

# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

December 30, 2019

Clerk of the Legislature  
P.O. Box 94604  
Lincoln, NE 68509

Dear Clerk of the Legislature:

In accordance with subsection 15 of section 92 of LB 294 (2019), the Department of Health and Human Services, Division of Medicaid and Long-Term Care (MLTC), provides this report regarding the status of the requirement contained within or pertaining to subsections 12 through 16 of the referenced legislation that MLTC seek federal approval to hire a contractor to study statewide access to long-term care and utilize certain federal funds to do so. MLTC sent this request on October 8, 2019 to the Centers for Medicare and Medicaid Services (CMS). A copy of the request is attached.

As of the date of this letter, MLTC has not yet received a substantive reply from CMS relative to this request. MLTC continues to regularly contact CMS to seek a substantive reply.

Subsection 13 of the referenced legislation makes federal approval a condition precedent to proceeding further relative to the provision of the study. MLTC will let you know CMS's substantive reply as soon as it is received.

If you have any questions, please contact Nate Watson, JD and Cert Legis Prac, Deputy Director for Policy and Regulations, at [nate.watson@nebraska.gov](mailto:nate.watson@nebraska.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read "MVP".

Matthew A. Van Patton, DHA, Director  
Division of Medicaid and Long-Term Care  
Department of Health and Human Services

MVP/dp

## Preston, Drew

---

**From:** Gekas Steeby, Catherine  
**Sent:** Friday, December 13, 2019 1:46 PM  
**To:** Preston, Drew  
**Subject:** FW: State of Nebraska request for CMP reinvestment funds  
**Attachments:** CMP Reinvestment Application - Nebraska.pdf

**Catherine Gekas Steeby** | *Administrator II Policy and Regulations*

MEDICAID & LONG-TERM CARE

**Nebraska Department of Health and Human Services**

OFFICE: 402-471-9058 | CELL: 402-429-7884

**DHHS.ne.gov** | [Facebook](#) | [Twitter](#) | [LinkedIn](#)

---

**From:** Gekas Steeby, Catherine  
**Sent:** Tuesday, October 8, 2019 3:47 PM  
**To:** 'CMP-Info@cms.hhs.gov' <CMP-Info@cms.hhs.gov>; marsophia.powers@cms.hhs.gov  
**Cc:** Watson, Nate <Nate.Watson@nebraska.gov>; Brunssen, Jeremy <Jeremy.Brunssen@nebraska.gov>; Schweitzer Masek, Carisa <Carisa.SchweitzerMasek@nebraska.gov>  
**Subject:** State of Nebraska request for CMP reinvestment funds

Please see attached CMP reinvestment application from the Nebraska Department of Health and Human Services, Division of Medicaid and Long-Term Care.

This funding request is being submitted in accordance with Nebraska Legislative Bill 294 (2019), Sec. 92 (12) through (16).

At this time we do not have the information necessary to complete the budget template. If the request is approved the budget can be completed by, in coordination with, the entity selected to receive the funding to complete the study. The entity selected will identify the cost components (personnel/travel/equipment/sub-contracts/other direct and indirect costs).

If there are any questions, please let me know.

Thank you,  
Catherine

**Catherine Gekas Steeby** | *Administrator II Policy and Regulations*

MEDICAID & LONG-TERM CARE

**Nebraska Department of Health and Human Services**

OFFICE: 402-471-9058 | CELL: 402-429-7884

**DHHS.ne.gov** | [Facebook](#) | [Twitter](#) | [LinkedIn](#)

# Civil Money Penalty (CMP) Reinvestment Application Template

Date of Application Submission to CMS: October 8, 2019

---

## Instructions

---

Applicants shall submit this CMP Reinvestment Application request to the applicable state agency (SA) for initial review. SAs shall make an initial determination on the potential of the project to benefit nursing home residents and protect or improve their quality of care or quality of life. SAs will then forward the application to the Centers for Medicare & Medicaid Services (CMS) Regional Office (RO) for review and approval. After a determination by the SA and CMS RO, the applicant will be notified of the funding determination. Applicants may contact the applicable SA with questions regarding their CMP Reinvestment Application.

