

Applies to both Categorically and Medically Needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – REHABILITATIVE SERVICES

Community-Based Comprehensive Psychiatric Rehabilitation and Support Services Program

The following rehabilitative psychiatric services are covered for adult clients who have been diagnosed with severe and persistent major mental illness:

1. Community Support;
2. Day Rehabilitation; and
3. Psychiatric Residential Rehabilitation.

The services must be medically necessary. These services are designed to rehabilitate individuals who are experiencing severe and persistent mental illness in the community and thereby avoid more restrictive levels of care such as psychiatric inpatient hospitalization or nursing facility.

Clients must be assessed by a Nebraska Licensed Mental Health Practitioner who can diagnose major mental illness prior to referral, prior authorization and prior to admission to these services. Based on the assessment, the Licensed Mental Health Practitioner of the program will supervise the development of a treatment, recovery and rehabilitation plan that identifies rehabilitative and mental health/substance abuse services needed by the client.

Licensed Mental Health Practitioners in the program must meet the requirements of a Nebraska Licensed Mental Health Practitioner as identified by DHHS Division of Public Health, Licensure Unit. A Licensed Mental Health Practitioner must have a master's degree or greater with the primary coursework pertaining to therapeutic mental health; must have completed a practicum or internship with a minimum of 300 hours of direct client contact under supervision; completed 3,000 hours of supervised experience in mental health practice; passed the mental health practice examination; and have attained the age of majority.

Non-licensed staff must prove competency in the treatment of individuals with a mental health diagnosis. Non-licensed staff must meet the requirements for education and experience as defined in each service.

Providers must have acquired accreditation by a nationally recognized accrediting organization. Individual Medicaid enrolled providers, not hired by or under contract with a group, may provide services pursuant to the scope and practice of their licensure.

The State assures that rehabilitative services are not provided in institutions for mental diseases (IMD).

The State assures that the following programs meet the requirements for rehabilitative services set forth in CFR 440.130(d): Community Support, Day Rehabilitation, and Psychiatric Residential Rehabilitation.

TN No. NE 17-0004

Supersedes

TN No. NE 14-020

Approved: September 15, 2017

Effective: July 1, 2017

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Community Support

Community Support is a rehabilitation recovery service delivered by a skilled, trained community support worker under the supervision of a licensed mental health practitioner to individuals suffering from Severe and Persistent Mental Illness (SPMI). The service is delivered by a provider, enrolled individually or with a group, that has achieved and maintained national accreditation by a nationally recognized accrediting organization.

Community-Support is designed to:

1. Provide/develop the necessary services and supports to enable clients to reside in the community;
2. Maximize the client's community participation, community and daily living skills, and quality of life;
3. Facilitate communication and coordination between mental health rehabilitation providers that serve the same client; and
4. Decrease the frequency and duration of hospitalization.

Community Support Services components:

1. A Treatment Recovery and Rehabilitation Plan developed within 30 days of admission and with updates of the plan every 90 days and reviewed and approved by a licensed mental health practitioner/clinical supervisor.
2. Individualized rehabilitation and recovery services provided by a community support worker according to the plan.
3. Supervision of the community support worker's services delivery by a licensed mental health practitioner.
4. Staff training supervised by the agency's licensed mental health practitioner at the time of initial employment and on an ongoing basis.

Community Support services:

1. Assist in coordination of a medical and mental health service.
2. Coordination of all communication with community based supports.
3. Monitor medication adherence and report any barriers.
4. Understand and support use of client's relapse prevention plan.
5. Assist in restoring problem solving skills and age appropriate independence

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6. Restoring medication and health management skills;
7. Restoring skills that are impacted by the individual's mental health diagnosis;
8. Restoring adult activities of daily living and instrumental adult activities of daily living in the client's home environment;

Staff ratio: One full-time community support worker to 20 clients. One licensed mental health practitioner to complete all of the essential responsibilities of a clinical supervisor, including review of each client's individualized treatment recovery and rehabilitation plan monthly.

Community support services are provided by non-licensed Community Support Workers. Community support workers must hold a Bachelor's degree or higher in psychology, sociology, or a related human services field or two years of coursework in the human services field and two years experience/training or two years recovery experience with demonstrated competencies and skills in treatment of individuals with mental health diagnosis.

Day Rehabilitation

Day Rehabilitation is a program that provides a structured, organized therapeutic milieu for multiple hours per day. The agency providing the service must achieve and maintain national accreditation by a nationally recognized accrediting organization.

