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State/Territory Name: Nebraska

State Plan Amendment (SPA) #: 16-0004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 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

September 22, 2016

Courtney Phillips, CEO
Department of Health & Human Services
301 Centennial Mall South, 3rd Floor
PO Box 95026
Lincoln, NE 68509-5026

Dear Ms. Phillips:

On April 6, 2016, the Centers for Medicare & Medicaid Services (CMS) received Nebraska's State Plan Amendment (SPA) transmittal# 16-0004, with a proposed effective date of July 1, 2016. This SPA is requesting approval to add Multi-Systemic Therapy (MST) and Functional Family Therapy (FFT) under rehabilitation services, which are provided as part of a comprehensive specialized psychiatric program available to all Medicaid EPSDT eligible clients with significant functional impairments, resulting from an identified mental health or substance abuse diagnosis.

This SPA 16-0004 was approved on September 20, 2016, with an effective date of July 1, 2016, as requested by the state. Enclosed is a copy of the CMS-179 form, as well as, the approved pages for incorporation into the Nebraska State plan.

If you have any questions regarding this amendment, please contact Gail Brown at (816) 426-5925 or Gail.Brown@cms.hhs.gov

Sincerely,

//s//

James G. Scott
Associate Regional Administrator
for Medicaid and Children's Health Operations

Enclosures

cc:
Calder Lynch, Director

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 16-0004	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, 2016	
5. TYPE OF PLAN MATERIAL (Check One):			
<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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.130(d)		7. FEDERAL BUDGET IMPACT: a. FFY 2016 \$263,591.00 b. FFY 2017 \$1,340,240.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Item 4b, Page 8 Attachment 3.1-A, Item 4b, Page 24 Attachment 3.1-A, Item 4b Page 24a, 24b, 24c, 24d, 24e (new pages) Attachment 4.19-B, Item 1, Page 2 * Attachment 4.19-B, Item 4b, Page 3 *		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Item 4b, Page 8 Attachment 3.1-A, Item 4b, Page 24 Attachment 4.19-B, Item 1, Page 2 * Attachment 4.19-B, Items 4b, Page 3 *	
10. SUBJECT OF AMENDMENT: Multisystemic Therapy /Functional Family Therapy			
11. GOVERNOR'S REVIEW (Check One):			
<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: Calder Lynch		Nancy Keller Division of Medicaid & Long-Term Care Nebraska Department of Health & Human Services 301 Centennial Mall South Lincoln, NE 68509	
14. TITLE: Director, Division of Medicaid and Long-Term Care			
15. DATE SUBMITTED: April 6, 2016			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: April 6, 2016		18. DATE APPROVED: September 20, 2016	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2016		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: James G. Scott		22. TITLE: Associate Regional Administrator for Medicaid and Children's Health Operations	
23. REMARKS:			

* Pen and Ink changes per 7.18.16 RAI response

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

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

MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES COVERED UNDER EPSDT:

Rehabilitation Services - 42 CFR 440.130(d)

The following explanation and limitations apply to the mental health and substance abuse rehabilitation services provided by unlicensed direct care staff listed below:

- Day Treatment/Intensive Outpatient Service
- Community Treatment Aide
- Professional Resource Family Care
- Therapeutic Group Home
- Multisystemic Therapy
- Functional Family Therapy

These rehabilitation services are provided as part of a comprehensive specialized psychiatric program available to all Medicaid EPSDT eligible clients with significant functional impairments resulting from an identified mental health or substance abuse diagnosis. The recommendation of medical necessity for these rehabilitative services shall be determined by a licensed psychologist, licensed independent mental health practitioner (LIMHP) or physician who is acting within the scope of his/her professional license and applicable state law, to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level according to an individualized treatment plan, which addresses the child's assessed needs.

The activities included in the rehabilitation service shall be intended to achieve the identified Medicaid eligible client's treatment plan goals or objectives. Components that are not provided to or directed exclusively toward the treatment of the Medicaid eligible individual are not eligible for Medicaid reimbursement. All services are directed exclusively towards the treatment of the Medicaid eligible.

TN No. NE 16-0004

Supersedes

TN No. NE 15-0013

Approval Date September 20, 2016 Effective Date July 1, 2016

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NebraskaLIMITATIONS- EARLY AND PERIODIC SCREENING AND DIAGNOSIS AND TREATMENT OF
CONDITIONS FOUND

ThGHs may not be Institutions for Mental Disease. Each organization owning Therapeutic Group Homes shall ensure that the definitions of institutions are observed and that in no instance does the operation of multiple ThGH facilities constitute operation of an Institution of Mental Disease. All new construction, newly acquired property or facility or new provider organization shall comply with facility bed limitations not to exceed eight beds. Existing facilities may not add beds if the bed total would exceed eight beds in the facility. A waiver up to a maximum of 16 beds may be granted for existing facilities of greater than eight beds at the existing capacity not to exceed 16 beds in the institution until alterations of the existing facility are made. Any physical plant alterations of existing facilities shall be completed in a manner to comply with the eight bed per facility limit (i.e., renovations of existing facilities exceeding eight beds shall include a reduction in the bed capacity to eight beds).