Periodic reports may be required by each SA. Project outcomes, including the metrics provided in this application, must be reported at the completion of the project period. In order to maintain compliance with 42 CFR 488.433, at a minimum, SAs will make information about the use of CMP funds publicly available, including the dollar amount, recipients, and results of the project.

Note: Applications that are an extension of an approved CMP reinvestment project to new nursing home location(s) do not have to complete the entire application. **A project is considered an "extension project" if it is identical in project details to a project approved after April 1, 2018.** For extension projects, applicants must submit the approval letter for the approved CMP reinvestment project and complete the following sections: Applicant Contact and Background Information (questions 1-2a, and 6), Funding (questions 7-9), Project Title (question 10-11), Partnering Entities (question 15 for non-nursing home applicants and question 16 for all applicants, if appropriate), and Attestation (question 22). Additionally, the applicant must submit results of the previously approved and completed project (if applicable), with confirmation by the SA.

### Project and Applicant Requirements

#### Projects cannot:

- Exceed three years;
- Include items or services that are not related to improving the quality of life and care of nursing home residents or to protecting such residents. For example, projects where the need or demand for services provided by the project does not exist; projects where nursing home residents are not the target beneficiaries or the nursing home setting is not the focus of the project; and research projects where the benefits are often unknown;
- Include funding for capital improvements to a nursing home (e.g., replacing a boiler, redesign of a nursing home);
- Include funding for nursing home services or supplies that are already the responsibility of the nursing home (e.g., staff, equipment, food);
- Include funding for survey and certification operations or state expenses;
- Include funding for refreshments;
- Include funding for incentives (e.g., for attending training or completing a survey—this includes items such as payments or gift cards);
- Include unclear or excessive expenses (e.g., budget items that are not clearly detailed or itemized, unreasonably high project staff salaries or travel expenses, excessive staff to implement a project, unreasonable marketing of projects, high indirect costs, or a large portion of the budget set aside for

evaluation); or

- Include supplementary or duplicative federal or state funding (e.g., personnel performing the same duties as Ombudsman or Quality Improvement Organization (QIO) assistance, nurse aide training programs).

**Applicants must:**

- Be qualified and capable of carrying out the intended project(s) or use(s);
- Not have a conflict of interest relationship with the entity(ies) who will benefit from the intended project(s) or use(s); and
- Not be paid by a state or federal source to perform the same function as the project(s) or use(s) (e.g., CMP funds may not be used to enlarge or enhance an existing appropriation or statutory purpose that is substantially the same as the intended project(s) or use(s)).

## Applicant Contact and Background Information

### 1. Applicant Contact Information

Provide the contact information for the CMP project applicant (individual) who completed the application. If the primary point of contact (POC) is different than the POC who completed the application, please provide the primary POC's name and contact information. The primary POC is defined as the person responsible for the project implementation.

<i>Applicant Contact Information</i>	<i>Primary Point of Contact (if different)</i>
Name: Catherine Gekas Steeby	Name:
Phone: 402-471-9058	Phone:
Email: catherine.gekasteeby@nebraska.gov	Email:
Address: 301 Centennial Mall South Lincoln, NE 68509	Address:

### 2. Applicant Organization Information

Provide the contact information for the organization requesting CMP funds. The organization or nursing home which requests CMP funding is accountable and responsible for all CMP funds granted. If a change in ownership occurs after CMP funds are granted or during the course of the project, the primary POC should notify the SA. Notice regarding the change in ownership and its impact on the CMP Reinvestment Application award should be sent to the SA.

<i>Organization Contact Information</i>
Name: Nebraska Department of Health and Human Services
Phone: 420-471-3121
Email:
Address: 301 Centennial Mall South Lincoln, NE 68509
National Provider Identifier: N/A

**2a. Is the organization a nursing home? No**

<i>Nursing Home-Specific Questions</i>			
Is any outstanding civil money penalty (CMP) due?	Yes <input type="radio"/>	No <input type="radio"/>	N/A <input checked="" type="radio"/>
Is the nursing home in bankruptcy or receivership?	Yes <input type="radio"/>	No <input type="radio"/>	N/A <input checked="" type="radio"/>

**3. Organization History**

Provide the background and history of the applicant organization, including details such as the organization’s mission statement and number of years in service.

