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State/Territory Name: NE

State Plan Amendment (SPA) #: 16-0009

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

June 21, 2017

Rocky Thompson, Interim Medicaid Director
Department of Health & Human Services
Division of Medicaid and Long-Term Care
301 Centennial Mall South, 5th Floor
PO Box 95026
Lincoln, NE 68509-5026

Dear Mr. Thompson:

On November 10, 2016, the Centers for Medicare & Medicaid Services (CMS) received Nebraska's State Plan Amendment (SPA) transmittal #16-0009. This purpose of this SPA is to add peer support services for children and adults to the State Plan.

SPA #16-0009 was approved June 16, 2017, with an effective date of July 1, 2017, 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,

6/21/2017

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

Signed by: James G. Scott -A

Enclosures

cc:
Nancy Keller
Rosalind Sipe

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: NE 16-0009	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, 2017	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.130(d)		7. FEDERAL BUDGET IMPACT:	
		a. FFY 2017 \$314,958.00	
		b. FFY 2018 \$1,275,983.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>):	
Attachment 3.1-A, Item 4b, Page 8 Attachment 3.1-A, Item 4b, Pages 24f-24k (new pages) Attachment 3.1-A, Item 13d, Page 1, Page 5a Attachment 3.1-A, Item 13d, Page 5b, 5c, 5d, 5e (new pages) Attachment 4.19-B, Item 4b, Page 3 Attachment 4.19-B, Item 13d Attachment 4.19-B, Item 13d, Page 1b (new page)		Attachment 3.1-A, Item 4b, Page 8 Attachment 3.1-A, Item 13d, Page 1, Page 5z Attachment 3.1-A, Item 13d Attachment 4.19-B, Item 4b, Page 3 Attachment 4.19-B, Item 13d	
10. SUBJECT OF AMENDMENT: Peer Support Services			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<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:	
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: November 10, 2016			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: November 10, 2016		18. DATE APPROVED: June 16, 2017	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2017		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

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
- Peer Support

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 16-0009

Supersedes

TN No. NE 16-0004

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

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

7. Peer Support:

Peer support is the provision of support by people who have life experience with Mental Health or Substance Use Disorders (SUD) and have been trained to assist others in initiating and maintaining long-term recovery. Peer support is an ancillary service provided in conjunction with individual, group and family therapy. It is designed to improve quality of life for the Medicaid eligible client and their families and increase the Medicaid eligible client resiliency in order to achieve long-term recovery from symptoms related to their mental health/SUD diagnosis. Peer support services are individualized and based on a mutual relationship between the Certified Peer Support Professionals and the Medicaid eligible client, consequently allowing the Medicaid eligible client the opportunity to learn to manage his/her own recovery and advocacy process. The Nebraska Peer Support model incorporates trauma informed care (TIC). Trauma informed care is an organizational structure and treatment framework that involves understanding, recognizing and responding effectively to the effects of all types of trauma. Certified Peer Support Professionals will be expected to have received training on TIC and be able to incorporate that training into their interactions with the clients and their families so as to avoid re-traumatizing the client/family. Peer support services may be provided in an outpatient office/clinic, and the client's home and/or community. Certified Peer Support Professionals work closely with the treatment team to assist the client's recovery.

(A) Categories of Peer Support

- i. Transition Age Youth (TAY) peer support services are designed to promote positive youth development and provide supportive services to youth and young adults under the age of 21 who are experiencing mental health and substance use issues. TAY includes the following services provided in each identified setting:

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

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

-
- a) Individual setting: the Certified Peer Support Professionals will: assist clients to set up and sustain self-help groups or locate and joining existing groups; share their experiences, skills, strengths, supports and resources they used in order to show that recovery is achievable; work with the clients and the treatment teams to develop a wellness and recovery plan; assist the clients in determining the steps they need to take in order to achieve the goals identified on the wellness and recovery plan and/or treatment plan; model and teach problem solving techniques; share and explore community resources related to recovery, education, employment; serve as a recovery agent by providing and advocating for any effective recovery based services that will aid the clients in daily living; assist clients in developing empowerment skills and combating stigma through self-advocacy.
 - b) Group setting: the Certified Peer Support Professionals will: share their experiences, skills, strengths, supports and resources they used in order to show that recovery is achievable; model and teach problem solving techniques, share and explore community resources related to recovery, education, employment; assist clients in developing empowerment skills and combating stigma through self-advocacy.

