

## **Table of Contents**

**State/Territory Name: NE**

**State Plan Amendment (SPA) #: 16-0007**

This file contains the following documents in the order listed:

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

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



**Division of Medicaid and Children's Health Operations**

November 1, 2016

Calder Lynch, Medicaid Director  
Department of Health and Human Services  
Division of Medicaid and Long-Term Care  
301 Centennial Mall South, 5th Floor  
P.O. Box 95026  
Lincoln, NE 68509-5026

Dear Mr. Lynch:

On August 5, 2016, the Centers for Medicare & Medicaid Services (CMS) received Nebraska's State Plan Amendment (SPA) transmittal #16-0007. The purpose of this SPA is to remove language that limits the provider types allowed to provide the functional behavior assessment for behavior modification services to Board Certified Behavioral Analysts. This change will allow Board Certified Behavioral Analysts, Licensed Independent Mental Health Practitioners, Licensed Psychologists, and Provisionally Licensed Psychologists to provide the Functional Behavior Assessment through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program.

SPA #16-0007 was approved November 1, 2016, with an effective date of July 1, 2016, as requested by the state. Enclosed is a copy of the CMS-179 summary form, as well as the approved page for incorporation into the Nebraska State Plan.

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

Sincerely,

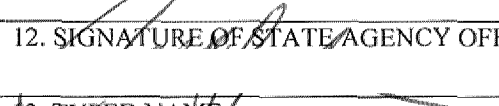

11/1/2016

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

Signed by: Megan K. Buck -A

Enclosure

cc:  
Courtney Phillips, CEO  
Nancy Keller  
DHHS Nebraska

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 16-0007	2. STATE Nebraska
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		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:		7. FEDERAL BUDGET IMPACT: a. FFY 2016      \$0.00 b. FFY 2017      \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Att. 3.1-A, Item 4b, Page 27		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Att. 3.1-A, Item 4b, Page 27	
10. SUBJECT OF AMENDMENT: Behavior Modifications-Functional Behavior Assessment			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Governor has waived review <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Nancy Keller Division of Medicaid & Long-Term Care Nebraska Department of Health & Human Services 301 Centennial Mall South Lincoln, NE 68509	
13. TYPED NAME: Calder Lynch			
14. TITLE: Director, Division of Medicaid and Long-Term Care			
15. DATE SUBMITTED: August 5, 2016			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: August 5, 2016		18. DATE APPROVED: November 1, 2016	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2016		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Megan K. Buck		22. TITLE: Acting Associate Regional Administrator for Medicaid and Children's Health Operations	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

PREVENTATIVE SERVICES - EARLY AND PERIODIC SCREENING AND DIAGNOSIS AND  
TREATMENT OF CONDITIONS FOUND

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Interventions

1. Assessments:

- a. Initial Diagnostic Interview (IDI) - 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. This interview is completed prior to service provision, and accompanies the referral information to the provider.

The following providers may perform the IDI: Physicians acting within their scope of practice, Licensed Psychologists, Provisionally Licensed Psychologists and Licensed Independent Mental Health Practitioners (LIMHP).

- b. Functional Behavior Assessment (FBA) – This assessment is performed if the IDI identifies its necessity. The FBA is an assessment that identifies the purpose or reason for behaviors displayed by clients with ASD and/or developmental disabilities in order to develop effective treatment interventions to meet the medical necessity needs of the client. The FBA is completed prior to service provision, and the FBA documentation accompanies the referral information to the provider.

The following providers may perform the FBA: Board Certified Behavior Analysts (BCBA), Licensed Psychologists, Provisionally Licensed Psychologists and Licensed Independent Mental Health Practitioners (LIMHP).

2. Treatment

The treatment interventions identified below may be utilized by providers of, CBT, CBI, ABA and family therapy.

- a. Teaches clients socially acceptable behaviors via modeling, prompting, roleplaying and reinforcing of appropriate behaviors.
- b. Provides Family/Caregiver training of acceptable behaviors via modeling, prompting, roleplaying, and reinforcing appropriate behaviors to promote consistency for the Medicaid eligible client.

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TN No. 16-0007

Supersedes

TN No. 15-0013

Approval Date: November 1, 2016

Effective Date July 1, 2016