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State/Territory Name: NE

State Plan Amendment (SPA) #: 18-0007

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 10, 2018

Matthew A. Van Patton, DHA, Director
Division of Medicaid & Long-Term Care
Nebraska Department of Health & Human Services
301 Centennial Mall South, 5th Floor
P.O. Box 95026
Lincoln, NE 68509-5026

Dear Dr. Van Patton:

On August 23, 2018, Nebraska submitted SPA #18-0007 to clarify that the licensed clinicians for the service of peer support do not have to be certified as peer support workers in order to supervise the service. The SPA also excludes the current language about billing, as billing information is not needed in the SPA.

SPA #18-0007 was approved September 5, 2018, with an effective date of July 1, 2018, 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 Karen Hatcher or Barbara Cotterman at (816) 426-5925.

Sincerely, _____

9/10/2018

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

Sign

Enclosure

cc:
Rocky Thompson
Nancy Keller

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 18-0007	2. STATE Nebraska
	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, 2018	

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN
 ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN
 ☒ 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 2018 \$0.00 b. FFY 2019 \$0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 3.1-A, Page 24j, Item 4b Att. 3.1-A Page 5, Item 13d	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> : Att. 3.1-A, Page 24j, Item 4b Att. 3.1-A Page 5, Item 13d

10. SUBJECT OF AMENDMENT:
Peer Support Supervision and Billing

11. GOVERNOR'S REVIEW *(Check One)*:

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
 ☒ OTHER, AS SPECIFIED:
Governor has waived review

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: Matthew A. Van Patton, DHA	
14. TITLE: Director, Division of Medicaid and Long-Term Care	
15. DATE SUBMITTED: August 23, 2018	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: August 23, 2018	18. DATE APPROVED: September 5, 2018
<p align="center">PLAN APPROVED – ONE COPY ATTACHED</p>	
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2018	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: James G. Scott	22. TITLE: Associate Regional Administrator for Medicaid and Children's Health Operations
23. REMARKS:	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

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

Rehabilitative Services – 42 CFR 440.130(d)

(C) Providers:

Provider Qualifications: All Certified Peer Support Professionals must meet the following criteria:

- i. Be 19 years of age or older;
- ii. Have personal experience as an individual diagnosed with a mental health/substance use disorder; be a parent/caregiver of a child with a similar mental illness and/or substance use disorder; or is an adult with an on-going and/or personal experience with a family member with a similar mental illness and/or substance use disorder;
- iii. Be able to demonstrate personal transformation and resiliency by maintaining sobriety, refraining from illicit drug use, and/or not requiring an inpatient level of treatment within the last year;
- iv. Have a high school diploma or equivalent with a minimum of two years of experience working in the behavioral health field;
- v. Complete a state and/or national training program;
- vi. Obtain state and/or national certification as a Certified Peer Support Professional;
- vii. Maintain state and/or national certification by completing continuing education requirements as identified by the certifying organization; and
- viii. Pass a criminal background check and have no active registry on the abuse/neglect or sex offender registry.

(D) Supervision:

- i. Direct supervision is included in the state's scope of practice act for all supervising licensed providers.
- ii. The supervising practitioners assumes professional responsibility for the services provided by the Certified Peer Support Professional.

TN No. NE 18-0007

Supersedes
TN No. NE 17-0015

Approval Date September 5, 2018

Effective Date July 1, 2018

Applies to both Categorically and Medically Need

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State NebraskaLIMITATIONS – REHABILITATIVE SERVICES

The examples listed above are intended to illustrate services that may be provided under each Medicaid state plan subcomponent service, and are not intended to be prescriptive or limit the services received. Additional services beyond those provided as examples above are available to beneficiaries through the Medicaid state plan without limitation.

(C) Providers:

Provider Qualifications: All Certified Peer Support Professionals must meet the following criteria:

- i. Be 19 years of age or older;
- ii. Have personal experience as an individual diagnosed with a mental health/substance use disorder;
- iii. Be able to demonstrate personal transformation and resiliency by maintaining sobriety, refraining from illicit drug use, and/or not requiring an inpatient level of treatment within the last year;
- iv. Have a high school diploma or equivalent with a minimum of two years of experience working in the behavioral health field;
- v. Complete a state and/or national training program;
- vi. Obtain state and/or national certification as a Certified Peer Support Professional;
- vii. Maintain state and/or national certification by completing continuing education requirements as identified by the certifying organization; and
- viii. Pass a criminal background check and have no active registry on the abuse/neglect or sex offender registry.

(D) Supervision:

- i. Direct supervision is included in the state's scope of practice act for all supervising licensed providers.
- ii. The supervising practitioners assumes professional responsibility for the services provided by the Certified Peer Support Professionals.

TN No. NE 18-0007

Supersedes

TN No. NE 17-0015Approval Date September 5, 2018Effective Date July 1, 2018