Qualified providers: Certified Peer Support Professional

Note: The following list of treatment team members is not meant to be an all-inclusive list anyone involved in the Medicaid eligible client's treatment may participate in the treatment team at the consent of the Medicaid eligible client: client, physicians, therapists, family members, and the Certified Peer Support Professionals.

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 children receive. Additional services beyond those provided as examples above are available to beneficiaries through the Medicaid state plan without limitation.

TN No. NE 16-0009

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

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

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- ii. Family Peer Support Services are available to parents/legal guardians of Medicaid eligible children. 17 and younger. The service must be directed exclusively toward the benefit of the Medicaid eligible child. These services are provided by a person who is in recovery from mental illness and/or substance use, a parent of a child with a similar mental illness and/or substance use disorder or an adult with an ongoing and/or personal experience with a family member with a similar mental illness and/or substance use disorder. Family peer support services includes the following services provided in each identified setting:
- a) Family setting: the Certified Peer Support Professionals will: Work with clients, families, and the treatment teams in developing a wellness and recovery plan; assist the family and the Medicaid eligible client in determining what needs to be done to achieve goals identified on the wellness and recovery plan and/or treatment plan; assist families and the Medicaid eligible client to set up and sustain self-help groups or locate and joining existing groups; share their experiences, skills, strengths, supports and resources with the family in order to show the families and the Medicaid eligible client that recovery is achievable; . work with families and the Medicaid eligible client to model and teach problem solving techniques, share and explore community resources related to recovery, education, and employment; serve as a recovery agent by providing and advocating for any effective recovery based services that will aid the families and the Medicaid eligible client in daily living; and assist families and the Medicaid eligible client in developing empowerment skills and combating stigma through self-advocacy.
 - b) Group setting: the Certified Peer Support Professionals will: share their experiences, skills, strengths, supports and resources they used to show the families and the Medicaid eligible clients that recovery is achievable; work with families and the Medicaid eligible clients to model and teach problem solving techniques, share and explore community resources related to recovery, education, and employment; and assist families and the Medicaid eligible clients in developing empowerment skills and combating stigma through self-advocacy.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

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

Qualified providers: Certified Peer Support Professional

Note: 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 children receive. Additional services beyond those provided as examples above are available to beneficiaries through the Medicaid state plan without limitation.

(B) Treatment

The treatment interventions identified below may be utilized by Certified Peer Support Professionals in an individual, family and/or group setting.

- i. Provides person-centered recovery, culturally competent and focused support while helping to ensure the treatment plan reflects the needs and preferences of the Medicaid eligible client.
- ii. Assist the Medicaid eligible client and his/her parent or guardian in implementing the goals and objectives identified by the therapist and client in the treatment plan.
- iii. Assist the Medicaid eligible client and his/her parent or guardian to build confidence and develop skills necessary to enhance and improve the health of the Medicaid eligible client.
- iv. Uses lived experience to assist the Medicaid eligible client in the development of coping skills and problem solving strategies in order to improve his/her self-management of a mental illness and/or substance use disorder.
- v. Assist the Medicaid eligible client and his/her parent or guardian in accessing community resources, for individuals diagnosed with mental illness and/or substance use disorder, to aid in the Medicaid eligible client's recovery.
- vi. Acts as an advocate, mentor, or facilitator for resolution of issues related to the Medicaid eligible client's mental illness and/or substance use disorder.
- vii. Provides Family/Caregiver condition specific training and support to promote consistency for the Medicaid eligible client diagnosed with a mental illness and/or substance use disorder.
- viii. Models recovery and wellness principles that empower the Medicaid eligible client to identify and take actions steps towards his/her own goals

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Approval Date June 16, 2017

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

LIMITATIONS- EARLY AND PERIODIC SCREENING AND ~~DIAGNOSIS~~ **DIAGNOSTIC AND TREATMENT OF CONDITIONS FOUND**

(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.
- iii. The licensed practitioner is able to furnish the service being provided by the Certified Peer Support Professional.
- iv. The licensed practitioners will bill for the services provided by Certified Peer Support Professional.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

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

Supervision is required at least twice per month for clinical consultation, and the supervisor must be available at all times for telephone consultation. Each supervisor is allowed no more than 6 Certified Peer Support Professionals at one time. Documentation of supervision must be clearly written in the case file. Supervision is not a billable service. The supervising practitioner is required to perform at least one face-to-face contact with the individual within 30 days of the Medicaid eligible client being assigned a Certified Peer Support Professionals and no less frequently than every 60 days thereafter for the purpose of monitoring the Medicaid eligible client's progress towards meeting goals and determining the effectiveness of the peer support interventions. These face-to-face contacts must be documented in the service record.