Day Rehabilitation is designed to:

1. Enhance and maintain the client's ability to function in community settings;
2. Decrease the frequency and duration of hospitalization.
3. Restore community living skills and daily living skills;
4. Assist client skills restoration of self-administration of medication, as well as recognition of signs of relapse and control of symptoms; and
5. Assist in restoration of skills negatively impacted by the individual's mental health diagnosis.

Program Availability:

Services must be available for clients for a minimum of three hours but up to five hours per day, five days per week. Specific services may be offered on weekends and evenings according to client need. Service availability limitations may be exceeded based on medical necessity.

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Day Rehabilitation Program components:

1. Review of the diagnostic assessment completed by a community based mental health practitioner who can diagnose major mental illness. The Diagnostic Assessment is the clinical information used to refer the client into the program and is reviewed by the program's licensed mental health practitioner.
2. A licensed mental health practitioner (clinical supervisor) completes a comprehensive assessment within 30 days of admission.
3. The licensed mental health practitioner completes the treatment, recovery and rehabilitation plan in the first 30 days following admission which is reviewed and updated every 90 days.
4. Rehabilitation services are delivered in the therapeutic milieu at least 3 hours to 5 hours of services per day. Service availability includes weekend and evening activity as the client's rehabilitative needs are identified.

Day Rehabilitation services:

1. Restoring adult activities of daily living and instrumental adult activities of daily living.
2. Restoring skills that are impacted by the individual's mental health diagnosis; and
3. Restoring medication and health management skills.

Day rehabilitation services are provided by non-licensed direct care staff. Direct Care Staff must have a high school diploma at a minimum and have demonstrated skills and competencies in the treatment of individuals with mental health disorders. Direct care staff are directly supervised by individuals licensed as a Licensed Mental Health Practitioner.

Residential Rehabilitation

Residential Rehabilitation is a 24-hour program that allows a client suffering from severe and persistent mental illness to recover in a rehabilitative setting which includes 20 hours of on-site rehabilitation services and 25 hours off-site services. Service availability limitations may be exceeded based on medical necessity. The agency providing the service must have acquired and maintain national accreditation by a nationally recognized accrediting organization. Room and board are not included in the service.

Residential Rehabilitation Program components:

1. A community-based diagnostic assessment by a licensed practitioner who can diagnose major mental illness as a referral into the program. Prior authorization is required for admission.

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2. The development of a treatment, recovery and rehabilitation plan developed within 30 days of admission, reviewed and approved by the clinical supervisor who is a licensed mental health practitioner.
3. Service delivery provided by trained direct care staff under the supervision of a licensed clinical supervisor (licensed mental health practitioner). One direct care staff must be available per each 10 clients.

Specific rehabilitation services are:

1. Assist in arranging medical and psychiatric care and management of appointments.
2. Teaching relapse prevention skills and revisiting the relapse plan with the client.
3. Teaching time management and daily living skills.
4. Social skill development through encouraging healthy relationship building and social activities.
5. Teaching survival skills, such as meal preparation, nutrition, housekeeping activities and other daily management.
6. Money management and budgeting.
7. Prevocational skill development.

Psychiatric Residential Rehabilitation is designed to:

1. Increase the client's functioning so that s/he can eventually live successfully in the residential setting of his/her choice, capabilities, and resources; and
2. Decrease the frequency and duration of hospitalization.

Non-licensed staff must hold a Bachelor's degree or higher in psychology, sociology, or a related field or two years of coursework in the human services field or two years recovery experience with demonstrated competencies and skills in treatment of individuals with mental health diagnosis. Non licensed staff are supervised by a Nebraska Licensed Mental Health Practitioner who is the Program Supervisor.

Secure Psychiatric Residential Rehabilitation Services

Secure Psychiatric Residential Rehabilitation Services is a service provided to individuals who have psychiatric symptoms and dysfunctions which cause severe disability. The target population is unable to live outside a high level of 24-hour care. These individuals require a secure setting at times for safety of self and others.

TN No. NE 14-020

Supersedes

Approved: October 28, 2014

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TN No. NE 14-03

Applies to both Categorically and Medically Need

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A secure psychiatric residential rehabilitation provider must be licensed as a mental health center by Nebraska Department of Health and Human Services, Division of Public Health and enrolled as a psychiatric rehabilitation provider with Nebraska Medicaid. The provider must have acquired accreditation from a nationally recognized accrediting organization. The maximum capacity for this facility must not exceed 16 beds. A facility considered an Institution for Mental Disease (IMD), as defined by the Centers for Medicaid and Medicare, will not be enrolled as a provider. The provider of services must develop a treatment rehabilitation and recovery program that meets the individual rehabilitation and treatment needs of the client. The services are provided in a community-based setting in an organized therapeutic environment. The provider must have acquired accreditation from a nationally recognized accrediting organization and must maintain that accreditation.

