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State/Territory Name: Nebraska

State Plan Amendment (SPA) #: 20-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

November 2, 2020

Jeremy Brunsen, DHA, Interim Director
Division of Medicaid and Long Term Care
Nebraska Department of Health and Human Services
301 Centennial Mall South
Lincoln, NE 68509

Dear Mr. Brunsen:

On March 31, 2020, the Centers for Medicare & Medicaid Services (CMS) received Nebraska's State Plan Amendment (SPA) transmittal #20-0003, which adds the Medically Monitored Withdrawal service including initial assessment, substance use disorder assessment, medication administration, and individual, group, and family counseling services. The provider qualification descriptions have also been added.

Based upon the information received, we are now ready to approve SPA #20-0003 as of October 30, 2020, with an effective date of January 1, 2020, as requested by the State.

Enclosed is a copy of the CMS-179 form, as well as the approved page for incorporation into the Nebraska State Plan.

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

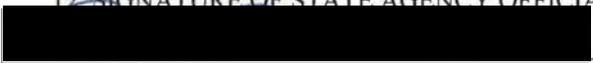
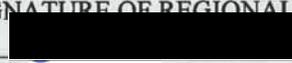
Sincerely,



Digitally signed by James G.
Scott -S
Date: 2020.11.02 17:00:35
06'00'

James G. Scott, Director
Division of Program Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: NE 20-0003	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 January 1, 2020	
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: CFR 440.130		7. FEDERAL BUDGET IMPACT: a. FFY 2020 \$1,239,408 b. FFY 2021 \$1,729,206	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 3.1-A, Item 13d, Pages 15-18 (new pages) *Pages 17-22 Att. 4.19-B, Item 28 (new page)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: Medically-monitored Inpatient Withdrawal Management			
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: Dawn Kastens Division of Medicaid & Long-Term Care Nebraska Department of Health & Human Services 301 Centennial Mall South Lincoln, NE 68509	
13. TYPED NAME: Jeremy Brunssen		17. DATE RECEIVED: March 31, 2020	
14. TITLE: Interim Director, Division of Medicaid and Long-Term Care		18. DATE APPROVED: October 30, 2020	
15. DATE SUBMITTED: March 31, 2020		FOR REGIONAL OFFICE USE ONLY	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2020		20. SIGNATURE OF REGIONAL OFFICIAL:  Digitally signed by James G. Scott -S Date: 2020.11.02 17:01:22 -06'00'	
21. TYPED NAME: James G. Scott		22. TITLE: Director, Division of Program Operations	
23. REMARKS: *pen-and-ink change authorized by state in email dated 10/30/20			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - REHABILITATIVE SERVICES

Medically Monitored Inpatient Withdrawal Management (MMIW)

Withdrawal management is the reduction of the physiological and psychological features of withdrawal through short-term medical and observation services on a 24-hour basis for the purpose of stabilizing intoxicated patients, managing their withdrawal, and facilitating effective linkages to, and engagement in other appropriate inpatient and outpatient services.

Medically monitored inpatient detoxification is an organized service delivered by medical and nursing, mental health and substance use professionals, which provide for 24-hour medically supervised evaluation under physician-approved policies and procedures or clinical protocols. The service provides care to patients whose withdrawal signs and symptoms are sufficiently severe to require 24-hour inpatient care.

Service Description:

1. Physical assessment by a physician, physician assistant, or advanced practice registered nurse must be completed within 24 hours of admission (or earlier if medically necessary). A physical exam helps identify any withdrawal symptoms, and drug and alcohol screens may be administered to identify substances present in a person's system. Other medical conditions may also be investigated where relevant to care (ex. TB, HIV/AIDS and other infectious diseases, major organ function). The physician, physician assistant or advanced practice registered nurse must be available to provide on-site care and further evaluation on a daily basis and be available 24 hours a day by telephone to access the patient.
2. A Substance Use Assessment must be completed within 24 hours of admission. The assessment can be conducted through use of any number of evidence-based screening and assessment tools approved by SAMHSA. The assessment must be used to develop the individual treatment plan.
3. Appropriately licensed and credentialed staff (described in Table A) should be available to administer medications in accordance with physician orders.
4. A treatment plan must address the medically necessary services, to include therapy and withdrawal support services required by the individual. The treatment plan must include measurable goals and interventions to address the identified needs of the individual, discharge planning and referrals. The individual must be assessed daily for progress through withdrawal management and the plan of care.
5. Individual, group and family counseling services conducted by a licensed practitioner

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - REHABILITATIVE SERVICES

(described in Table A), to address cognitive, behavioral, and mental health, and substance use treatment needs.

Provider Qualifications: Inpatient detoxification programs employ licensed clinicians who provide a planned regimen of 24-hour, professionally directed evaluation, care, and treatment services for patients and their families. An interdisciplinary team of appropriately trained clinicians (such as physicians, registered nurses and licensed practical nurses, counselors, and psychologists) should be available to assess and treat the patient and to obtain and interpret information regarding the patient's needs. The number and disciplines of team members should be appropriate to the range and severity of the patient's treatment complexities. Medical consultation should be available 24 hours a day among the interdisciplinary team.

