

Division of Behavioral Health

Community-based Services Policies

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**Department of Health and Human Services (DHHS)
Division of Behavioral Health (DBH)**

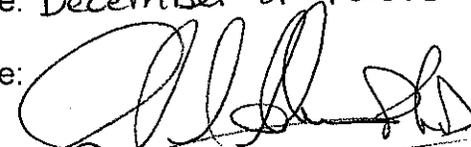
POLICIES AND PROCEDURES

Effective Date: December 23, 2010

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Revision Date:

Approved:



Scot L. Adams Ph.D., Director
DHHS Division of Behavioral Health

Subject: Department of Health and Human Services Division of Behavioral Health (DBH) Community Based Services Pandemic Influenza Continuity of Operations Plan (COOP).

Purpose: The COOP Plan provides guidance to DBH-CBS and serves as the DBH-CBS plan for maintaining essential functions and services during an influenza pandemic as well as natural or man-made disasters. The purpose of the COOP Plan policy is to provide guidance to DBH staff in carrying out the COOP Plan in the event of influenza pandemic or natural or man-made disaster.

Rationale: All government Departments and Agencies should have plans to continue to operate their core mission in the event of influenza pandemic or natural or man-made disaster. Maintaining essential functions and services is a vital element in an organizations' ability to continue operations. Therefore, it is important for DBH to ensure it can execute its essential missions in the event of a threat to its normal continuity of operations. COOP planning is intended to ensure the performance of DBH essential functions across a wide range of all-hazard emergencies.

Policy: In the event of an influenza pandemic, natural, and/or man-made disaster all DBH staff will adhere to the most recent version of the DBH COOP Plan.

Procedures:

1. DBH will develop a DBH COOP Plan that will be appropriately linked to the Federal Government Response Phases and in accordance with the DHHS workforce policies.
2. DBH-CBS Administrator will ensure that all DBH-CBS staff are familiar with the COOP Plan.
3. DBH will revise the COOP Plan as needed.

Department of Health and Human Services (DHHS)
Division of Behavioral Health (DBH)
Community Based Section

SECTION PROCEDURES

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Page No. 1 of 2

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Scot L. Adams, Ph.D., Director
DHHS Division of Behavioral Health

Subject: Office & Technology Supplies

Purpose: Centralize and provide uniformity to the process of ordering office supplies or technology resources to ensure efficiency of operations and compliance with recommended internal control procedures.

Procedures:

1. Prior to ordering office supplies please check with internal sources available to include current resources on hand within the section or the NSOB/DHHS Support Services Distribution center located on the 5th Floor of the NSOB <http://www2.dhhs.ne.gov/operations/supp2/distribution.htm>.
2. Individuals needing office supplies will identify item(s) available in Office Depot (state contractor for office supplies) catalog. If necessary, consult the Office Support Assistant II (OSA II) or designated representative for further information.
3. Individuals will complete the Request to Order Supplies Form (attached) to request item(s). Individual will indicate if a comparable item(s) is available on the 5th floor on the Request to Order Supplies Form in the right column. The request must include purpose and justification why comparable internal/contracted resources are not acceptable. Form(s) will be submitted to Managers for approval. Most items take between 5-30 business days to be delivered.
4. Managers will submit the completed Request to Order Supplies form(s) to the Federal Aid Administrator (FAA) prior to the Community-Based Administrator (CBA) approval. Upon FAA review, managers will submit the form(s) to the Community-Based Administrator for approval. Upon CBA approval, OSA II will

order supplies from Office Depot online or route request through Support Services Distribution Center and/or Information Technology Services.

5. Once item(s) are received by the Division, the CBA Administrative Assistant (CBA AA) will confirm the supplies requested have been received. The CBA AA will notify the OSA II if all supplies have been received or if the order is incomplete.
6. If all supplies have been received, the OSA II will distribute the supplies for use. If orders are incomplete, the OSA II will confirm the date the missing items will be delivered. If incorrect item(s) have been delivered, the OSA II will arrange for the incorrect item(s) to be returned and submit a request to re-order the correct item(s) to the FAA, with any price differential clearly reflected. The FAA will receive approval from the CBA to reorder the item(s) and return the approval to the OSA II, who will re-order the item(s).

**DEPARTMENT OF HEALTH & HUMAN SERVICES (DHHS)
Division of Behavioral Health (DBH)**

POLICIES AND PROCEDURES

Effective Date: September 15, 2010

Page No. 1 of 1

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Approved:



Scott L. Adams, Ph.D., Director
DHHS Division of Behavioral Health

SUBJECT: Review of Regulations

PURPOSE: The purpose of this policy is to implement a consistent process of regular review of regulations pertaining to Behavioral Health Services in Nebraska.

RATIONALE: Nebraska Revised Statutes §71-806 requires the Division of Behavioral Health to “adopt and promulgate rules and regulations to carry out the Nebraska Behavioral Health Services Act.”

POLICY: DBH shall conduct a review of the Behavioral Health Services regulations a minimum of every two years.

PROCEDURES:

1. The DBH Director shall designate a staff person to lead a comprehensive review of the Behavioral Health Services regulations a minimum of once every two years.
2. The designated staff shall manage a review process within DBH to identify any revisions necessary to the regulations.
3. Any necessary revisions identified through the DBH review process shall undergo a public comment period to be identified and managed through DBH.
4. DBH staff shall review the public comments and identify any further revisions necessary.
5. Upon completion of this process, DBH staff will work the DHHS Regulatory Analysis and Integration Unit to undertake the standard DHHS Rulemaking Process.

Department of Health and Human Services (DHHS)
Division of Behavioral Health (DBH)

POLICIES AND PROCEDURES

Effective Date: December 1, 2009

Page No. 1 of 3

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Approved:



Scot L. Adams, Ph.D., Director
DHHS Division of Behavioral Health

Subject: Gambler's Assistance Program (GAP)

Purpose: The purpose of the Gambler's Assistance Program Policy is to address the DBH's oversight role and operating procedures in the administration of the Gambler's Assistance Program.

Rationale: Pursuant to Nebraska Revised Statutes 71-817, DBH is responsible for the oversight statewide of problem gambling statewide services including problem gambling treatment services, problem gambling education programs, prevention programs, certification of gambling counselors, distribution of state funding related to all GAP services and activities of the Governor appointed State Committee on Problem Gambling (SCPG).

Policy: DBH staff will provide leadership and oversight to the Gambling Assistance Program in accordance with current state statutes and the relevant regulations. Funds from the Compulsive Gamblers Assistance Fund shall be used exclusively for the purpose of providing assistance to agencies, groups, organizations and individuals that provide education, assistance, and counseling to individuals and families experiencing difficulty as a result of problem gambling; to promote the awareness of gamblers assistance programs; and to fund the administrative expenses of GAP and the SCPG.

DBH shall provide administrative support to the State Committee on Problem Gambling and, as deemed appropriate, act on the funding recommendations of the Committee.

Procedures:

1. DBH shall designate a staff member to serve as the GAP Program Manager.
2. The GAP Program Manager will serve as the liaison for all GAP-related matters including contacts from and communication with Federal and national compulsive gambling organizations, local providers, State Committee on Problem Gambling, and other state agencies including the Nebraska Lottery/Charitable Gaming Division.
3. DBH shall seek on-going funding recommendations from the State Committee on Problem Gambling.
4. The GAP Program Manager shall present the Committee with an accurate account of current funding available and statewide needs and requests at each Committee meeting.
5. The Committee's funding recommendations will be documented and forwarded to the DBH Administrator.
6. The DBH Administrator will review the funding recommendations. In the event of deviation from the Committee's funding recommendations, the DBH Administrator shall direct the GAP Program Manager to communicate in writing to Committee members the rationale for the deviation.
7. The Division will award contracts to eligible providers to provide treatment services, training, helpline services, conduct research and promote education on problem gambling.
8. DBH will monitor and provide on-going oversight to all GAP contracts/agreements to ensure good stewardship on the part of the awardees.
9. The Committee and the Division shall jointly submit a report within sixty days after the end of each fiscal year to the Legislature and the Governor that provides details of the administration of services and distribution of funds.
10. Annual report requirements defined by Nebraska Rev. Statutes Sec. 71-816 will be jointly developed by the State Committee on Problem Gambling and the DBH. Report will be submitted within sixty days after the end of each fiscal year to the Legislature and the governor that provides details of the administration of services and distribution of funds

Policy

DBH shall maintain the certification process for problem gambling counselors as outlined in the Nebraska Department of Health and Human Services Regulations. DBH shall administer the Compulsive Gambling Counselor Certification Advisory Board to monitor the certification of problem gambling counselors available to the public.

Procedure

1. DBH is responsible for the technical review process of applications for individuals seeking a certification status as a problem gambling counselor.
2. DBH shall be the recipient of such applications and provide for the safekeeping of all certification applications & related required documentation.
3. DBH will determine if the applicant meets the requirements specified for the applied certification status as a problem gambling counselor.
4. Applications found to be in compliance will be presented by DBH to the Compulsive Gambling Counselor Certification Advisory Board for review and approval of application.
5. The Board will forward its recommendations to DBH, denying or recommending applicant to test for certification.
6. If the Compulsive Gambling Counselor Certification Advisory Board approves the application for certification, then DBH will notify the applicant of ability to test for certification.
7. DBH must notify the applicant of its findings in writing within 60 days of the Board meeting.
8. DBH is responsible for providing at minimum an annual Certified Compulsive Gambling Counselor examination opportunity.

