

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

SECURE PSYCHIATRIC RESIDENTIAL REHABILITATION

Medicaid has researched the cost of an existing similar service to develop a comparable rate. Costs for treatment and rehabilitation services are contained in the Medicaid rate. The rate does not include room and board. The rate for Secure Psychiatric Residential Rehabilitation was last updated on the fee schedule June 1, 2011 and is effective for services rendered on or after that date. Except as otherwise noted in the plan, State developed fee schedule rates are the same for quasi-governmental and private providers of Secure Psychiatric Residential Rehabilitation. See fee schedule at <http://www.dhhs.ne.gov/med/provhome.htm>.

The State Medicaid agency will have a contract with each entity receiving payment under Secure Psychiatric Residential Rehabilitation services that will require that the entity furnish to the Medicaid agency on an annual basis the following:

- Data, by practitioner, on the utilization by Medicaid beneficiaries of the services included in the unit rate,
- Cost information by practitioner type and by type of service actually delivered within the services unit,
- Provider's annual utilization data and cost information shall support that the required type, quantity and intensity of treatment services are delivered to meet the medical needs of the clients served. Medicaid Agency or its designee may further evaluate through on site or post pay review of the treatment plans and the specific services delivered as necessary to assure compliance.

COMMUNITY SUPPORT SERVICES

Community Support Services shall be reimbursed on a direct service by service basis and billed in 15 minute increments up to a maximum of 144 units per 180 days.

The rate for community support services was last updated on January 1, 2011, and is effective for services rendered on or after that date. Any annual/periodic adjustments to the fee schedule are published on the agency's website at <http://www.dhhs.ne.gov/med/provhome.htm>.

This rate will be the same for quasi-governmental and private providers of community support service.

The rate includes all indirect services and collateral contacts that are medically necessary rehabilitative related interventions.

TN.No. 11-08

Supersedes

TN No. NE 10-17

Approval Date AUG 16 2011 Effective Date JUN 01 2011