The organization to receive the funding is unknown at this time. Per state law, the state Medicaid agency is required to request CMP funding for a study. That funding will be used for payments once a request for proposal (RFP) to hire a contractor to complete a review and report are done.

This request is being submitted per Nebraska Legislative Bill 294 Sec. 92(12) through (16).

The Legislature finds that underfunding of the medical assistance program under the Medical Assistance Act has resulted in a growing financial chasm between the amount of money a service provider is reimbursed under the program and the actual cost of providing care. Combined with workforce shortages, the continued ability of long-term care providers to serve beneficiaries of the medical assistance program is increasingly at risk. The Legislature also recognizes that aging Nebraskans have made contributions throughout their lifetimes to the state and country and deserve to receive the care they need in recognition of this service.

If federal funding is approved under this section, on or before December 31, 2020, the department shall study and report to the Appropriations Committee of the Legislature on statewide access to long-term care. The department shall contract with an independent entity with proven expertise in (a) data analysis and projections of future trends, (b) community planning, (c) innovative practices and best practices in long-term care services, and (d) the development of a long-term care sustainability plan. The department and contracted entity shall study the needs of Nebraska's aging population for facility-based and home and community-based long-term care services in close proximity to familial and social support systems and shall make reasonable recommendations, supported by data, on changes to the policy and funding of long-term care services under the Medical Assistance Act.

**4. Organization Capabilities**

Provide information about the organization’s capabilities, including products and services relevant to the proposed CMP project.

This request is being submitted per Nebraska Legislative Bill 294 Sec. 92(12) through (16).

The Legislature finds that underfunding of the medical assistance program under the Medical Assistance Act has resulted in a growing financial chasm between the amount of money a service provider is reimbursed under the program and the actual cost of providing care. Combined with workforce shortages, the continued ability of long-term care providers to serve beneficiaries of the medical assistance program is increasingly at risk. The Legislature also recognizes that aging Nebraskans have made contributions throughout their lifetimes to the state and country and deserve to receive the care they need in recognition of this service.

If federal funding is approved under this section, on or before December 31, 2020, the department shall study and report to the Appropriations Committee of the Legislature on statewide access to long-term care. The department shall contract with an independent entity with proven expertise in (a) data analysis and projections of future trends, (b) community planning, (c) innovative practices and best practices in long-term care services, and (d) the development of a long-term care sustainability plan. The department and contracted entity shall study the needs of Nebraska's aging population for facility-based and home and community-based long-term care services in close proximity to familial and social support systems and shall make reasonable recommendations, supported by data, on changes to the policy and funding of long-term care services under the Medical Assistance Act.

**5. Organization Website**

Provide the website address for the organization requesting CMP funds, if available.

The state Medicaid agency is mandated to request CMP funds to pay a contractor to complete a study of long-term care. The contractor is unknown at this time.

**6. Other Funding Sources**

Have other funding sources been applied for and/or granted for this proposal or project? Yes

If yes, please explain and identify the funding sources and amount in the space below.

State general funds of \$87,500 will be used to match the federal funds, if the CMP request is approved.

---

## Funding

---

### 7. Total CMP Fund Request Amount

Provide the amount requested for the entire project. For example, if it is a three-year project and requires \$25,000 per year, then enter \$25,000 as the annual project cost and \$75,000 as the total project cost. If requesting \$25,000 for a one-year project, then enter \$25,000 as both the annual and total cost. Include the total amount of non-CMP funds received for the project, as described above in "Other Funding Sources."

Annual Amount Requested: \$ 87,500

Total Amount Requested: \$ 87,500

Total non-CMP funds received (or anticipated) for this project: \$ 87,500

### 8. Detailed Line Item Budget

Applicants must provide a detailed line item budget (using the CMP Reinvestment Budget Template or similar spreadsheet) outlining specific cost requirements within each of the following budget categories:

- Personnel: an employee of the organization whose work is tied to the proposed project;
- Travel: provide mileage, lodging and per diem as applicable;
- Equipment purchase and rentals: materials central to the roll out of the project;
- Contractual: the cost of project activities to be undertaken by a third-party contractor. Each contractor should be budgeted separately;
- Other direct costs: expenses not covered in any of the previous costs;
- Total indirect costs: overhead costs allocable to the project such as a negotiated rate with a university; and
- Cost-sharing: total non-CMP funds received or anticipated for this project.