DEPARTMENT OF HEALTH & HUMAN SERVICES (DHHS)
Division of Behavioral Health (DBH)

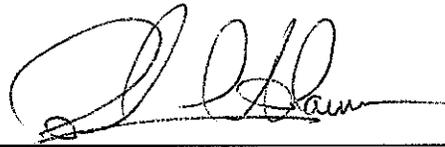
POLICIES AND PROCEDURES

Effective Date: September 13, 2010

Page No. 1 of 1

Revision Date:

Approved:



Scot L. Adams, Ph.D., Director
DHHS Division of Behavioral Health

SUBJECT: Opioid Treatment Programs

PURPOSE: The purpose of this policy is to provide guidance to the public behavioral health system as to the regulation of Opioid Treatment Programs in the State of Nebraska.

RATIONALE: Nebraska Revised Statutes §71-806 designates DBH as the chief behavioral health authority for the State of Nebraska and as such, DBH directs the administration and coordination of the public behavioral health system. Nebraska Revised Statutes §71-803(3)c lists one of the purposes of the public behavioral health system is to provide "appropriate regulation of behavioral health professionals, programs, and facilities." In addition, the federal Center for Substance Abuse Treatment (CSAT), under the Substance Abuse/Mental Health Services Administration, has designated DBH as the State Opioid Treatment Authority.

POLICY: All Opioid Treatment Programs in the State of Nebraska shall comply with the federal regulations relating to the certification of Opioid Treatment Programs contained in 42 CFR Part 8. Compliance with these regulations includes the requirement that all Opioid Treatment Programs must be accredited by a national CSAT-approved accrediting organization.

POLICY: All Opioid Treatment Programs in the State of Nebraska shall be licensed as Substance Abuse Treatment Centers, and as such, shall be subject to the state licensing standards contained in Title 175 of the Nebraska Administrative Code, chapter 18.

POLICY: All Opioid Treatment Programs in the State of Nebraska shall be licensed as a Pharmacy, and as such shall be subject to the state licensing standards contained in Title 175 of the Nebraska Administrative code, chapter 8.

POLICY: All exceptions to the federal Opioid patient treatment standards must be submitted for approval to DBH in addition to CSAT.

Department of Health and Human Services (DHHS)
Division of Behavioral Health (DBH)

POLICIES AND PROCEDURES

Effective Date: July 1, 2010

Page No. 1 of 3

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Approved:



Scot L. Adams, Ph.D., Director
DHHS Division of Behavioral Health

Subject: Mental Health Boards

Purpose: The purpose of the Mental Health Board Policy is to address the DBH responsibility in supporting mental health boards in the performance of their duties.

Rationale: Pursuant to Nebraska Revised Statutes 71-916, the DHHS is responsible for providing mental health board training and forms for warrants, certificates, and other forms and printed copies of applicable rules and regulations of the department that enable the mental health boards to carry out their powers and duties under the Nebraska Mental Health Commitment Act or the Sex Offender Commitment Act.

Policy: DBH will provide an up-to-date mental health board training course, score applicant's examinations, and register those applicants who successfully complete the training course.

Procedures:

1. The DBH Director shall designate a staff person to serve as the Mental Health Board Training Coordinator.
2. The Mental Health Board Training Coordinator will work with the Chief Clinical Officer, Office of Consumer Affairs, and the Emergency System Coordinator in the development and revision of the Nebraska Mental Health Board training module.
3. The Nebraska Mental Health Board training module will consist of the necessary information needed for persons serving on a mental health board to perform their duties as a member of the mental health board.
4. The Mental Health Board training module will be reviewed biennially and updated as needed.

5. The Mental Health Board training examination to be done by the applicant at the completion of the module shall be submitted to the Mental Health Board Training Coordinator and scored.
6. The Mental Health Board Training Coordinator shall contact all applicants to communicate their examination status.
7. The Mental Health Board Training Coordinator will publish a list of all individuals who have successfully completed the mental health board training with the date their training needs to be renewed (every four years) on the DBH website.
8. The Mental Health Board Training Coordinator will contact mental health board members who need to renew their training. Training can be renewed by completion of the mental health board training module every four years.
9. The Mental Health Board Training Coordinator will annually contact clerks of courts reminding them to check the website for mental health board members who need to retrain.

Policy: DBH will provide a template of forms for the use of mental health boards, law enforcement, and mental health professionals on the DBH website.

Procedures:

1. Mental Health Board template forms shall consist of the following:
 - a. Mental Health Board Order
 - b. Order of Mental Health Board to Inpatient Facility
 - c. Outpatient Commitment Order
 - d. Subject Being Placed on Outpatient Treatment
 - e. Warrant to Take Custody of Outpatient
 - f. Order of Mental Health Board to Sheriff
2. Commitment report template forms shall consist of the following:
 - a. Notice of Release from Commitment
 - b. Commitment Report Form
3. Mental Health Certification and Recommendation template forms shall consist of the following:
 - a. Mental Health Professional Certificate
 - b. Provider Treatment Plan Recommendation to Mental Health Board
4. Commitment of Dangerous Sex Offender template forms shall consist of the following:
 - a. Peace Officer Certificate-Sex Offender
 - b. Mental Health Professional Certificate and Recommendations-Sex Offender
 - c. Mental Health Board Documentation
 - d. Warrant of Admission (Inpatient)-Sex Offender
 - e. Commitment Report Form-Sex Offender

Procedures:

1. It is the responsibility of the Mental Health Board Training Coordinator to ensure that all forms are up-to-date and available for use.
2. All inquiries as to the use of the forms shall be directed to the Mental Health Board Training Coordinator.

Policy: DBH will register individuals who have been committed for inpatient or outpatient mental health treatment.

Procedures:

1. Upon receipt of official communication from clerks of courts, DBH shall register all individuals who have been inpatient or outpatient committed by a mental health board.

Policy: DBH shall pay for transportation costs to the Regional Center for individuals committed for inpatient treatment by a mental health board if the individual has been previously treated at a community hospital and needs further treatment at a Regional Center. DBH shall provide for transportation funding through the Regional Behavioral Health Authorities.

**Department of Health and Human Services (DHHS)
Division of Behavioral Health (DBH)**

POLICIES AND PROCEDURES

Effective Date: November 1, 2010

Page No. 1 of 2

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Approved:



Scot L. Adams Ph.D., Director
DHHS Division of Behavioral Health

Subject: Reporting Orders of Commitment to Nebraska State Patrol

Purpose: The purpose of this policy is to guide DBH in complying with Nebraska Revised Statutes §69-2409.01, which requires DBH to furnish information to the Nebraska State Patrol to ensure that only eligible persons are allowed to purchase handguns.

Rationale: Pursuant to Nebraska Revised Statutes §69-2409.01, DBH is responsible for maintaining a database of individuals receiving treatment pursuant to a Mental Health Board commitment. This information is provided to the Nebraska State Patrol for purposes of determining eligibility to purchase handguns. Individuals who have been committed in the last five years are ineligible to purchase a handgun. The law further requires clerks of the various courts to report all commitments, and discharges from such commitments to DBH. These reports are to be delivered to DBH within 30 days of the board's decision.

Policy:

Clerks of the courts shall report to DBH all commitment, and discharges from such commitments in the manner prescribed by DBH.

Procedure:

1. DBH will send an annual letter to the clerks of the courts requesting compliance with the statute, providing the most recent version of the "Reporting Order of Commitment Form," and instructions on accurately completing the form.
2. The information collected shall at a minimum include:
 - a. *Report Type*: commitment, discharge from commitment, or correction (of a previous form).

- b. *Date*: A date of the report being prepared.
 - c. *Identifying information of the person subject to the commitment*: name of individual ordered to receive mental health treatment, social security number, date of birth, race, gender, and county of legal residence.
 - d. *Mental Health Board Information*: type of commitment (inpatient or outpatient), facility responsible for treatment, county of commitment, commitment date, discharge from commitment date (when appropriate), contact person completing report, and phone number of contact person completing report.
3. DBH will contact Mental Health Board clerks by phone, letter, or email when reports are incomplete in order to ensure the most accurate reporting possible.

Policy:

DBH shall maintain a data base of persons receiving treatment pursuant to an order by a mental health board and report such commitments to the Nebraska State Patrol on a monthly basis.

Procedure:

1. DBH staff will work with the contact person designated by the Nebraska State Patrol to facilitate the transfer of information.
2. DBH will transfer information to the Nebraska State Patrol on a monthly basis including all records that are less than 5 years from discharge of commitment. Information transferred includes full name of the individual, date of birth, race, gender, social security number, date of discharge (when available), and the report date.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Division of Behavioral Health
Community-Based Services Section

DIVISION POLICIES AND PROCEDURES

Effective Date: July 1, 2009

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Approved:



Scot L. Adams, Ph.D., Director
DHHS Division of Behavioral Health

SUBJECT: Housing Related Assistance

Policies regarding the management of the State Housing Related Assistance Program

PURPOSE:

The purpose of the following is to lay out the state policies guiding the Regional Behavioral Health Authorities in implementing the State Housing Related Assistance Program.

POLICIES:

A. AUTHORIZATION

These policies are issued to implement the State Housing Related Assistance Program as authorized under Neb. Rev. Stat. 71-812(3).

