

AMENDMENTS TO LB227

Introduced by Health and Human Services.

1           1. Strike the original sections and insert the following new  
2 sections:

3           Section 1. Section 68-901, Revised Statutes Cumulative Supplement,  
4 2022, is amended to read:

5           68-901 Sections 68-901 to 68-9,101 and sections 2 to 4 of this act  
6 shall be known and may be cited as the Medical Assistance Act.

7           Sec. 2. The department shall enroll long-term acute care hospitals  
8 in Nebraska as providers eligible to receive funding under the medical  
9 assistance program.

10          Sec. 3. No later than July 1, 2023, the department shall submit a  
11 state plan amendment or waiver to the federal Centers for Medicare and  
12 Medicaid Services to provide coverage under the medical assistance  
13 program for long-term acute care hospitals.

14          Sec. 4. The department shall provide for rebasing inpatient interim  
15 per diem rates for critical access hospitals. The department shall rebase  
16 the rates every two years, and the most recent audited medicare cost  
17 report shall be used as the basis for the rebasing process within ninety  
18 days after receiving the cost report.

19          Sec. 5. Section 68-1006.01, Reissue Revised Statutes of Nebraska, is  
20 amended to read:

21          68-1006.01 The Department of Health and Human Services shall include  
22 in the standard of need for eligible aged, blind, and disabled persons  
23 seventy-five at least sixty dollars per month for a personal needs  
24 allowance if such persons reside in an alternative living arrangement.

25          For purposes of this section, an alternative living arrangement  
26 shall include board and room, a boarding home, a certified adult family  
27 home, a licensed assisted-living facility, a licensed residential child-

1 caring agency as defined in section 71-1926, a licensed center for the  
2 developmentally disabled, and a long-term care facility.

3 Sec. 6. (1) The state shall provide medicaid reimbursement to a  
4 hospital at one hundred percent of the statewide average nursing facility  
5 per diem rate for an individual if the individual: (a) Is enrolled in the  
6 medical assistance program; (b) has been admitted as an inpatient to such  
7 hospital; (c) no longer requires acute inpatient care and discharge  
8 planning as described in 42 C.F.R. 482.43; (d) requires nursing facility  
9 level of care upon discharge; and (e) is unable to be transferred to a  
10 nursing facility due to a lack of available nursing facility beds  
11 available to the individual or, in cases where the transfer requires a  
12 guardian, has been approved for appointment of a public guardian and the  
13 State Court Administrator is unable to appoint a public guardian.

14 (2) Reimbursement for services shall be subject to federal approval.

15 Sec. 7. (1) The Department of Health and Human Services shall  
16 either directly, or through a contract or grant to an eligible entity,  
17 implement a pilot program to facilitate the transfer of patients with  
18 complex health needs from eligible acute care hospitals to appropriate  
19 post-acute care settings, including facilities that provide skilled  
20 nursing or long-term care.

21 (2) The purposes of the pilot program are to ensure that:

22 (a) Patients with complex health needs are able to access timely  
23 transition from an acute care hospital to a post-acute care setting;

24 (b) Patients receive the appropriate type of care at the appropriate  
25 time to best meet their needs; and

26 (c) Acute-care hospitals have available capacity to meet the needs  
27 of patients.

28 (3) For purposes of this section:

29 (a) Eligible acute care hospital means a facility that is not  
30 designated as a critical access hospital by the Centers for Medicare and  
31 Medicaid Services and has reached or exceeded eighty percent of available

1 staffed capacity for adult intensive-care-unit beds and acute care  
2 inpatient medical-surgical beds;

3 (b) Eligible entity means a nonprofit statewide association whose  
4 members include eligible acute care hospitals; and

5 (c) Patient means a person who is medically stable and who the  
6 provider believes, with a reasonable medical probability and in  
7 accordance with recognized medical standards, is safe to be discharged or  
8 transferred and is not expected to have his or her condition negatively  
9 impacted during, or as a result of, the discharge or transfer.

10 (4) The department or other eligible entity responsible for  
11 developing the pilot program shall:

12 (a) Determine criteria to define patients with complex health needs;

13 (b) Develop a process for eligible acute care hospitals to determine  
14 capacity and the manner and frequency of reporting changes in capacity;

15 (c) Develop a process to ensure funding is utilized for the purposes  
16 described in this section and in compliance with all applicable state and  
17 federal laws;

18 (d) Include regular consultation with the department and  
19 representatives of acute care hospitals, skilled nursing facilities, and  
20 nursing facilities; and

21 (e) Include quarterly updates to the department.

22 (5) The pilot program may include direct payments to post-acute care  
23 facilities that support care to patients with complex health needs.

24 (6) Funding utilized under the pilot program shall comply with all  
25 medicaid and medicare reimbursement policies for skilled nursing  
26 facilities, nursing facilities, and swing-bed hospitals.

27 (7) It is the intent of the Legislature to appropriate one million  
28 dollars from the General Fund to carry out this section.

29 Sec. 8. Sections 4, 5, 6, 7, and 9 of this act become operative  
30 three calendar months after the adjournment of this legislative session.  
31 The other sections of this act become operative on their effective date.

1           Sec. 9. Original section 68-1006.01, Reissue Revised Statutes of  
2 Nebraska, is repealed.

3           Sec. 10. Original section 68-901, Revised Statutes Cumulative  
4 Supplement, 2022, is repealed.

5           Sec. 11. Since an emergency exists, this act takes effect when  
6 passed and approved according to law.