

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

LIMITATIONS - EARLY AND PERIODIC SCREENING AND DIAGNOSIS AND TREATMENT
OF CONDITIONS FOUND

This section applies to EPSDT services provided on or after April 1, 1990.

HEALTH SCREENING SERVICES are provided at intervals stated in the American Academy of Pediatrics Periodicity schedule and at other intervals indicated as medically necessary, to determine the existence of certain physical or mental illnesses or conditions. This periodicity schedule was selected based on meetings and/or written correspondence with the Nebraska Chapter of the American Academy of Pediatrics, the Nebraska Chapter of the Academy of Family Physicians, and the Chairman of the University of Nebraska Medical Center's Department of Pediatrics.

Health screening services include, at a minimum,-

1. A comprehensive health and developmental history (including assessment of both physical and mental health development);
2. A comprehensive unclothed physical exam;
3. Appropriate immunizations according to age and health history;
4. Appropriate laboratory tests (including lead blood level assessment appropriate for age and risk factors); and
5. Health education (including anticipatory guidance).

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VISION SERVICES are provided at the following intervals, and at other intervals, indicated as medically necessary, to determine the existence of a suspected illness or condition:

Birth to 3 years	Screening through history taking and observation at intervals that follow the Health Screening periodicity schedule
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Age 3 to 21 years	Screening by standard testing method yearly through age six and thereafter to follow the Health Screening periodicity schedule
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This periodicity schedule was selected based on input from meetings and/or written correspondence with the Nebraska Chapter of the American Academy of Pediatrics, the Nebraska Chapter of the American Academy of Family Physicians, the American Optometrist Association (AOA), and the HHS visual care consultant.

Vision services include, at a minimum, diagnosis and treatment for defects in vision, including eyeglasses.

DENTAL SERVICES are provided at the following intervals, and at other intervals, indicated as medically necessary to determine the existence of a suspected illness or condition:

Birth to 21 years	At six month intervals, dental screening is to be obtained from a dentist as recommended by AAP's "Recommendations For Preventive Pediatric Health Care." Visual inspection of the mouth for very young children is Recommended as part of each Health Screening examination.
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This periodicity schedule was established based on input from written correspondence with the Nebraska Dental Association. The schedule for EPSDT dental exams is based on the NDA's recommendations.

Dental services include, at a minimum, relief of pain and infections, restoration of teeth, and maintenance of dental health.

HEARING SERVICES are provided at the following intervals, and at other intervals indicated as medically necessary, to determine the existence of a suspected illness or condition:

Birth to 3 years	Screening through history taking and observation at intervals that follow Health Screening periodicity schedule
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Age 3 to 21 years	Screening by standard testing method yearly through age six and thereafter to follow the Health Screening periodicity schedule
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This periodicity schedule was established based on input from meetings and written correspondence with the Nebraska Chapter of the American Academy of Pediatrics, the Nebraska Chapter of the Academy of Family Physicians, the DSS audiological consultant as well as a position paper by the American Speech and Hearing Association.

Hearing services include, at a minimum, diagnosis and treatment for defects in hearing, including hearing aids.

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SERVICES DESCRIBED IN SECTION 1905(a) of the Social Security Act that are not covered under Nebraska State Plan for Medical Assistance are covered for treatment when the condition is disclosed in an EPSDT exam, health screen, dental screen, vision screen, or hearing screen. These services are considered EPSDT follow-up services and are covered under the following conditions:

1. The service is required to treat the condition (i.e., to correct or ameliorate defects and physical or mental illnesses or conditions) identified during a HEALTH CHECK (EPSDT) screening examination;
2. The provider of services is a Medicaid-enrolled provider and is authorized to provide the service within the scope of practice under applicable federal and state law;
3. The service is consistent with applicable federal and state laws that govern the provision of health care;
4. The service must be medically necessary, safe and effective, and not considered experimental/investigational;
5. Services not covered under the plan must be prior authorized by the Medicaid Division, Department of Health and Human Services Finance and Support. The screening practitioner shall submit the request which must include -
 - a. A copy of the screening exam from or the name of the screening practitioner and the date of the screening exam which identified the condition; and
 - b. A plan of care which includes -
 - (1) History of the condition;
 - (2) Physical findings and other signs and symptoms, including appropriate laboratory data;
 - (3) Recommended service/procedure, including (if known) the potential provider of service;
 - (4) Estimated cost, if available; and
 - (5) Expected outcomes.

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The Medical Director or designee shall make a decision on each request in an expeditious manner. Appropriate health care professionals may be consulted during the decision-making process. If the initial request is denied, additional information may be sent for reconsideration.

EPSDT follow-up services include -

- Dental sealants: Application is covered if applied to permanent teeth within three years of eruption. Sealant application is covered only for permanent teeth numbered 2, 3, 4, 5, 12, 13, 14, 15, 18, 19, 20, 21, 28, 29, 30, and 31.
- Orthodontic treatment for individuals age 20 and younger: NMAP requires prior authorization of all orthodontic treatment except diagnostic evaluation procedures. Total payment of prior-authorized orthodontic treatment is made upon approval of the treatment plan and submittal of an ADA dental claim form.
- Well child cluster visits: The cluster visit is a well-child visit in a group setting with parent-child pairs of the same age, offering the opportunity for the provision of extended physician parent/child time with a focus on psychosocial aspects as well as physical aspects of well-child care. The cluster visit must include a complete EPSDT exam.
- Nutritional counseling: Nutritional counseling is provided by the screening physician, screening physician auxiliary staff, physician-contracted staff, outpatient hospital-based registered dietitian for nutritional disorders or licensed medical nutritional therapist. The diagnostic finding from the EPSDT exam must indicate that a nutritional problem or condition of such severity exists that nutritional counseling beyond that normally expected as part of the standard medical management is warranted.

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- Risk reduction services: These services include the basic six to seven week series of prepared childbirth sessions, early pregnancy sessions, refresher childbirth sessions, caesarean birth sessions, breast-feeding session, and infant care sessions when provided by licensed practitioners approved by Health and Human Services Finance and Support, Medicaid Division. The services are covered for EPSDT participants when comparable services are not available in the community at no cost. Risk reduction services also include a pediatric prenatal visit between the expectant parent(s) and the prospective primary care provider of the infant's health care.
- Weight management clinics as allowed in 471 NAC 33-006.

NMAP does not limit providers of EPSDT services to those who are qualified to provide all components of the EPSDT screen. A provider who is qualified under the plan to furnish one or more (but not all) of the services and items is considered qualified to provide the items and services as part of early and periodic screening, diagnosis and treatment services.

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MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES COVERED UNDER EPSDT:

Medicaid covers certain mental health and substance abuse (MH/SA) services as part of the HEALTHCHECK (EPSDT) benefit.

