

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: NE 11-18	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 3.1-A, Item 7a, page 1 Attachment 3.1-A, Item 7b Attachment 3.1-A, Item 7c, page 1 Attachment 3.1-A, Item 7d Attachment 3.1-A, Item 18, page 1 Attachment 3.1-A, Item 26, page 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Item 7a, page 1 Attachment 3.1-A, Item 7b Attachment 3.1-A, Item 7c, page 1 Attachment 3.1-A, Item 7d Attachment 3.1-A, Item 18, page 1 DELETE Attachment 3.1-A, Item 18, page 3

10. SUBJECT OF AMENDMENT:
Clarification of current practice regarding Home Health, Personal Care, and Hospice Services

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 13, 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 PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - HOME HEALTH NURSING SERVICES

1. To be eligible for home health services, the attending physician shall certify that the client cannot receive the services in an outpatient/physician office setting; payment for home health agency services must be authorized by the Medicaid Division.
2. All home health agency services are subject to the guidelines for coverage listed in 471 NAC 9-002.06.
3. If the client receives multiple home health agency services in the home, the Department averages the HHA expenses over a three-month period. If the average exceeds the appropriate nursing facility per diem, the Department will recommend nursing facility care for the client.
4. NMAP 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.
5. NMAP limits skilled nursing visits for teaching and training on an individual basis. 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.
6. Payment for supplies normally carried in the nursing bag and incidental to the nursing visit is included in the per visit rate. Medical supplies not normally carried in the nursing bag are provided by pharmacies or medical suppliers who bill NMAP directly. Under extenuating circumstances, the home health agency may bill for a limited quantity of supplies.

TN No. NE 11-18

Supersedes

TN No. MS-00-06

Approval Date _____

Effective Date _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - HOME HEALTH NURSING SERVICES – HOME HEALTH AIDE SERVICES

1. Home health aide services must be:
 - a. Necessary to continuing a medical treatment plan;
 - b. Prescribed by a licensed physician;
 - c. Recertified by the licensed physician at least every 60 days; and
 - d. Supervised by a registered nurse.
2. Payment for home health agency services must be authorized by the Medicaid Division.
3. Prefilling syringes with insulin for a blind diabetic is reimbursed only as a professional nursing service. Home health agencies will not be reimbursed for prefilling insulin syringes for a blind diabetic by a home health aide.
4. Skilled nursing visits are not a prerequisite for the provision of home health aide services.
5. Telehealth: Home health aide services are not covered when provided via telehealth technologies.
6. To be eligible for home health services, the attending physician shall certify that the client cannot receive the services in an outpatient/physician office setting.

TN No. NE 11-18

Supersedes

TN No. MS-00-06

Approval Date _____ Effective Date _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – MEDICAL SUPPLIES, EQUIPMENT, AND APPLIANCES
SUITABLE FOR USE IN THE HOME

The Nebraska Medical Assistance Program covers the purchase or rental of durable medical equipment, medical supplies, orthotics, and prosthetics that meet program guidelines when prescribed by a physician or other licensed practitioner whose licensure allows prescribing these items (M.D., D.O., D.P.M.). To qualify as a covered service under NMAP, the item must be medically necessary and must meet the definitions in state regulations.

To be eligible for home health services, the attending physician shall certify that the client cannot receive the services in an outpatient/physician office setting.

NMAP does not cover items that primarily serve personal comfort; convenience; or educational, hygienic, safety, or cosmetic functions; or new equipment of unproven value and/or equipment of questionable current usefulness or therapeutic value.

NMAP does not generally enroll hospitals, hospital pharmacies, long term care facilities; rehabilitation services or centers, physicians, physical therapists, speech therapists, or occupational therapists as providers of durable medical equipment, medical supplies, or orthotics and prosthetics. Home health agencies may provide durable medical equipment and oxygen only.

Durable medical equipment is equipment which:

1. Withstands repeated use;
2. Is primarily and customarily used to serve a medical purpose;
3. Generally is not useful to a person in the absence of an illness or injury; and
4. Is appropriate for use in the client's home. This generally does not include long term care facilities.

Coverage conditions for individual services are listed with the procedure code descriptions.

