

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – ICF/MR SERVICES

ICF/MR Level of Care Criteria

The Department applies the following criteria to determine the appropriateness of ICF/MR services on admission and at each subsequent review:

1. The individual has a diagnosis of mental retardation or a related condition which has been confirmed by prior diagnostic evaluations/standardized tests and sources independent of the ICF/MR; and
2. The individual can benefit from "active treatment" as defined in 42 CFR 483.440(a) and 471 NAC 31-001.02. "Benefit from active treatment" means demonstrable progress in reducing barriers to less restrictive alternatives; and
3. In addition, the following criteria shall apply in situations where -
 - a. The individual has a related condition and the independent QMRP assessment identifies that the related condition has resulted in substantial functional limitations in three or more of the following areas of major life activity:
 - (1) self-care;
 - (2) receptive and expressive language;
 - (3) learning;
 - (4) mobility;
 - (5) self-direction; or
 - (6) capacity for independent living;

These substantial functional limitations indicate that the individual needs a combination of individually planned and coordinated special interdisciplinary care, a continuous active treatment program, treatment, and other services which are lifelong or of extended duration; and/or

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- b. A Medicaid-eligible individual has a dual diagnosis of mental retardation or a related condition and a mental illness (i.e., mental retardation and schizophrenia). The mental retardation or related condition has been verified as the primary diagnosis by both an independent QMRP and a mental health professional (i.e., psychologist, psychiatrist); and
- (1) Historically there is evidence of missed developmental stages, due to mental retardation or a related condition;
 - (2) There is remission in the mental illness and/or it does not interfere with intellectual functioning and participation in training programs, i.e., the individual does not have active hallucinations nor exhibit behaviors which are manifestations of mental illness; and
 - (3) The diagnosis of mental retardation or related condition takes precedence over the diagnosis of mental illness.

Inappropriate Level of Care: The following examples are not appropriate for ICF/MR services:

1. Mental illness is the primary barrier to independent living within a normalized environment; or
2. The ICF/MR level of care is not the least restrictive alternative, e.g., the client –
 - a. Exhibits skills and needs comparable to those of persons with similar needs living independently or semi-independently in the community;
 - b. Exhibits skills and needs comparable to those of persons at NF level of care; or
 - c. Is able to function with little supervision or in the absence of a continuous active treatment program.

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QMRP Approval Criteria: Under 42 CFR 483.430, a qualified mental retardation professional is a person who has at least one year of experience working directly with persons with mental retardation or related conditions and is one of the following:

1. A doctor of medicine or osteopathy;
2. A registered nurse;
3. An individual who holds at least a bachelor's degree or is licensed, certified, or registered and provides professional services in Nebraska in one of the following professional categories:
 - a. An occupational therapist;
 - b. A physical therapist;
 - c. A psychologist;
 - d. A social worker;
 - e. A speech-language pathologist or audiologist;
 - f. A professional recreation staff member;
 - g. A professional dietitian; or
 - h. A human services professional.

The Department uses these standards to approve individuals who conduct independent QMRP assessments.

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Standards for a QMRP: To be approved by the Department to complete Independent QMRP Assessments, an individual shall submit the following information to the Department of Health and Human Services:

1. Proof of QMRP designation by an outside agency or program; or
2. Verification of -
 - a. Education/degree (transcript);
 - b. Licensure, registration, or certification. as applicable to the profession (copy); and
 - c. One year's experience in working directly with persons with mental retardation. The individual shall indicate the following skills related to his/her job experience in a mental retardation facility/program:
 - (1) Assessing the need for specific goals and objectives;
 - (2) Writing behaviorally-stated goals and objectives in training programs;
 - (3) Conducting or carrying out training programs; and
 - (4) Evaluating, documenting, and summarizing training programs.

Department staff shall review the submitted information and, if approved, shall issue a formal letter of approval to the applicant.

The Department may withdraw approval of any QMRP who has been advised by Nebraska Department of Health and Human Services that his/her assessments are lacking in quality and/or completeness.

Telehealth: ICF/MR services are covered when provided via telehealth technologies subject to the limitations as set forth in state regulations, as amended.

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