Licensed Mental Health Practitioner (LMHP) - 42 CFR 440.60 - Other Licensed Practitioners

The following mental health and substance abuse practitioners who are licensed in the State of Nebraska to diagnose and treat mental illness or substance abuse acting within the scope of all applicable state laws and their professional license may be enrolled as an individual provider of mental health/substance abuse services. The following individuals are licensed to practice:
Licensed Alcohol and Drug Counselor who is an individual licensed by the Nebraska Health and Human Services.

All services provided while a person is a resident of an Institution for Mental Disease (IMD) are considered content of the institutional service and not otherwise reimbursable by Medicaid.

Medicaid and/or its designee does not permit separate billing of mileage and conference fees for home-based family therapy providers of outpatient psychiatric services. Those costs are assumed to be covered in the rates. For the purposes of this section, Medicaid agency designee will be a contractor designated by the agency to conduct prior authorization and utilization review.

Telehealth:

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

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MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES COVERED UNDER EPSDT:

Rehabilitation Services - 42 CFR 440.130(d)

The following explanation and limitations apply to the mental health and substance abuse rehabilitation services provided by unlicensed direct care staff listed below:

- Day Treatment/Intensive Outpatient Service
- Community Treatment Aide
- Professional Resource Family Care
- Therapeutic Group Home
- Multisystemic Therapy
- Functional Family Therapy

These rehabilitation services are provided as part of a comprehensive specialized psychiatric program available to all Medicaid EPSDT eligible clients with significant functional impairments resulting from an identified mental health or substance abuse diagnosis. The recommendation of medical necessity for these rehabilitative services shall be determined by a licensed psychologist, licensed independent mental health practitioner (LIMHP) or physician who is acting within the scope of his/her professional license and applicable state law, to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level according to an individualized treatment plan, which addresses the child's assessed needs.

The activities included in the rehabilitation service shall be intended to achieve the identified Medicaid eligible client's treatment plan goals or objectives. Components that are not provided to or directed exclusively toward the treatment of the Medicaid eligible individual are not eligible for Medicaid reimbursement. All services are directed exclusively towards the treatment of the Medicaid eligible.

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Services shall be medically necessary and shall be recommended by a psychologist, LIMHP or physician according to an individualized treatment plan, which addresses the eligible individual's assessed needs. An Initial Diagnostic Interview (IDI) is a comprehensive assessment that identifies the clinical need for treatment and the most effective treatment intervention/level of care to meet the medical necessity needs of the client. The IDI is completed prior to service provision and the IDI documentation accompanies the referral information to the rehabilitation program provider. The recommendations of the licensed supervising practitioner following the Initial Diagnostic Interview serves as the treatment plan until the comprehensive treatment plan is developed.

The treatment plan shall specify the frequency, amount and duration of services. The treatment plan shall be signed by the psychologist, licensed mental health practitioner or physician responsible for developing the plan. The plan will specify a timeline for reevaluation of the plan that is at least an annual redetermination. A new treatment plan with a different rehabilitation strategy shall be developed if there is no measureable reduction of disability or restoration of functional level.

Agencies and practitioners shall maintain case records that include a copy of the treatment plan, the name of the individual, dates of services provided, nature, content and units of rehabilitation services provided, and progress made toward functional improvement and goals in the treatment plan.

Rehabilitation services shall meet the following requirements:

- If provided at a work site, the rehabilitation service shall not be job tasks oriented.
- Any services or components of services which the basic nature is to supplant housekeeping, homemaking, or basic services for the convenience of a person receiving covered services (including housekeeping, shopping, child care, and laundry services) are not covered.
- Services shall not be provided in an Institution for Mental Disease (IMD).
- Room and board is excluded from any services or rates provided in a residential setting.
- Transportation of children is not included in rehabilitation services or rates.
- Education services are not included in or eligible for payment by the Medicaid Program, and do not apply toward the hours of minimum treatment activities for any service in this section. Practitioners shall be familiar with each youth's IEP and coordinate with the youth and the youth's school to achieve the IEP. Education services may not be the primary reason for rehabilitation admission or treatment. Academic education services, when required by law, shall be available.

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Rehabilitation services shall be offered to all EPSDT eligible clients who need them regardless of their living arrangements, including foster care status. EPSDT eligible clients covered by Medicaid, including their parents and guardians, shall be able to choose any willing and qualified provider of services (e.g., not limited to foster care parents). Medically necessary rehabilitation services for an EPSDT eligible shall be provided by qualified Medicaid providers distinct from placement and excluding room and board. For all EPSDT services, the practitioner shall include communication and coordination with the family and/or legal guardian. Coordination with other child serving systems should occur as needed to achieve the treatment goals. All coordination shall be documented in the youth's medical record.

Rehabilitation services may not include reimbursement for other services to which an eligible individual has been referred, including foster care programs and services such as, but not limited to, the following:

- (1) Research gathering and completion of documentation required by the foster care program
- (2) Assessing adoption placements
- (3) Recruiting or interviewing potential foster care parents
- (4) Serving legal papers
- (5) Home investigations
- (6) Providing transportation
- (7) Administering foster care subsidies
- (8) Making placement arrangements

Definitions:

The mental health and substance abuse rehabilitation services provided by unlicensed direct care staff are defined as follows:

1. Treatment in Day Treatment and Intensive Outpatient Service (IOP) by Unlicensed Direct Care Staff

Day Treatment and Intensive Outpatient services are part of a continuum of care to prevent inpatient services and/or to facilitate the movement of the client from an inpatient setting (in a hospital or PRTF) service to a status in which the client is capable of functioning within the community with less frequent contact with the mental health or substance abuse provider. These services shall lead to an attainment of specific goals through a group of individualized treatment interventions and services.

Individualized treatment shall provide the basis for transitioning an EPSDT eligible to a less intense level of care if additional services are clinically necessary. Individualized treatment is based upon an active treatment plan reviewed every 30 days after it is finalized and a specific plan for discharge from Day Treatment when the treatment goals have been met.