B. REGIONAL ADMINISTRATION OF PROGRAM

1. Funds for the State Housing Related Assistance Program will be distributed to the Behavioral Health Regions through the Division of Behavioral Health's Regional Contract for Services.
2. The Region shall be responsible for providing coordination of the State Housing Related Assistance Program within their region. Coordination of the program involves:
 - a) approving applications for eligible consumers for Housing-Related Assistance,
 - b) authorizing Housing Quality Standards (HQS) inspections be completed for approved consumers,
 - c) making payments to the landlord,

Division of Behavioral Health | Housing Related Assistance Policy

- d) providing support and technical assistance to behavioral health providers and consumers in planning and locating rental housing,
 - e) providing regional system leadership in housing, and
 - f) providing other related behavioral health housing administrative functions.
3. Each regional behavioral health authority may contract with a qualifying public, or private nonprofit entity for the provision of program coordination and assistance. For the purposes of this program, in order to be a qualified public, or private nonprofit entity the organization must meet the following requirements:
- a) The designated entity shall be an organization with experience in managing affordable housing for adults who are very low income with a serious mental illness.
 - b) Providers of behavioral health services are excluded from filling the Regional Housing Coordination function.
4. The Region is responsible for managing the funds allocated to this program in the contract.
- a) The Division of Behavioral Health has set an Annual Funding Cap of up to \$6,000 per consumer in a 12 consecutive month time period for state funded Housing-Related Assistance. The \$6,000 annual funding cap may be changed if the Region Administrator makes a formal request to the Division of Behavioral Health.
 - (1) The request shall be based on the current HUD Fair Market Rent Documentation System.
 - (2) It is up to the Regional Behavioral Health Authority to document the need for raising the annual funding cap limit.
 - b) On a case by case basis, the Regional Administrator may approve exceeding the annual funding cap or payment of Housing Related Debt of over \$500 in order to move into Public Housing. The Region is responsible for maintaining all of the documentation on requests for additional funds, including a record of the Regional Administrator's approval. Division of Behavioral Health approval is not necessary on a case by case basis.
 - c) Once a consumer is found eligible to receive Housing Related Assistance, the Region may bill the Division.
 - i) For consumers approved for Housing Related Assistance, the Region shall bill the Division for reimbursement of funds expended. No prepayment of costs will be permitted.
 - ii) The Region is responsible to bill the Department in a manner to ensure State Housing Related Assistance Program funds are used only for purposes intended in State Statute [§71-812(3) Housing-Related Assistance].
 - iii) The Region shall submit billings monthly for housing related assistance provided or for housing system coordination activities. The amount of funds requested must not exceed the amount actually expended for the month and must be recorded in the Region's financial accounting system.
 - iv) The Region may retain a maximum amount of funds reserved for this program equal no more than the equivalent of the average of one month expenses from the preceding twelve month period. The maximum amount of funds that may be reserved must be approved by the Division.

5. The Region shall designate a Regional Housing Coordinator to carry out the functions listed in number 2 of this section. The tasks and activities included below do NOT include supervision or delivery of direct services to a consumer. Additional tasks not previously listed include:
 - a) Developing and maintaining the Regional Program Plan for State Housing Related Assistance Program.
 - b) Developing and implementing strategies to ensure the program is culturally competent, and represents the ethnic and gender needs of the community.
 - c) Providing leadership and system problem solving for the Housing Related Assistance program and regional housing issues for adults with serious mental illness, including:
 - i) serving as part of the administrative team of the region,
 - ii) Supporting behavioral health providers and eligible consumers as requested,
 - iii) Participating in meetings for the statewide Housing System Team led by Division staff, and
 - iv) Facilitating communication among housing and behavioral health providers (in and out of network), regional systems, human service systems, and other system participants to build coalitions and ensure the region can provide access to appropriate rental assistance services and affordable housing for adults with serious mental illness.
 - d) Coordinating an assessment of housing needs for adults with serious mental illness.
 - e) Ensuring compliance with data reporting and outcome performance measures as set by the Division.
 - f) Maintaining all the documentation required by the State of Nebraska and Division of Behavioral Health under state law, regulations, the regional contract and these Policies.
6. The Region needs written approval from the Division of Behavioral Health for other Housing Related Costs needed but are not listed in these Policies.

C. GENERAL HOUSING RELATED ASSISTANCE PROGRAM REQUIREMENTS

The Nebraska Housing Related Assistance Program will provide Supported Housing capacity in each of the six Regions through the following program requirements:

1. The principles of the evidence based practice of “Supported Housing” should be followed. This includes permanence, functional separation of housing and services, integration, affordability, and flexibility.
2. Funds for Housing Related Assistance shall be used for the Priority Populations established in the eligibility criteria listed below.
 - a) Sufficient funds shall be reserved for individuals meeting Priority One standards.
 - b) The Division may limit or expand the priority populations dependent on the amount of funds allocate for the Housing Related Assistance program.
3. Funds may only be used for housing related assistance in the state of Nebraska
4. All housing paid under these policies must meet Housing Quality Standards.

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5. The Program is the payer of last resort. A consumer must document that he/she has exhausted all other options for payment before requesting any funds from the State Housing Related Assistance Program.
6. A consumer is responsible for providing accurate and timely information to the program. Knowingly providing inaccurate information or withholding information regarding income levels or other changes in status that would affect eligibility for the program is grounds for immediate discharge from the program.
7. The program should follow the “Tenant Based Rental Assistance” model as defined by HUD. This means funds will be provided on the behalf of an individual/household for housing related costs and the consumer selects the housing unit of his/her choice.
8. Project-Based Rental Assistance is NOT an approved use of program funds. Funds for the program are to be used to assist individuals/households only and may not be retained by a particular building or development should the individual/household move to another housing unit, except under the terms of a tenant’s lease agreement
9. Housing Related Assistance funds are NOT approved for Licensed Healthcare Facilities as specified under Title 175 Health Care Facilities and Services Licensure. This includes Chapter 4 - Assisted Living Facilities and Chapter 19 - Mental Health Centers.

D. CONSUMER ELIGIBILITY

A consumer shall be considered eligible for the State Housing Related Assistance Program if he/she meets the following criteria:

1. Is an adult with serious mental illness as defined by Neb. Rev. Stat. § 71-812(3);
2. Is receiving Nebraska DHHS funded Behavioral Health Services and is willing to participate in appropriate behavioral health service(s);
 - a) Documentation should be provided to the Regional Housing Coordinator by the behavioral health service provider
3. Needs Housing Related Assistance determined by:
 - a) Documented efforts to fully exhaust options available for rental assistance through local housing authorities and/or other entities; AND
 - b) Clear demonstration of the consumer’s willingness to continue to seek other sources of rental assistance if initially turned down or placed on a waiting list.
 - i) Failure to honor these agreements may be grounds for Housing Related Assistance to be terminated.
4. Has in Individual Service Plan (ISP) with a goal of independent living. There should be written documentation showing:
 - a) The consumer’s goal of obtaining and maintaining independent housing;
 - b) A contact person who is:
 - i) Trained in identifying and assisting the consumer with the above goal, AND
 - ii) Who can be contacted by a landlord if there are any problems
 - c) There is a plan of action to seek a stable income if the person is considered a “Zero Income Consumer”
5. Meets residency requirements by being either:
 - a) A US Citizen; OR
 - b) A Legal Permanent Resident or other documented immigration status allowed under Nebraska DHHS policy.

Division of Behavioral Health | Housing Related Assistance Policy

- c) Documentation of immigration status is the responsibility of the individual applying for housing related assistance.
6. Meets either Priority One or Priority Two criteria as listed below. No one under Priority Three shall be served under this policy.
 - a) Priority One – either:
 - i) A person with Extremely Low Income (as defined below) who is discharged from an inpatient mental health commitment, OR
 - ii) A person with Extremely Low Income who is eligible to move from a residential level of care to independent living to make room for a person being discharged from an inpatient mental health commitment.
 - b) Priority Two – A consumer with Extreme Low Income who is “at risk” of an inpatient mental health commitment which would be at least in part due to a lack of affordable, independent housing.
 - i) For the purposes of this section, “at risk” means the individual meets at least one of the following criteria:
 - (1) a history of inpatient mental health board commitments within the last five years
 - (2) was subject to an emergency protective custody (EPC) within the last five years
 - (3) the housing assistance will clearly prevent a psychiatric hospitalization
 - (4) the person is currently homeless
 - (5) the person has no income and appears eligible for SSI
 - (6) the consumer is living in independent housing that is not safe, decent, or affordable
 - (7) housing assistance prevents a consumer from moving into a higher level of care
 - (8) is currently committed to outpatient services by a mental health board.
 - c) Priority Three – A behavioral health services consumer with Very Low Income (as defined below) who does not meet either Priority One or Two.
 7. If a person is found eligible, but is determined to have no income at the time of application for valid reasons, the following policies apply:
 - a) There must be a plan of action in the consumer’s ISP to document efforts to seek a stable income.
 - b) If the consumer is able to seek employment, the ISP should specify how the consumer will obtain employment, including, but not limited to:
 - i) searching for employment independently,
 - ii) using the services of the NE Department of Labor,
 - iii) seeking Supported Employment from a local behavioral health provider,
 - iv) applying for Vocational Rehabilitation services, or
 - v) Other related strategies.
 - c) If the consumer is not able to seek employment due to a disability he/she must apply for disability benefits through any relevant programs including, but not limited to, SSI, SSDI, or Veteran’s disability benefits.
 - i) The ISP should include documentation from a behavioral health service provider that the consumer’s mental illness is severe enough to prevent the consumer from doing any Substantial Gainful Activity.

