

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – REHABILITATIVE SERVICES

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Community-Based Comprehensive Psychiatric Rehabilitation and Support Services Program

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

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

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

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

Licensed Mental Health Practitioners in the program must meet the requirements of a Nebraska Licensed Mental Health Practitioner as identified by DHHS Division of Public Health, Licensure Unit. Non licensed staff must prove competency in the treatment of individuals with a mental health diagnosis. Non licensed staff must meet the requirements for education and experience as defined in each service.

Psychiatric Rehabilitation Agencies must have acquired accreditation by a national accrediting agency such as Joint Commission of Accreditation of Hospitals Organizations (JCAHO), Commission on Accreditation (COA), or Commission on Accreditation of Rehabilitation Facilities (CARF).

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

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Community Support

Community Support is a rehabilitation recovery service delivered by a skilled, trained community support worker under the supervision of a licensed mental health practitioner to individuals suffering from Severe and Persistent Mental Illness (SPMI). The service is delivered through a mental health agency that has achieved and maintained national accreditation by JCAHO, COA, or CARF.

Community-Support is designed to:

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

Community Support Program components:

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

Community Support services:

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

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6. Assist in accessing medical and mental health care.
7. Assist and encourage relationship building and use of social activities and interests.
8. Teach daily living skills in the client's home environment.
9. Assist client with money management and finances.

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

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

Day Rehabilitation

Day Rehabilitation is a program that provides a structured, organized therapeutic milieu for multiple hours per day. The agency providing the service must achieve and maintain national accreditation with JCAHO, COA, or CARF.

Day Rehabilitation is designed to:

1. Enhance and maintain the client's ability to function in community settings;
2. Decrease the frequency and duration of hospitalization.
3. Develop prevocational services, including services designed to rehabilitate and develop the general skills and behaviors needed to prepare the client to be employed and/or engage in other related substantial gainful activity. The program does not provide training for a specific job or assistance in obtaining permanent competitive employment positions for clients;
4. Develop community living skills and daily living skills development;
5. Assist client skills development for self-administration of medication, as well as recognition of signs of relapse and control of symptoms;
6. Assist in planned socialization and skills training and recreation activities focused on identified rehabilitative needs;
7. Encourage skill-building in the use public transportation when appropriate; and

Program Availability:

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

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Day Rehabilitation Program components:

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

Day Rehabilitation services:

1. Assist in building daily living skills and time management.
2. Coordinate a prevocational activities to encourage ability for employment
3. Teaching social skills through planned activities.
4. Teaching medication management and it's effectiveness.
5. Assisting in health care access and assist in understanding health care insurance.
6. Skill building in the use of public transportation.
7. Teach money management and financial issues.

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

### Residential Rehabilitation

Residential Rehabilitation is a 24-hour program that allows a client suffering from severe and persistent mental illness to recover in a rehabilitative setting which includes 20 hours of on-site rehabilitation services and 25 hours off-site services. The agency providing the service must have acquired and maintain national accreditation such as JCAHO, COA, CARF, and be licensed as a Mental Health Center. Room and board are not included in the service.

Residential Rehabilitation Program components:

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

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

Specific rehabilitation services are:

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

Psychiatric Residential Rehabilitation is designed to:

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

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

Secure Psychiatric Residential Rehabilitation Services

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

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

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

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

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

Telehealth:

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

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ASSERTIVE COMMUNITY TREATMENT

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

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

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

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

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

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

**Assertive Community Treatment** is designed to:

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

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**Assertive Community Treatment includes the following components:**

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

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

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

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