Services consist of psychiatric assessment by a psychiatrist. Treatment planning by a multi-disciplinary treatment team supervised by the psychiatrist, rehabilitation and treatment services delivered by licensed professionals and paraprofessionals within their scope of practice, training and competency.

Staff consist of a board certified, Nebraska enrolled psychiatrist who is a licensed physician, a program manager who is a licensed mental health therapist with administrative ability and licensed therapists to provide therapy and rehabilitation interventions. Direct care staff provide interventions consistent with the rehabilitative plan.

Secure psychiatric residential rehabilitation services are designed to assist severely psychiatrically impaired individuals live in a more community-based setting where they can achieve a level of success in the least restrictive level of care. These services also prevent individuals with severe psychiatric illnesses from being institutionalized if they can live in a secure community based environment. The goal of this service is to prevent or decrease the frequency and duration of psychiatric hospitalization. It is intended that the service would lessen and/or eliminate symptoms and prevent reoccurrence of acute episodes and exacerbation of illness. Goals include improving client ability to develop more self-care activities, manage psychiatric symptoms through adherence to medication administration, and develop social skills to adapt to a less secure community setting.

TN No. NE 17-0004

Supersedes

TN No. NE 16-0009Approved: September 15, 2017Effective: July 1, 2017

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Peer Support Services

Peer support is the provision of support by people who have life experience with Mental Health or Substance Use Disorders (SUD) and have been trained to assist others in initiating and maintaining long-term recovery. It is designed to improve quality of life for the Medicaid eligible client and increase resiliency in order to achieve long-term recovery from symptoms related to his/her mental health/SUD diagnosis. Peer support is an ancillary service provided in conjunction with individual and group therapy. Peer support services are individualized and based on a mutual relationship between the Certified Peer Support Professionals and the Medicaid eligible client, consequently allowing the Medicaid eligible client the opportunity to learn to manage his/her own recovery and advocacy process. The Nebraska Peer Support model incorporates trauma informed care (TIC). Trauma informed care is an organizational structure and treatment framework that involves understanding, recognizing and responding effectively to the effects of all types of trauma. Certified Peer Support Professionals will be expected to have received training on TIC and be able to incorporate that training into their interactions with the clients so as to avoid re-traumatizing the client. Peer support services may be provided in an outpatient office/clinic, and the client's home and/or community. Certified Peer Support Professionals work closely with the treatment team to assist the client's recovery.

(A) Treatment

The treatment interventions identified below may be utilized by Certified Peer Support Professionals.

- i. Provides person-centered recovery, culturally competent and focused support while helping to ensure the treatment plan reflects the needs and preferences of the Medicaid eligible client.
- ii. Assists the Medicaid eligible client in implementing the goals and objectives identified by the therapist and client in the treatment plan.
- iii. Assists the Medicaid eligible client to build confidence and develop skills necessary to enhance and improve his/her wellness.
- iv. Uses lived experience to assist the Medicaid eligible client in the development of coping skills and problem solving strategies to improve his/her self-management of a mental health and/or substance use disorder.

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- v. Assist the Medicaid eligible client in accessing community resources, for individuals diagnosed with mental illness and/or substance use disorder, to aid in his/her recovery.
 - vi. Acts as an advocate, mentor, or facilitator for resolution of issues related to the Medicaid eligible client's mental health and/or substance use disorder.
 - vii. Models recovery and wellness principles that empower the Medicaid eligible client to identify and take actions steps towards his/her own goals.

(B) Settings

- i. Individual setting: the Certified Peer Support Professionals will: assist clients to set up and sustain self-help groups or locate and join existing groups; share their experiences, skills, strengths, supports and resources they used in order to show that recovery is achievable; work with the clients and the treatment teams to develop a wellness and recovery plan; assist the clients in determining the steps they need to take in order to achieve the goals identified on the wellness and recovery plan and/or treatment plan; model and teach problem solving techniques; share and explore community resources related to recovery, education, employment; serve as a recovery agent by providing and advocating for any effective recovery based services that will aid the clients in daily living; assist clients in developing empowerment skills and combating stigma through self-advocacy.
- ii. Group setting: the Certified Peer Support Professionals will: share their experiences, skills, strengths, supports and resources they used in order to show that recovery is achievable; model and teach problem solving techniques, share and explore community resources related to recovery, education, employment; assist clients in developing empowerment skills and combating stigma through self-advocacy.

