

Table of Contents

State/Territory Name: NE

State Plan Amendment (SPA) #: 17-0015

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

November 28, 2017

Thomas "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 October 16, 2017, the Centers for Medicare & Medicaid Services (CMS) received Nebraska's State Plan Amendment (SPA) transmittal #17-0015. This SPA is updating language regarding the Peer Support Professional staff. Specifically the amendment is removing language from the State Plan that licensed practitioners are able to furnish the service being provided by the Certified Peer Support Specialist plus provisionally licensed professionals acting as supervising practitioners, must also be certified peer support professionals.

SPA #17-0015 was approved November 22, 2017, with an effective date of October 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, _____

11/28/2017

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

Sign

Enclosure

cc:
DHHS Nebraska
Nancy Keller
Rosalind Sipe

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.
- 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 Professional.

TN No. NE 17-0015

Supersedes

TN No. NE 16-0009

Approval Date November 22, 2017

Effective Date October 1, 2017

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. Provisionally Licensed Psychologist;
- iv. Licensed Independent Mental Health Practitioner (LIMHP);
- v. Licensed Mental Health Practitioner (LMHP); Provisionally Licensed Mental Health Practitioner (PLMHP);
- vi. Licensed Alcohol and Drug Counselor (LADC) and the Provisionally Licensed Alcohol and Drug Counselor (PLADC) may supervise Certified Peer Support Professionals providing services to Medicaid eligible clients diagnosed with substance use disorder only.

Qualifications:

- Psychiatrist shall have a doctorate degree in Psychiatry and be practicing within their professional scope and in accordance with Nebraska Revised Statute (NRS) 38-2025.
- LIMHP shall have a Master's degree in psychology, social work, counseling, or marriage & family therapy, and be practicing within their professional scope in accordance with Nebraska Revised Statute (NRS) 38-2113.
- LADC shall have met the requirements for licensure as a provisional alcohol and drug counselor in addition to completion of 6,000 clinical work hours. They must also be practicing within their professional scope in accordance with Nebraska Revised Statute (NRS) 38-311.
- PLADC shall have met the requirements for licensure as a provisional alcohol and drug counselor also be practicing within their professional scope in accordance with Nebraska Revised Statute (NRS) 38-311.

TN No. NE 17-0015

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Approval Date November 22, 2017

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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 Nebraska

LIMITATIONS – REHABILITATIVE SERVICES

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- i. Psychiatrist;
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- iv. Licensed Independent Mental Health Practitioner (LIMHP);
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- PLADC shall have met the requirements for licensure as a provisional alcohol and drug counselor also be practicing within their professional scope in accordance with Nebraska Revised Statute (NRS) 38-311.

Telehealth:

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

TN No. NE 17-0015

Supersedes

TN No. NE 16-0009

Approval Date November 22, 2017 Effective Date October 1, 2017