

# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

March 31, 2020



Pete Ricketts, Governor

James G. Scott, Director  
Centers for Medicare & Medicaid Services  
Kansas City Regional Operations Group  
Division of Medicaid Field Operations-North  
601 East 12<sup>th</sup> Street, Suite 355  
Kansas City, Missouri 64106-2898

RE: Nebraska SPA 20-0002 Opioid Treatment Program

Dear Mr. Scott:

Enclosed please find the above referenced amendment to the Nebraska State Plan regarding the Opioid Treatment Program.

The Division of Medicaid and Long-Term Care sent notice on February 7, 2020, (attached) to the federally recognized Native American tribes and Indian Health Programs within the State of Nebraska to discuss the impact the proposed State Plan Amendment might have, if any, on the tribes. No comments were received.

If you have content questions, please feel free to contact Carisa Schweitzer Masek at [carisa.schweitzermasek@nebraska.gov](mailto:carisa.schweitzermasek@nebraska.gov), or 402-471-7514 or for submittal questions, Dawn Kastens at [dawn.kastens@nebraska.gov](mailto:dawn.kastens@nebraska.gov), or 402-471-9530.

Sincerely,

A handwritten signature in blue ink, appearing to read "JB", followed by a long horizontal line.

Jeremy Brunssen, Interim Director  
Division of Medicaid and Long-Term Care  
Department of Health and Human Services

JB/dk

cc: Barbara Cotterman

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
NE 20-0002

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*):

- 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 8.12

7. FEDERAL BUDGET IMPACT:

a. FFY 2020	\$694,068
b. FFY 2021	\$968,355

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 3.1-A, Item 13d, Pages 10-14 (new pages)  
Att. 4.19-B, Item 9, Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):

Att. 4.19-B, Item 9, Page 1

10. SUBJECT OF AMENDMENT:  
Opioid Treatment Program

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

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

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:  
Jeremy Brunssen

14. TITLE:  
Interim Director, Division of Medicaid and Long-Term Care

15. DATE SUBMITTED:  
March 31, 2020

16. RETURN TO:

Dawn Kastens  
Division of Medicaid & Long-Term Care  
Nebraska Department of Health & Human Services  
301 Centennial Mall South  
Lincoln, NE 68509

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - REHABILITATIVE SERVICES

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Opioid Treatment Program

An Opioid Treatment Program (OTP) offers community based outpatient addiction treatment for individuals diagnosed with a severe opioid use disorder, as defined in the Diagnostic Statistical Manual (DSM), and meeting American Society of Addiction Medicine (ASAM) criteria for care placement, as determined by a practitioner. Opioid treatment programs administer medications approved by the Food and Drug Administration (FDA) to treat opiate addiction and the alleviation of the adverse medical, psychological, or physical effects incident to opioid addiction. Medications are provided in conjunction with rehabilitative and medical services, in accordance with 42 CFR § 8.12. Length of service is based on an individual's medical need, to achieve stabilization and prevent relapse.

**Service Description:**

- Initial assessment: Completion of an Adult Substance Use Assessment by a licensed clinician that indicates individual has an opioid use disorder of sufficient severity that this level of care is necessary. If a prior Substance Use Disorder (SUD) assessment is determined to be clinically relevant and includes a current diagnosis, level of care recommendation, and a discharge plan, it can serve as the admission assessment. If a co-morbid mental health condition is suspected, an Initial diagnostic interview must also be completed, by a licensed practitioner operating within their scope of practice.
- Physical examination: A physical health assessment which includes medical history and a physical examination and toxicology screen. This must be completed within the first 24 hours of a person's admission to the program.
- Ongoing assessment services: A substance use disorder assessment must be completed periodically to determine OTP level of care. Assessments must be completed by a licensed practitioner operating within their scope of practice.

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State Nebraska

LIMITATIONS - REHABILITATIVE SERVICES

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- Dispensing and administration of opioid agonist medication: A physician, physician assistant (PA), or advance practice registered nurse (APRN) must determine and document in writing the initial dose and schedule to be followed for each individual. This information is to be communicated to the licensed medical staff supervising the dispensing of any opioid replacement treatment medication. The prescribed drugs shall only be administered and dispensed by licensed professional authorized by law, in accordance with 42 CFR § 8.12.
- Treatment planning: Initial assessments will function as the initial treatment plan with development of a comprehensive treatment plan to be completed within 30 days. Treatment plans must be reviewed every 90 days or more often if the individual experiences a significant change in clinical presentation. The treatment plan will include discharge criteria.
- Therapy services: Include therapy to address the symptoms of addiction and related impaired functioning. If it is determined that treatment for a co-morbid mental health condition is needed by the initial diagnostic interview, therapy will be delivered by a licensed practitioner operating within their scope of practice.
- Case management: Is a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet the client's needs and includes referrals to outside resources when the needed services are not offered by the OTP.
- Supervised withdrawal management from opioid analgesics including methadone and buprenorphine, as needed by an individual receiving services.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - REHABILITATIVE SERVICES

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**Provider Requirements:** Services must be rendered in an OTP that has been accredited by a Substance Abuse and Mental Health Services Administration (SAMHSA) approved accreditation agency and certified under 42 C.F.R. 8 (regarding the process and standards by which SAMHSA determines that an opioid treatment program is qualified to provide opioid treatment under the Federal opioid treatment standards).

