1, 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 # 11-11 – Technical – Move current text

Dear Mr. Cooley:

Enclosed please find the above referenced amendment to the Nebraska State Plan to make a technical change to move text for more efficient flow of information. Text was moved from Attachment 4.19-D, page 32 to page 34. No changes to content have been made.

Prior to submitting this State Plan Amendment, the Division of Medicaid and Long-Term Care sought consultation from federally recognized Native American Tribes and Indian Health Programs 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 or for submittal questions, Pat Taft, 402-471-7787, 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

*Level of Care 180 (Short-term stay) is used for stays of less than 14 days when a client is discharged and the facility does not complete a full MDS admission assessment of the client. This is effective for admissions on or after July 1, 2010.

Additionally, Levels of Care 191,192,193 and 194 are used for clients at Levels of Care 101,102,103 and 104 who are approved under the reconsideration process described in 471 NAC 12-011.14A. Levels of Care 191,192,193 and 194 are weighted at the Casemix Index Values listed for Levels of Care 101,102,103 and 104, respectively.

12-013.04 Verification: Resident assessment information is audited as a procedure in the Department of Health and Human Services Division of Public Health, Survey and Certification process.

TN # 11-11
Supersedes
TN # 10-19

Approval Date _____

Effective Date _____

12-014 Services for Long Term Care Clients with Special Needs

12-014.01 The term "Long term care clients with special needs" means those whose medical/nursing needs are complex or intensive and are above the usual level of capabilities of staff and exceed services ordinarily provided in a nursing facility as defined in 471 NAC 12-003.

12-014.01A Ventilator-Dependent Clients: These clients are dependent on mechanical ventilation to continue life and require intensive or complex medical services on an on-going basis. The facility shall provide 24-hour R.N. nursing coverage.

12-014.01A1 Criteria for Care: The client must-

1. Require intermittent (but not less than 10 hours in a 24-hour period) or continuous ventilator support. S/he is dependent on mechanical ventilation to sustain life, or is in the process of being weaned from mechanical ventilation. (This does not include individuals using continuous positive airway pressure (C-PAP) or Bi-level positive airway pressure (Bi-PAP) nasally; patients requiring use of Bi-PAP via a tracheostomy will be considered on a case-by-case basis);
2. Be medically stable and not require intensive acute care services;
3. Have care needs which require multi-disciplinary care (physician, nursing, respiratory therapist, psychology, occupational therapy, physical therapy, pharmacy, speech therapy, spiritual care, or specialty disciplines);

TN # 11-11
Supersedes
TN # 10-19

Approval Date _____

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