Supervising providers must be:

- i. Psychiatrist;
- ii. Licensed Psychologist;
- iii. Licensed Independent Mental Health Practitioner (LIMHP);
- iv. Licensed Mental Health Practitioner (LMHP);
- v. Licensed Alcohol and Drug Counselor (LADC) may supervise Certified Peer Support Professionals providing services to Medicaid eligible clients diagnosed with substance use disorder only; or
- vi. Provisionally licensed Psychologists and Provisionally Licensed Mental Health Practitioner (PLMHP). Provisionally licensed professionals, acting as supervising practitioners, must also be certified as peer support professional.

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Approval Date June 16, 2017

Effective Date July 1, 2017

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – REHABILITATIVE SERVICES

Community-Based Comprehensive Psychiatric Rehabilitation and Support Services Program

The following rehabilitative psychiatric services are covered for adult clients who have been diagnosed with severe and persistent major mental illness:

1. Community Support;
2. Day Rehabilitation; and
3. Psychiatric Residential Rehabilitation.
4. Peer Support

The services must be medically necessary. These services are designed to rehabilitate individuals who are experiencing severe and persistent mental illness in the community and thereby avoid more restrictive levels of care such as psychiatric inpatient hospitalization or nursing facility. Peer Support is not limited to individuals experiencing a severe and persistent mental illness. Peer Support is designed to rehabilitate individuals who are diagnosed with a mental illness and/or substance use disorder.

Clients must be assessed by a Nebraska licensed mental health practitioner who can diagnose major mental illness prior to referral, prior authorization and prior to admission to these services. Based on the assessment, the licensed mental health practitioner of the program will supervise the development of a treatment, recovery and rehabilitation plan that identifies rehabilitative and mental health/substance abuse services needed by the client. The following provider types are able to diagnose major mental illness: Physician, Physician Assistant, Advanced Practice Registered Nurse, Licensed and Provisionally Licensed Psychologist, and a Licensed Independent Mental Health Practitioner.

Licensed Mental Health Practitioners in the program must meet the requirements of a Nebraska Licensed Mental Health Practitioner as identified by DHHS Division of Public Health, Licensure Unit. Non-licensed staff must prove competency in the treatment of individuals with a mental health diagnosis. Non-licensed staff must meet the requirements for education and experience as defined in each service.

Providers furnishing Medicaid rehabilitation option services must be appropriately licensed as determined by the Department of Health and Human Services Division of Public Health and be accredited by a nationally recognized accrediting body. Individual Medicaid enrolled providers, not hired by or under contract with a group, may provide services pursuant to the scope and practice of their licensure.

The State assures that rehabilitative services are not provided in institutions for mental diseases (IMD).

The State assures that the following programs meet the requirements for rehabilitative services set forth in 42 CFR 440.130(d): Community Support, Day Rehabilitation, and Psychiatric Residential Rehabilitation.

TN No. NE 16-0009

Supersedes

Approved: June 16, 2017

Effective: July 1, 2017

TN No. NE 14-020

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – REHABILITATIVE SERVICES

A secure psychiatric residential rehabilitation provider must be licensed as a mental health center by Nebraska Department of Health and Human Services, Division of Public Health and enrolled as a psychiatric rehabilitation provider with Nebraska Medicaid. The provider must have acquired accreditation from a national accrediting agency. The maximum capacity for this facility must not exceed 16 beds. A facility considered an Institution for Mental Disease (IMD), as defined by the Centers for Medicaid and Medicare, will not be enrolled as a provider. The provider of services must develop a treatment rehabilitation and recovery program that meets the individual rehabilitation and treatment needs of the client. The services are provided in a community-based setting in an organized therapeutic environment.