Division of Behavioral Health | Housing Related Assistance Policy

- d) The Housing Related Assistance Program needs to review the case:
 - i) Monthly to determine that the consumer is working to establish a stable income
 - ii) If the consumer's application for disability benefits is under appeal, the case review may be done quarterly.
- 8. When a person served by the program has a job with earnings that exceed the Extremely Low Income requirements as defined under HUD Guidelines he/she will be transitioned from the program.
 - i) The Transition period begins upon verification that the consumer has been successfully employed with income over the Extremely Low Income level for one month (30 days).
 - ii) Once the need for transition is identified, a Transition plan is developed to allow from one (1) month up to a six (6) month process, depending on the consumer's situation.
 - iii) Written notice is given to the consumer of the need to Transition out of the program.
 - iv) The Program may hold Housing Related Assistance funds for this consumer for up to three (3) month(s) after successful transition out of the program.

E. ASSISTANCE LEVELS

1. Once a consumer is found eligible for the program, Housing Related Assistance as defined in the definitions section may be used to pay for a unit that meets HQS and the local Fair Market Rent.
2. The Region sets local standards on what is considered reasonable rent.
 - a) The leased rent (not including utilities) should be equal to or less than the Fair Market Rents (FMR) as calculated, defined and published by HUD as much as possible.
 - b) If it is documented that the eligible consumer can not obtain safe, decent, and affordable housing in the local area using the Fair Market Rent limit, the Region may approve a higher amount of rent.
3. The consumer is expected to contribute 30% of adjusted gross income for rent and utilities. To streamline transition to other programs, the adjusted gross income shall be calculated in a manner consistent with the appropriate local housing authority.
4. Ongoing payments needed for a consumer with zero income to live in public housing is authorized if the Region clearly documents a cost savings to the program.
5. Housing Flex Funds are available for an eligible consumer who does not need ongoing rental assistance.
 - a) The Housing Flex funds may be used for one-time expenses to help an eligible consumer move into a housing unit that meets HQS and Fair Market Rents (FMR).
 - b) These funds are not to be used to pay for ongoing housing related expenses.
 - c) These funds are intended to cover authorized one time costs, utility payments (except those listed below), and/or "Other Related Costs" as needed to provide housing.
 - i) Specifically excluded from other related costs are:

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- (1) Cable television, and telephone payments.
 - (2) Food, cleaning products, or other related consumable products.
 - (3) Funds to cover for damages the tenant made to the unit during tenancy, unless such funds are necessary to preserve a relationship with a particular landlord or rental company. Written approval by the Regional Administrator is needed to utilize this exception.
 - (4) To cover debt from previous utilizations of the program except as noted below.
- ii) Upon sufficient documentation, the following “other related costs” may be authorized:
 - (1) Allowance for stove and refrigerator consistent with the local housing authority’s standards.
 - (2) One-time costs which may include:
 - (a) security and utility deposits,
 - (b) reasonable moving expenses,
 - (c) needed furniture such as couch, bed, table, and chairs,
 - (d) items to make the consumer's apartment suitable for living such as bedding, dishes, silverware, cookware, and general kitchen supplies.
 - (e) Housing Related Debt such as past due rent or utility payments may be paid if such payments allow the consumer to receive Section 8 and/or other local housing authority services.
 - iii) As a result of this payment, the consumer will be discharged from the program, unless the consumer has zero income.
 - iv) Other Related Costs must be clearly documented by the Region.
 - v) Other Related Costs not listed in these Policies are unauthorized without written approval from the Division of Behavioral Health.
- d) If additional funding is required, the Region must receive written approval from the Division of Behavioral Health.
 - e) Use of Housing Flex funds will count as part of the Annual Funding Cap [six thousand (\$6,000) dollars per consumer or as approved by the Division].
6. The Housing Related Assistance program may continue to pay the rent through a maximum of a 90 day temporary consumer absence from the Housing Unit.
 - a) After a 90 day absence from the Housing Unit, or if the consumer is clearly determined to no longer be able to live independently, the consumer shall be discharged from the program.
 - b) The 90 day absence policy may be extended only:
 - i) Upon recommendation of the consumer’s treatment team or a written recommendation from the Region’s Emergency Systems Coordinator;
 - ii) With Written approval from the Regional Administrator; AND
 - iii) The total extended absence is no longer than 180 days.
 7. Housing Related Assistance funds shall not be used to make payments on a mortgage against a consumer’s home unless advance approval has been provided in writing by the Director of the Division of Behavioral Health.

D. PROGRAM DEFINITIONS

Division of Behavioral Health | Housing Related Assistance Policy

1. Behavioral Health (BH) Services include both mental health and substance abuse (alcoholism, drug abuse, and addiction) services. Behavioral health disorder means mental illness or alcoholism, drug abuse, problem gambling, or other addictive disorder.
2. Housing-Related Assistance includes rental payments, utility payments, security and utility deposits, and other related costs and payments. Utility deposits and payments are limited to tenant paid gas, electric, water, sewer, garbage. Specifically excluded are cable television and telephone. Other related costs and payments may also be covered.
3. Housing Quality Standards (HQS) are requirements for safe and decent housing issued by the U.S. Department of Housing and Urban Development under the Housing Voucher Programs (commonly referred to as "Section 8"). HQS establish the minimum criteria necessary for the health and safety of program participants.
4. Very Low-Income means a household income of 50 percent or less of the applicable median family income estimate as established by the United States Department of Housing and Urban Development.
5. Extremely Low-Income means a household income between 0 and 30 percent of the applicable Median Family Income (MFI) as defined by the U.S. Department of Housing and Urban Development (HUD).
6. Median Family Income (MFI) may also be referred to as Area Median Income (AMI). MFI represents the value at which one-half of all families have incomes above that value, and one-half have incomes below that value. MFI estimates are updated annually by HUD.
7. Adult With Serious Mental Illness means a person eighteen years of age or older who has, or at any time during the immediately preceding twelve months has had, a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders and which has resulted in functional impairment that substantially interferes with or limits one or more major life functions. Serious mental illness does not include DSM V-codes, substance abuse disorders, or developmental disabilities unless such conditions exist concurrently with a diagnosable serious mental illness per Neb. Rev. Stat. § 71-812(3)(b)(i).
8. Supported Housing, as defined by the U.S. Department of Health and Human Services in the Community Mental Health Services Block Grant, is a specific program model as defined by the U.S. Department of Health and Human Services in the Community Mental Health Services Block Grant, in which a consumer lives in a house, apartment or similar setting, alone or with others, and has considerable responsibility for residential maintenance but receives periodic visits from mental health staff or family for the purpose of monitoring and/or assisting with residential responsibilities. The objective of supported housing is to help obtain and maintain an independent living situation. It

Division of Behavioral Health | Housing Related Assistance Policy

includes services that assist individuals in finding and maintaining appropriate housing arrangements.

9. Substantial Gainful Activity (SGA) is an earnings limit established yearly by the Social Security Administration at which point a consumer on SSI or SSDI loses their eligibility for Medicaid. For the purposes of this program, SGA means any paid employment whose remuneration is over the SGA limit as set by the SSA.

E. PROGRAM PLAN

1. The Region is responsible for developing and maintaining the Housing Related Assistance Program Plan consistent with Division policy.
2. The Housing Related Assistance Program Plan must be made available by the Region to the Division of Behavioral Health upon request.

F. PROGRAM FIDELITY

The program will be audited for program fidelity annually per guidelines set by the Division of Behavioral Health.

G. REPORTING

The Supported Housing Data Base Monthly Report must be sent via email to the Division of Behavioral Health quarterly on the 15th of the month following the end of the quarter. Due dates are October 15, January 15, April 15, and July 15.

Department of Health and Human Services (DHHS)
Division of Behavioral Health (DBH)

POLICIES AND PROCEDURES

Effective Date: December 1, 2010

Page No. 1 of 2

Revision Date:

Approved:



Scott L. Adams, Ph.D., Director
DHHS Division of Behavioral Health

Subject: Lincoln Regional Center (LRC) Bed Allocation Plan

Purpose: The purpose of the Regional Center Bed Allocation Plan policy is to outline the role of DBH in the development and management of the LRC Bed Allocation Plan.

Rationale: Each Regional Behavioral Health Authority (RBHA) is allocated a specific number of LRC general psychiatric beds for individuals who have been committed by a mental health board to DHHS for inpatient psychiatric treatment. The LRC Bed Allocation Plan is for mental health board commitments only and does not include individuals ordered for LRC admission by courts or for sex offender treatment. Individuals who are at LRC voluntarily by guardian are also included in the RBHA bed allocation count. The DBH Community Based Services Section (DBH CBS) works in partnership with LRC and RBHAs to manage admissions and discharges from the allocated beds.

Policy: The DBH Director determines the beds at LRC and reserves the right to redistribute or eliminate the LRC Bed Allocation Plan at any time. The LRC Bed Allocation Plan is determined by the number of beds available at LRC and calculated based on the percentage of population in the given region.

