

September 27, 2011

James G. Scott
Associate Regional Administrator
for Medicaid and Children's Health Operations
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 235
Kansas City, Missouri 64106

RE: Nebraska SPA # NE 11-14 – Concurrent Curative Care for Children Receiving
Hospice Service

Dear Mr. Scott:

Enclosed please find the above referenced amendment to the Nebraska State Plan regarding concurrent curative care for children receiving Hospice service. We have submitted pages using the template issued in the CMCS Informational Bulletin May 27, 2011. Please note that these pages are currently pending at CMS with SPA 11-10:

Attachment 3.1-A, page 7

Attachment 3.1-B, page 6

Prior to submitting this State Plan Amendment, the Division of Medicaid and Long-Term Care sought consultation March 18, 2011, 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, cindy.kadavy@nebraska.gov, 402-471-4684 or for submittal questions, Pat Taft, 402-471-7787, pat.taft@nebraska.gov.

Sincerely,



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

cc: Gail Brown Stevenson

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: NE 11-14	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 7-1-11	

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 \$ 88,144 b. FFY 2012 \$ 352,576
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, page 7 Attachment 3.1-A, Item 18, page 2 Attachment 3.1-B, page 6	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, page 7 Attachment 3.1-A, Item 18, page 2 Attachment 3.1-B, page 6

10. SUBJECT OF AMENDMENT:
Concurrent curative care for children receiving hospice service.

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: September 26, 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:

State/Territory: Nebraska

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.
- Provided No limitations
- With limitations* Not Provided:
- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.
- Provided No limitations
- With limitations* Not Provided:
16. Inpatient psychiatric facility services for individuals under 22 years of age.
- Provided No limitations With limitations*
- Not Provided:
17. Nurse-midwife services
- Provided No limitations With limitations*
- Not Provided:
18. Hospice care (in accordance with section 1905(o) of the Act).
- Provided No limitations Provided in accordance with section
2302 of the Affordable Care Act
- With limitations* Not Provided:

*Description provided on attachment

TN No. NE 11-14

Supersedes Approval Date _____ Effective Date _____

TN No. 11-10

State/Territory: Nebraska

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED
TO THE MEDICALLY NEEDY

- c. Intermediate care facility services.
 X Provided ___ No limitations X With limitations*
15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.
 X Provided ___ No limitations X With limitations*
- b. Including such services in a public institution (or district part thereof) for the mentally retarded or persons with related conditions.
 X Provided ___ No limitations X With limitations*
16. Inpatient psychiatric facility services for individuals under 22 years of age.
 X Provided X No limitations ___ With limitations*
17. Nurse-midwife services.
 X Provided ___ No limitations X With limitations*
18. Hospice care (in accordance with section 1905(o) of the Act).
 X Provided ___ No limitations X Provided in accordance with section 2302 of the Affordable Care Act
 X With limitations*

*Description provided on attachment -

TN No. NE 11-14

Supersedes Approval Date _____ Effective Date _____

TN No. 11-10

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

STATE OF NEBRASKA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATION ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS.

Certification of Terminal Illness

The client must be certified as terminally ill with a six-month life expectancy by the Hospice medical director and the attending physician at the beginning of the first benefit period and by the Hospice medical director for all subsequent benefit periods. The hospice provider must obtain written certification of the terminal illness for each certification period even when a single election continues in effect for two or more periods.

Plan of Care

A written plan of care must be established and maintained for each client admitted to a hospice program. The care provided to a client must be consistent with the plan and be reasonable and necessary for the palliation or management of the terminal illness as well as related conditions. The plan of care must be established before services are provided.

Waiver of Payment for Other Services

A client waives all rights to Medicaid payments for the duration of the election of hospice care for the following services:

Hospice care provided by a hospice other than the hospice designated by the client; and

For adult clients, any Medicaid services that are related to the treatment of the terminal condition for which hospice care elected or a related condition or that are equivalent to hospice care except for services provided:

by the designated hospice; or

the client's attending physician if that physician is not an employee of the designated hospice or receiving compensation from the hospice for those services.

TN No. NE 11-14

Supersedes

TN No. MS-04-02

Approval Date _____

Effective Date _____