

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

October 16, 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 24-0024

Dear Mr. Scott:

Enclosed please find the above referenced amendment to the Nebraska State Plan regarding the Prenatal Plus Program.

The Division of Medicaid and Long-Term Care sent notice on September 6, 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 Carisa Schweitzer Masek at carisa.schweitzermasek@nebraska.gov or 402-471-7514. For submittal questions, please contact Dawn Kastens at dawn.kastens@nebraska.gov or 531-893-3379.

Sincerely,

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 2 4 — 0 0 2 4	2. STATE N E
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3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION
Title XIX of the Social Security Act; 1135 of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 \$ 1,673,832
b. FFY 2026 \$ 2,276,412


7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Att. 3.1-A, Item 4b, Pg 33; Att. 3.1-A, Item 13c, Pgs 2 and 2a (new); Supplement 4 to Att. 3.1-A, Pgs 1 -4 (new); Att. 4.19-B, Item 13c, Pg 1; Att. 4.19-B, Item 19

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Att. 3.1-A, Item 4b, Pg 33; Att. 3.1-A, Item 13c, Pg 2; Att. 4.19-B, Item 13c, Pg 1; Att. 4.19-B, Item 19

9. SUBJECT OF AMENDMENT
Prenatal Plus Program

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
October 16, 2024

FOR CMS USE ONLY

16. DATE RECEIVED	17. DATE APPROVED
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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

PREVENTATIVE SERVICES - EARLY AND PERIODIC SCREENING AND DIAGNOSTIC AND
TREATMENT OF CONDITIONS FOUND

Nutrition Services

Medical Nutrition Therapy for EPSDT clients:

Medical Nutritional Therapy (MNT) is the assessment, intervention and counseling provided by a medical nutrition practitioner when prescribed by a physician or nurse practitioner. MNT is done for the purpose of managing the nutritional needs of clients whose nutritional status affects their health and medical conditions. MNT is available to Medicaid eligible clients who are 20 years of age and younger as part of the EPSDT program. MNT is available to at risk pregnant mothers in the Prenatal Plus Program.

Referral: Medical Nutritional Therapy is available only with a physician or nurse practitioner referral. Therapies will be in accordance with currently accepted dietary and nutritional protocols.

MNT services:

1. Assessment

A nutritional assessment is done by a child's primary care provider as part of an EPSDT or Prenatal Plus Program screening. The diagnostic finding from the exam must indicate a nutritional problem or condition of such severity that nutritional counseling beyond that normally expected as part of the standard medical management is warranted.

2. Intervention

Assessment information is used to develop a plan to prevent, improve, or resolve identified nutritional problems.

3. Counseling

- a. Clients/caregivers receive individual counseling to explain the nutritional assessment and the implementation of a plan of nutritional care. Caregivers may only receive services when for the direct benefit of the child, and when the child is present.
- b. Clients/caregivers receive individual counseling to develop a plan to address identified nutritional problems based on the health objectives, resources, and capacity of the child/caregiver. Caregivers may only receive services when for the direct benefit of the child, and when the child is present.
- c. Clients/caregivers receive group counseling. Caregivers may only receive services when for the direct benefit of the child, and when the child is present.

TN No. NE 24-0024

Supersedes

TN No. NE 17-0001

Approval Date _____

Effective Date _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State Nebraska

LIMITATIONS – PREVENTATIVE SERVICES

- b. Clients receive individual counseling to develop a plan to address identified nutritional problems based on the health objectives, resources, and capacity of the client.
- c. Clients in the Prenatal Plus Program are limited to six sessions per pregnancy.

4. Providers

- a. Be a currently licensed medical nutritional therapist in the State of Nebraska.
- b. Act within their scope of practice.

Provider Qualifications: Providers must be licensed to practice medical nutrition therapy pursuant to the Uniform Credentialing Act and hold a current license issued by the Nebraska Department of Health and Human Services Division of Public Health.

Intervention and counseling provided under Medical Nutrition Services are provided by licensed Medical Nutritional Therapist.

5. Client Eligibility

- a. Be an adult age 21 or over
- b. Have at least one of the following medical conditions and require medical nutritional therapy for that condition:
 - i. Type I or type II diabetes
 - ii. Have kidney disease
 - iii. Have had a kidney transplant in the last 36 months
 - iv. Prenatal Plus Program pregnant individual at risk of having negative maternal or infant health outcomes

Vaccinations

Nebraska Medicaid covers vaccines and vaccine administration in compliance with section 1905(a)(13)(B) of the Social Security Act. Nebraska Medicaid staff monitor for changes in recommendations from the Advisory Committee on Immunization Practices (ACIP) to ensure Nebraska Medicaid coverage of vaccines and vaccine administration aligns with current ACIP recommendations.

Vaccinations are a preventative service. Preventive services mean services recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law to - (1) Prevent disease, disability, and other health conditions or their progression; (2) Prolong life; and (3) Promote physical and mental health and efficiency.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State Nebraska

LIMITATIONS – PREVENTATIVE SERVICES

Breast Feeding Support

Breast feeding support for adult clients:

Breast feeding support is education, guidance, and instruction by a medical nutrition practitioner or international board-certified lactation consultant. Breast feeding support is offered for the purpose of educating pregnant individuals who are at risk of having negative maternal or infant health outcomes.