Table A: Staff Qualifications MMIW

Title of Professional	Level of Education/ Degree /Experience Required	License or Certification Required	Supervision	Service Components Provided
Physician	Doctor of Medicine or Osteopathy	Licensed by NE Board of Medical Examiners.	None	Physical examination, prescribing and dispensing of opioid agonists, medication administration, ordering and interpreting tests including drug screenings and toxicology tests, Supervised withdrawal management from opioid
Physician Assistant (PA)	Successful completion of an approved program for the education of physician assistants.	Successful completion of the proficiency examination.	Physician	
Advance Practice Registered Nurse (APRN)	Master's or doctoral degree and national board certification to qualify for licensure.	APRN license as a Certified Nurse Midwife, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist, or	Transition to Practice (TTP) supervisory agreement for initial 2000 hours of practice	

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Title of Professional	Level of Education/ Degree /Experience Required	License or Certification Required	Supervision	Service Components Provided
		Nurse Practitioner.		analgesics, health education, and treatment planning as a member of the interdisciplinary team.
Registered Nurse (RN)	Two to four years of education at a college or university and passed the NCLEX-RN in order to qualify for licensure.	Successful completion of the NCLEX-RN.		Nursing Assessment, medication administration, and treatment planning as a member of the interdisciplinary team.
Licensed Practical Nurse (LPN)	Licensure follows nine months to one year of education and successful completion of the National Council Licensure Examination Practical Nurse (NCLEX-PN).	Successful completion of the NCLEX-RN.		Medication administration, and treatment planning as a member of the interdisciplinary team.
Licensed Independent Mental Health Practitioner	Have a Masters or doctorate degree from an accredited educational program, successfully passed	Licensed by Nebraska Department of Health and Human Services.		Substance Use Disorder Assessment, Initial Diagnostic Interview for

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Title of Professional	Level of Education/ Degree /Experience Required	License or Certification Required	Supervision	Service Components Provided
	the relevant professional national board licensing examination, 3,000 hours of post graduate supervised experience, and included at least 1,500 hours (or more) of experience with clients diagnosed under the major mental illness or disorder category.			co-morbid mental illness, counseling and therapy services within the clinician's scope of practice, and treatment planning as a member of the interdisciplinary team.
Licensed Psychologist	Have a doctoral degree from a program of graduate study in professional Psychology; two years of supervised professional experience; one-year of postdoctoral experience.	Licensed by Nebraska Department of Health and Human Services.		
Provisionally Licensed Psychologist	Have a doctoral degree from a program of graduate study in professional Psychology; two years of supervised professional experience.		Nebraska Licensed Psychologist	
Licensed	Master's or doctorate	Licensed by		

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Title of Professional	Level of Education/Degree /Experience Required	License or Certification Required	Supervision	Service Components Provided
Mental Health Practitioner	degree of which the course work and training leading to the degree was primarily therapeutic mental health in content as defined in licensure requirements, and included a practicum or internship; 3,000 hours of supervised experience.	Nebraska Department of Health and Human Services.		
Provisionally Licensed Mental Health Practitioner	Master's or doctorate degree of which the course work and training leading to the degree was primarily therapeutic mental health in content as defined in licensure requirements, and included a practicum or internship.		Needs to obtain 3,000 hours of supervised experience in mental health practice in Nebraska.	
Licensed Drug and Alcohol Counselor	High school diploma, 270 hours of coursework related to the knowledge and skills of alcohol and drug counseling, 300 hours of supervised practical	Licensed by Nebraska Department of Health and Human Services.		

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State Nebraska

LIMITATIONS - REHABILITATIVE SERVICES

Title of Professional	Level of Education/ Degree /Experience Required	License or Certification Required	Supervision	Service Components Provided
	training and 6000 hours of clinical work experience.			
Provisionally Licensed Drug and Alcohol Counselor	High school diploma, 270 hours of coursework related to the knowledge and skills of alcohol and drug counseling, 300 hours of supervised practical training.		Needs to obtain 6,000 hours of supervised clinical work experience providing alcohol and drug counseling services in Nebraska.	

The following service limitations apply:

1. Excludes components that are not provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual;
2. Excludes services provided in an institution for mental disease (IMD), unless provided through the Code of Federal Regulations (CFR) "allowed in lieu of", or a U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) approved waiver;
3. Transportation is not included in the reimbursement rates; and
4. Room and board is excluded from any rates provided in a residential setting.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State Nebraska
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

REHABILITATION SUBSTANCE USE DISORDER SERVICES

MEDICALLY MONITORED INPATIENT WITHDRAWAL MANAGEMENT

Nebraska Medicaid pays for Medically Monitored Inpatient Withdrawal Management (MMIW) at the lower of:

1. The provider's submitted charge; or
2. The allowable amount for that procedure code in the Nebraska Medicaid Mental Health and Substance Use Fee Schedule in effect for that date of service.

The Nebraska Medicaid Mental Health and Substance Use Fee Schedule is effective July 1 through June 30 of each year.

When services which are reimbursed per a fee schedule, except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency rates for MMIW services will be set as of January 1, 2020, and will be effective for rehabilitation substance use disorder services on or after that date. All rates are published at: <http://dhhs.ne.gov/Pages/Medicaid-Provider-Rates-and-Fee-Schedules.aspx>. From the landing page, scroll down to the fee schedule for the specific program and year.

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