ATTACHMENT 3.1-A Item 6d, Page 1 of 2 Applies to both Categorically and Medically Needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - OTHER PRACTITIONERS SERVICES

MENTAL HEALTH/SUBSTANCE ABUSE PRACTITIONERS

The following licensed mental health and substance abuse practitioners who are licensed in the State of Nebraska to diagnose and treat mental illness or substance abuse acting within the scope of all applicable state laws and their professional license may be enrolled as an individual provider of mental health/substance abuse services. The following individuals are licensed to practice independently and may act as a supervising practitioner:

- Licensed psychologist
- Licensed Independent Mental Health Practitioner (LIMHP)

The following individuals are licensed to practice under supervision or direction:

• Licensed Mental Health Practitioner (LMHP)

Supervision must be provided by a person who is eligible to provide Medicaid services and who is licensed at the clinical level under State law as eligible to provide supervision or is a physician.

The following individuals who are licensed to practice in the State of Nebraska and treat mental illness or substance abuse, acting within the scope of all applicable state laws and their professional license, may be enrolled as a provider of mental health/substance abuse services. These individuals may not act as a supervising practitioner.

• Advanced Practice Registered Nurses (APRN-NP) with a specialty in mental health or family practice nursing.

All services have an initial authorization level of benefit. Prior authorization is required prior to service delivery for medically necessary outpatient psychotherapy services which exceed the limitation of the initial authorization. All services provided while a person is a resident of an IMD are considered content of the institutional service and not otherwise reimbursable by Medicaid.

A unit of service is defined according to the CPT and HCPCS approved code set unless otherwise specified.

Testing and evaluations must be performed by a licensed clinical psychologist or supervised by a licensed psychologist.

NMAP does not cover mileage and conference fees for home-based family therapy providers of outpatient psychiatric services for individuals age 21 and older.

Telehealth:

Services provided by licensed mental health and substance abuse practitioners via telehealth technologies are covered subject to the limitations as set forth in state regulations.

TN No. MS-08-07 Supersedes TN No. MS-00-06

ATTACHMENT 3.1-A Item 6d, Page 2 of 2 Applies to both Categorically and Medically Needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - OTHER PRACTITIONERS SERVICES

CERTIFIED REGISTERED NURSE ANESTHETISTS

The Nebraska Medical Assistance Program covers the services of certified registered nurse anesthetists (CRNAs) and anesthesia assistants (AAs), for services provided on or after August 1, 1989.

A certified registered nurse anesthetist is a registered nurse who is licensed by the Department of Health and Human Services Regulation and Licensure and is currently certified by the Council on Certification of Nurse Anesthetists or Council on Recertification of Nurse Anesthetists, or has graduated since August 1987 from a nurse anesthesia program that meets the standards of the Council on Accreditation of Nurse Anesthesia Educational Programs and is awaiting initial certification.

An anesthesia assistant is a person who is allowed by state law to administer anesthesia and who has successfully completed a six-year program for AA's, of which two years consist of specialized academic and clinical training on anesthesia.

Telehealth:

Services provided by CRNAs and AAs via telehealth technologies are covered subject to the limitations as set forth in state regulations, as amended. Services requiring "hands on" professional services are excluded.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - OTHER PRACTITIONER SERVICES

TOBACCO CESSATION COUNSELING

NMAP covers tobacco cessation counseling only when provided by licensed pharmacists who have completed a Department-approved tobacco cessation counseling training and maintain current training as a tobacco cessation counselor. The counseling must be separate and distinct from Prospective Drug Use Review (ProDur) counseling required under Section 1927. [42 U.S.C. 1396r-8] of the Social Security Act and as amended, and must not be related to the dispensing of a drug product. The counseling must be ordered by the primary practitioner with feedback required from the pharmacist to the ordering practitioner.

NMAP covers up to two tobacco cessation sessions in a 12-month period. A tobacco cessation session includes (a) visits to the primary practitioner for evaluation, particularly for any contraindications for drug product(s) and to obtain prescription(s) if tobacco cessation products are needed, and (b) up to a total of four tobacco cessation counseling visits with a physician or pharmacist tobacco cessation counselor. These visits may be a combination of intermediate and intensive counseling.

Telehealth: other Practitioner Services for tobacco cessation counseling are covered when provided via telehealth technologies subject to the limitations as set forth in state regulations, as amended.