Services consist of psychiatric assessment by a psychiatrist. Treatment planning by a multi-disciplinary treatment team supervised by the psychiatrist, rehabilitation and treatment services delivered by licensed professionals and paraprofessionals within their scope of practice, training and competency.

Staff consist of a board certified, Nebraska enrolled psychiatrist who is a licensed physician, a program manager who is a licensed mental health therapist with administrative ability and licensed therapists to provide therapy and rehabilitation interventions. Direct care staff provide interventions consistent with the rehabilitative plan.

Secure psychiatric residential rehabilitation services are designed to assist severely psychiatrically impaired individuals live in a more community-based setting where they can achieve a level of success in the least restrictive level of care. These services also prevent individuals with severe psychiatric illnesses from being institutionalized if they can live in a secure community based environment. The goal of this service is to prevent or decrease the frequency and duration of psychiatric hospitalization. It is intended that the service would lessen and/or eliminate symptoms and prevent reoccurrence of acute episodes and exacerbation of illness. Goals include improving client ability to develop more self-care activities, manage psychiatric symptoms through adherence to medication administration, and develop social skills to adapt to a less secure community setting.

TN No. NE 16-0009

Supersedes

Approval Date June 16, 2017

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TN No. 09-03

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – REHABILITATIVE SERVICES

Peer Support Services

- Peer support is the provision of support by people who have life experience with Mental Health or Substance Use Disorders (SUD) and have been trained to assist others in initiating and maintaining long-term recovery. It is designed to improve quality of life for the Medicaid eligible client and increase resiliency in order to achieve long-term recovery from symptoms related to his/her mental health/SUD diagnosis. Peer support is an ancillary service provided in conjunction with individual and group therapy. Peer support services are individualized and based on a mutual relationship between the Certified Peer Support Professionals and the Medicaid eligible client, consequently allowing the Medicaid eligible client the opportunity to learn to manage his/her own recovery and advocacy process. The Nebraska Peer Support model incorporates trauma informed care (TIC). Trauma informed care is an organizational structure and treatment framework that involves understanding, recognizing and responding effectively to the effects of all types of trauma. Certified Peer Support Professionals will be expected to have received training on TIC and be able to incorporate that training into their interactions with the clients so as to avoid re-traumatizing the client. Peer support services may be provided in an outpatient office/clinic, and the client's home and/or community. Certified Peer Support Professionals work closely with the treatment team to assist the client's recovery.

(A) Treatment

The treatment interventions identified below may be utilized by Certified Peer Support Professionals.

- i. Provides person-centered recovery, culturally competent and focused support while helping to ensure the treatment plan reflects the needs and preferences of the Medicaid eligible client.
- ii. Assists the Medicaid eligible client in implementing the goals and objectives identified by the therapist and client in the treatment plan.
- iii. Assists the Medicaid eligible client to build confidence and develop skills necessary to enhance and improve his/her wellness.
- iv. Uses lived experience to assist the Medicaid eligible client in the development of coping skills and problem solving strategies to improve his/her self-management of a mental health and/or substance use disorder.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – REHABILITATIVE SERVICES

- v. Assist the Medicaid eligible client in accessing community resources, for individuals diagnosed with mental illness and/or substance use disorder, to aid in his/her recovery.
- vi. Acts as an advocate, mentor, or facilitator for resolution of issues related to the Medicaid eligible client's mental health and/or substance use disorder.
- vii. Models recovery and wellness principles that empower the Medicaid eligible client to identify and take actions steps towards his/her own goals.

(B) Settings

- i. Individual setting: the Certified Peer Support Professionals will: assist clients to set up and sustain self-help groups or locate and join existing groups; share their experiences, skills, strengths, supports and resources they used in order to show that recovery is achievable; work with the clients and the treatment teams to develop a wellness and recovery plan; assist the clients in determining the steps they need to take in order to achieve the goals identified on the wellness and recovery plan and/or treatment plan; model and teach problem solving techniques; share and explore community resources related to recovery, education, employment; serve as a recovery agent by providing and advocating for any effective recovery based services that will aid the clients in daily living; assist clients in developing empowerment skills and combating stigma through self-advocacy.
- ii. Group setting: the Certified Peer Support Professionals will: share their experiences, skills, strengths, supports and resources they used in order to show that recovery is achievable; model and teach problem solving techniques, share and explore community resources related to recovery, education, employment; assist clients in developing empowerment skills and combating stigma through self-advocacy.