Is the CMP Reinvestment Budget Template or similar spreadsheet outlining specific cost requirements within each summary budget category attached? No



**9. Budget Narrative**

Use the space below to justify indirect costs and cost-sharing amounts included in the CMP Reinvestment Budget Template or similar spreadsheet. Explain the costs calculation and methodology.

The budget is submitted in accordance with Nebraska Legislative Bill 294 Sec. 92 (12) through (16). Specifically Sec. 92(16):It is the intent of the Legislature that the Division of Medicaid and Long-Term Care of the Department of Health and Human Services shall request approval from the Secretary of the United States Department of Health and Human Services to use \$87,500 of Nebraska's Nursing Facility Penalty Cash Fund under section 1919(h)(3)(C)(ii)(IV)(ff) of the federal Social Security Act as the federal match to carry out the study described in this section. Such funds shall be used to research demographic trends, project current and future service needs, and provide recommendations for continued statewide access to long-term care services, including nursing facility care, for Medicaid recipients.

---

## Project Details

---

**10. Project Title:** Legislative report on statewide access to long-term care

**10a.**

Is this project an extension of a CMP reinvestment project approved after April 1, 2018 to a new nursing home location?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
If yes, have the results of the previously approved project been reported to the state agency?	Yes <input type="radio"/>	No <input checked="" type="radio"/>

Note: If yes to both questions, applicant must submit the results of the project as an attachment to this application.

**11. Project Time Period**

Number of Years: 1.5

Specific Dates Proposed for the Project: 10-1-19 through 12-1-20

**12. Project Category**

Please indicate in which category this project should be considered (please see the CMP Reinvestment Application Resource Guide for more information):

- Consumer Information
- Resident or Family Council
- Direct Improvements to Quality of Care
- Culture Change/Direct Improvements to Quality of Life
- Training
- Other, please specify: Legislative report on statewide access to long-term care

---

## Summary of Project and Benefits to Residents

---

### 13. Summary of the Project and its Purpose

Describe (a) the problem or gap this project is aiming to address, (b) project goals and/or objectives, and (c) the plan to implement the project, including implementation timeline.

If federal funding is approved under this section, on or before December 31, 2020, the department shall study and report to the Appropriations Committee of the Legislature on statewide access to long-term care. The department shall contract with an independent entity with proven expertise in (a) data analysis and projections of future trends, (b) community planning, (c) innovative practices and best practices in long-term care services, and (d) the development of a long-term care sustainability plan. The department and contracted entity shall study the needs of Nebraska's aging population for facility-based and home and community-based long-term care services in close proximity to familial and social support systems and shall make reasonable recommendations, supported by data, on changes to the policy and funding of long-term care services under the Medical Assistance Act.

The department and the contracted entity shall:

- (a) Review and summarize existing data sources;
- (b) Provide the committee with a detailed analysis and projection of Nebraska's demographic trends by age and availability of informal long-term care support systems;
- (c) Provide the committee with a detailed analysis of the current and projected future needs of aging Nebraskans and current gaps in facility-based and home and community-based long-term care services in all areas of the state and factors contributing to such gaps;
- (d) Provide the committee with a detailed analysis of state regulations and processes that impede the flexibility for nursing facilities to provide home and community-based long-term care services when there is an identified community need;
- (e) Provide the committee with a detailed analysis of the financial stability of long-term care providers that accept participants in the medical assistance program, especially nursing facilities, and contributing factors;
- (f) Make recommendations to the committee for increased regulatory flexibility to allow a skilled nursing facility to provide home and community based long-term care services to meet community needs and for strategic consolidation of facilities and services to use long-term care workforce resources more effectively;
- (g) Identify changes to reimbursement under the medical assistance program to sustain access to long-term care services across the state; and
- (h) Create a financially sustainable five-year plan for ensuring that aging Nebraskans continue to have access to long-term care services they need in close proximity to their familial and social support systems.