Qualified providers: Certified Peer Support Professional

Note: The following list of treatment team members is not meant to be an all-inclusive list. Anyone involved in the Medicaid eligible client's treatment may participate in the treatment team at the consent of the Medicaid eligible client: client, physicians, therapists, family members, and the Certified Peer Support Professionals.

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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.

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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 six Certified Peer Support Professionals at one time. Documentation of supervision must be clearly noted in the service record. 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.

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State NebraskaLIMITATIONS – REHABILITATIVE SERVICES

ASSERTIVE COMMUNITY TREATMENT

Assertive Community Treatment is a service-delivery model for providing comprehensive community-based psychiatric treatment and rehabilitation services and is intended for individuals with psychiatric illnesses that are most severe and persistent. The service is a multidisciplinary and mobile mental health team who functions interchangeably to provide the rehabilitation and treatment services designed to enable the consumer to live successfully in the community in an independent or semi-independent arrangement. With the same team providing treatment and rehabilitation services, the complex interaction of symptoms and psychosocial functioning are addressed more efficiently and effectively across time. The content, amount, timing and kinds of service provided vary among clients and for each client across time. Team service intensity is individualized based upon continual assessment of need and adjustment to the treatment plan.

The services must be medically necessary. These services are designed to rehabilitate individuals who are experiencing severe and persistent mental illness in the community and thereby avoid more restrictive levels of care such as psychiatric inpatient hospitalization or nursing facility. Rehabilitative psychiatric services do not include treatment for a primary diagnosis of substance abuse.

Assertive Community Treatment services must be recommended by a licensed mental health professional prior to receiving these services. An assessment must be completed to receive the service(s). The licensed mental health professional will develop service need recommendations that identify rehabilitative and mental health services needed by the client. The completed service needs assessment and service recommendations will be reviewed and approved by a supervising mental health practitioner (psychiatrist or licensed psychologist).

Provider Qualifications: Providers of rehabilitative psychiatric services must be licensed/ certified by the Nebraska Department of Health and Human Services as providers of community-based comprehensive psychiatric rehabilitation and support services. Providers must be under contract with the Nebraska Health and Human Service System through the Regional Governing Boards as defined in Neb. Rev. Stat. §83-158.01 to §83-169 and §71-5001 to §71-5052 to provide one or more of the covered services and must demonstrate the capacity to fulfill and abide by all contractual requirements. The provider must complete a Medicaid provider agreement and obtain a Medicaid approved provider number. Providers are required to meet all applicable licensure and certification requirements, hold a current license/certification and adhere to scope of practice definitions of licensure/certification boards.

TN No. NE14-020

Supersedes

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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A secure psychiatric residential rehabilitation provider must be licensed as a mental health center by Nebraska Department of Health and Human Services, Division of Public Health and enrolled as a psychiatric rehabilitation provider with Nebraska Medicaid. The provider must have acquired accreditation from a national accrediting agency. The maximum capacity for this facility must not exceed 16 beds. A facility considered an Institution for Mental Disease (IMD), as defined by the Centers for Medicaid and Medicare, will not be enrolled as a provider. The provider of services must develop a treatment rehabilitation and recovery program that meets the individual rehabilitation and treatment needs of the client. The services are provided in a community-based setting in an organized therapeutic environment.

Services consist of psychiatric assessment by a psychiatrist. Treatment planning by a multi-disciplinary treatment team supervised by the psychiatrist, rehabilitation and treatment services delivered by licensed professionals and paraprofessionals within their scope of practice, training and competency.

Staff consist of a board certified, Nebraska enrolled psychiatrist who is a licensed physician, a program manager who is a licensed mental health therapist with administrative ability and licensed therapists to provide therapy and rehabilitation interventions. Direct care staff provide interventions consistent with the rehabilitative plan.

Secure psychiatric residential rehabilitation services are designed to assist severely psychiatrically impaired individuals live in a more community-based setting where they can achieve a level of success in the least restrictive level of care. These services also prevent individuals with severe psychiatric illnesses from being institutionalized if they can live in a secure community based environment. The goal of this service is to prevent or decrease the frequency and duration of psychiatric hospitalization. It is intended that the service would lessen and/or eliminate symptoms and prevent reoccurrence of acute episodes and exacerbation of illness. Goals include improving client ability to develop more self-care activities, manage psychiatric symptoms through adherence to medication administration, and develop social skills to adapt to a less secure community setting.