Average Length of stay ranges from 14 days to 6 months. ThGH programs focusing on transition or short-term crisis are typically in the 14 to 30 day range. Discharge will be based on the EPSDT eligible no longer making adequate improvement in this facility (and another facility is being recommended) or the EPSDT eligible no longer having medical necessity at this level of care. Continued ThGH stay should be based on a clinical expectation that continued treatment in the ThGH can reasonably be expected to achieve treatment goals and improve or stabilize the EPSDT eligible client's behavior, such that this level of care will no longer be needed and the EPSDT eligible can return to the community. Transition should occur to a more appropriate level of care (either more or less restrictive) if the EPSDT eligible is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care (e.g., EPSDT eligible client's behavior and/or safety needs requires a more restrictive level of care, or alternatively, EPSDT eligible client's behavior is linked to family functioning and can be better addressed through a family/home-based treatment).

5. Multisystemic Therapy (MST)

MST is an evidenced based intensive treatment process that focuses on diagnosed behavioral health disorders and on environmental systems (family, school, peer groups, culture, neighborhood and community) that contribute to, or influence a youth's involvement, or potential involvement in the juvenile justice system. The therapeutic modality reinforces positive behaviors, and reduces negative behavior, uses family strengths to promote positive coping activities and helps the family increase accountability and problem solving. Beneficiaries accepting MST receive assessment and home based treatment that strives to change how youth, who are at risk of out-of-home placement or who are returning home from an out of home placement, function in their natural settings to promote positive social behavior while decreasing anti-social behavior.

TN No. NE 16-0004

Supersedes

TN No. NE 15-0013Approval Date September 20, 2016Effective Date July 1, 2016

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

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

MST's therapeutic services aims to uncover and assess the functional origins of adolescent behavioral problems by altering the youth's behavioral health issues in a manner that promotes prosocial conduct while decreasing aggressive/violent, antisocial, substance using or delinquent behavior by keeping the youth safely at home, in school and out of trouble. Treatment is used at the onset of behaviors that could result in (or have resulted in) criminal involvement by treating the youth within the environment that has formed the basis of the problem behavior.

Treatment shall target reducing the severity of the behavioral issue identified as the reason for referral and to support the development of adaptive and functional behaviors.

MST services

(A) Assessment

An Initial Diagnostic Interview (IDI) 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.

(B) Treatment

- i. Youth and families receive individualized, therapy which is available 24 hours a day, seven days a week in the community setting. The MST therapy services is designed to decrease symptoms of the mental health diagnosis, reduce maladaptive referral behaviors and increase pro-social behaviors at home and across the multiple interconnected systems. The interconnected systems include the family, extended family, peers, neighbors, and the community that exists in the youth's world. The positives that are found in these systems are used as leverage for change. MST is an evidence based practice.
- ii. The family receives family therapy in order to understand and implement how to assist their child based on the child's medical diagnosis."

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

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

(C) Providers

Assessment providers may be any of the following: Physician, Psychiatrist, Psychiatric Advanced Practice Registered Nurse (APRN), Licensed Psychologist, Provisionally Licensed Psychologist, and Licensed Independent Mental Health Practitioner (LIMHP) acting within their scope of practice.

Treatment providers may be any of the following: Physician, Psychiatrist, Psychiatric Advanced Practice Registered Nurse (APRN), Licensed Psychologist, Provisionally Licensed Psychologist, Licensed Independent Mental Health Practitioner (LIMHP), Licensed Mental Health Practitioner (LMHP), and a Provisional Mental Health Practitioner (PLMPH), acting within their scope of practice.

i. Treatment Provider Qualifications:

MST treatment providers at minimum have attained their Master's Degree. Certification for MST is also a requirement, as is being a member of an active MST team. An active MST team requires MST certification of a Clinical Supervisor and at least three MST certified treatment providers working collaboratively with one another using the MST framework as defined by the international MST Services program provided by the State.

ii. Supervision

MST Clinical Supervisors are Physicians, Licensed Psychologists, or Licensed Independent Mental Health Practitioner (LIMHP). The Clinical Supervisors education and licensure requirements equate to that of the treatment providers with the exception of the Clinical Supervisor must have two years of prior experience in practicing psychotherapy.

