

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

July 30, 2024

James G. Scott, Director
Centers for Medicare & Medicaid Services
Kansas City Regional Operations Group
Division of Medicaid Field Operations-North
601 East 12th Street, Suite 355
Kansas City, Missouri 64106-2898

RE: Nebraska State Plan Amendment NE 24-0020

Dear Mr. Scott:

Enclosed please find the above referenced amendment to the Nebraska State Plan regarding occupational therapy, physical therapy, speech pathology, and audiology services.

The Division of Medicaid and Long-Term Care sent notice on May 31, 2024 (attached) to the federally recognized Native American Tribes and Indian Health Programs within the State of Nebraska to discuss the impact the proposed state plan amendment might have, if any, on the Tribes. No comments were received.

Carisa Schweitzer Masek at carisa.schweitzermasek@nebraska.gov or 402-525-0061. For submittal questions, please contact Dawn Kastens at dawn.kastens@nebraska.gov or 402-471-9530.

Sincerely,

A handwritten signature in black ink that reads "Matthew Ahern".

Matthew Ahern, Interim Director
Division of Medicaid and Long-Term Care
Department of Health and Human Services

cc: Tyson Christensen

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">2</td> <td style="width: 20px;">4</td> <td style="width: 20px;">—</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> <td style="width: 20px;">2</td> <td style="width: 20px;">0</td> </tr> </table>	2	4	—	0	0	2	0	2. STATE <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">N</td> <td style="width: 20px;">E</td> </tr> </table>	N	E
	2	4	—	0	0	2	0				
N	E										
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="checkbox"/> XIX <input type="checkbox"/> XXI											

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2024
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5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.110	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>0</u> b. FFY <u>2025</u> \$ <u>0</u>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Att. 3.1-A, Item 11a; Att. 3.1-A, Item 11b, Pg 1 of 2; Att. 3.1-A, Item 11c, Pgs 1 and 2 of 3	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Att. 3.1-A, Item 11a; Att. 3.1-A, Item 11b, Pg 1 of 2; Att. 3.1-A, Item 11c, Pgs 1 and 2 of 3
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9. SUBJECT OF AMENDMENT
Occupational Therapy, Physical Therapy, Speech Pathology, and Audiology Services

10. GOVERNOR'S REVIEW (Check One)

<input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input checked="" type="radio"/> OTHER, AS SPECIFIED: Governor has waived review
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11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Dawn Kastens Division of Medicaid & Long-Term Care Nebraska Department of Health and Human Services 301 Centennial Mall South Lincoln, NE 68509
12. TYPED NAME Matthew Ahern	
13. TITLE Interim Director, Division of Medicaid & Long-Term Care	
14. DATE SUBMITTED July 30, 2024	

FOR CMS USE ONLY	
16. DATE RECEIVED	17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – PHYSICAL THERAPY

Nebraska Medicaid covers physical therapy services when the following conditions are met:

1. The services must be prescribed by a physician, licensed nurse practitioner, or physician assistant;
2. The services must be performed by, or under the direct supervision of, a licensed physical therapist;
3. The services must be restorative; and
4. There must be a medically appropriate expectation that the patient's condition will improve significantly in a reasonable period of time or the services are recommended in a Department-approved individual program plan (IPP).

Nebraska Medicaid does not cover physical therapy if the expected restoration potential is insignificant in relation to the extent and duration of the services required to achieve the potential.

Exception: Nebraska Medicaid covers physical therapy services for EPSDT eligibles when the following conditions are met:

1. The services must be prescribed by a physician, licensed nurse practitioner, or physician assistant;
2. The services must be performed by, or under the direct supervision of, a licensed physical therapist; and
3. There must be a medically appropriate expectation that the patient's condition will improve significantly in a reasonable period of time or the services are recommended in a Department-approved individual program plan (IPP).

For clients age 21 and older, Nebraska Medicaid covers a combined total of 60 therapy sessions per fiscal year, physical therapy, occupational therapy and speech therapy. All limits may be exceeded based on medical necessity.

Telehealth: Physical therapy 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 care are excluded.

TN No. NE 24-0020

Supersedes

TN No. NE 16-0006

Approval Date _____

Effective Date _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – OCCUPATIONAL THERAPY

Nebraska Medicaid covers occupational therapy services provided by independent therapists under the following conditions.

The therapist must be licensed by the Nebraska Department of Health and Human Services Regulation and Licensure. If services are provided by an OT assistant under the supervision of an OT, the assistant must be licensed by the Nebraska Department of Health and Human Services Regulation and Licensure. If services are provided outside Nebraska, the provider must be licensed in that state.

