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State/Territory Name: NE

State Plan Amendment (SPA) #: 14-03

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 355
Kansas City, Missouri 64106



Division of Medicaid and Children's Health Operations

May 16, 2014

Courtney Miller, Deputy Director
Department of Health & Human Services
Division of Medicaid and Long Term Care
301 Centennial Mall S., 5th Floor
PO Box 95026
Lincoln, Nebraska 68509

Dear Ms. Miller:

On April 11, 2014, the Centers for Medicare & Medicaid Services (CMS) received Nebraska's State Plan Amendment (SPA) transmittal #14-003, to correct the effective date for SPA 13-12 from December 1, 2013, to July 1, 2014.

SPA #14-003 was approved May 15, 2014, with an effective date of July 1, 2014, as requested by the state. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Nebraska State Plan.

If you have any questions regarding this amendment, please contact Benton Williams or Karen Hatcher at (816) 426-5925.

Sincerely,

//s//

Megan Buck
Acting Associate Regional Administrator
for Medicaid and Children's Health Operations

Enclosure

cc: Nancy Keller
Flora Coan
Cynthia Brammeier
Margaret Booth

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: NE 14-03	2. STATE Nebraska
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2014	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT:	
		a. FFY 2014 \$0.00 b. FFY 2015 \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>):	
Attachment 3.1-A, Item 1, page 2 of 2 Attachment 3.1-A, Item 4b, Page 9 Attachment 3.1-A, Item 13d, page 1, 2, 4, 5, 6, and 8		Attachment 3.1-A, Item 1, page 2 of 2 Attachment 3.1-A, Item 4b, Page 9 Attachment 3.1-A, Item 13d, page 1, 2, 4, 5, 6, and 8	
10. SUBJECT OF AMENDMENT: Technical correction only to the effective date of SPA #NE 13-12. Nebraska had initially requested an effective date of December 1, 2013 and the effective date should be July 1, 2014.			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Governor has waived review	
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: Courtney Miller		Nancy Keller Division of Medicaid & Long-Term Care Nebraska Department of Health & Human Services 301 Centennial Mall South Lincoln, NE 68509	
14. TITLE: Deputy Director, Division of Medicaid and Long-Term Care			
15. DATE SUBMITTED: April 11, 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: April 11, 2014		18. DATE APPROVED: May 15, 2014	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2014		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: Megan Buck		22. TITLE: Acting Associate Regional Administrator for Medicaid and Children's Health Operations	
23. REMARKS:			

Applies to Both Categorically and Medically Needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State NebraskaLIMITATIONS – INPATIENT HOSPITAL SERVICES

9. Has the flexibility to meet the schedules of families, guardians and caretakers as necessary; and
10. Documents the attempts to involve family in treatment.

Subacute inpatient psychiatric hospital programs must have adequate staff to provide:

1. Comprehensive psychiatric diagnostic evaluations by an attending psychiatrist, nursing assessments, substance abuse assessments as needed, laboratory radiology or other diagnostic tests as necessary.
2. Physical examination and the ability to meet the basic medical needs of the patient.
3. Individual, group, and family psychotherapy by a licensed practitioner. Medication initiation and management services by a psychiatrist.
4. An organized, supervised milieu, psycho-educational services and other support services appropriate.

Subacute inpatient psychiatric programs must have adequate staff to meet the needs of the patients served. Essential positions available to the program are:

1. A clinical/program director;
2. Nursing services;
3. Psychotherapy services by a licensed practitioner;
4. Licensed addiction and drug abuse services as needed and appropriate by a licensed individual skilled and trained to treat substance abuse issues;
5. Psycheducational services as necessary;
6. Case Management services.

Providers of subacute inpatient hospital services must consider the following conditions to be determine the necessity for treatment.

1. Can the patient benefit from longer term evaluation, stabilization, and treatment services?
2. Is the client moderate to high risk to harm self or others?
3. Does the client have symptoms consistent with a current version of the DSM diagnosis?
4. Does the client have the ability to respond to intensive structured intervention services?
5. Is the client of moderate to high risk to relapse or have symptom reoccurrence?
6. Does the client have a high need of professional structure and intervention services?
7. Can the client be treated with short term intervention services?

All subacute inpatient psychiatric services must be prior authorized by the Department or by the Department's contracted designee.

