

## **Table of Contents**

**State/Territory Name: NE**

**State Plan Amendment (SPA) #: 19-0004**

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 12<sup>th</sup> Street, Suite 355  
Kansas City, Missouri 64106-2898



**Kansas City Regional Operations Group**

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May 7, 2019

Matthew A. Van Patton, DHA Medicaid Director  
Division of Medicaid & Long-Term Care  
Nebraska Department of Health & Human Services  
301 Centennial Mall South  
Lincoln, NE 68509

Dear Dr. Van Patton:

On March 28, 2019, the Centers for Medicare & Medicaid Services (CMS) received Nebraska's State Plan Amendment (SPA) transmittal #19-0004. This SPA is changing the current limitations of beds allowed in a therapeutic group home from eight to sixteen.

SPA #19-0004 was approved May 7, 2019, with an effective date of January 1, 2019, 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,

5/7/2019



Megan K. Buck, Acting Director  
Division of Medicaid Field Operations - North

Sign

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER: 19-0004	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 January 1, 2019
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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 2019                      \$0.00 b. FFY 2020                      \$0.00
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Att. 3.1-A, Item 4b, pg 20	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Att. 3.1-A, Item 4b, pg 20
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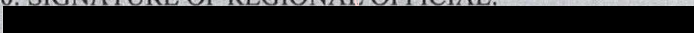
10. SUBJECT OF AMENDMENT:  
Bed Limits for Therapeutic Group Homes

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

GOVERNOR'S OFFICE REPORTED NO COMMENT                       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED                      Governor has waived review  
 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: Matthew A. Van Patton, DHA	
14. TITLE: Director, Division of Medicaid and Long-Term Care	
15. DATE SUBMITTED: March 28, 2019	

<b>FOR REGIONAL OFFICE USE ONLY</b>	
17. DATE RECEIVED: March 28, 2019	18. DATE APPROVED: May 7, 2019
PLAN APPROVED – ONE COPY ATTACHED	

19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2019	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Megan K. Buck	22. TITLE: Acting Director, Division of Medicaid Field Operations - North

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

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

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PRFC services may not be provided simultaneously with ThGH care and do not duplicate any other Medicaid State Plan Service or service otherwise available to recipient at no cost as charity care. Treatment Plans shall be developed within 7 days of admission to the PRFC program and reviewed every 14 days thereafter.

Direct care by licensed staff is billed separately from the PRFC services per diem treatment rate for unlicensed practitioners (e.g., unbundled) which does not include room and board.

4. Therapeutic Group Home

Therapeutic Group Homes (ThGHs) provide a community-based residential service in a home-like setting of no greater than 16 beds under the supervision and program oversight of a psychiatrist or psychologist. The treatment should be targeted to support the development of adaptive and functional behaviors that will enable the EPSDT eligible to remain successfully in his/her community, and to regularly attend and participate in work, school or training. ThGHs deliver an array of clinical and related services within the ThGH including psychiatric supports, integration with community resources and skill-building taught within the context of the home-like setting. ThGH treatment shall target reducing the severity of the behavioral health issue that was identified as the reason for admission. Most often, targeted behaviors will relate directly to the EPSDT eligible client's ability to function successfully in a home setting and school environment (e.g., compliance with reasonable behavioral expectations; safe behavior and appropriate responses to social cues and conflicts).

Treatment shall:

- (A) Focus on reducing the behavior and symptoms of the psychiatric disorder that necessitated the removal of the EPSDT eligible from his/her usual living situation
- (B) Decrease problem behavior and increase developmentally-appropriate, normative and pro-social behavior in EPSDT eligible clients who are in need of out-of-home placement
- (C) Transition EPSDT eligible from therapeutic group home to home or community based living with outpatient treatment (e.g., individual and family therapy) if necessary.

ThGH services are utilized when less intensive levels of treatment shall have been determined to be unsafe, unsuccessful or unavailable. The EPSDT eligible shall require active treatment on an individualized active treatment plan that would not be able to be provided at a less restrictive level of care and is being provided on a 24-hour basis with licensed program/clinical directors supervising the behavioral health staff. The treatment plan shall be developed within 7 days of admission and reviewed every 14 days thereafter.

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TN No. NE 19-0004

Supersedes

TN No. NE 15-0013

Approval Date May 7, 2019

Effective Date January 1, 2019