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Treatment services may be appropriately used to transition a client from higher levels of care and may be provided for clients at risk of needing more intensive care than traditional weekly outpatient treatment services. Medicaid covers only treatment by unlicensed direct care staff. For these specific rehabilitation services, the comprehensive specialized psychiatric program, Medicaid covers only treatment by unlicensed direct care staff. Unlicensed direct care staff perform the following functions:

- A. Provide psychoeducational activities and interventions to support the EPSDT eligible in developing social, therapeutic, and other independent living skills as appropriate. Psychoeducational therapy services may include:
- (1) Crisis Intervention Plan and Aftercare Planning - This service is provided in a group or individual session and assists the client in understanding crisis planning and supports the client in developing their individualized plan for crisis intervention.
 - (2) Social Skills Building - This service is a behavioral health intervention used to support the psychotherapy provided by a licensed person that assist the client in learning better relationship skills with other individuals around him/her. The service is provided by a skilled and trained, unlicensed individual under the supervision of a licensed practitioner.
 - (3) Life Survival Skills - These are interactions either in the group setting or the individual session which develop better interaction skills in the community. These services are led and provided by a skilled and trained unlicensed direct care staff person under the supervision of a licensed practitioner.
 - (4) Substance Abuse Prevention Intervention - This service provides substance abuse education and is provided by a skilled and trained unlicensed direct care staff person under the supervision of a licensed practitioner.
 - (5) Self-care services - These are interventions to assist the client in coping and managing in their environment. These services are led and provided by a skilled and trained unlicensed direct care staff under the supervision of a licensed practitioner.
 - (6) Medication education and medication compliance groups - These are treatment interventions either in a group setting or an individual session that assists the client in understanding the purpose of medication, assists in identifying side effects, and assists in helping the client maintain compliance. Services are provided by a registered nurse.
 - (7) Health care issues group (may include nutrition, hygiene, personal wellness) - This is a psychoeducational group service, generally provided by a licensed nurse, that provides assistance to the client in learning how to better manage their health issues.

These activities (1 through 7) are rehabilitative skill building provided by a skilled and trained unlicensed direct care staff or by a licensed nurse, when indicated, who has proven competency in delivering these psychosocial activities.

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- B. Implement the treatment plan and discharge plan for each EPSDT eligible
- C. Provide continual care to the EPSDT eligible clients in the program
- D. Report all crisis or emergency situations to the program/clinical director or to the program's designee in the absence of the program/clinical director
- E. Understand the program's philosophy regarding behavior management and apply its philosophy in daily interactions with the clients in care

Provider Qualifications:

Agencies shall be certified by Medicaid and/or its designee. Agencies shall be licensed by the State of Nebraska for substance abuse service delivery if substance abuse treatment is delivered. Each agency will employ program/clinical directors to supervise unlicensed direct care staff consistent with State licensure, accreditation, and regulations including co-occurring conditions. The program shall identify an on-call system of licensed practitioners available for crisis management when the client is not in the program's scheduled hours and/or the program is not in session. Programs shall identify a coverage Supervising Practitioner to serve the program in the unforeseen absence of the designated Supervising Practitioner due to illness or vacations.

Practitioners providing substance abuse or mental health services must meet the training requirements outlined by Medicaid and/or its designee, in addition to any required scope of practice license required for the facility or agency to practice in the State of Nebraska. The unlicensed direct care staff shall have a bachelor's degree or higher in psychology, sociology, or related human service field, but two years of course work in the human services field and two years experience/training with demonstrated skills and competencies in treatment of youth with mental illness is acceptable. These requirements for unlicensed direct care staff become effective for staff hired on or after the effective date of this policy. Unlicensed direct care staff:

- (1) Shall complete the initial program training and successfully complete the agency's competency check. In addition, each staff shall have demonstrated skill and competency in the treatment of clients with mental health and substance abuse disorders prior to delivery of services.
- (2) Shall pass child abuse check, Adult abuse registry and motor vehicle screens
- (3) Shall complete specific training for behavioral management and update the training as required by the program
- (4) Shall understand de-escalation techniques and demonstrate the ability to implement those techniques effectively

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Unit of Service: 15-minute unit for unlicensed direct care staff. A unit of service is defined according to the HCPCS approved code set.

Limitations:

Agency providers cannot receive Medicaid reimbursement for treatment services provided to clients who live in any institution and are transported to the program. When a Medicaid beneficiary is receiving Therapeutic Group Home, Professional Resource Family Care, hospital or PRTF services, the client may not participate in day treatment or Intensive Outpatient Services.

The service definition does not include activities or reimbursement for the following clients:

- (1) Living in institutions
- (2) With social or educational needs met through a less structured program
- (3) With primary diagnosis and functional impairment acutely psychiatric in nature and an unstable condition which will not benefit from the program
- (4) Where referral information supports that the client cannot benefit from services

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The overall program may generally only bill for 6 hours a day for day treatment and 3 hours per day for intensive outpatient services. The number of hours per day shall be determined by the specific clinical needs of the client and by the level of acuity of the client. Medicaid and/or its designee may prior authorize treatment in excess of these guidelines if medically necessary.

Licensed practitioners will provide services and bill separately from unlicensed practitioners for the time spent in direct therapy per direct therapy coding under the Other Licensed Practitioner Section of the State Plan (e.g., unbundled). Licensed and unlicensed practitioners may not bill for the same time. Clinical supervision costs for unlicensed practitioners are built into the unlicensed direct care practitioner service and reimbursement.

Day Treatment Direct Care Staff time may only be provided in an office-based facility with a well organized supportive therapeutic environment for EPSDT eligible clients in order that EPSDT eligible clients can apply the goals of their individualized, active treatment plan and achieve progress in accomplishing those goals. Clients whose symptoms includes uncontrolled disruptive behavior shall have de-escalation and anger management identified in the initial treatment plan and measures shall be taken to aggressively enforce and manage those behaviors at the earliest time possible. Day Treatment workers shall be aware of safety issues unique to each EPSDT eligible and provide safety intervention within the milieu. Procedures such as seclusion and restraint to manage the treatment milieu are not permitted in Day Treatment programs. Treatment Plans shall be developed within 10 days of admission to the Day Treatment program.

Intensive Outpatient Direct Care Staff time may only be provided in an office-based facility providing group-based, non-residential, intensive outpatient mental health/substance abuse treatment services in conjunction with psychotherapy services and substance abuse counseling services provided by licensed practitioners. Treatment Plans shall be developed within 14 days of admission to the IOP program.

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2. Community Treatment Aide (CTA)

Community Treatment Aide (CTA) services are supportive, and psycho-educational interventions provided primarily in the client's natural environment. Natural environment primarily is the client's home but may also include a foster home, school, or other appropriate community locations conducive for the delivery of CTA services per the service. CTA services shall be expected to improve the client's level of functioning within their environment to enhance the client and caregiver's ability to manage the client's primary mental health and substance abuse related symptoms. The service is delivered by a highly skilled, educated and trained non-licensed (paraprofessional) staff person under the direction and supervision of a licensed practitioner who simultaneously provides family and individual therapy on a regular basis to the client and the client's caregiver/family. Community Treatment Aide (CTA) services are designed to assist the individual with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with their mental illness. Services may be provided in the community or in the individual's place of residence as outlined in the Plan of Care.