Transmittal # NE 14-03

Supersedes

Approved: May 15, 2014

Effective: July 1, 2014

Transmittal # NE-13-12

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

LIMITATIONS- EARLY AND PERIODIC SCREENING AND DIAGNOSIS AND TREATMENT
OF CONDITIONS FOUND

Services shall be medically necessary and shall be recommended by a psychologist, LIMHP or physician according to an individualized treatment plan, which addresses the eligible individual's assessed needs. An Initial Diagnostic Interview is a comprehensive assessment that identifies the clinical need for treatment and the most effective treatment intervention/level of care to meet the medical necessity needs of the client. The IDI is completed prior to service provision and the IDI documentation accompanies the referral information to the rehabilitation program provider. The recommendations of the licensed supervising practitioner following the Initial Diagnostic Interview serves as the treatment plan until the comprehensive treatment plan is developed.

The treatment plan shall specify the frequency, amount and duration of services. The treatment plan shall be signed by the psychologist, licensed mental health practitioner or physician responsible for developing the plan. The plan will specify a timeline for reevaluation of the plan that is at least an annual redetermination. A new treatment plan with a different rehabilitation strategy shall be developed if there is no measureable reduction of disability or restoration of functional level.

Agencies and practitioners shall maintain case records that include a copy of the treatment plan, the name of the individual, dates of services provided, nature, content and units of rehabilitation services provided, and progress made toward functional improvement and goals in the treatment plan.

Rehabilitation services shall meet the following requirements:

- If provided at a work site, the rehabilitation service shall not be job tasks oriented.
- Any services or components of services which the basic nature is to supplant housekeeping, homemaking, or basic services for the convenience of a person receiving covered services (including housekeeping, shopping, child care, and laundry services) are not covered.
- Services shall not be provided in an Institution for Mental Disease (IMD).
- Room and board is excluded from any services or rates provided in a residential setting.
- Transportation of children is not included in rehabilitation services or rates.
- Education services are not included in or eligible for payment by the Medicaid Program, and do not apply toward the hours of minimum treatment activities for any service in this section. Practitioners shall be familiar with each youth's IEP and coordinate with the youth and the youth's school to achieve the IEP. Education services may not be the primary reason for rehabilitation admission or treatment. Academic education services, when required by law, shall be available.

TN No. NE 14-03

Supersedes

TN No. NE 13-12

Approved: May 15, 2014

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Applies to both Categorically and Medically Needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – REHABILITATIVE SERVICES

Community-Based Comprehensive Psychiatric Rehabilitation and Support Services Program

The following rehabilitative psychiatric services are covered for adult clients who have been diagnosed with severe and persistent major mental illness:

1. Community Support;
2. Day Rehabilitation; and
3. Psychiatric Residential Rehabilitation.

The services must be medically necessary. These services are designed to rehabilitate individuals who are experiencing severe and persistent mental illness in the community and thereby avoid more restrictive levels of care such as psychiatric inpatient hospitalization or nursing facility.

Clients must be assessed by a Nebraska licensed mental health practitioner who can diagnose major mental illness prior to referral, prior authorization and prior to admission to these services. Based on the assessment, the licensed mental health practitioner of the program will supervise the development of a treatment, recovery and rehabilitation plan that identifies rehabilitative and mental health/substance abuse services needed by the client.

Licensed Mental Health Practitioners in the program must meet the requirements of a Nebraska Licensed Mental Health Practitioner as identified by DHHS Division of Public Health, Licensure Unit. Non-licensed staff must prove competency in the treatment of individuals with a mental health diagnosis. Non-licensed staff must meet the requirements for education and experience as defined in each service.

Psychiatric Rehabilitation Agencies must have acquired accreditation by a national accrediting agency such as Joint Commission of Accreditation of Hospitals Organizations (JCAHO), Commission on Accreditation (COA), or Commission on Accreditation of Rehabilitation Facilities (CARF).

The State assures that rehabilitative services are not provided in institutions for mental diseases (IMD).

The State assures that the following programs meet the requirements for rehabilitative services set forth in CFR 440.130(d): Community Support, Day Rehabilitation, and Psychiatric Residential Rehabilitation.

TN No. NE 14-03

Supersedes

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – REHABILITATIVE SERVICES

Community Support

Community Support is a rehabilitation recovery service delivered by a skilled, trained community support worker under the supervision of a licensed mental health practitioner to individuals suffering from Severe and Persistent Mental Illness (SPMI). The service is delivered through a mental health agency that has achieved and maintained national accreditation by JCAHO, COA, or CARF.

