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.

TN # NE 16-0009
Supersedes Approval Date Jun 16, 2017 Effective Date Jul 1, 2017
TN # 13-23

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SECURE PSYCHIATRIC RESIDENTIAL REHABILITATION

Medicaid has researched the cost of an existing similar service to develop a comparable rate. Costs for treatment and rehabilitation services are contained in the Medicaid rate. The rate does not include room and board. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Secure Psychiatric Residential Rehabilitation 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 at
http://dhhs.ne.gov/medicaid/Pages/med_practitioner_fee_schedule.aspx.

The State Medicaid agency will have an agreement with each entity receiving payment under Secure Psychiatric Residential Rehabilitation services that will require that the entity furnish to the Medicaid agency on an annual basis the following:

- Data, by practitioner, on the utilization by Medicaid beneficiaries of the services included in the unit rate,
- Cost information by practitioner type and by type of service actually delivered within the services unit,
- Provider's annual utilization data and cost information shall support that the required type, quantity and intensity of treatment services are delivered to meet the medical needs of the clients served. Medicaid Agency or its designee may further evaluate through on site or post pay review of the treatment plans and the specific services delivered as necessary to assure compliance.

COMMUNITY SUPPORT SERVICES

Community Support Services shall be reimbursed on a direct service by service basis and billed in 15 minute increments up to a maximum of 144 units per 180 days.

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 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.

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

The rate includes all indirect services and collateral contacts that are medically necessary rehabilitative related interventions.

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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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ASSERTIVE COMMUNITY TREATMENT

For Assertive Community Treatment, the unit of service is a client day. The services will be paid on a fee-for-service basis for each day that services are performed, including face-to-face contact with the client, or on behalf of the client, and conducting daily organization staff meetings to review the status of the team's clients and the schedule of upcoming interventions. Providers cannot bill for a day during which no service was performed.

Payment Rates: The payment rate for Assertive Community Treatment is in accordance with the Nebraska Behavioral Health System statewide rates adopted by the Department, that are determined as follows.

Rates are established effective October 1 each year. Government providers submit cost information to the Department as of June 30 of each year. Rates for the following period of October 1 through September 30 are determined based upon the providers' costs of allowable personnel and indirect costs divided by the estimated number of client service days. Rates paid to non-government providers are fee-based and established for the period of October 1 through September 30 of each year. Rates are set to reimburse the reasonable costs of providing services, but are not a guarantee that a provider's costs will be fully met.

Rates paid to government providers will be retroactively settled to actual cost within ninety days following receipt of the June 30 cost report. Rates paid to non-government providers are prospective and considered final payment for services provided.

Provider payment is fee for service. Providers, who are subcontractors of Regional Governing Boards, submit claims directly to MMIS for payment. The Department, through MMIS, will issue payment to the Regional Governing Boards per Neb. Rev. Stat. §83-158.01 to §83-169 and §71-5001 to §71-5052 who then distribute the MMIS payments to providers. Regional Governing Boards are regional consortiums/quasi governmental entities consisting of 93 counties organized into six (6) regional areas of the state for the purpose of planning and contracting for mental health services.

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Payments made by Regional Governing Boards are based upon the established statewide rates for service. None of the MMIS payments issued to Regional Governing Boards are taken for operating expenses. Regional Governing Boards receive separate administrative funding from the Department.

HCPCS Codes

The following HCPCS Codes will be used to identify ACT services:

H0039 Assertive Community Treatment, face to face, per 15 minutes.

H0040 Assertive Community Treatment program, per diem.