The intent of CTA is to restore the fullest possible integration of the individual as an active and productive member of his or her family, community, and/or culture with the least amount of ongoing professional intervention. CTA is a face-to-face intervention with the individual present. Services may be provided individually and in a family setting. A majority of CTA contacts shall occur in community locations where the person lives, works, attends school, and/or socializes. A CTA provider performs the following functions:

- (A) Provides training and rehabilitation of basic personal care and activities of daily living through training the EPSDT eligible clients and the usual caregiver (such as the biological family, foster family) etc. This function provides basic education and encouragement to clients with mental health issues to develop personal grooming habits which assists in better personal relationships and assists the client to provide better daily organization.

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- (B) Promotes improvement in the EPSDT eligible client's social skills and relationship skills through training and education of the EPSDT eligible clients and the usual caregiver - This rehabilitative service assists the client in learning acceptable social behavior to improve relationships with family members, peer groups and community.
- (C) Teaches and instructs the caregiver in crisis and de-escalation techniques - This is a rehabilitative function provided individually or in a group setting that assists the client in managing emotions, particularly understanding anger and healthy releases and outlets for emotions.
- (D) Teaches and models appropriate behavioral treatment interventions and techniques for the EPSDT eligible and the caregiver - This rehabilitative function assists the caregiver and client in understanding appropriate interactions through the use of role playing techniques and modeling appropriate behaviors.
- (E) Teaches and models appropriate coping skills to manage dysfunctional behavior for the caregiver - This rehabilitative function assists the client in understanding methods of healthy coping of stress to reduce and eliminate dysfunctional behavior.
- (F) Provides information about medication compliance and relapse prevention and reports to her/his supervising licensed mental health practitioner - This rehabilitative function assists the client/caregiver with resolving any medication compliance issues by CTA reporting any medication problems to his/her immediate supervisor to assist in bringing these issues to the physician.
- (G) Teaches and models proper and effective parenting practice - This rehabilitative function assists the immediate caregiver and client in learning more effective parenting techniques in relation to managing mental health and substance abuse symptoms.

These activities (A through G) are rehabilitative skill building provided by a skilled and trained unlicensed staff person who has proven competency in delivering these activities.

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Provider Qualifications:

Agencies shall be certified by Medicaid and/or its designee. Each agency will employ licensed program/clinical directors to supervise unlicensed direct care staff consistent with State licensure. Practitioners providing substance abuse or mental health services must meet the training requirements outlined by Medicaid and/or its designee, in addition to any required scope of practice license required for the facility or agency to practice in the State of Nebraska. CTA staff shall have a bachelor's degree in psychology, social work, child development or related field and equivalent of one year of full-time work experience or graduate studies in direct child/adolescent services or mental health and/or substance abuse services or high school degree and two years post high school education in the human services field and have two years full time work experience in direct child/adolescent services or mental health and/or substance abuse services. The CTA staff shall be employed/contracted within the same agency as the therapist/licensed practitioner providing psychotherapy services to the client and the client's family. The CTA staff shall be certified in the State of Nebraska to provide the service, which includes criminal, abuse/neglect registry and professional background checks, and completion of a state approved standardized basic training program.

The CTA staff person of the CTA agency shall receive regularly scheduled clinical supervision from a licensed Program/Clinical Director meeting the qualifications of a licensed mental health practitioner, registered nurse (RN), APRN, LIMHP, or a psychologist with experience regarding this specialized mental health service. A licensed practitioner which may include a licensed psychiatrist, psychologist, LIMHP, LMHP and APRN (large agency CTA programs may also include provisionally licensed psychologists and provisionally licensed mental health practitioners as therapists) shall be available at all times for supervision of the CTA staff, guiding the active treatment plan implementation in the home/living environment, co-signing all CTA progress notes and continuous and ongoing assessment of the active treatment plan to assure that the clinical needs of the EPSDT eligible/parent/caregiver are met. This includes transitioning the client to other treatment and care settings as necessary.

Unit of Service: 15 minute unit for unlicensed direct care staff. A unit of service is defined according to the HCPCS approved code set.

Limitations:

Limit of 750 hours of CTA per calendar year that can be exceeded when medically necessary through prior authorization.

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3. Professional Resource Family Care

Professional Resource Family Care is intended to provide short-term and intensive supportive resources for the EPSDT eligible and his/her family. The intent of this service is to provide a crisis stabilization option for the family in order to avoid psychiatric inpatient and institutional treatment of the EPSDT eligible by responding to potential crisis situations through the utilization of a co-parenting approach provided in a surrogate family setting. The goal will be to support the EPSDT eligible and family in ways that will address current acute and/or chronic mental health needs and coordinate a successful return to the family setting at the earliest possible time. During the time the professional resource family is supporting the EPSDT eligible, there is regular contact with the family to prepare for the EPSDT eligible client's return and his/her ongoing needs as part of the family. It is expected that the EPSDT eligible, family and professional resource family are integral members of the EPSDT eligible client's individual treatment team. A professional resource family performs the following functions:

- (A) Promotes improvement in the EPSDT eligible client's social skills and family and peer relationship skills through training and education of the EPSDT eligible and the biological parents/primary caregiver
- (B) Teaches and instructs the caregiver in crisis and de-escalation techniques
- (C) Teaches and models appropriate behavioral treatment interventions and techniques for the EPSDT eligible and the biological parents/primary caregiver
- (D) Teaches and models appropriate coping skills to manage dysfunctional behavior for the biological parents/primary caregiver
- (E) Teaches and models proper and effective parenting practice to biological parents/primary caregiver
- (F) Provides information about medication compliance and relapse prevention and reports to her/his supervising licensed mental health practitioner
- (G) Provides training and rehabilitation of basic personal care and activities of daily living through training the EPSDT eligible and the usual biological parents/primary caregiver
- (H) Assists the EPSDT eligible to develop positive peer relationships
- (I) Works with the biological parents/primary caregiver to explore community resources in the EPSDT eligible client's natural setting

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Provider Qualifications:

Agencies shall be licensed by the State of Nebraska as a Child Placing Agency and accredited by a national accrediting body. Each agency will employ licensed program/clinical directors to supervise unlicensed direct care staff consistent with State licensure. PRFC service staff shall receive ongoing and regular clinical supervision through a Child Placing Agency by a person meeting the qualifications of a psychiatrist or psychologist with experience regarding this specialized mental health service, and such supervision shall be available at all times to provide back up, support, and/or consultation.