TN No. NE 16-0009

Supersedes

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Peer Support Services

Peer support is the provision of support by people who have life experience with Mental Health or Substance Use Disorders (SUD) and have been trained to assist others in initiating and maintaining long-term recovery. It is designed to improve quality of life for the Medicaid eligible client and increase resiliency in order to achieve long-term recovery from symptoms related to his/her mental health/SUD diagnosis. Peer support is an ancillary service provided in conjunction with individual and group therapy. Peer support services are individualized and based on a mutual relationship between the Certified Peer Support Professionals and the Medicaid eligible client, consequently allowing the Medicaid eligible client the opportunity to learn to manage his/her own recovery and advocacy process. The Nebraska Peer Support model incorporates trauma informed care (TIC). Trauma informed care is an organizational structure and treatment framework that involves understanding, recognizing and responding effectively to the effects of all types of trauma. Certified Peer Support Professionals will be expected to have received training on TIC and be able to incorporate that training into their interactions with the clients so as to avoid re-traumatizing the client. Peer support services may be provided in an outpatient office/clinic, and the client's home and/or community. Certified Peer Support Professionals work closely with the treatment team to assist the client's recovery.

(A) Treatment

The treatment interventions identified below may be utilized by Certified Peer Support Professionals.

- i. Provides person-centered recovery, culturally competent and focused support while helping to ensure the treatment plan reflects the needs and preferences of the Medicaid eligible client.
- ii. Assists the Medicaid eligible client in implementing the goals and objectives identified by the therapist and client in the treatment plan.
- iii. Assists the Medicaid eligible client to build confidence and develop skills necessary to enhance and improve his/her wellness.
- iv. Uses lived experience to assist the Medicaid eligible client in the development of coping skills and problem solving strategies to improve his/her self-management of a mental health and/or substance use disorder.

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- v. Assist the Medicaid eligible client in accessing community resources, for individuals diagnosed with mental illness and/or substance use disorder, to aid in his/her recovery.
 - vi. Acts as an advocate, mentor, or facilitator for resolution of issues related to the Medicaid eligible client's mental health and/or substance use disorder.
 - vii. Models recovery and wellness principles that empower the Medicaid eligible client to identify and take actions steps towards his/her own goals.

(B) Settings

- i. Individual setting: the Certified Peer Support Professionals will: assist clients to set up and sustain self-help groups or locate and join existing groups; share their experiences, skills, strengths, supports and resources they used in order to show that recovery is achievable; work with the clients and the treatment teams to develop a wellness and recovery plan; assist the clients in determining the steps they need to take in order to achieve the goals identified on the wellness and recovery plan and/or treatment plan; model and teach problem solving techniques; share and explore community resources related to recovery, education, employment; serve as a recovery agent by providing and advocating for any effective recovery based services that will aid the clients in daily living; assist clients in developing empowerment skills and combating stigma through self-advocacy.
- ii. Group setting: the Certified Peer Support Professionals will: share their experiences, skills, strengths, supports and resources they used in order to show that recovery is achievable; model and teach problem solving techniques, share and explore community resources related to recovery, education, employment; assist clients in developing empowerment skills and combating stigma through self-advocacy.

Qualified providers: Certified Peer Support Professional

Note: The following list of treatment team members is not meant to be an all-inclusive list. Anyone involved in the Medicaid eligible client's treatment may participate in the treatment team at the consent of the Medicaid eligible client: client, physicians, therapists, family members, and the Certified Peer Support Professionals.

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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.

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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 six Certified Peer Support Professionals at one time. Documentation of supervision must be clearly noted in the service record. 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. Licensed Independent Mental Health Practitioner (LIMHP);
- iv. Licensed Mental Health Practitioner (LMHP);
- v. Licensed Alcohol and Drug Counselor (LADC) may supervise Certified Peer Support Professionals providing services to Medicaid eligible clients diagnosed with substance use disorder only; or
- vi. Provisionally licensed Psychologists and Provisionally Licensed Mental Health Practitioner (PLMHP). Provisionally licensed professionals, acting as supervising practitioners, must also be certified as peer support professional

Telehealth:

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

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Assertive Community Treatment teams shall provide a comprehensively staffed team including a psychiatrist, peer/family support staff (licensed mental health practitioner), program assistants, and clinical staff (mental health practitioners and registered nurses). Team members must be appropriately licensed.