This service is available to a select adult population of eligible clients in the Prenatal Plus Program that require additional breast feeding support. One 60 minute breastfeeding instruction session will be reimbursed under the Prenatal Plus Program.

1. Providers
 - a. Licensed Medical Nutritional Therapist
 - b. International board-certified lactation consultant (IBCLC)

Provider Qualifications: Providers must be licensed to practice medical nutrition therapy or lactation counseling pursuant to the Uniform Credentialing Act and hold a current license issued by the Nebraska Department of Health and Human Services Division of Public Health.

2. Client Eligibility
 - a. Be an adult age 21 or over
 - b. Be a member of the Prenatal Plus Program

TN No. NE 24-0024

Supersedes

TN No. New

Approval Date _____ Effective Date _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State Nebraska
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

PREVENTIVE SERVICES

MEDICAL NUTRITION THERAPY/LACTATION COUNSELING SERVICES

Nebraska Medicaid pays for Medical Nutrition Therapy/ Lactation Counseling services at the lower of:

1. The provider's submitted charge; or
2. The maximum allowable fee established by the Department.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Medical Nutrition Therapy/Lactation Counseling Services. The agency's fee schedule rate for nutritional services was set as of July 1, 2023 and is effective for 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-Fee-Schedules.aspx>. From the landing page, scroll down to the fee schedule for the specific program and year.

Payment for Telehealth Services: Payment for telehealth services is set at the Medicaid rate for the comparable in-person service.

Payment for Telehealth Transmission Costs: Payment for telehealth transmission costs is set at the lower of: (1) the provider's submitted charge; or (2) the maximum allowable amount.

The Department reimburses transmission costs for line charges when directly related to a covered telehealth service. The transmission must be in compliance with the quality standards for real time, two way interactive audiovisual transmission as set forth in state regulations, as amended.

TN #. NE 24-0024

Supersedes

TN #. NE 17-0001

Approval Date _____

Effective Date _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

CASE MANAGEMENT SERVICES

The Department pays for case management services at the lower of:

1. The provider's submitted charge; or
2. The maximum allowable fee established by the Department.

All claims for reimbursement of case management services shall contain the name of the client served, the provider name and identification number, the type of service, date of service and cost.

When services which are reimbursed per a fee schedule, except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. All rates are published at: <https://dhhs.ne.gov/Pages/Medicaid-Provider-Rates-and-Fee-Schedules.aspx>. From the landing page, scroll down to the fee schedule for the specific program and year.

TN #. NE 24-0024

Supersedes

TN #. MS-00-06

Approval Date _____

Effective Date _____

State Plan under Title XIX of the Social Security Act
State/Territory: Nebraska

TARGETED CASE MANAGEMENT SERVICES
Prenatal Plus Program

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):
The target group consists of pregnant individuals who have been determined by their prenatal health care provider to be at high risk of having negative maternal or infant health outcomes and are in the prenatal plus program. TCM services are available to the individual throughout the duration of their pregnancy.

___ Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to _____ consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act):

- Entire State
___ Only in the following geographic areas:

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

- ___ Services are provided in accordance with §1902(a)(10)(B) of the Act.
 Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

- Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - taking client history;
 - identifying the individual's needs and completing related documentation; and
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;
- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
 - identifies a course of action to respond to the assessed needs of the eligible individual;

TN# NE 24-0024 Approval Date _____ Effective Date _____
TN# New

State Plan under Title XIX of the Social Security Act
State/Territory: Nebraska

TARGETED CASE MANAGEMENT SERVICES
Prenatal Plus Program

At a minimum, care plans must be comprehensive, individualized and reflect the beneficiary's preferences.

- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities:
 - activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - services are being furnished in accordance with the individual's care plan;
 - services in the care plan are adequate; and
 - changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Monitoring and follow-up activities shall occur at least monthly, and more often as needed to ensure the individual's needs are met. Monitoring and follow-up activities include in-person encounters, telephone, or via audiovisual telehealth.

Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.
(42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

Targeted Case Management can be provided under the care of a Physician, Physician Assistant (PA), Nurse Practitioner (NP), or Certified Nurse-Midwife (CNM) who is actively managing the pregnancy.

A designated Care Coordinator (CC) will provide TCM to the PPP patient and must have one of the following licenses/certifications:

- Licensed Practical Nurse (LPN)

TN# NE 24-0024 Approval Date _____ Effective Date _____
Supersedes
TN# New

State Plan under Title XIX of the Social Security Act
State/Territory: Nebraska

TARGETED CASE MANAGEMENT SERVICES
Prenatal Plus Program

- Registered Nurse (RN)
- Clinical Medical Assistant (CMA)
- Licensed Clinical Social Worker (LCSW)
- Certified Health Coach (CHC)

The Care Coordinator

- Is employed by the provider/clinic
- Can provide patient encounters in-person, by audiovisual telehealth, or via telephone
- Can connect with the patient as many times as needed each month

Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

_____ Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

State Plan under Title XIX of the Social Security Act
State/Territory: Nebraska

TARGETED CASE MANAGEMENT SERVICES
Prenatal Plus Program

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))