Practitioners providing substance abuse or mental health services must meet the training requirements outlined by Medicaid and/or its designee, in addition to any required scope of practice license required for the facility or agency to practice in the State of Nebraska. The agency will also employ Professional Resource Families Care staff with the following qualifications:

- (1) Have a high school diploma or equivalent for all staff and a bachelor's degree in a human service field for specialists
- (2) Be 21 years of age and have a minimum of 2 years experience working with children, 2 years education in the human service field or a combination of work experience and education with one year of education substituting for one year of experience
- (3) Complete training according to a curriculum approved by State prior to providing the service
- (4) Pass child abuse check, Adult abuse registry and motor vehicle screens
- (5) Each surrogate family setting shall have a Foster Family license by the State. Each PRFC practitioner shall be supported by a Child Placing Agency with appropriate clinical supervision, training and staffing.
- (6) Understand de-escalation techniques and demonstrate the ability to implement those techniques effectively

Unit of Service: Day unit for unlicensed direct care staff. A unit of service is defined according to the HCPCS approved code set.

Limitations: PRFC services require prior authorization. The duration of services is prior authorized. Additional days can be authorized with prior approval from Medicaid and/or its designee. Each unlicensed direct care staff may only care for one EPSDT eligible in treatment unless an exception is granted by Medicaid and/or its designee.

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PRFC services may not be provided simultaneously with ThGH care and do not duplicate any other Medicaid State Plan Service or service otherwise available to recipient at no cost as charity care. Treatment Plans shall be developed within 7 days of admission to the PRFC program and reviewed every 14 days thereafter.

Direct care by licensed staff is billed separately from the PRFC services per diem treatment rate for unlicensed practitioners (e.g., unbundled) which does not include room and board.

4. Therapeutic Group Home

Therapeutic Group Homes (ThGHs) provide a community-based residential service in a home-like setting of no greater than eight beds under the supervision and program oversight of a psychiatrist or psychologist. The treatment should be targeted to support the development of adaptive and functional behaviors that will enable the EPSDT eligible to remain successfully in his/her community, and to regularly attend and participate in work, school or training. ThGHs deliver an array of clinical and related services within the ThGH including psychiatric supports, integration with community resources and skill-building taught within the context of the home-like setting. ThGH treatment shall target reducing the severity of the behavioral health issue that was identified as the reason for admission. Most often, targeted behaviors will relate directly to the EPSDT eligible client's ability to function successfully in a home setting and school environment (e.g., compliance with reasonable behavioral expectations; safe behavior and appropriate responses to social cues and conflicts).

Treatment shall:

- (A) Focus on reducing the behavior and symptoms of the psychiatric disorder that necessitated the removal of the EPSDT eligible from his/her usual living situation
- (B) Decrease problem behavior and increase developmentally-appropriate, normative and pro-social behavior in EPSDT eligible clients who are in need of out-of-home placement
- (C) Transition EPSDT eligible from therapeutic group home to home or community based living with outpatient treatment (e.g., individual and family therapy) if necessary.

ThGH services are utilized when less intensive levels of treatment shall have been determined to be unsafe, unsuccessful or unavailable. The EPSDT eligible shall require active treatment on an individualized active treatment plan that would not be able to be provided at a less restrictive level of care is being provided on a 24-hour basis with licensed program/clinical directors supervising the behavioral health staff. The treatment plan shall be developed within 7 days of admission and reviewed every 14 days thereafter.

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The setting shall be ideally situated to allow ongoing participation of the EPSDT eligible client's family. The EPSDT eligible shall attend a school in the community (e.g., a school integrated with children not from the institution and not on the institution's campus). In this setting, the EPSDT eligible remains involved in community-based activities and may attend a community educational, vocational program or other treatment setting.

ThGHs provide twenty-four hours/day, seven days/week structured and supportive living environment. Care coordination is provided to plan and arrange access to a range of educational and therapeutic services. Psychotropic medications should be used with specific target symptoms identification, with medical monitoring and 24-hour medical availability, when appropriate and relevant. Physicians and Advanced Practice Registered Nurses administer and monitor the psychotropic medications. Screening and assessment is required upon admission and every 14 days thereafter to track progress and revise the treatment plan to address any lack of progress and to monitor for current medical problems and concomitant substance use issues.

The individualized, strengths-based services and supports:

- (1) Are identified in partnership with the EPSDT eligible and the family and support system, to the extent possible, and if developmentally appropriate
- (2) Are based on both clinical and functional assessments
- (3) Are clinically monitored and coordinated, with 24-hour availability
- (4) Are implemented with oversight from a licensed mental health professional
- (5) Assist with the development of skills for daily living and support success in community settings, including home and school

The ThGH is required to coordinate with the EPSDT eligible client's community resources, with the goal of transitioning the EPSDT eligible out of the program as soon as possible and appropriate. Discharge planning begins upon admission with concrete plans for the EPSDT eligible to transition back into the community beginning within the first week of admission with clear action steps and target dates outlined in the treatment plan. The treatment plan shall include behaviorally-measurable discharge goals.

For treatment planning, the program shall use a standardized assessment and treatment planning tool such as the Child and Adolescent Needs and Strengths. The assessment protocol shall differentiate across life domains, as well as risk and protective factors, sufficiently so that a treatment plan can be tailored to the areas related to the presenting problems of each EPSDT eligible and their family in order to ensure targeted treatment. The tool should also allow tracking of progress over time. The specific tools and approaches used by each program shall be specified in the program description and are subject to approval by the State. In addition, the program shall ensure that requirements for pretreatment assessment are met prior to treatment commencing.

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For service delivery, the program shall incorporate at least two research-based approaches including either Evidence-Based Practices (EBPs) or ASAM pertinent to the sub-populations of ThGH clients to be served by the specific program. The specific research-based models to be used should be incorporated into the program description and submitted to the State for approval. All research-based programming in ThGH settings must be approved by the State.

Annually, facilities shall submit documentation demonstrating compliance with fidelity monitoring for at least two research-based approaches (e.g., EBP and/or ASAM). The State shall approve the auditing body providing the fidelity monitoring. ThGH facilities may specialize and provide care for sexually deviant behaviors, substance abuse, or dually diagnosed individuals. If a program provides care to any of these categories of populations, the program shall submit documentation regarding the appropriateness of the research-based approaches. For milieu management, all programs should also incorporate some form of research-based, trauma-informed programming and training, if the primary research-based treatment model used by the program does not.