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Supersedes

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TN No. MS-00-06

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - HOME HEALTH SERVICES – PHYSICAL THERAPY, OCCUPATIONAL
THERAPY, AND SPEECH PATHOLOGY AND AUDIOLOGY

To be eligible for home health services, the attending physician shall certify that the client cannot receive the services in an outpatient/physician office setting.

Services for Individuals Age 21 and Older: The Nebraska Medical Assistance Program (NMAP) covers occupational therapy, physical therapy, and speech, hearing, and language therapy services for individuals age 21 and older as a Home Health Agency service only when the following criteria is met. The services must:

1. Be prescribed by a physician;
2. Be performed by, or under the direct supervision of, a licensed physical therapist; and
3. Meet one of the following criteria:
 - a. The services must be restorative when there is a medically appropriate expectation that the patient's condition will improve significantly in a reasonable period of time;
 - b. The services must be reasonable and medically necessary for the treatment of the client's illness or injury;
 - c. The services must have been recommended in a Department-approved individual program plan (IPP); or
 - d. The services must have been recommended in an individual education plan (IEP) or an individual family service plan (IFSP).

These therapies for adults (age 21 and older) are a Home Health Agency Service only when there is no other method for the client to receive the service. Services must be prior authorized by Central Office staff. Substantiating documentation must be attached to the claim.

Services for Individuals Age 20 and Younger: The Nebraska Medical Assistance Program (NMAP) covers occupational therapy, physical therapy, and speech, hearing, and language therapy services for individuals birth to age 20 as a Home Health Agency service when the following criteria is met. The services must:

1. Be prescribed by a physician;
2. Be performed by, or under the direct supervision of, a licensed physical therapist; and
3. Meet one of the following criteria:
 - a. The services must be reasonable and medically necessary for the treatment of the client's illness or injury;
 - b. The services must have been recommended in a Department-approved IPP; or
 - c. The services must have been recommended in an individual's education plan (IEP) or an individual family service plan (IFSP).

Telehealth: Home health physical therapy, occupational therapy, speech pathology and audiology services are covered when provided via telehealth technologies subject to the limitations as set forth in state regulations, as amended. Services requiring "hands on" professional services are excluded.

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TN No. MS-00-06

Approval Date _____ Effective Date _____

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.

Medical and Remedial Care and Services-Item 18

Citation

1905(o) of the Social Security Act

42 CFR Part 418

Hospice Care

The Nebraska Medical Assistance Program will provide reimbursement for hospice care for Medicaid clients that are terminally ill. Terminally ill means that the client is diagnosed with a medical prognosis that his/her life expectancy is six months or less if the illness runs its normal course.

Hospice services are provided in accordance with the guidance specified in sections 4305-4308 of the State Medicaid Manual.

Election Statement

An election statement must be filed with a specific hospice for the client who meets the requirements. An election to receive hospice care will be considered to continue through the initial certification period and the subsequent election periods without a break in care as long as the client remains in the care of the hospice and does not revoke the election.

Dually eligible (Medicare and Medicaid) clients must elect and revoke hospice care simultaneously under both the Medicare and the Medicaid program.

Election Period

A client may elect to receive hospice care during one or more of following election periods;

1. an initial 90-day period;
2. a subsequent 90-day period;
3. an initial 60-day period;
4. a subsequent 60-day period;
5. a third 60-day period.

Additional 60-day benefit periods must be approved as an exception under the Prior Authorization provision.

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TN No. MS 04-02

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

PROVIDER QUALIFICATIONS – PERSONAL ASSISTANCE SERVICES

NMAP reimburses personal assistance services providers who meet requirements that include being age 19 or older; being capable of recognizing signs of distress in client and knowing how to access available emergency resources if a crisis situation occurs; keeping current any state or local license/certification required for service provision; understanding and accepting responsibility for the client's safety and property; and having the knowledge, experience, and/or skills necessary to perform the task(s). To be considered and reimbursed by NMAP as a "specialized" personal assistance services provider, the applicant must provide proof that s/he has successfully completed a basic aide training course that has been approved by the Nebraska Department of Health and Human Services; has passed the Nurse Aide Equivalency test; is a licensed R.N. or L.P.N.; or has a total of 4,160 hours of experience (24 months at an average of 40 hours per week) as a personal assistance service provider.

Personal Assistance Services will be provided in accordance with, and meet the requirements of 42 CFR 440.167.

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Supersedes _____ Approved _____ Effective _____

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