Occupational therapy is defined as improving, developing, or restoring functions impaired or lost through illness, injury, or deprivation; improving ability to perform tasks for independent functioning when functions are impaired or lost; or preventing, through early intervention, initial or further impairment or loss of function.

Nebraska Medicaid covers OT services when the following conditions are met. The services must be:

1. Prescribed by a physician, licensed nurse practitioner, or physician assistant;
2. Performed by a licensed occupational therapist or a licensed occupational therapy assistant under the supervision of a licensed occupational therapist;
3. Restorative; and
4. Reasonable and medically necessary for the treatment of the client's illness or injury.

Nebraska Medicaid covers orthotic appliances or devices when medically necessary for the client's condition. Nebraska Medicaid does not reimburse an occupational therapist for orthotic devices or appliance which do not require customized fabrication by the therapist.

Exception: Nebraska Medicaid covers occupational therapy services for EPSDT eligibles when the following conditions are met. The services must be:

1. Prescribed by a physician, licensed nurse practitioner, or physician assistant;
2. Performed by a licensed occupational therapist or a licensed occupational therapy assistant under the supervision of a licensed occupational therapist; and
3. Reasonable and medically necessary for the treatment of the client's illness or injury.

For clients age 21 and older,
Nebraska Medicaid covers a combined total of 60 therapy sessions per fiscal year (physical therapy, occupational therapy, and speech therapy). All limits may be exceeded based on medical necessity.

TN No. NE 24-0020

Supersedes

TN No. NE 16-0006

Approval Date _____

Effective Date _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – SERVICES FOR INDIVIDUALS WITH SPEECH, HEARING, AND
LANGUAGE DISORDERS

To be covered by Nebraska Medicaid speech pathology and audiology services must be prescribed by a licensed physician or licensed nurse practitioner and performed by a licensed speech pathologist or audiologist in accordance with 42 CFR §440.110. The speech pathologist or audiologist must be in constant attendance. The services must meet at least one of the following conditions:

1. The services must be an evaluation;
2. The services must be restorative speech pathology with a medically appropriate expectation that the patient's condition will improve significantly within a reasonable period of time; or
3. The services must have been recommended in a Department-approved individual program plan (IPP); or
4. The services must be necessary for an individual with an augmentative communication device.

Nebraska Medicaid covers speech pathology and audiology services when the following conditions are met:

1. The services must be prescribed by a physician, licensed nurse practitioner, or physician assistant;
2. The services must be performed by, or under the supervision of, a licensed speech pathologist or audiologist;
3. The services must be restorative; and
4. There must be a medically appropriate expectation that the patient's condition will improve significantly in a reasonable period of time or the services are recommended in a Department-approved individual program plan (IPP).

TN No. NE 24-0020
Supersedes
TN No. NE 16-0016

Approval Date _____

Effective Date _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – SERVICES FOR INDIVIDUALS WITH SPEECH, HEARING, AND LANGUAGE DISORDERS

Nebraska Medicaid does not cover speech pathology and audiology services when the expected restoration potential is insignificant in relation to the extent and duration of the services required to achieve the potential.

Exception: Nebraska Medicaid covers speech pathology and audiology services for EPSDT eligibles when the following conditions are met:

1. The services must be prescribed by a physician **or advanced practice nurse practitioner** (Exception: Audiology screening services for EPSDT eligibles do not require a physician's prescription);
2. The services must be performed by, or under the supervision of, a licensed speech pathologist or audiologist; and
3. There is a medically appropriate expectation that the patient's condition will improve significantly in a reasonable period of time or the services are recommended in a Department-approved individual program plan (IPP).

For clients age 21 and older, Nebraska Medicaid covers a combined total of 60 therapy sessions per fiscal year (physical therapy, occupational therapy, and speech therapy. All limits may be exceeded based on medical necessity.

LIMITATIONS – HEARING AIDS

To be covered by the Nebraska Medical Assistance Program, hearing aids, hearing aid repairs, hearing aid rental, assistive listening devices, and other hearing aid services must be prescribed by a physician **or advanced practice nurse practitioner** and meet medical necessity criteria.

For clients age 20 and younger, Nebraska Medicaid covers hearing aids when required by medical necessity.

For clients age 21 and older, Nebraska Medicaid covers hearing aids limited to not more than one aid per ear every four years and then only when required by medical necessity.

TN No. ~~NE 16-0006~~ **NE 24-0020**

Supersedes

Approval Date SEP 16 2016

Effective Date JUL 01 2016

TN No. ~~MS-08-09~~ NE 16-0006