

# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

September 26, 2024

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

RE: Nebraska State Plan Amendment NE 24-0023

Dear Mr. Scott:

Enclosed please find the above referenced amendment to the Nebraska State Plan regarding coverage of interpretation 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.

If you have content questions, please feel free to contact Jeremy Brunssen at [jeremy.brunssen@nebraska.gov](mailto:jeremy.brunssen@nebraska.gov) or 402-540-0380. For submittal questions, please contact Dawn Kastens at [dawn.kastens@nebraska.gov](mailto:dawn.kastens@nebraska.gov) or 531-893-3779.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew Ahern".

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

cc: Tyson Christensen

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER 2 4 — 0 0 2 3	2. STATE 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 433 Subpart B	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2024 \$ 38,383 b. FFY 2025 \$ 150,701
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Att. 4.19-B, Item 29 (New)	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Click or tap here to enter text.
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9. SUBJECT OF AMENDMENT  
Coverage of Interpretation Services

10. GOVERNOR'S REVIEW (Check One)

<input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="radio"/> OTHER, AS SPECIFIED: Governor has waived review
<input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

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 September 26, 2024	

<b>FOR CMS USE ONLY</b>	
16. DATE RECEIVED	17. DATE APPROVED

<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
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  
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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INTERPRETATION SERVICES

Nebraska Medicaid reimburses providers for sign language, oral interpretive, and translator services for limited and non-English speaking members and/or deaf or hard of hearing members, when these services are necessary and reasonable to communicate effectively with members in conjunction with another Medicaid-covered service.

Interpretation services can only be covered in conjunction with another covered Nebraska Medicaid service or medically necessary follow-up visit(s) to the initial covered service. To be reimbursable, the interpretation service must be provided by:

- A staff member of the Billing Provider;
- An individual/agency who is contracted with the Billing Provider
- An interpretation phone service contracted with the Billing Provider; or
- Equipment that provides translation and interpretation support, such as Communication Access Real-Time Translation (CART)

Providers must use the billing code designated by the Department when billing for reimbursement for interpreters for members with limited English proficiency (LEP) and communication services for people who are deaf or hard of hearing:

- Maximum units to be billed per Nebraska Medicaid service/service delivery date are 8 units. One unit is equivalent to 15 minutes of interpretation service.
  - Residential or facility-based providers may bill for additional units in excess of 8 units per day as deemed necessary during the covered healthcare service stay.

The agency's fee schedule rate was set as of July 1, 2024, and is effective for interpretation services provided on or after that date. All rates are published on the agency's website at <https://dhhs.ne.gov/Pages/Medicaid-Provider-Rates-and-FeeSchedules.aspx>. From the landing page, scroll down to the fee schedule for the specific program and year.

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TN # NE 24-0023

Supersedes

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

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

TN # New