Medication administration, dispensing, and use: The OTP must provide for the direct administration of medications on a daily basis without the prescribing of medications. Take-home supplies originate at the dispensing window and do not involve prescriptions taken to a retail pharmacy. The OTP may only use FDA approved drugs, or may use investigational drugs so long as fully compliant with the protocol for the investigational drug.

Detoxification (medical withdrawal) treatment: The OTP shall maintain current procedures that are designed to ensure that patients are admitted to short- or long-term detoxification treatment by qualified personnel, such as a program physician, who determines that such treatment is appropriate for the specific patient by applying established diagnostic criteria.

Interim maintenance treatment: The State may place an individual, who is eligible for admission to comprehensive maintenance treatment, in interim maintenance treatment if the individual cannot be placed in a comprehensive program within a reasonable geographic area and within 14 days of the individual's application for admission to comprehensive maintenance treatment, consistent with 42 CFR § 8.12 (j). The State shall establish and follow reasonable criteria for transferring patients from interim maintenance to comprehensive maintenance treatment. These transfer criteria shall be in writing and shall include, at a minimum, a preference for pregnant women in admitting patients to interim maintenance and in transferring patients from interim maintenance to comprehensive maintenance treatment.

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State Nebraska

LIMITATIONS - REHABILITATIVE SERVICES

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**Additionally, an OTP must:**

- Maintain current quality assurance and quality control plans that include, among other things, annual reviews of program policies and procedures and ongoing assessment of patient outcomes. A continuous quality improvement plan should include at a minimum:
  1. A statement of the program's patient outcome goals.
  2. A description of steps to be implemented to achieve patient outcome goals.
  3. Provisions for regular and continuous staff education.
  4. Up-to-date, individualized staff development plans.
  5. Review and recertification of program policies and procedures at least annually.
  6. Evaluation and modification, if needed, of the program diversion control plan.
  7. Patient input into program policies and procedures regarding patient and community concerns.
  8. Development, implementation and corrective response to patient satisfaction surveys.
  9. Adherence to universal or standard infection control precautions as promulgated by the Centers for Disease Control and Prevention (CDC).
  10. Measurement and monitoring of patient treatment outcomes and processes on a regular basis.
- Maintain policies and procedures for providing to the special needs of pregnant patients.
- Maintain a disaster preparedness and recovery plan, consistent with all Federal and State regulations.

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**Provider Qualifications:** The program must be staffed as specified in the Federal regulations established for this service by the SAMHSA. All treatment facilities must have a program sponsor who is a qualified physician responsible to assuring adherence to all requirements and to ensuring all services identified and the required services are available. There must also be a medical director who assumes responsibility for administering all medical services performed by the OTP.

Eligible provider type for administration of medication:

- Physician, physician assistant, or advanced practice registered nurse; or
- Registered nurse or licensed practical nurse under the supervision of a program physician.

Additional provider types operating within their scope of practice:

- Licensed or provisionally licensed psychologist;
- Licensed independent mental health practitioner;
- Licensed mental health practitioner;
- Provisionally licensed mental health practitioner; or
- Licensed or provisionally licensed drug and alcohol counselor.

**Limitations:** Maintenance treatment admission exceptions: If clinically appropriate, the program physician may waive the requirement of a 1-year history of addiction, for:

- Patients released from penal institutions with a documented history of opioid use disorder (within 6 months after release);
- Pregnant patients (program physician must certify pregnancy); and
- Previously treated patients (up to 2 years after discharge).

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

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CLINIC SERVICES

Nebraska Medicaid pays for clinic services and outpatient mental health services 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 allowable amount is indicated in the fee schedule as:
  - a. The unit value multiplied by the conversion factor;
  - b. The invoice cost (indicated as "IC" in the fee schedule);
  - c. The maximum allowable dollar amount; or
  - d. The reasonable charge for the procedure as determined by Medicaid (indicated as "BR" - by report or "RNE" - rate not established - in the fee schedule).

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's rates were set as of January 1, 2020, and are effective for clinic services on or after that date. All rates are published at: <http://dhhs.ne.gov/Pages/Medicaid-Provider-Rates-and-Fee-Schedules.aspx>.

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TN #. NE 19-0011

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