Limitation on Services: Covered services are available only to Medicaid eligible recipients with a written service plan containing the recommended necessary psychiatric rehabilitation and support services. Services must be pre-authorized by the Department or its agent, and are subject to continuing stay review. Each service has an authorized level of benefit as determined by the Department or its agent. Limitations may also be imposed on days and/or hours of total benefits provided to a client during a given time period. Services are excluded to any recipient who is a resident of an IMD.

Assertive Community Treatment is designed to:

1. Provide comprehensive community based treatment and rehabilitation services through a self-contained clinical team to clients living in independent or semi-independent living situations.
2. Provide services to severely impaired clients who are resistant to more traditional interventions or unable to remain stable with the maximum use of traditional community resources including other psychiatric rehabilitative service.
3. To increase the client's functioning so that s/he can live successfully in the community setting of his/her choice, capabilities, and resources;
4. Decrease the frequency and duration of hospitalization;
5. To lessen or eliminate debilitating symptoms and to prevent or minimize recurrent acute episodes of illness;
6. To improve social skills, self-care, symptom management, and medication adherence; and
7. Provide a frequency and duration of services that allows the client to achieve continuous stability in all functional areas. Involvement with the team is over an extended period of time to maintain consumer functional level and progress.

TN No. MS-03-04

Supersedes

Approval Date Jul 28 2003

Effective Date Apr 1 2003

TN No. New Page

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Assertive Community Treatment includes the following components:

1. Completion of a comprehensive assessment of client need and the development of an appropriate treatment, rehabilitation and service plan;
2. Direct and provide needed treatment and rehabilitation services in a culturally sensitive and competent manner. The mandatory treatment and rehabilitative interventions include:
 - a. Treatment and Service Plan Coordination: An individualized treatment and service plan developed by the treatment team to diagnose, treat, and rehabilitate the client's medical symptoms and remedial functional impairments;
 - b. Crisis Assessment and Management: Immediate medical interventions to assess and treat an acute exacerbation of medical symptoms and/or remedial functional impairments;
 - c. Symptom Assessment and Management: Initial and ongoing assessment of the client's medical symptoms and remedial functional impairments. The assessment includes, but is not limited to, relevant history, previous treatment, current medical conditions and medications;
 - d. Individual Contacts: Staff interventions with the client or their family to facilitate communication and client skill building necessary to support the client in the community and minimize the adverse effects of the illness. The specific focus of family contact is to facilitate the effective treatment and rehabilitation of the client;
 - e. Active Treatment Interventions: Active treatment interventions include individual therapy, group therapy, family therapy and substance abuse counseling;
 - f. Medication Prescription, Administration and Monitoring;
 - g. Activities of Daily Living: Medical and remedial services designed to rehabilitate and develop the general skills and behaviors needed for the client to engage in substantial gainful activity and use of daily living skills. These include problem solving, individualized assistance and support and skill training;
 - h. Social Interpersonal Relationship and Leisure Time Skill Training: Remedial interventions (problem solving, role playing, modeling and support, etc.) designed to minimize the adverse effects of severe mental illness (examples: isolation, poor peer selection, poor decision making, depression, substance abuse, anxiety). Interventions include activities required to help the client improve communication skills, develop assertiveness, increase self-esteem, develop social skills and meaningful personal relationships, plan appropriate and productive use of leisure time and

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - REHABILITATIVE SERVICES

their use of such opportunities. All social and recreational activities are in support of the client's treatment plan and not purely social or recreational in nature;

3. Provide services in home and community based settings with an emphasis on assertive outreach to clients. Community based settings include, but are not limited to, clinics, libraries, grocery stores, and other locations available to the general public;
4. Provide multiple service contacts per week and per day according to client need. Programs have the capacity to immediately increase service intensity to a client when status requires it. The program has shifts staffed for at least 12 hours per day on weekdays and eight hours per day on weekends and holidays;
5. Provide for active psychiatrist involvement as a member of the treatment team;
6. Provide for a licensed and/or certified interdisciplinary team including a psychiatrist, registered nurse, mental health practitioner, substance abuse specialist and peer/family specialist. Provider qualifications are ensured by compliance with requirements and standards of national accreditation and/or State certification; and
7. Conduct daily organization staff meetings to review the status of the team's clients and the schedule of upcoming interventions.

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