Community-Support is designed to:

1. Provide/develop the necessary services and supports to enable clients to reside in the community;
2. Maximize the client's community participation, community and daily living skills, and quality of life;
3. Facilitate communication and coordination between mental health rehabilitation providers that serve the same client; and
4. Decrease the frequency and duration of hospitalization.

Community Support Program components:

1. A Treatment Recovery and Rehabilitation Plan developed within 30 days of admission and with updates of the plan every 90 days and reviewed and approved by a licensed mental health practitioner/clinical supervisor.
2. Individualized rehabilitation and recovery services provided by a community support worker according to the plan.
3. Supervision of the community support worker's services delivery by a licensed mental health practitioner.
4. Staff training supervised by the agency's licensed mental health practitioner at the time of initial employment and on an ongoing basis.

Community Support services:

1. Assist in coordination of a medical and mental health service.
2. Coordination of all communication with community based supports, including family, education, prevocational and social outlets.
3. Monitor medication adherence and report any barriers.
4. Understand and support use of client's relapse prevention plan.
5. Assist in development of problem solving skills and age appropriate independence

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Applies to both Categorically and Medically Needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State NebraskaLIMITATIONS – REHABILITATIVE SERVICES

Day Rehabilitation Program components:

1. Review of the diagnostic assessment completed by a community based mental health practitioner who can diagnose major mental illness. The Diagnostic Assessment is the clinical information used to refer the client into the program and is reviewed by the program's licensed mental health practitioner.
2. A licensed mental health practitioner (clinical supervisor) completes a comprehensive assessment within 30 days of admission.
3. The licensed mental health practitioner completes the treatment, recovery and rehabilitation plan in the first 30 days following admission which is reviewed and updated every 90 days.
4. Rehabilitation services are delivered in the therapeutic milieu at least 3 hours to 5 hours of services per day. Service availability includes weekend and evening activity as the client's rehabilitative needs are identified.

Day Rehabilitation services:

1. Assist in building daily living skills and time management.
2. Coordinate a prevocational activities to encourage ability for employment
3. Teaching social skills through planned activities.
4. Teaching medication management and it's effectiveness.
5. Assisting in health care access and assist in understanding health care insurance.
6. Skill building in the use of public transportation.
7. Teach money management and financial issues.

Direct Care Staff (non-licensed) must have a high school diploma at a minimum and have demonstrated skills and competencies in the treatment of individuals with mental health disorders. Direct care staff are directly supervised by individuals licensed as a Licensed Mental Health Practitioner.

Residential Rehabilitation

Residential Rehabilitation is a 24-hour program that allows a client suffering from severe and persistent mental illness to recover in a rehabilitative setting which includes 20 hours of on-site rehabilitation services and 25 hours off-site services. The agency providing the service must have acquired and maintain national accreditation such as JCAHO, COA, CARF, and be licensed as a Mental Health Center. Room and board are not included in the service.

Residential Rehabilitation Program components:

1. A community-based diagnostic assessment by a licensed practitioner who can diagnose major mental illness as a referral into the program. Prior authorization is required for admission.

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State NebraskaLIMITATIONS – REHABILITATIVE SERVICES

2. The development of a treatment, recovery and rehabilitation plan developed within 30 days of admission, reviewed and approved by the clinical supervisor who is a licensed mental health practitioner.
3. Service delivery provided by trained direct care staff under the supervision of a licensed clinical supervisor (licensed mental health practitioner). One direct care staff must be available per each 10 clients.

Specific rehabilitation services are:

1. Assist in arranging medical and psychiatric care and management of appointments.
2. Teaching relapse prevention skills and revisiting the relapse plan with the client.
3. Teaching time management and daily living skills.
4. Social skill development through encouraging healthy relationship building and social activities.
5. Teaching survival skills, such as meal preparation, nutrition, housekeeping activities and other daily management.
6. Money management and budgeting.
7. Prevocational skill development.

Psychiatric Residential Rehabilitation is designed to:

1. Increase the client's functioning so that s/he can eventually live successfully in the residential setting of his/her choice, capabilities, and resources; and
2. Decrease the frequency and duration of hospitalization.

Non-licensed staff must hold a Bachelor's degree or higher in psychology, sociology, or a related field or two years of coursework in the human services field or two years recovery experience with demonstrated competencies and skills in treatment of individuals with mental health diagnosis. Non licensed staff are supervised by a Nebraska Licensed Mental Health Practitioner who is the Program Supervisor.