Provider Qualifications: A Therapeutic Group Home shall be nationally accredited and licensed as a mental health center or substance abuse treatment center by the Nebraska Health and Human Services System and may not exceed eight beds unless grandfathered. Practitioners providing substance abuse or mental health services must meet the training requirements outlined by Medicaid and/or its designee, in addition to any required scope of practice license required for the facility or agency to practice in the State of Nebraska. ThGH staff shall be supervised by a licensed psychiatrist or psychologist (supervising practitioner) with experience in the research-based treatments used in the facility. Unlicensed direct care staff includes paraprofessional, master's and bachelor's level staff supervised by a psychologist or psychiatrist. At least 21 hours of active treatment per week for each EPSDT eligible is required to be provided by qualified staff (e.g., having a certification in the EBPs selected by the facility and/or licensed practitioners operating under their scope of practice in Nebraska and meeting ThGH licensure requirements), consistent with each EPSDT eligible client's treatment plan and meeting assessed needs. All staff not licensed shall have provider qualifications meeting at least the following:

- (1) Have a high school diploma or equivalent
- (2) Be 21 years of age and have a minimum of 2 years experience working with children, 2 years education in the human service field or a combination of work experience and education with one year of education substituting for one year of experience
- (3) Complete training according to a curriculum approved by the State prior to providing the service
- (4) Pass child abuse check, Adult abuse registry and motor vehicle screens
- (5) Be certified in: First Aid, CPR, Crisis Prevention / Management
- (6) Understand de-escalation techniques and demonstrate the ability to implement those techniques effectively

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Staffing schedules shall reflect overlap in shift hours to accommodate information exchange for continuity of treatment, adequate numbers of staff reflective of the tone of the unit, appropriate staff gender mix and the consistent presence and availability of professional staff. In addition, staffing schedules should ensure the presence and availability of professional staff on nights and weekends, when parents are available to participate in family therapy and to provide input on the treatment of their EPSDT eligible.

Unit of Service: Day unit for unlicensed direct care staff. A unit of service is defined according to the HCPCS approved code set.

Limitations:

All licensed staff including psychiatrists, psychologists, Licensed Independent Mental Health Practitioners, Licensed Mental Health Practitioners, Provisionally Licensed Mental Health Practitioners, Advanced Practice Registered Nurses, and Licensed Alcohol and Drug Counselors bill for their services separately under the approved State Plan for Other Licensed Practitioners, Item 6d or EPSDT Other Licensed Practitioners. A psychiatrist or psychologist shall be the supervising practitioner and shall provide twenty-four (24) hour, on-call coverage seven (7) days a week. The psychologist or psychiatrist shall see the client at least once, prescribe the type of care provided, and, if the services are not time-limited by the prescription, review the need for continued care every 14 days. Although the psychologist or psychiatrist does not have to be on the premises when his/her client is receiving covered services, the supervising practitioner shall assume professional responsibility for the services provided and assure that the services are medically appropriate. Therapy (individual, group and family, whenever possible) and ongoing psychiatric assessment and intervention (by a psychiatrist) are required of ThGH, but provided and billed separately by licensed practitioners for direct time spent.

ThGHs are located in residential communities in order to facilitate community integration through public education, recreation and maintenance of family connections. The facility is expected to provide recreational activities for all residents but not use Medicaid funding for payment of such non-Medicaid activities.

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ThGHs may not be Institutions for Mental Disease. Each organization owning Therapeutic Group Homes shall ensure that the definitions of institutions are observed and that in no instance does the operation of multiple ThGH facilities constitute operation of an Institution of Mental Disease. All new construction, newly acquired property or facility or new provider organization shall comply with facility bed limitations not to exceed eight beds. Existing facilities may not add beds if the bed total would exceed eight beds in the facility. A waiver up to a maximum of 16 beds may be granted for existing facilities of greater than eight beds at the existing capacity not to exceed 16 beds in the institution until alterations of the existing facility are made. Any physical plant alterations of existing facilities shall be completed in a manner to comply with the eight bed per facility limit (i.e., renovations of existing facilities exceeding eight beds shall include a reduction in the bed capacity to eight beds).

Average Length of stay ranges from 14 days to 6 months. ThGH programs focusing on transition or short-term crisis are typically in the 14 to 30 day range. Discharge will be based on the EPSDT eligible no longer making adequate improvement in this facility (and another facility is being recommended) or the EPSDT eligible no longer having medical necessity at this level of care. Continued ThGH stay should be based on a clinical expectation that continued treatment in the ThGH can reasonably be expected to achieve treatment goals and improve or stabilize the EPSDT eligible client's behavior, such that this level of care will no longer be needed and the EPSDT eligible can return to the community. Transition should occur to a more appropriate level of care (either more or less restrictive) if the EPSDT eligible is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care (e.g., EPSDT eligible client's behavior and/or safety needs requires a more restrictive level of care, or alternatively, EPSDT eligible client's behavior is linked to family functioning and can be better addressed through a family/home-based treatment).

5. Multisystemic Therapy (MST)

MST is an evidenced based intensive treatment process that focuses on diagnosed behavioral health disorders and on environmental systems (family, school, peer groups, culture, neighborhood and community) that contribute to, or influence a youth's involvement, or potential involvement in the juvenile justice system. The therapeutic modality reinforces positive behaviors, and reduces negative behavior, uses family strengths to promote positive coping activities and helps the family increase accountability and problem solving. Beneficiaries accepting MST receive assessment and home based treatment that strives to change how youth, who are at risk of out-of-home placement or who are returning home from an out of home placement, function in their natural settings to promote positive social behavior while decreasing anti-social behavior.

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MST's therapeutic services aims to uncover and assess the functional origins of adolescent behavioral problems by altering the youth's behavioral health issues in a manner that promotes prosocial conduct while decreasing aggressive/violent, antisocial, substance using or delinquent behavior by keeping the youth safely at home, in school and out of trouble. Treatment is used at the onset of behaviors that could result in (or have resulted in) criminal involvement by treating the youth within the environment that has formed the basis of the problem behavior.

Treatment shall target reducing the severity of the behavioral issue identified as the reason for referral and to support the development of adaptive and functional behaviors.

MST services

(A) Assessment

An Initial Diagnostic Interview (IDI) is a comprehensive assessment that identifies the Clinical need for treatment and the most effective treatment intervention/level of care to meet the medical necessity needs of the client. The IDI is completed prior to service provision and the IDI documentation accompanies the referral information to the rehabilitation program provider. The recommendations of the licensed supervising practitioner following the Initial Diagnostic Interview serves as the treatment plan until the comprehensive treatment plan is developed.

(B) Treatment

- i. Youth and families receive individualized, therapy which is available 24 hours a day, seven days a week in the community setting. The MST therapy services is designed to decrease symptoms of the mental health diagnosis, reduce maladaptive referral behaviors and increase pro-social behaviors at home and across the multiple interconnected systems. The interconnected systems include the family, extended family, peers, neighbors, and the community that exists in the youth's world. The positives that are found in these systems are used as leverage for change. MST is an evidence based practice.
- ii. The family receives family therapy in order to understand and implement how to assist their child based on the child's medical diagnosis."

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(C) Providers

Assessment providers may be any of the following: Physician, Psychiatrist, Psychiatric Advanced Practice Registered Nurse (APRN), Licensed Psychologist, Provisionally Licensed Psychologist, and Licensed Independent Mental Health Practitioner (LIMHP) acting within their scope of practice.

