

December 30, 2011

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

RE: Nebraska SPA #NE 11-32 – Tobacco Cessation

Dear Mr. Scott:

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

Prior to submitting this State Plan Amendment, the Division of Medicaid and Long-Term Care sought consultation on November 2, 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 as of today. As this SPA is being submitted before the 60 day timeframe for Tribal Communications, the State will follow-up with another letter confirming no comments were received between now and January 3, 2012.

If you have content questions, please feel free to contact Margaret Brockman, [Margaret.brockman@nebraska.gov](mailto:Margaret.brockman@nebraska.gov), 402-471-9368 or for submittal questions, Nancy Keller, 402-471-9362, [nancy.keller@nebraska.gov](mailto:nancy.keller@nebraska.gov).

Sincerely,



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

cc: Gail Brown Stevenson

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	<b>1. TRANSMITTAL NUMBER:</b> 11-32	<b>2. STATE</b> Nebraska
	<b>3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
<b>TO: REGIONAL ADMINISTRATOR</b> HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		<b>4. PROPOSED EFFECTIVE DATE</b> October 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)

<b>6. FEDERAL STATUTE/REGULATION CITATION:</b>	<b>7. FEDERAL BUDGET IMPACT:</b> a. FFY 2012                      \$0 b. FFY 2012                      \$0
<b>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</b>  Attachment 3.1-A Page 2, 2a Attachment 3.1-A Item 12a, Page 2 of 2 Attachment 3.1-B Page 2, 2a	<b>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):</b>  Attachment 3.1-A Page 2 Attachment 3.1-A Item 12a, Page 2 of 2 Attachment 3.1-B Page 2,2a

10. SUBJECT OF AMENDMENT:  
Tobacco Cessation-updating to reflect changes to comply with Affordable Care Act

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

<b>12. SIGNATURE OF STATE AGENCY OFFICIAL:</b> 	<b>16. RETURN TO:</b>  Nancy Keller Division of Medicaid & Long-Term Care Nebraska Department of Health & Human Services 301 Centennial Mall South Lincoln, NE 68509
<b>13. TYPED NAME:</b> Vivianne M. Chaumont	
<b>14. TITLE:</b> Director, Division of Medicaid and Long-Term Care	
<b>15. DATE SUBMITTED:</b> December 30, 2011	

**FOR REGIONAL OFFICE USE ONLY**

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

**23. REMARKS:**

State: Nebraska

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

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided:  No limitations  With limitations\*

- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.\*

Provided:  No limitations  With limitations\*

- c. Family planning services and supplies for individuals of child-bearing age.

Provided:  No limitations  With limitations\*

- d. 1) Face-to-Face Tobacco Cessation Counseling Services provided (by):

(i) By or under supervision of a physician;

(ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other* than tobacco cessation services; or

(iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)  
\*describe if there are any limits on who can provide these counseling services.

- 2) Face-to-Face Tobacco Cessation counseling Services Benefit Package for Pregnant Women

Provided:  No limitations  With limitations\*

\*Any benefit package that consists of *less* than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period (eight (8) per year) should be explained below.

Please describe any limitations:

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TN No. NE-11-32

Supersedes

TN No. MS-00-06

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_

HCFA ID: 7986E

State: Nebraska

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

5. a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided:  No limitations  With limitations\*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the act).

Provided:  No limitations  With limitations\*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by state law.

a. Podiatrists' services.

Provided:  No limitations  With limitations\*

\* Description provided on attachment

State/Territory: Nebraska

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

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Provided                       No limitations                       With Limitations\*

2. a. Outpatient hospital services.

Provided                       No limitations                       With Limitations\*

b. Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise included in the State Plan)

Provided                       No limitations                       With Limitations\*

c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with sec. 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

Provided                       No limitations                       With Limitations\*

3. Other laboratory and x-ray services.

Provided                       No limitations                       With Limitations\*

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided                       No limitations                       With Limitations\*

b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.

Provided                       No limitations                       With Limitations\*

c. Family planning services and supplies for individuals of child-bearing age.

Provided                       No limitations                       With Limitations\*

\*Description provided on attachment

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TN No. NE-11-32

Supersedes

TN No. MS-00-06

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_

HCFA ID: 7986E

State/Territory: Nebraska

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

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d. 1) Face-to-Face Tobacco Cessation Counseling Services provided (by):

- (i) By or under supervision of a physician;
- (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other* than tobacco cessation services; or
- (iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)  
\*describe if there are any limits on who can provide these counseling services.

2) Face-to-Face Tobacco Cessation counseling Services Benefit Package for Pregnant Women

Provided:  No limitations  With limitations\*

\*Any benefit package that consists of *less* than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period (eight (8) per year) should be explained below.

Please describe any limitations:

5. a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided  No limitations  With Limitations\*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the act).

Provided  No limitations  With Limitations\*

\* Description provided on attachment.

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TN No. NE-11-32

Supersedes

Approval Date Mar 16 2001

Effective Date \_\_\_\_\_

TN No. MS-00-06

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – PRESCRIBED DRUGS

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- 6. Agents when used to promote smoking cessation. (Restricted to the prescription drugs, bupropion and varenicline, and over-the-counter nicotine patches and nicotine gum. Prescription drugs are covered for Medicaid recipients who are not full-benefit dual eligible individuals. Over-the counter drugs are covered for all populations. Coverage of all prescription and over-the-counter agents is available to only those Medicaid recipients that are enrolled with and actively participating in the Nebraska Tobacco-Free Quitline.)
- The Medicaid agency will provide coverage of prescription and over-the-counter (OTC) tobacco/smoking cessation covered outpatient drugs for pregnant women as recommended in "Treating Tobacco Use and Dependence: 2008 Update: Clinical Practice Guideline" published by the Public Health Service in May 2008 or any subsequent modification of such guideline.
- 7. Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations.
- 8. Nonprescription drugs (All drugs in this category are potential benefits, subject to medical necessity).
- 9. Covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee.
- 10. Drugs described in section 107(c)(3) of the Drug Amendments of 1962 and identical, similar, or related drugs (within the meaning of Section 310.6(b)(1) of title 21 of the Code of Federal Regulations (DESI drugs)
- 11. Barbiturates
- 12. Benzodiazepines (generic only)

Telehealth: Pharmacy services for prescribed drugs are not covered when provided via telehealth technologies.

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TN No. NE 11-32

Supersedes

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_

TN No. MS-08-15