

# 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 24-0027

Dear Mr. Scott:

Enclosed please find the above referenced amendment to the Nebraska State Plan regarding durable medical equipment, prosthetics, orthotics, and supplies.

The Division of Medicaid and Long-Term Care sent notice on July 19, 2024 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](mailto:carisa.schweitzermasek@nebraska.gov) or 402-471-7514. For submittal questions, please contact Dawn Kastens at [dawn.kastens@nebraska.gov](mailto:dawn.kastens@nebraska.gov) or 531-893-3779.

Sincerely,

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 <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;">7</td> </tr> </table>	2	4	—	0	0	2	7	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	7				
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
--	--

5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 410.38	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  a. FFY <u>2023</u> \$ <u>\$0</u> b. FFY <u>2024</u> \$ <u>\$0</u>
---	---

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Att. 3.1-A, Item 7c, Pg 1	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Att. 3.1-A, Item 7c, Pg 1
---	--

9. SUBJECT OF AMENDMENT  
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies

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
--	---

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

LIMITATIONS – MEDICAL SUPPLIES, EQUIPMENT, AND APPLIANCES  
SUITABLE FOR USE IN THE HOME

---

Nebraska Medicaid covers the purchase or rental of durable medical equipment, medical supplies that meet program guidelines when prescribed by a physician or other licensed practitioner whose licensure allows prescribing these items. To qualify as a covered service under Nebraska Medicaid, the item must be medically necessary and must meet the definitions in state regulations.

Nebraska Medicaid does not cover items that primarily serve personal comfort; convenience; or educational, hygienic, safety, or cosmetic functions; or new equipment of unproven value and/or equipment of questionable current usefulness or therapeutic value.

Home health agencies may provide durable medical equipment and oxygen only.

Durable medical equipment and supplies providers shall complete and sign the Medical Assistance Provider Agreement, and submit the completed form to the Department for approval. Providers shall meet any applicable state and federal laws governing the provision of their services. Nebraska Medicaid enrolls, as providers of durable medical equipment, medical supplies, orthotics, or prosthetics, only those providers who are involved in the direct provision of services or items to the client.

Durable medical equipment is equipment which:

1. Withstands repeated use;
2. Is primarily and customarily used to serve a medical purpose;
3. Generally is not useful to a person in the absence of an illness or injury; and
4. Is appropriate for use in the client's home. This generally does not include long term care facilities.

Coverage conditions for individual services are listed with the procedure code descriptions.

---

TN No. NE 24-0027

Supersedes

TN No NE 13-08

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

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