Procedures:

1. The LRC Bed Allocation Plan is determined by the DBH Director and changes to the plan will be communicated to RBHAs in a timely fashion.
2. The DBH-CBS Administrator will designate DBH staff to work directly with LRC and the RBHAs in the administration of the LRC Bed Allocation Plan. The assigned staff is responsible for the following activities:
 - a. Facilitation of regular conference calls (typically two times a month) with RBHA and Regional Centers to discuss the following:

- i. **Current Census:** An overview of the current number of consumers served by a Regional Center program and the number of additional consumers who could be served.
 - ii. **Scheduled Admits (Next Seven Days):** Consumers who are scheduled to be admitted to the Regional Center within the next seven days.
 - iii. **Discharges Past Seven Days:** Consumers discharged in the past seven days.
 - iv. **Discharges Anticipated Next Seven Days:** Consumers who are anticipating a discharge the remainder of the week.
 - v. **Discharge Implementation Ready:** Consumers who are ready to implement his/her discharge plan.
 - vi. **Plans for Discharge:** Consumers who are not discharge ready and any specific concerns or complications. These are reviewed upon request.
 - vii. **Other relevant topics.**
- b. Oversight, coordination, and distribution of weekly reports needed to manage the LRC Bed Allocation Plan. This is accomplished by working in conjunction with LRC staff and RBHAs.
 - c. Facilitation of system wide conference calls related to problem-solving complications related to admission or discharge issues.
 - d. Provision of leadership in the development of system improvements.

Department of Health and Human Services (DHHS)
Division of Behavioral Health (DBH)

POLICIES AND PROCEDURES

Effective Date: February 1, 2010

Page No. 1 of 2

Revision Date:

Approved:



Scot L. Adams Ph.D., Director
DHHS Division of Behavioral Health

Subject: State Advisory Committee on Substance Abuse Services

Purpose: The State Advisory Committee on Substance Abuse Services (SA Advisory Committee) is promulgated in Nebraska Revised Statutes 71-815. The purpose of the SA Advisory Committee is to advise the Division of Behavioral Health (DBH) on the provision of state-funded substance abuse services.

Rationale: This policy describes DBH duties and responsibilities in the leadership and administrative support of the SA Advisory Committee.

Policy: The SA Advisory Committee shall be responsible to DBH and shall:

1. Conduct regular meetings,
2. Provide advice and assistance to DBH relating to the provision of substance abuse services in the State of Nebraska,
3. Promote the interests of consumers and their families,
4. Provide reports as requested by DBH, and
5. Engage in such other activities as directed or authorized by DBH.¹

Procedures

1. The SA Advisory Committee consists of twelve members configured according to the statute and who are appointed by the Governor. Term lengths and officer appointments are described in the SA Advisory Committee's bylaws. DBH will coordinate with the Governor's office to maintain a twelve member SA Advisory Committee at all times.
2. Upon appointment, DBH will provide orientation materials to new SA Advisory Committee members.

¹ Nebraska Revised Statutes 71-814

3. The SA Advisory Committee will develop and maintain bylaws governing their procedures which shall be reviewed and updated in accordance with the timetable set forth in the bylaws. DBH will be responsible for the publication of the SA Advisory Committee's bylaws.
4. The SA Advisory Committee meeting dates will be established according to the Committee's bylaws. DBH will make all necessary arrangements for the meeting location and proceedings.
5. DBH will assist in facilitating SA Advisory Committee meetings according to Nebraska's Public Meeting Law (Nebraska Revised Statutes 84-1408 through 84-1414).
6. DBH will distribute SA Advisory Committee meeting notices and agendas to SA Advisory Committee members prior to the actual meeting date according to the timelines established in the bylaws.
7. DBH staff will maintain attendance sheets and submit these documents to the Chairperson periodically or per request.
8. DBH will produce SA Advisory Committee meeting minutes.
9. DBH will maintain records of the SA Advisory Committee.
10. DBH will provide secretarial support to the SA Advisory Committee as needed.
11. DBH will arrange for actual and necessary expense reimbursement for SA Advisory Committee members for the performance of their duties.

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Effective Date: February 1, 2010

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Revision Date:

Approved:



Scot L. Adams Ph.D., Director
DHHS Division of Behavioral Health

Subject: State Advisory Committee on Mental Health Services

Purpose: The State Advisory Committee on Mental Health Services (MH Advisory Committee) is promulgated in Nebraska Revised Statutes 71-814. The purpose of the MH Advisory Committee is to advise the Division of Behavioral Health (DBH) on the provision of state-funded mental health services.

Rationale: This policy describes DBH duties and responsibilities in the leadership and administrative support of the MH Advisory Committee.

Policy: The MH Advisory Committee shall be responsible to DBH and shall:

1. Serve as the State's mental health planning council as required by Public Law 102-321,
2. Conduct regular meetings,
3. Provide advice and assistance to DBH relating to the provision of mental health services in the State of Nebraska, including, but not limited to, the development, implementation, provision, and funding of organized peer support services,
4. Promote the interest of consumers and their families, including, but not limited to, their inclusion and involvement in all aspects of services design, planning, implementation, provision, education, evaluation, and research,
5. Provide reports as requested by DBH, and
6. Engage in such other activities as directed or authorized by the DBH.¹

The Federal Community Mental Health Services Block Grant requires Nebraska to utilize an advisory committee in implementation of the block grant. The MH

¹ Nebraska Revised Statutes 71-814

Advisory Committee serves as this body. DBH staff work collaboratively with the MH Advisory Committee ensuring the following Federal requirements are met.

1. Review plans pursuant to section 1915(a) (the application for the Federal Community Mental Health Services Block Grant) and submit to the State any recommendations of the MH Advisory Committee for modifications to the plans;
2. Advocate for adults with a serious mental illness, children with a severe emotional disturbance, and other individuals with mental illness or emotional problems; and,
3. Monitor, review, and evaluate not less than once each year, the allocation and adequacy of mental health services within the State.

Procedures

1. The MH Advisory Committee consists of twenty-three members configured according to the statute and who are appointed by the Governor. Term lengths and appointment of officers are described in the MH Advisory Committee's bylaws. DBH will coordinate with the Governor's office to maintain a twenty-three member MH Advisory Committee at all times.
2. Upon appointment, DBH will provide orientation materials to new MH Advisory Committee members.
3. The MH Advisory Committee will develop and maintain bylaws governing their procedures which shall be reviewed and updated in accordance with the timetable set forth in the bylaws. DBH will be responsible for the publication of the MH Advisory Committee's bylaws.
4. The MH Advisory Committee meeting dates will be established according to the Committee's bylaws. DBH will make all necessary arrangements for the meeting location and proceedings.
5. DBH will assist with facilitating the MH Advisory Committee meetings according to Nebraska's Public Meeting Law (Nebraska Revised Statutes 84-1408 through 84-1414).
6. DBH will distribute MH Advisory Committee meeting notices and agendas to MH Advisory Committee members prior to the actual meeting date according to the timelines established in the bylaws.
7. DBH staff will maintain attendance sheets and submit these documents to the Chairperson periodically or per request.
8. DBH will produce MH Advisory Committee meeting minutes.
9. DBH will maintain records of the MH Advisory Committee.
10. DBH will provide secretarial support to the MH Advisory Committee as needed.
11. DBH will arrange for actual and necessary expense reimbursement for MH Advisory Committee members for the performance of their duties.

Department of Health and Human Services (DHHS)
Division of Behavioral Health (DBH)

POLICIES AND PROCEDURES

Effective Date: November 1, 2010

Page No. 1 of 2

Revision Date:

Approved:



Scot L. Adams Ph.D., Director
DHHS Division of Behavioral Health

Subject: State Committee on Problem Gambling

Purpose: The State Committee on Problem Gambling (SCPG) is promulgated in Nebraska Revised Statutes §71-816. The purpose of the SCPG is to provide recommendations to DBH on the provision of state-funded gambling services.

Rationale: This policy describes the DBH duties and responsibilities in the administrative support of and collaboration with the SCPG.

Policy: The SCPG shall develop and recommend to DBH guidelines and standards for the distribution and disbursement of money in the Compulsive Gamblers Assistance Fund. Such guidelines and standards shall be based on nationally recognized standards for compulsive gamblers assistance programs. In addition, the committee shall develop recommendations regarding:

1. The evaluation and approval process for provider applications and contracts for treatment funding from the Compulsive Gamblers Assistance Fund,¹
2. The review and use of evaluation data,
3. The use and expenditure of funds for education regarding problem gambling and prevention of problem gambling and,
4. The creation and implementation of outreach and educational programs regarding problem gambling for Nebraska residents.

The SCPG may engage in other activities it finds necessary to carry out its duties.²

¹ See Nebraska Revised Statutes §71-817, "Compulsive Gamblers Assistance Fund; created; use; investment."

² Nebraska Revised Statutes §71-816

Procedures

1. The SCPG consists of twelve members configured according to the statute and appointed by the Governor. Term lengths and appointment of officers will be described in the SCPG's bylaws. DBH will coordinate with the Governor's office to maintain a twelve member SCPG.
2. The SCPG will develop and maintain bylaws governing their procedures which shall be reviewed on a schedule determined in the bylaws. DBH will be responsible for the publication of the bylaws.
3. DBH will provide orientation materials to newly appointed SCPG members.
4. The SCPG meeting dates will be set according to the SCPG bylaws and in collaboration with DBH. DBH will make all necessary arrangements for the meeting location and proceedings.
5. DBH will provide support for the facilitation of the SCPG meetings according to the Open Meetings Act (Nebraska Revised Statutes §84-1407 to 84-1414)
6. DBH will distribute SCPG meeting notices and agendas to SCPG members prior to the actual meeting date according to the timelines established in the bylaws.
7. DBH and the SCPG will jointly submit a report to the Legislature and the Governor detailing the administration of services and the distribution of funds within sixty days after the end of each fiscal year.
8. DBH will produce SCPG meeting minutes in collaboration with SCPG officers.
9. DBH will maintain records of the SCPG.
10. DBH will provide administrative support to the SCPG as needed.
11. DBH will arrange for actual and necessary expense reimbursement for SCPG members in the performance of their duties.