Treatment providers may be any of the following: Physician, Psychiatrist, Psychiatric Advanced Practice Registered Nurse (APRN), Licensed Psychologist, Provisionally Licensed Psychologist, Licensed Independent Mental Health Practitioner (LIMHP), Licensed Mental Health Practitioner (LMHP), and a Provisional Mental Health Practitioner (PLMPH), acting within their scope of practice.

i. Treatment Provider Qualifications:

MST treatment providers at minimum have attained their Master's Degree. Certification for MST is also a requirement, as is being a member of an active MST team. An active MST team requires MST certification of a Clinical Supervisor and at least three MST certified treatment providers working collaboratively with one another using the MST framework as defined by the international MST Services program provided by the State.

ii. Supervision

MST Clinical Supervisors are Physicians, Licensed Psychologists, or Licensed Independent Mental Health Practitioner (LIMHP). The Clinical Supervisors education and licensure requirements equate to that of the treatment providers with the exception of the Clinical Supervisor must have two years of prior experience in practicing psychotherapy.

The clinicians that require supervision include the Provisionally Licensed Psychologist (this licensure must be supervised by a Licensed Psychologist) and the Licensed Mental Health Practitioner (LMHP) and the Provisionally Licensed Mental Health Practitioner, (PLMHP) (Both of the latter two types of providers can be supervised by all assessment providers with the exception of the provisionally licensed psychologist).

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(D) Client Eligibility

Early Periodic Screening, Diagnostic, and Treatment (EPSDT) services are available to all youth under the age of 21 based on medical necessity.

6. Functional Family Therapy (FFT)

Functional Family Therapy (FFT) is an evidenced-based family therapy that provides clinical assessment and treatment for the youth and their family to improve communication, problem solving, and conflict management in order to reduce problematic behavior of the youth. It is a short-term treatment strategy that is built on a foundation of respect of individuals, families and cultures.

The services include an emphasis on assessment in understanding the purpose behavior problems serve within the family relationship system, followed by treatment strategies that pave the way for motivating the youth and their families to become more adaptive and successful in their lives.

FFT is designed to improve family communication and supports, while decreasing intense negativity and dysfunctional patterns of behavior. Therapy also includes training parents how to assist their child based on the child's medical diagnosis.

FFT services

(A) Assessment

An Initial Diagnostic Interview (IDI) is a comprehensive assessment that identifies the Clinical need for treatment and the most effective treatment intervention/level of care to meet the medical necessity needs of the client. The IDI is completed prior to service provision and the IDI documentation accompanies the referral information to the rehabilitation program provider. The recommendations of the licensed supervising practitioner following the Initial Diagnostic Interview serves as the treatment plan until the comprehensive treatment plan is developed.

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(B) Treatment

The services the youth and family will receive with FFT include frequent therapy assisting the youth and family in learning and demonstrating the benefits of positive, respectful, strength based relationships. Positive outcomes are anticipated through the therapy which includes conflict resolution and strategies to enhance the relationships within the family. The youth and family will also gain the ability through therapy to extend their acquired competencies into accessing additional resources to prevent relapse as they continue developing their independence.

(C) Providers

Assessment providers may be any of the following: Physician, Psychiatrist, Psychiatric Advanced Practice-Registered Nurse (APRN), Licensed Psychologists, Provisionally Licensed Psychologist and a Licensed Independent Mental Health Practitioner (LIMHP), all acting within their scope of practice.

Treatment providers may be any of the following: Physician, Advanced Practice Registered Nurse (APRN), Licensed Psychologist, Provisionally Licensed Psychologist, Licensed Independent Mental Health Practitioner (LIMHP), Licensed Mental Health Practitioner (LMHP), and a Provisionally Licensed Mental Health Practitioner (PLMHP), acting within their scope of practice.

i. Provider Qualifications

A FFT treatment provider, at a minimum have attained a Master's degree and are a member of an active FFT team. An active FFT team requires FFT certification of a Clinical Supervisor and at least three FFT certified treatment providers working collaboratively with one another using the FFT services as defined by the international FFT Services program provided by the State.

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ii. Supervision

Clinical Supervisors must be Physicians, Licensed Psychologists and/or Licensed Independent Mental Health Practitioner (LIMHP). All Clinical Supervisors must be certified in the FFT model, with experience in the practice of psychotherapy. Licensed Mental Health Practitioners (LMHP), and Provisional Mental Health Practitioners (PLMPH), require supervision.

MST AND FFT PROVIDER RESPONSIBILITIES		
Assessment Providers	Clinical Supervisors	Treatment providers
Physicians	Physicians	Physicians
Psychiatric Advanced Practice Nurse (APRN)		Psychiatric Advanced Practice Nurse (APRN)
Licensed Psychologist	Licensed Psychologist	Licensed Psychologist
Provisionally licensed Psychologist		Provisionally licensed Psychologist
Licensed Independent Mental Health Practitioner (LIMHP)	Licensed Independent Mental Health Practitioner (LIMHP)	Licensed Independent Mental Health Practitioner (LIMHP)
		Licensed Mental Health Practitioner (LMHP)
		Provisionally Licensed Mental Health Provider (PLMHP)

(D) Eligibility

Early, Periodic, Screening, Diagnostic and Treatment (EPSDT) services are available without limitation to all individuals under the age of 21 based on medical necessity.

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Requirements for Preventative Services through EPSDT

Preventive services must:

1. Involve direct patient care and
2. Be for the express purpose of diagnosing, treating, preventing (or minimizing the adverse effects of) illness, injury, or other impairments to an individual's physical or mental health.

Preventive services are those services recommended by a physician or other licensed practitioner of the healing arts within their scope of practice to prevent disease, disability, and other health conditions or their progression; prolong life; and promote physical and mental health efficiency.

Behavior modification services are preventive services for Autism Spectrum Disorder (ASD) and/or Developmental Disability (DD). These services include day treatment, community treatment aide, and outpatient therapy. These services encompass areas where behavior modification services are provided to clients and their families/caretakers.

These preventive services are provided as part of a comprehensive specialized program available to all Medicaid EPSDT eligible clients with significant functional impairments resulting from an identified ASD and/or a DD diagnosis as defined by Nebraska Revised State Statute §83-1205.

The determination of whether the client reaches the threshold of medical necessity for these preventive services shall be determined by a licensed physician, licensed psychologist or, a licensed independent mental health practitioner (LIMHP), who is acting within the scope of his/her professional license and applicable state law. Medical necessity is to promote the maximum reduction of symptoms of an individual to his/her best age-appropriate functional level according to an individualized treatment plan, which addresses the child's assessed needs.