Secure Psychiatric Residential Rehabilitation Services

Secure Psychiatric Residential Rehabilitation Services is a service provided to individuals who have psychiatric symptoms and dysfunctions which cause severe disability. The target population is unable to live outside a high level of 24-hour care. These individuals require a secure setting at times for safety of self and others.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – REHABILITATIVE SERVICES

ASSERTIVE COMMUNITY TREATMENT

Assertive Community Treatment is a service-delivery model for providing comprehensive community-based psychiatric treatment and rehabilitation services and is intended for individuals with psychiatric illnesses that are most severe and persistent. The service is a multidisciplinary and mobile mental health team who functions interchangeably to provide the rehabilitation and treatment services designed to enable the consumer to live successfully in the community in an independent or semi-independent arrangement. With the same team providing treatment and rehabilitation services, the complex interaction of symptoms and psychosocial functioning are addressed more efficiently and effectively across time. The content, amount, timing and kinds of service provided vary among clients and for each client across time. Team service intensity is individualized based upon continual assessment of need and adjustment to the treatment plan.

The services must be medically necessary. These services are designed to rehabilitate individuals who are experiencing severe and persistent mental illness in the community and thereby avoid more restrictive levels of care such as psychiatric inpatient hospitalization or nursing facility. Rehabilitative psychiatric services do not include treatment for a primary diagnosis of substance abuse.

Assertive Community Treatment services must be recommended by a licensed mental health professional prior to receiving these services. An assessment must be completed to receive the service(s). The licensed mental health professional will develop service need recommendations that identify rehabilitative and mental health services needed by the client. The completed service needs assessment and service recommendations will be reviewed and approved by a supervising mental health practitioner (psychiatrist or licensed psychologist).

Provider Qualifications: Providers of rehabilitative psychiatric services must be licensed/ certified by the Nebraska Department of Health and Human Services as providers of community-based comprehensive psychiatric rehabilitation and support services. Providers must be under contract with the Nebraska Health and Human Service System through the Regional Governing Boards as defined in Neb. Rev. Stat. §83-158.01 to §83-169 and §71-5001 to §71-5052 to provide one or more of the covered services and must demonstrate the capacity to fulfill and abide by all contractual requirements. The provider must complete a Medicaid provider agreement and obtain a Medicaid approved provider number. Providers are required to meet all applicable licensure and certification requirements, hold a current license/certification and adhere to scope of practice definitions of licensure/certification boards.

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Applies to both Categorically and Medically Needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State NebraskaLIMITATIONS - REHABILITATIVE SERVICES

Assertive Community Treatment includes the following components:

1. Completion of a comprehensive assessment of client need and the development of an appropriate treatment, rehabilitation and service plan;
2. Direct and provide needed treatment and rehabilitation services in a culturally sensitive and competent manner. The mandatory treatment and rehabilitative interventions include:
 - a. Treatment and Service Plan Coordination: An individualized treatment and service plan developed by the treatment team to diagnose, treat, and rehabilitate the client's medical symptoms and remedial functional impairments;
 - b. Crisis Assessment and Management: Immediate medical interventions to assess and treat an acute exacerbation of medical symptoms and/or remedial functional impairments;
 - c. Symptom Assessment and Management: Initial and ongoing assessment of the client's medical symptoms and remedial functional impairments. The assessment includes, but is not limited to, relevant history, previous treatment, current medical conditions and medications;
 - d. Individual Contacts: Staff interventions with the client or their family to facilitate communication and client skill building necessary to support the client in the community and minimize the adverse effects of the illness. The specific focus of family contact is to facilitate the effective treatment and rehabilitation of the client;
 - e. Active Treatment Interventions: Active treatment interventions include individual therapy, group therapy, family therapy and substance abuse counseling;
 - f. Medication Prescription, Administration and Monitoring;
 - g. Activities of Daily Living: Medical and remedial services designed to rehabilitate and develop the general skills and behaviors needed for the client to engage in substantial gainful activity and use of daily living skills. These include problem solving, individualized assistance and support and skill training;
 - h. Social Interpersonal Relationship and Leisure Time Skill Training: Remedial interventions (problem solving, role playing, modeling and support, etc.) designed to minimize the adverse effects of severe mental illness (examples: isolation, poor peer selection, poor decision making, depression, substance abuse, anxiety). Interventions include activities required to help the client improve communication skills, develop assertiveness, increase self-esteem, develop social skills and meaningful personal relationships, plan appropriate and productive use of leisure time and

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