Department of Health and Human Services (DHHS)
Division of Behavioral Health (DBH)

POLICIES AND PROCEDURES

Effective Date: December 1, 2010

Page No. 1 of 2

Revision Date:

Approved:



Scot L. Adams Ph.D., Director
DHHS Division of Behavioral Health

Subject: Continuous Quality Improvement

Purpose: The DBH Continuous Quality Improvement (CQI) Program establishes accountability for continually improving both DBH as an organization and the behavioral health services provided to consumers and families in the state of Nebraska.

Rationale: DBH is committed to creating a culture that fosters improvement of DBH and behavioral health services and sets clear direction for enhancement through CQI. The ongoing process of CQI utilizes the following concepts: using data to plan, identifying opportunities for improvement, implementing changes, studying and analyzing results, and celebrating improvements. An Annual CQI Program Plan is organized around these concepts.

Policy: It is the responsibility of the DBH Quality Improvement Administrator to lead a process to develop, implement, and monitor a statewide Annual CQI Program Plan designed to ensure:

- Behavioral health services are appropriate to each consumer's needs and accessible when needed;
- Individuals and families participate in all processes of the CQI program and their views and perspectives are valued;
- Behavioral health services provided incorporate best practices, evidence-based practices, and effective practices;
- Behavioral health services are of high quality and provided in a cost-effective manner.

Procedures:

1. The DBH Director and Community Based Services (CBS) Administrator establish and communicate priorities for the Annual CQI Program Plan by reviewing statewide data, stakeholder feedback, and strategic and other planning documents.
2. A Statewide Quality Improvement Team (SQIT) is selected by the DBH-CBS Administrator on an annual basis to identify and prioritize opportunities for improvement, implementation of quality initiatives, and the development of the Annual CQI Program Plan.
 - a. Membership will include participants representing: DBH Office of Consumer Affairs, Regional Behavioral Health Authorities (RBHAs), Regional Consumer Specialists and other consumer representatives as designated by RBHAs, and Providers.
 - b. Consultants shall include representatives from: the Managed Care entity, DHHS Partners (i.e. Medicaid and Long Term Care, Children and Family Services, and others), DBH staff, and the Regional Centers.
3. The DBH Quality Improvement Administrator will be responsible for leading the SQIT and producing the Annual CQI Program Plan.
4. The Community Quality Improvement Teams (CQIT), operating at the RBHA level, are responsible for the development of local CQI activities which stem from the Annual CQI Program Plan. Each of the six RBHAs shall have a CQIT. The DBH Quality Improvement Manager shall serve as the DBH contact for the CQIT.
5. DBH will utilize a Division Quality Improvement Team (DQIT) to provide ongoing operational guidance for continuous quality improvement. The DBH Quality Improvement Administrator will provide leadership to the DQIT.
6. The Behavioral Health Advisory Committees (Substance Abuse Advisory Committee, Mental Health Advisory Committee, and Problem Gambling Committee) will be provided an opportunity to contribute to the development and implementation of the Annual CQI Program Plan and activities at their quarterly meetings. The DBH Quality Improvement Administrator shall ensure the Advisory Committees' involvement.
7. The RBHA Administrators will have an opportunity at their scheduled meetings with DBH to review the development and implementation of the Annual CQI Program Plan. The DBH Quality Improvement Administrator shall orchestrate the discussion.
8. The Annual CQI Program Plan must be developed and implemented on an annual basis and will be posted on the DBH website.

**Department of Health and Human Services (DHHS)
Division of Behavioral Health (DBH)**

POLICIES AND PROCEDURES

Effective Date: July 1, 2010

Page No. 1 of 2

Revision Date:

Approved:



Scot L. Adams, Ph.D., Director
DHHS Division of Behavioral Health

Subject: Substance Abuse Prevention and Treatment Block Grant (SAPTBG)

Purpose: The purpose of the SAPTBG policy is to guide the Division of Behavioral Health Community-based Services (DBH-CBS) management of all aspects of the SAPTBG.

Rationale: The US Department of Health and Human Services (HHS) has authorizing legislation and regulations governing the expenditures of SAPTBG funds. In addition, Substance Abuse Mental Health Services Administration (SAMHSA) has requirements on the State management and reporting responsibilities associated with SAPTBG. Both the regulations and requirements must be closely monitored and adhered to by DBH-CBS in the distribution, management, and reporting of funds and activities associated with SAPTBG.

Funding agreements between alcohol and drug abuse programs require states to obligate and expend block grant funds in accordance with the set-asides as prescribed by Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act, as amended by the Children's Health Act of 2000 (P.L. 106-310). The authorizing legislation for the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) requires states and jurisdictions to report annually on how the principal agency for authorized activities obligated and expended block grant funds and how it intends to use funds to be awarded. Regulations are contained in the Interim Final Rule (45 CFR Subtitle A Part 96).

Policy: The Nebraska (NE) Department of Health and Human Services (DHHS) Division of Behavioral Health Community-based Services (DBH-CBS) will manage the SAPTBG according to Federal requirements.

- DBH-CBS will complete the SAPTBG application process annually as required by the HHS Secretary.
- DBH-CBS will have SAPTBG guidelines in the implementation, management, oversight, and reporting of SAPTBG activities and funds.
- SAPTBG guidelines will be reviewed annually and updated as necessary by assigned DBH-CBS staff according to changes to SAPTBG requirements from the SAMSHA.

Guideline Updates

The guidelines must be reviewed annually based on changes in the SAPTBG and DHHS DBH-CBS policies, procedures, and practices. The DBH-CBS Administrator shall assign a staff member to this task.

Retention of Work Papers

The DBH-CBS Financial Aid Administrator will retain all work papers related to the SAPTBG application. DBH-CBS work papers utilized in the preparation of the SAPTBG application shall be retained in electronic or paper format for a period of five years or until any unresolved questions are addressed. Detailed expenditure information required in the SAPTBG may be acquired through supporting documentation available within DBH-CBS, but must be reconciled to the appropriate NIS documentation. All work papers and reconciliations must be retained for future verification and review.

**DEPARTMENT OF HEALTH & HUMAN SERVICES (DHHS)
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POLICIES AND PROCEDURES

Effective Date: March 10, 2000

Page No. 1 of 1

Revision Date: November 1, 2000

July 13, 2009

Approved:



Scott Adams, Director
DHHS Division of Behavioral Health

SUBJECT: Age Waiver for NBHS Services

Waiver of Nebraska Behavioral Health System (NBHS) age requirement in special circumstances.

PURPOSE:

The purpose of this policy is to outline the process for a person ages 17 and 18 to receive services from the NBHS provider network (treatment and rehabilitation).

POLICY:

It is the policy and intent of the Division of Behavioral Health to allow a person aged 17 or 18 to receive services from the NBHS provider network (treatment and rehabilitation) when clinical documentation recommends this to be developmentally and clinically appropriate.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Division of Behavioral Health

DIVISION POLICIES AND PROCEDURES

Effective Date: May 1, 2008

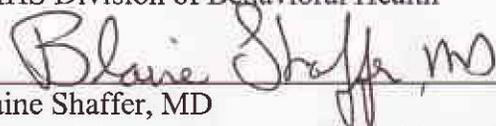
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Revision Date: _____

Approved: _____


Scot Adams, Director
DHHS Division of Behavioral Health


Vicki Maca, Administrator, Community Based Services
DHHS Division of Behavioral Health


Blaine Shaffer, MD
Chief Clinical Officer, DHHS Division of Behavioral Health

EMERGENCY SYSTEM FLEX FUNDS POLICY

PURPOSE:

This policy will establish and maintain a written procedure for utilizing Emergency System Flex Funds and assign oversight responsibility to the Regional Emergency System Coordinator. The following shall serve as priorities for use (1) Crisis Resolution and stabilization within the community (2) Prevent Emergency Protective Custody (EPC), Mental Health Board Commitment (MHBC) or utilization of higher levels of care (3) In support of tertiary interventions following a psychiatric crisis.

RATIONALE:

Emergency System Flex Funds may only be used for goods and/or services that assist with stabilizing or preventing a crisis situation for a consumer.

POLICY:

Flex Funds are made available to Emergency System Coordination in each Region and are not to exceed \$5,000 per consumer per year. Prior to considering if an expense qualifies for the Emergency System Flex Funds, the consumer must be identified as experiencing or at high risk to experience a mental health and/or substance abuse crisis. The Emergency System flex funds will be used to address needs that will assist in (1) Resolution of a potential crisis and stabilization within the community (2) Preventing an individual from being taken into Emergency Protective Custody (EPC), avoiding a Mental Health Board Commitment (MHBC), or reducing the need for a higher level of care, (3) Recovery and transition of a consumer who has received tertiary care.

DOCUMENTATION:

- The Emergency System Coordinator will attempt to locate all other sources of funding and document these efforts in a record maintained by the Regional Behavioral Health Authority.
- The Regional Behavioral Health Authority will document and track how Emergency System Flex Funds are expended.
- The consumer receiving assistance shall be registered through the Nebraska Behavioral Health System, Administrative Service Organization, in order to track utilization patterns and to ensure appropriate follow up, and
- It is expected that the goods and/or services to be purchased must directly relate to the achievement of the desired outcomes identified below and be documented in the consumer's Crisis Plan.