The clinicians that require supervision include the Provisionally Licensed Psychologist (this licensure must be supervised by a Licensed Psychologist) and the Licensed Mental Health Practitioner (LMHP) and the Provisionally Licensed Mental Health Practitioner, (PLMHP) (Both of the latter two types of providers can be supervised by all assessment providers with the exception of the provisionally licensed psychologist).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

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

(D) Client Eligibility

Early Periodic Screening, Diagnostic, and Treatment (EPSDT) services are available to all youth under the age of 21 based on medical necessity.

6. Functional Family Therapy (FFT)

Functional Family Therapy (FFT) is an evidenced-based family therapy that provides clinical assessment and treatment for the youth and their family to improve communication, problem solving, and conflict management in order to reduce problematic behavior of the youth. It is a short-term treatment strategy that is built on a foundation of respect of individuals, families and cultures.

The services include an emphasis on assessment in understanding the purpose behavior problems serve within the family relationship system, followed by treatment strategies that pave the way for motivating the youth and their families to become more adaptive and successful in their lives.

FFT is designed to improve family communication and supports, while decreasing intense negativity and dysfunctional patterns of behavior. Therapy also includes training parents how to assist their child based on the child's medical diagnosis.

FFT services

(A) Assessment

An Initial Diagnostic Interview (IDI) 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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

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

(B) Treatment

The services the youth and family will receive with FFT include frequent therapy assisting the youth and family in learning and demonstrating the benefits of positive, respectful, strength based relationships. Positive outcomes are anticipated through the therapy which includes conflict resolution and strategies to enhance the relationships within the family. The youth and family will also gain the ability through therapy to extend their acquired competencies into accessing additional resources to prevent relapse as they continue developing their independence.

(C) Providers

Assessment providers may be any of the following: Physician, Psychiatrist, Psychiatric Advanced Practice-Registered Nurse (APRN), Licensed Psychologists, Provisionally Licensed Psychologist and a Licensed Independent Mental Health Practitioner (LIMHP), all acting within their scope of practice.

Treatment providers may be any of the following: Physician, Advanced Practice Registered Nurse (APRN), Licensed Psychologist, Provisionally Licensed Psychologist, Licensed Independent Mental Health Practitioner (LIMHP), Licensed Mental Health Practitioner (LMHP), and a Provisionally Licensed Mental Health Practitioner (PLMHP), acting within their scope of practice.

i. Provider Qualifications

A FFT treatment provider, at a minimum have attained a Master's degree and are a member of an active FFT team. An active FFT team requires FFT certification of a Clinical Supervisor and at least three FFT certified treatment providers working collaboratively with one another using the FFT services as defined by the international FFT Services program provided by the State.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NebraskaLIMITATIONS- EARLY AND PERIODIC SCREENING AND DIAGNOSIS AND TREATMENT OF
CONDITIONS FOUND

ii. Supervision

Clinical Supervisors must be Physicians, Licensed Psychologists and/or Licensed Independent Mental Health Practitioner (LIMHP). All Clinical Supervisors must be certified in the FFT model, with experience in the practice of psychotherapy. Licensed Mental Health Practitioners (LMHP), and Provisional Mental Health Practitioners (PLMPH), require supervision.

MST AND FFT PROVIDER RESPONSIBILITIES		
Assessment Providers	Clinical Supervisors	Treatment providers
Physicians	Physicians	Physicians
Psychiatric Advanced Practice Nurse (APRN)		Psychiatric Advanced Practice Nurse (APRN)
Licensed Psychologist	Licensed Psychologist	Licensed Psychologist
Provisionally licensed Psychologist		Provisionally licensed Psychologist
Licensed Independent Mental Health Practitioner (LIMHP)	Licensed Independent Mental Health Practitioner (LIMHP)	Licensed Independent Mental Health Practitioner (LIMHP)
		Licensed Mental Health Practitioner (LMHP)
		Provisionally Licensed Mental Health Provider (PLMHP)

(D) Eligibility

Early, Periodic, Screening, Diagnostic and Treatment (EPSDT) services are available without limitation to all individuals under the age of 21 based on medical necessity.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