Qualified providers: Certified Peer Support Professional

Note: The following list of treatment team members is not meant to be an all-inclusive list. Anyone involved in the Medicaid eligible client's treatment may participate in the treatment team at the consent of the Medicaid eligible client: client, physicians, therapists, family members, and the Certified Peer Support Professionals.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – 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.
- iii. The licensed practitioner is able to furnish the service being provided by the Certified Peer Support Professionals.
- iv. The licensed practitioners will bill for the services provided by Certified Peer Support Professionals.

Applies to both Categorically and Medically Need

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State NebraskaLIMITATIONS – REHABILITATIVE SERVICES

Supervision is required at least twice per month for clinical consultation, and the supervisor must be available at all times for telephone consultation. Each supervisor is allowed no more than six Certified Peer Support Professionals at one time. Documentation of supervision must be clearly noted in the service record. Supervision is not a billable service. The supervising practitioner is required to perform at least one face-to-face contact with the individual within 30 days of the Medicaid eligible client being assigned a Certified Peer Support Professionals and no less frequently than every 60 days thereafter for the purpose of monitoring the Medicaid eligible client's progress towards meeting goals and determining the effectiveness of the peer support interventions. These face-to-face contacts must be documented in the service record.

Supervising providers must be:

- i. Psychiatrist;
- ii. Licensed Psychologist;
- iii. Licensed Independent Mental Health Practitioner (LIMHP);
- iv. Licensed Mental Health Practitioner (LMHP);
- v. Licensed Alcohol and Drug Counselor (LADC) may supervise Certified Peer Support Professionals providing services to Medicaid eligible clients diagnosed with substance use disorder only; or
- vi. Provisionally licensed Psychologists and Provisionally Licensed Mental Health Practitioner (PLMHP). Provisionally licensed professionals, acting as supervising practitioners, must also be certified as peer support professional

Telehealth:

Rehabilitative services are covered when provided via telehealth technologies subject to the limitations as set forth in state regulations, as amended.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
 State: Nebraska
 METHODS 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; Therapeutic Group Home; Multisystemic Therapy; Functional Family Therapy; and Peer Support.

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.

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Supersedes

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

COMMUNITY-BASED COMPREHENSIVE PSYCHIATRIC REHABILITATION AND SUPPORT SERVICES PROGRAM

The Department pays separate rates for each community-based psychiatric rehabilitation and support service.

For Community Support, the unit of service is a client month.

For Day Rehabilitation, the unit of service is a day of participation (five or more hours).

Note: Providers may bill for 1/2 unit of service when at least three hours of service but less than five hours are provided.

For Psychiatric Residential Rehabilitation, the unit of service is a day in residence (room and board is not included in the rate).

For Peer Support, the unit of service is 15 minutes.

Rates are reviewed annually based on audits and actual cost information submitted by each provider. The review is used as the basis for establishing a statewide fee schedule for each of the four services. Rates will not exceed the average statewide actual cost of providing rehabilitation services.

The State assures that rehabilitative services are not provided in institutions for mental diseases (IMD).

Payment for Telehealth Services: Payment for telehealth services is included in the cost basis used to set the Medicaid rate.

Health care practitioner services included in a per monthly rate may be provided by telehealth technologies when they otherwise meet the requirements set forth in state regulations, as amended. These services are included in the appropriate cost reports or other accounting data used to calculate the rate.

Payment for Telehealth Transmission Costs: Telehealth transmission costs are allowable costs when they otherwise meet the requirements set forth in state regulations, as amended. These costs are included in the appropriate cost reports or other accounting data used to calculate the rate.

The Department covers transmission costs for the line charges when directly related to a covered telehealth service. The transmission must be in compliance with the quality standards for real time, two-way interactive audio-visual transmission as set forth in state regulations, as amended.

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PEER SUPPORT

Peer Support shall be reimbursed on a direct service by service basis and billed in 15 minute increments.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of community support services. The agency's fee schedule rate will be set as of July 1, 2017 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.

This rate will be the same for quasi-governmental and private providers of community support service.

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