DESIRED OUTCOMES:

To be eligible for the Emergency System Flex Funds, the goods and/or services to be provided must be related to one or more of the following desired outcomes:

1. The consumer's crisis will be resolved and the consumer will not require a higher level of care, or
2. If the consumer is taken into Emergency Protective Custody (EPC) and is in a higher level of care, the consumer will successfully transition to the community in a timely manner, or
3. A reduction in the number of times the consumer requires Emergency Protective Custody action, or
4. The consumer will experience a reduction in recidivism to higher levels of care, or
5. Consumers will voluntarily seek treatment.

PRIORITIES:

The ability to provide for the immediate needs of an individual can include, but is not limited to the following priorities:

- Psychiatric medication
- Food
- Clothing
- Temporary Shelter
- Assessment/Consultation
- Transportation to behavioral health care appointments

Flex funds must not be used for:

- Inpatient treatment
- Residential treatment
- Ongoing funding

EXCEPTIONS:

- The Regional Behavioral Health Authority must have a documented approval process for any unusual expenses.
- Exceptions to this policy must be submitted in writing to the Division of Behavioral Health for approval prior to the utilization of funds.

LENGTH OF SERVICE:

The length of service for consumers to receive Emergency System Flex Funds shall not exceed twelve months.

Financial Eligibility Policy

Effective Date: 3/1/98

Revisions Approved: 6/1/01, 4/1/02, 1/30/03, and 11/13/07

The Department has established Financial Eligibility Standards for consumers of behavioral health services. The Department will reimburse service providers for mental health and substance abuse services for consumers who meet clinical eligibility criteria and who meet the following financial eligibility criteria.

I. Department as Payer of Last Resort

The Department reserves the right to be the **Payer of Last Resort** for consumers who meet the Department's Clinical Criteria for an identified level of care and who are without the financial resources to pay for care. The Department will not reimburse: (1) for Medicaid eligible services (other than Medicaid Rehabilitation Option and SA Waiver services) provided to Medicaid consumers or, (2) for services covered under other health insurance benefits. Network Managers will be responsible for insuring providers maximize claims/payment opportunities from other payers. [NOTE: approved MRO services paid by the Division are Assertive Community Treatment (ACT), Community Support-MH, Day Rehabilitation and Psych Residential Rehabilitation; approved SA Waiver services paid by the Division are Community Support-SA, Intensive Outpatient, Halfway House, Short Term Residential and Therapeutic Community)

II. Services Paid by the Department

For persons who meet the Department's clinical eligibility and financial eligibility criteria, the provider will be paid the rate set by the Department for the services provided which are pre-authorized by System Management.

III. Assessment of Consumer Ability to Pay

- A. The Department and/or the Network Manager may request verification of consumers' financial eligibility from any provider. For the purposes of this policy, income is defined as adjusted gross income as determined on Federal personal income tax forms. Current adjusted gross income may be calculated from current wages. Verification of consumer income can be obtained by review of income tax forms, W-2 forms, paycheck records, SSI/SSDI eligibility, Medicaid eligibility, and/or a signed statement from the client.
- B. The assessment of a consumer's ability to pay is an ongoing process. The consumer's financial eligibility status should be re-assessed at regular intervals, or when known changes occur such as changes in current income, or number of dependents. The re-assessment may increase or decrease the co-pay obligations of the consumer.
- C. Consumers who refuse to provide financial information shall be charged full cost of services.
- D. Persons who are disabled by severe and persistent mental illness and youth served in the Professional Partner Programs are exempted from the "ability to pay" and "therapeutic fee" provisions of this policy.

IV. Use of the HHS/Division of Behavioral Health Financial Eligibility FEE SCHEDULE (see attached)

Locate the consumer's annual family income (Columns A-B), or monthly family income (Columns C-D), Rows 1-33. Then locate the family size in Row 1, Columns E-N. For consumers who by income and family size fall within the top shaded area, or the first (from the top) unshaded area, no co-pay amounts other than therapeutic charges may be assessed. Consumers who by income and family size fall within the center shaded section of the chart may be assessed co-pay

amounts consistent with the Network Manager approved sliding fee scale. Consumers who by income and family size fall within the bottom unshaded area of the HHS/Division of Behavioral Health Financial Eligibility Schedule are not financially eligible for payment by the State.

V. Consumer Co-Pay Fees

- A. In addition to payments made by the Department, providers may assess consumers a co-pay fee based upon sliding fee schedules approved by the Network Manager.
1. For all Non Fee for Service services (NFFS) where the service is not paid by a unit rate, the co-pay amount is based upon a percentage of actual service costs. Providers must be able to document how the costs for their services are derived, and provide the documentation supporting those costs upon request by the Department and/or Network Manager. At no time may a provider collect payment in excess of reasonable and customary charges. (Reasonable and customary is a provider charge based upon costs, determined by generally accepted accounting practices).
 2. For all Fee for Service services (FFS) where the service is paid by a unit rate, the co-pay amount is based on a percentage of the rate paid by the Department.
 3. For Substance Abuse Education and Diversion programs, co-pay amounts may be determined using Network Manager approved sliding fee scales rather than the HHS/Division of Behavioral Health Financial Eligibility Schedule.
- B. Consumers, who according to the HHS/Division of Behavioral Health's Financial Eligibility Schedule do not have a co-pay option, may be charged "therapeutic" fees. In these cases, no co-pay amounts other than therapeutic charges may be assessed. For consumers who by income and family size fall within the top shaded area of the HHS/Division of Behavioral Health Financial Eligibility Schedule, therapeutic fees not to exceed 10% of cost may be charged. Consumers who by income and family size fall within the first (from the bottom) unshaded section of the HHS/Division of Behavioral Health Financial Eligibility Schedule may be assessed therapeutic fees not to exceed 15% of cost. **Consumers may not be refused services solely on the basis on their inability to pay scheduled "therapeutic" fees.**

VI. Provider Responsibility for Consumer Co-payment

The provider of services shall be responsible for developing a financial plan to receive payment of co-pay fees from the consumer.

VII. Residential Levels of Care

Residential levels of care will receive payment based on the Department's established rates. In addition, room and board fees and co-pay fees may also be assessed. The total of all revenues received (the rates paid by the Department, room and board fees, consumer co-pay fees) shall not exceed the actual cost of care.

- A. Persons who are employed may have room and board fees and/or co-pay fees assessed in addition to the rate paid by the Department. This applies to substance abuse services such as Halfway Houses and Therapeutic Communities.
- B. Persons who are disabled by severe and persistent mental illness and who receive SSI or SSDI to pay for room and board in residential services shall not be assessed a separate co-pay fee. This applies to Mental Health services such as Psychiatric Residential Rehabilitation.

**Department of Health and Human Services (DHHS)
Division of Behavioral Health (DBH)**

POLICIES AND PROCEDURES

Effective Date: June 15, 2010

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Revision Date:

Approved:



Scot L. Adams Ph.D., Director
DHHS Division of Behavioral Health

Subject: Projects for Assistance in Transition from Homelessness (PATH)
Formula Grant Program

Purpose: The purpose of the PATH policy is to provide direction to the Division of Behavioral Health (DBH) staff in the management of all aspects of the PATH Grant.

Rationale: DBH must complete an annual Federal PATH application which contains information regarding the distribution and management of funds. DBH must demonstrate compliance with terms and conditions set forth by the US Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA). The terms and conditions must be closely monitored and adhered to by DBH in the distribution, management, and reporting of funds, activities and data associated with PATH.

Policy: DBH will distribute, manage, and report PATH funds according to HHS terms and conditions.

Procedures:

1. DBH determines the distribution of PATH funds based on RBHA request for funds.
2. DBH staff develops contracts with RBHAs according to the distribution formula and establishes parameters in the contract for compliance with PATH Grant Federal requirements.
3. RBHAs develop sub-contracts with providers in their locale to implement PATH services.
4. Contractual terms and conditions are monitored through reports from the RBHAs to DBH for contractual compliance.

5. Fund expenditures are monitored by the assigned DBH staff through monthly billing requests.
6. An assigned DBH staff develops the annual Federal PATH application within the federally established timelines and submits for approval to the DBH Community-Based Services Section Administrator. Upon approval, the Administrator submits to the DBH Director for final approval and signature.
7. Once approved and signed by the DBH Director, the assigned DBH staff submits the application as prescribed by federally established protocols.
8. Assigned DBH staff may monitor PATH utilization of funds and delivery of services to ensure compliance with Federal guidelines related to the PATH program through periodic visits to PATH provider agencies/services. Record reviews and interviews with consumers are components of the monitoring process.

**Department of Health and Human Services (DHHS)
Division of Behavioral Health (DBH)**

POLICIES AND PROCEDURES

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Scot L. Adams Ph.D., Director
DHHS Division of Behavioral Health

Subject: Funding Allocation and Regional Behavioral Health Authority (RBHA) Budget Plans

Purpose: DBH is responsible for the "prioritization and approval of all expenditures of funds received and administered by the division, including the establishment of rates to be paid and reimbursement methodologies for behavioral health services and fees to be paid by consumers of such services" as stated in Nebraska Revised Statutes § 71-806.

Rationale: The Funding Allocation and RBHA Budget Plan policy sets forth a pathway for DBH in the determination of state and federal behavioral health services' funding allocations on a regional basis and the development and approval process of the RBHAs in the planned expenditure of such funds.

