DHHS
Nebraska Department of Health and Human Services

Division of Medicaid and Long-Term Care

State of Nebraska
Dave Heineman, Governor

September 28, 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 11-21 – Freestanding Birth Center Services

Dear Mr. Scott:

Enclosed please find the above referenced amendment to the Nebraska State Plan regarding freestanding birth center services.

Prior to submitting this State Plan Amendment, the Division of Medicaid and Long-Term Care sought consultation July 7, 2011, (attached) 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 Margaret Brockman, Margaret.brockman@nebraska.gov, 402-471-9368 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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: NE 11-21

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 $unknown
b. FFY 2012 $unknown

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, page 10 and Item 27
Attachment 3.1-B, pages 1, 8b, 8c
Attachment 4.19-B, Item 27

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:

Attachment 3.1-A, page 10
Attachment 3.1-B, pages 1 and 8b

10. SUBJECT OF AMENDMENT:
Freestanding Birth Center Services

11. GOVERNOR'S REVIEW *(Check One)*:
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED:
Governor has waived review

12. SIGNATURE OF STATE AGENCY OFFICIAL: Vivianne M Chaumont

13. TYPED NAME:
Vivianne M. Chaumont

14. TITLE:
Director, Division of Medicaid and Long-Term Care

15. DATE SUBMITTED:
September 28, 2011

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

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

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

☒ Provided: ☐ Not provided

26. Personal assistance services are those services provided to a Medicaid client who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, institution for mental disease, or prison, which are authorized on a written service plan according to individual needs identified in a written assessment.

Personal assistance services are A) authorized by a Social Services Worker or designee, B) provided by qualified providers who are not legally responsible relatives, and C) are furnished inside the home, and outside the home with limitations.

☒ Provided:
- ☒ State Approved (Not Physician) Service Plan Allowed
- ☒ Services Outside the Home Also Allowed
- ☒ Limitations Described on Attachment

☐ Not Provided

27. (i) Licensed or Otherwise State-Approved Freestanding Birth Center

Provided: ☐ No limitations ☒ With limitations

Please describe any limitations:
Facilities must:
(i) Be licensed by the Department of Health and Human Services.
(ii) Be specifically approved by Department of Health and Human Services, Division of Public Health to provide birthing center Services.
(iii) Maintain standards of care required by Department of Health and Human Services, Division of Public Health for licensure.

27. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center

Provided: ☐ No limitations ☒ With limitations (please describe below)

Please check all that apply:
☒ (a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e. physicians and certified nurse midwives). a) Physician, b) Nurse midwife

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – FREESTANDING BIRTH CENTER SERVICES

The facility fee is based on a review of Medicaid fees paid by other states. Under this State Plan, birthing centers are limited to those licensed by the State of Nebraska or other legally authorized licensing authority under applicable state laws, to provide a level of service commensurate with the professional skills of a physician (MD or DO) or a certified nurse-midwife (CNM) who acts as birth attendant. The center, the physician, and CNM must be licensed at the time and place the services are provided. The birthing center must be enrolled and approved by the state agency or its designee for participation in the Nebraska Medical Assistance Program. The center must have a written agreement for emergency care with a hospital that provides obstetrical services. Admission to the facility must be restricted to low-risk vaginal delivery patients. Caesarean section procedures are prohibited. Each mother and newborn must be discharged within 24 hours after admission, in a condition which will not endanger the well-being of either. If the condition of mother or newborn does not allow discharge within 24 hours, then transfer to a hospital must occur.

Coverage of birthing center facility services is limited to certain birthing services provided by the center and determined by the attending physician or CNM to be necessary for the care of the mother and live newborn child following the mother's normal, uncomplicated pregnancy. Reimbursable services are limited to facility services provided during the labor, delivery and postpartum periods. Birthing center facility services furnished prior to or after the above described period are not considered birthing center facility services and are not covered or reimbursed as such under this state plan. Services provided by a physician or CNM are not considered to be birthing center facility services.

State/Territory: Nebraska

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

The following ambulatory services are provided.

Rural health clinic services
Other laboratory and x-ray services
Early and Periodic Screening. Diagnosis. and Treatment
Family planning services
Physicians' services
Podiatrists' services
Optometrists' services
Chiropractors' services
Other practitioners' services
Home health services
Private duty nursing services
Clinic services
Dental services
Physical therapy and related services
Prescribed drugs. dentures. and prosthetic devices
Eyeglasses
Transportation
Personal care services
Freestanding Birth Center Services

*Description provided on attachment.

State/Territory: Nebraska

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All groups

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25. Home and Community Care for Functionally Disabled Elderly Individuals. as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

☒ Provided ☐ Not Provided

26. Personal assistance services are those services provided to a Medicaid client who is not an inpatient or resident of a hospital, nursing facility, intermediate cafe facility for the mental retarded, institution for mental disease, or prison, which are authorized on a written service plan according to individual needs identified in a written assessment.

Personal assistance services are A) authorized by a Social Services Worker or designee, B) provided by qualified providers who are not legally responsible relatives, and C) are furnished inside the home, and outside the home with limitations

☒ Provided
☐ Not Provided

☒ State Approved (Not Physician) Service Plan Allowed
☒ Services Outside the Home Also Allowed*
☒ Limitations Described on Attachment

27. (i) Licensed or Otherwise Sate-Approved Freestanding Birth Centers

Provided: ☐ No Limitations ☒ With Limitations

Please describe any limitations:
Facilities must:
(i) Be licensed by the Department of Health and Human Services
(ii) Be specifically approved by Department of Health and Human Services, Division of Public Health to provide birthing Center Services, and
(iii) Maintain standards of care required by Department of Health and Human Services, Division of Public Health for licensure.

27. (ii) Licensed or Otherwise Sate-Recognized covered professionals providing services in the Freestanding Birth Centers

Provided: ☐ No Limitations ☒ With Limitations (please describe below)

Please check all that apply:

☒ (a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the Sate plan (i.e., physicians and certified nurse midwives. a) Physician, b). Nurse midwife.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

FREESTANDING BIRTH CENTER SERVICES

Nebraska Medicaid providers of birthing center services are reimbursed based on a fee schedule as follows:

a) Payment for birthing center services provided by a participating, licensed birthing center is limited to the allowable rates established by Nebraska Medicaid.
b) The fee schedule established by Nebraska Medicaid is based upon a review of Medicaid fees paid by other states;
c) The birthing center and the birth attendant must bill separately for the services provided by each. The birthing center may bill only for facility services outlined elsewhere in this state plan.