### 14. Benefit to Nursing Home Residents

Describe how this project will directly benefit nursing home residents. CMP funds shall only be used for activities that benefit nursing home residents and that protect or improve their quality of care or quality of life.

Such funds shall be used to research demographic trends, project current and future service needs, and provide recommendations for continued statewide access to long-term care services, including nursing facility care, for Medicaid recipients.

---

## Partnering Entities

---

### 15. Nursing Home and Community Involvement

Describe how the nursing home community (including resident and/or family councils and direct care staff) will be involved in the development and implementation of the project.

If the organization applying is not a nursing home, include letters of support in the application submission to demonstrate nursing home support and buy-in for the proposed project.

The department and contracted entity shall study the needs of Nebraska's aging population for facility-based and home and community-based long-term care services in close proximity to familial and social support systems and shall make reasonable recommendations, supported by data, on changes to the policy and funding of long-term care services under the Medical Assistance Act.

### 16. Other Partnering Entities

If applicable, list any other entity(ies) (e.g., individuals, organizations, associations, facilities) that will be partnering with the applicant on this project, how much funding the entity will be receiving (if any), and the specific deliverables for which the entity is responsible.

The state agency is required to hire a contractor to complete the research and report. A request for proposal (RFP) will be required to determine who the contractor will be.

---

## Deliverables, Risks, Performance Evaluation, Sustainability

---

### 17. Project Deliverables

List any physical items that will be deliverables as a result of funding this project (e.g., electronics, training materials, curricula).

The department and the contracted entity shall:

- (a) Review and summarize existing data sources;
- (b) Provide the committee with a detailed analysis and projection of Nebraska's demographic trends by age and availability of informal long-term care support systems;
- (c) Provide the committee with a detailed analysis of the current and projected future needs of aging Nebraskans and current gaps in facility-based and home and community-based long-term care services in all areas of the state and factors contributing to such gaps;
- (d) Provide the committee with a detailed analysis of state regulations and processes that impede the flexibility for nursing facilities to provide home and community-based long-term care services when there is an identified community need;
- (e) Provide the committee with a detailed analysis of the financial stability of long-term care providers that accept participants in the medical assistance program, especially nursing facilities, and contributing factors;
- (f) Make recommendations to the committee for increased regulatory flexibility to allow a skilled nursing facility to provide home and community based long-term care services to meet community needs and for strategic consolidation of facilities and services to use long-term care workforce resources more effectively;
- (g) Identify changes to reimbursement under the medical assistance program to sustain access to long-term care services across the state; and
- (h) Create a financially sustainable five-year plan for ensuring that aging Nebraskans continue to have access to long-term care services they need in close proximity to their familial and social support systems.

### 18. Performance Monitoring and Evaluation

Describe how the project's performance will be monitored or evaluated, including specific outcome metrics, and the intended outcomes. These metrics shall be submitted upon completion of the project or as frequently as required by the SA.

A status update on the report shall be delivered electronically to the Appropriations Committee of the Legislature by December 31, 2019. The final report shall be delivered electronically to the Appropriations Committee of the Legislature by December 1, 2020.

**19. Duplication of Effort**

Describe how the project does not duplicate existing requirements for the nursing home or other federal or state services.

The legislature has not mandated any other entities complete the requirements above.

**20. Risks**

Describe potential risks or barriers associated with implementing this project and the plan to address these concerns.

Risks are unknown.

**21. Sustainability**

Describe how the project or outcomes will be sustained after CMP funding concludes.

The project will not continue beyond the funds set aside specifically for this project.

---

## Attestation

---

### 22. Attestation Statement

CMP funds have been provided for the express purpose of enhancing quality of care and quality of life in nursing homes certified to participate in Title 18 and Title 19 of the Social Security Act. By signing below, you are confirming that everything stated in this application is truthful and you are aware and in compliance with the CMP project and applicant requirements.

Name of the Applicant (print): Catherine Gekas Steeby

Signature of the Applicant: **Catherine  
Gekas Steeby** Digitally signed by Catherine  
Gekas Steeby  
Date: 2019.10.04 10:48:21  
-05'00'

Date of Signature: 10-4-19