Policy: On an annual basis, DBH is responsible to:

1. Determine behavioral health services funding allocations from all state and federal funding sources which provide funds directly to DBH;
2. Determine specific RBHA funding expectations and priorities;
3. Provide guidelines and technical assistance to RBHAs in the development of a Regional Budget Plan; and
4. Provide final authority for the expenditure of all state and federal behavioral health services funds provided to DBH.

Procedures: The following sequence occurs on an annual basis.

1. The DBH Community-based Services (CBS) Administrator and the Director of DBH determine all statewide funding allocations.
2. The DBH Network and Services Unit develops Regional Budget Plan Guidelines for the upcoming state fiscal year and distributes the guidelines

- to the six RBHAs. In addition a Letter of Allocation is provided detailing the amount of Substance Abuse Prevention and Treatment Block Grant, Community Mental Health Block Grant, State General Funds, and Health Care Cash funds that will be provided based on the proposed Legislative award amounts. Specific amounts are also indicated in the Letter of Allocation to assure statewide Maintenance of Effort requirements are met.
3. The DBH Network and Services Unit provides technical assistance to the RBHAs in the development of each RBHA's Regional Budget Plan according to the Regional Budget Plan Guidelines and the Letter of Allocation.
 4. Each RBHA prepares a Regional Budget Plan detailing how each source of funds will be expended in the coming SFY for the services to be purchased. The Regional Budget Plan is reviewed by the Regional Behavioral Health Advisory Committee and approved by the RBHA Governing Board prior to submission to DBH.
 5. Upon submission of the Regional Budget plans to DBH, the Network and Services Unit reviews the six Regional Budget Plans for adherence to budget plan guidelines, consistency, and comprehensiveness of services, and either recommends approval of the plan or asks for further explanation and/or revisions.
 6. Once the Regional Budget Plan meets the requirements of the guidelines, the DBH-CBS Administrator recommends approval from the DBH Director.
 7. The DBH Director may approve the Budget Plan as recommended, or return the Plan to the Network and Services Unit for further revisions.
 8. Upon approval from the DBH Director, the Network and Services Unit develops and distributes RBHA contracts.

Department of Health and Human Services (DHHS)
Division of Behavioral Health (DBH)

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Scot L. Adams, Ph.D., Director
DHHS Division of Behavioral Health

Subject: Services Purchased Verifications and Program Fidelity Reviews

Purpose: It is the purpose of this policy to direct Regional Behavioral Health authorities and DBH in meeting the requirements for verification of services purchased, and reviews of program fidelity.

Rationale: The rationale for this policy is to set forth requirements relating to services purchased verification and program fidelity reviews for RBHAs and the providers with a current contract with DBH to provide Mental Health and Substance Abuse services. The requirements set forth in this policy are designed to provide a means for the DBH to determine if the RBHA or provider is expending public dollars as designated in the current contract.

Policy:

1. Services Purchased Verifications

DBH requires all Regional Behavioral Health Authorities (RBHAs) to:

- i) Conduct a Services Purchased verification which documents that units of service billed for were provided to consumers, or expenses billed were actually expended in the provision of the service.
- ii) Submit a copy of a Services Purchased Verification for Fee for Service (FFS) services or Expense Verification for Non Fee for Service (NFFS) services from all subcontractors to DBH.
- iii) Complete such verification annually.
- iv) Notify DBH if they are the provider of such service and request the Division verify such services.

2) Program Fidelity Reviews

DBH requires all Regional Behavioral Health Authorities (RBHAs) to:

- i) Conduct a Program Fidelity Review which the service provided to consumers met the service definition, and all rules and regulations in the provision of the service.
- ii) Submit a copy of a Program Fidelity Review on all services funded in the Contract between DBH and the RBHA.
- iii) Complete such at least every three years.
- iv) Notify DBH if they are the provider of such service and request the Division conduct a Program Fidelity review according to the abovementioned guidelines.

Procedures:

1) Services Purchased Verification

- i) The RBHA shall submit a summary report of all of the verifications of Services Purchased for FFS services and NFFS services from all providers to DBH.
- ii) The Services Purchased Verifications shall be completed by the RBHA or by DBH if the Region is the provider.
 - (a) The RBHA shall complete a review of all providers paid with funds under the contract.
 - (b) The RBHA shall not review itself for any services paid with funds under the current contract.
 1. If the RBHA is a provider, the RBHA should submit an official request to DBH to complete the review.
 2. The same regional procedures used to review providers shall be used for the RBHA if DBH reviews either the RBHA or another provider.
- iii) Services Purchased Verifications shall include a review of any documentation, including clinical records and progress notes, and other tests and examinations as deemed necessary to verify that the services purchased were delivered. This verification is completed on both FFS services and NFFS services, whether the service was paid by unit or by expense reimbursement.
- iv) Services Purchased Verifications will include a review of all services that were billed to the RBHA and to DBH under the current contract. Services Purchased Verifications for the RBHA and each provider and all services must meet the following requirements:
 - (a) At a minimum, the verification must review a random selection of at least two-percent (2%) or more of the services purchased annually for all MH and SA services, with a minimum of five files reviewed per service, per provider.

- (b) The sample size must be increased to at least five percent (5%) of the units purchased (FFS) or five percent (5%) of the annual services purchased (NFFS) if either of the following two situations are present, whichever is less:
 - 1. When errors are encountered in the initial sample, and in the judgment of the reviewer there are a material number; or
 - 2. If the error rate exceeds five percent (5%).
- (c) The randomly selected services purchased must be from at least two (2) different months within the same fiscal year the services were purchased and must include services purchased from all locations that services are provided by the RBHA and each provider.
- v) When the error rate of the 5% expanded sample is found to be greater than 5%, the following steps must be taken:
 - (1) Payback must be sought for unit/expenses that:
 - (a) Are not verifiable in the agency's consumer/program records,
 - (b) Do not agree with the reimbursement claim with respect to date, type, and length of service, or
 - (c) Do not meet the appropriate service definitions.
 - (d) Payback must occur within 60 days of the providers' receipt of the review findings, or no later than 30 days past the end of the fiscal year, which ever date occurs sooner.
 - (2) A corrective action plan must be submitted that addresses the errors found in the review. This plan must be submitted to the RBHA or to DBH, when the RBHA is the provider, within 30 days of receipt of the verification report.
 - (3) A subsequent review will be conducted of the service after the provider has been given a reasonable length of time to make needed corrections and submit follow-up documentation, depending on the scope of deficiencies.

2) Program Fidelity Reviews

- i) The RBHA shall submit a summary report for all of the program fidelity reviews for services purchased from the contractor and all subcontractors to DBH per the timeframe approved by DBH in the Regional Budget Plan. This should be done a minimum of every three years.
 - (a) The RBHA shall complete a review of all providers paid with funds under the current contract.

- (b) The RBHA shall not review itself for any services paid with funds under the contract.
1. If the RBHA is a provider, the contractor should submit an official request to DBH to complete the review.
 2. The same regional procedures used to review providers shall be used for the RBHA if DBH reviews the RBHA or other provider.
- ii) The Program Fidelity Review shall include a review of documentation including clinical records and other programmatic and clinical details of the service that are sufficient to verify that the services provided comply with the minimum state standards and service definition components set by the State.
- iii) Program Fidelity Reviews shall be of a minimum of three files per service, per provider.
- iv) When, in the judgment of the reviewer, a material number of errors are encountered in the initial sample, the sample size will be increased.
- v) If, in the judgment of the reviewer, there is reasonable cause for concern and the review indicates substantial non-compliance with the service definition the following actions must be taken, but are not limited to:
- (1) A corrective action plan must be required by the RBHA or DBH, when the RBHA is a provider, to address the issues identified in the review. This corrective action plan must be received by the RBHA or DBH within 30 days of receipt of the summary report.
 - (2) Payback may be sought for units/expenses billed that do not substantially meet the definition of the service provided. Payback must occur within 60 days of the providers' receipt of the review findings, or no later than 30 days past the end of the fiscal year, whichever date occurs sooner.
 - (3) A re-review must be scheduled after the provider has been given a reasonable length of time to correct the issues identified in the review.

Department of Health and Human Services (DHHS)
Division of Behavioral Health (DBH)

POLICIES AND PROCEDURES

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Scot L. Adams, Ph.D, Director
DHHS Division of Behavioral Health

Subject: Internal Staff Training and Continuing Education

Purpose: The purpose of this policy is to outline the approval process for requests by DBH staff for training and continuing education attendance.

Rationale: The professionalism and knowledge base of DBH staff is imperative in administering and influencing Nebraska's Behavioral Health System. Training opportunities and continuing educational events are encouraged and will be approved/disapproved as funding allows and outlined in this policy.

Policy: DBH will provide, directly or indirectly, training opportunities for skill enhancement or required continuing education for the purposes of professional development.

Procedures:

1. Staff must assemble the following documentation within 30 days of the training event for review by immediate supervisor:
 - a. Training event brochure
 - b. Estimated cost to include registration fees and all travel expenses
 - c. Administrative leave time requested
 - d. Relevance of training to skill set necessary to perform current job duties
 - e. If a credentialed staff, number of continuing education units offered
2. DBH staff must submit the training application to their immediate supervisor for approval. The supervisor shall review the application and will approve/disapprove based on the following criterion:
 - a. Relevance of training to current job duties/requirements
 - b. Number of training events approved for the applicant within the last fiscal year
 - c. Volume of current requests
 - d. Estimated cost.
 - e. Availability of funding