Service	Attachment	Effective Date
SPEECH, HEARING, AND LANGUAGE DISORDERS	ATTACHMENT 4.19-B Item 11c, Page 1 of 2	July 1, 2015
DENTURIST SERVICES	ATTACHMENT 4.19-B Item 12b	July 1, 2015
PROSTHETIC DEVICES SERVICES	ATTACHMENT 4.19-B Item 12c	July 1, 2015
OPTOMETRIST'S SERVICES	ATTACHMENT 4.19-B Item 12d	July 1, 2015
EXTENDED SERVICES TO PREGNANT WOMEN	ATTACHMENT 4.19-B Item 20, Page 1 of 2	July 1, 2015
AMBULATORY PRENATAL CARE FOR PREGNANT WOMEN	ATTACHMENT 4.19-B Item 21, Page 1 of 2	July 1, 2015
TRANSPORTATION SERVICES	ATTACHMENT 4.19-B Item 24a	July 1, 2015
TELEHEALTH SERVICES	ATTACHMENT 4.19-B Item 1a	July 1, 2015
CHILDREN'S MENTAL HEALTH & SUBSTANCE ABUSE MST/FFT	ATTACHMENT 4.19-B Item 4b, Page 3	July 1, 2016
FREESTANDING BIRTH CENTER SERVICES	ATTACHMENT 4.19-B Item 27	July 1, 2015
PEDIATRIC FEEDING DISORDER CLINIC	ATTACHMENT 4.19-B Item 9, Page 5	July 1, 2015
OTHER OUTPATIENT SERVICES	ATTACHMENT 4.19-B Item 2a, Page 4	July 1, 2015
PERSONAL ASSISTANCE SERVICES	ATTACHMENT 4.19-B Item 26	July 1, 2015
ANATOMIACL LABORATORY SERVICES	ATTACHMENT 4.19-B Item 3, Page 1 of 3	July 1, 2015
X-RAY SERVICES	ATTACHMENT 4.19-B Item 3, Page 2	July 1, 2015

TN No. NE 16-0004

Supersedes

Approval Date September 20, 2016 Effective Date July 1, 2016TN No. NE 15-0005

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NebraskaMETHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Other Licensed Practitioners: Licensed Alcohol and Drug Counselor (LADC)

Rehabilitation Services - 42 CFR 440.130(d): Day Treatment/Intensive Outpatient Service by Direct Care Staff; Community Treatment Aide; Professional Resource Family Care; and Therapeutic Group Home; Multisystemic Therapy; and Functional Family Therapy

Reimbursement for services is based upon a Medicaid fee schedule established by the State of Nebraska. Except as otherwise noted in the Plan, state-developed fee schedule rates are the same for both governmental and private providers of substance abuse services. The agency's fee schedule rate was set as of July 1, 2016 and is effective for services provided on or after that date. All rates are published on the agency's website at

http://dhhs.ne.gov/medicaid/Pages/med_practitioner_fee_schedule.aspx

The Nebraska Medicaid fee schedule outlined above will be established using the following methodologies:

- If a Medicare fee exists for a defined covered procedure code, then Nebraska will set the Nebraska Medicaid fee schedule for LADC at 95 percent of the licensed Master's level rate paid under Attachment 3.1A, Item 6d for any codes permitted under their scope of practice per Nebraska state law.
- Where Medicare fees do not exist for a covered code, the fee schedule will be set using a market-based pricing methodology as described below. These reimbursement methodologies will produce rates sufficient to enlist enough providers so that services under the Plan are available to individuals at least to the extent that these services are available to the general population, as required by 42 CFR 447.204. These rates comply with the requirements of Section 1902(a)(30) of the Social Security Act 42 CFR 447.200, regarding payments and consistent with economy, efficiency and quality of care. Provider enrollment and retention will be reviewed periodically to ensure that access to care and adequacy of payments are maintained. The Medicaid fee schedule will be equal to or less than the maximum allowable under the same Medicare rate, where there is a comparable Medicare rate. Room and board costs are not included in the Medicaid fee schedule.

The market-based pricing methodology will be composed of provider cost modeling for four key components: direct care salary expenses, employee related expenses, program indirect expenses and administrative expenses. The analysis includes national compensation studies for Nebraska to determine the appropriate wage or salary expense for the direct care worker providing each service based on the staffing requirements and roles and responsibilities of the worker, published information related to employee related expenses and other notable cost components and cost data and fees from similar State Medicaid programs. The following list outlines the major components of the cost model to be used in fee development:

- (1) Staffing Assumptions and Staff Wages
- (2) Employee-Related Expenses – Benefits, Employer Taxes (e.g., FICA, unemployment, and workers compensation)
- (3) Program-Related Expenses (e.g., supplies)
- (4) Provider Overhead Expenses
- (5) Program Billable Units

The fee schedule rates will be developed as the ratio of total annual modeled provider costs to the estimated annual billable units.

TN # NE 16-0004

Supersedes

TN # NE 15-0005Approval Date September 20, 2016Effective Date July 1, 2016