

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 12th Street, Suite 355
Kansas City, Missouri 64106-2898

RE: Nebraska SPA 20-0003 Medically-monitored Inpatient Withdrawal Management

Dear Mr. Scott:

Enclosed please find the above referenced amendment to the Nebraska State Plan regarding medically-monitored inpatient withdrawal management.

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, or 402-471-7514 or for submittal questions, Dawn Kastens at dawn.kastens@nebraska.gov, or 402-471-9530.

Sincerely,

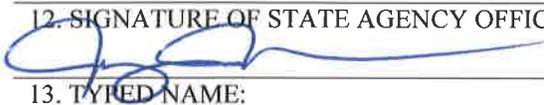
A handwritten signature in blue ink, appearing to read "Jeremy Brunssen", with a long horizontal line extending to the right.

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 20-0003	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) 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			
14. TITLE: Interim Director, Division of Medicaid and Long-Term Care			
15. DATE SUBMITTED: March 31, 2020			
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

Medically Monitored Inpatient Withdrawal Management (ASAM 3.7)

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.

The service is provided in a hospital or a licensed health care facility in accordance with the American Society of Addiction Medicine (ASAM) criteria described under Level 3.7 Medically Monitored Inpatient Programs. All facilities must be licensed by the division of public health and accredited by a national accreditation agency. Delivery of this service may overlap with Level IV-D services (as a “step-down” service) in a specialty unit of an acute care general or psychiatric hospital.

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). The physician, physician assistant or advanced practice registered nurse must be available to provide on-site monitoring of care and further evaluation on a daily basis and be available 24 hours a day by telephone to access the patient. If a physical was completed within 7 days in another care setting, the physician, physician assistant, or advanced practice registered nurse may review the previous assessment within 24 hours of admission.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - REHABILITATIVE SERVICES

2. A Substance Use Disorder assessment must be completed within 24 hours of admission. If a co-occurring mental illness is suspected, an Initial Diagnostic Interview must be completed by an appropriately licensed clinician practicing within their scope of practice. The assessment must be used to develop the individual treatment plan.
3. Completion of laboratory and toxicology tests as ordered by the physician, physician assistant or advanced practice registered nurse. A nursing assessment must be completed by a registered nurse upon admission to the facility. A nurse must be available to oversee the monitoring of the patients progress and medication administration on an hourly basis, if needed.
4. A registered nurse or licensed practical nurse will be responsible for overseeing the monitoring of the patient's progress and medication administration on an hourly basis. Appropriately licensed and credentialed staff should be available to administer medications in accordance with physician orders.
5. 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 measureable 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.
6. Individual, group and family counseling services conducted by a licensed practitioner practicing within their scope of practice, 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, social workers, 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 problems. Medical consultation should be available 24 hours a day among the interdisciplinary team.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - REHABILITATIVE SERVICES

Facilities providing this level of care must be licensed as required by the Division of Public Health, and must be accredited by a nationally-recognized accrediting body.

Licensed clinicians who provide a planned regimen of 24-hour, professionally directed evaluation, care, and treatment services for patients and their families:

- Physicians, (medical doctor, doctor of osteopathic medicine);
- Physician assistant; or
- Advanced practice registered nurse.

Appropriately trained clinicians available to assess and treat the patient and to obtain and interpret information regarding the patient's needs:

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

Other members of the interdisciplinary team:

- Direct care staff; or
- Peer support providers.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - REHABILITATIVE SERVICES

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

RESIDENTIAL SUBSTANCE USE DISORDER SERVICES

Nebraska Medicaid pays for residential substance use disorder 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 residential 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>.

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