The activities included in the preventive service are intended to achieve the identified Medicaid eligible client's treatment plan goals or objectives. Components that are not provided to, or directed exclusively toward the treatment of the Medicaid eligible client are not eligible for Medicaid reimbursement. All services are directed exclusively towards the treatment of the Medicaid eligible client.

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Treatment Models

Cognitive Behavioral Therapy (CBT) is an action-oriented form of psychosocial therapy that assumes maladaptive, or faulty thinking patterns cause maladaptive behavior and "negative" emotions. For the purposes of the preventive services for clients with ASD and/or developmental disability, outlined in this section, CBT focuses on changing a client's thoughts in order to change their behavior and emotional state.

Comprehensive Behavioral Intervention (CBI) is a service to facilitate therapeutic approaches for clients with ASD and/or DD that include behavior problems. Behavior intervention planning is assessment-based. Interventions address the function and efficiency of the problematic behavior in the least restrictive manner and promote the development of alternative adaptive skills.

Applied Behavioral Analysis (ABA) is the process of systematically applying interventions based upon the principles of learning theory to improve socially significant behaviors, and to demonstrate that the interventions employed are responsible for the improvement in behavior for clients with ASD and/or developmental disabilities.

All three-treatment models may be incorporated into the behavior modification services identified below.

Services

Outpatient Therapy (OP)

OP consists of individual, family and group therapy for the purpose of developing interventions and implementing treatment, based on the recommendations from the Initial Diagnostic Interview (IDI) or the Functional Behavior Assessment (FBA). The purpose of the therapy is to prevent client's further progression of maladaptive behaviors that inhibit the client's ability to interact socially within multiple environments.

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Interventions

1. Assessments:

- a. Initial Diagnostic Interview (IDI) - A comprehensive assessment that identifies the clinical need for treatment and the most effective treatment intervention/level of care to meet the medical necessity needs of the client. This interview is completed prior to service provision, and accompanies the referral information to the provider.

The following providers may perform the IDI: Physicians acting within their scope of practice, Licensed Psychologists, Provisionally Licensed Psychologists and Licensed Independent Mental Health Practitioners (LIMHP).

- b. Functional Behavior Assessment (FBA) – This assessment is performed if the IDI identifies its necessity. The FBA is an assessment that identifies the purpose or reason for behaviors displayed by clients with ASD and/or developmental disabilities in order to develop effective treatment interventions to meet the medical necessity needs of the client. The FBA is completed prior to service provision, and the FBA documentation accompanies the referral information to the provider.

The following providers may perform the FBA: Board Certified Behavior Analysts (BCBA), Licensed Psychologists, Provisionally Licensed Psychologists and Licensed Independent Mental Health Practitioners (LIMHP).

2. Treatment

The treatment interventions identified below may be utilized by providers of, CBT, CBI, ABA and family therapy.

- a. Teaches clients socially acceptable behaviors via modeling, prompting, roleplaying and reinforcing of appropriate behaviors.
- b. Provides Family/Caregiver training of acceptable behaviors via modeling, prompting, roleplaying, and reinforcing appropriate behaviors to promote consistency for the Medicaid eligible client.

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Providers

1. The following providers may provide treatment: Licensed Psychologist, Provisionally Licensed Psychologists, Licensed Independent Mental Health Practitioners (LIMHP), Licensed Mental Health Practitioners (LMHP), and Provisionally Licensed Mental Health Practitioners (PLMHP). Board Certified Behavior Analysts (BCBA) may strictly provide outpatient assessment and treatment as part of ABA services only.
2. Qualifications
 - a. Licensed Psychologists and Provisionally Licensed Psychologists shall have a doctoral degree in psychology, social work, child development or related field and the equivalent of one year of full-time work experience in direct child/adolescent services, ASD and/or DD services.
 - b. Licensed and Provisionally Licensed Mental Health Practitioners shall have a master's degree in psychology, social work, child development or related field and the equivalent of one year of full-time work experience in direct child/adolescent services, ASD and/or DD services.
 - c. BCBA's shall have a master's degree in behavior analysis and be board certified by the Behavior Analyst Certification Board.
3. Supervision

Supervising practitioners shall be a Psychiatrist, Psychologist and/or a LIMHP. The supervising practitioner shall assume professional responsibility for the services provided and assure that the services are medically appropriate. BCBA's, strictly providing Applied Behavioral Analysis, do not require supervision.

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Community Treatment Aide (CTA)

CTA services are supportive interventions provided primarily in the client's natural environment. Natural environment primarily is the client's home but may also include a foster home, school, worksite or other appropriate community locations conducive for the delivery of CTA services per the service definition. CTA services are designed to assist the client with compensating for, or eliminating functional deficits and interpersonal and or environmental barriers associated with the deficits.

Interventions

1. Teach the client appropriate social and relationship skills through training and educating various methods of improving the functional deficits.
2. Prompting the client when positive responses of emotional management are identified.
3. Prompting the client when an emotional management change is necessary and demonstrating an appropriate method from which the client can duplicate.
4. Modeling acceptable behaviors and assisting the client through verbal cues, if necessary to demonstrate the same.
5. Role-play scenarios with the client using a variety of appropriate techniques in managing behavior.
6. Family/Caregiver training to reinforce the interventions the child is receiving to promote consistency.

Providers

1. The following providers may perform CTA services:
 - a. Unlicensed direct care staff
This provider shall have a bachelor's degree in psychology, social work, child development or related field and the equivalent of one year of full-time work experience or graduate studies in direct child/adolescent services, ASD and/or DD services, or a high school degree and two years post high school education in the human services field with two years full time work experience in direct child/adolescent services or ASD and/or DD services.

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b. Board Certified assistant Behavioral Analyst (BCaBA)

This provider shall have a bachelor's degree in psychology, social work, child development or related field and the equivalent of one year of full-time work experience or graduate studies in direct child/adolescent services, ASD and/or DD services. The provider must meet the certification qualifications of the Behavior Analyst Certification Board.

c. Registered Behavioral Technician (RBT)

This provider shall have a bachelor's degree in psychology, social work, child development or related field and the equivalent of one year of full-time work experience or graduate studies in direct child/adolescent services, ASD and/or DD services, or a high school degree and two years post high school education in the human services field with two years full time work experience in direct child/adolescent services or ASD and/or DD services. The provider must meet the certification qualifications of the Behavior Analyst Certification Board.

2. Supervision

All CTA providers shall be supervised by a Physician, Psychologist, Advanced Practice Registered Nurse (APRN), and/or a Licensed Independent Mental Health Practitioner (LIMHP) with experience regarding this specialized ASD and/or (DD) service. The RBT and the BCaBA must be supervised by a BCBA.

Day Treatment

Day Treatment is a community based, coordinated set of individualized treatment services to meet the needs of individuals with ASD and/or DD. Day treatment provides preventive structured skill building activities that lead to an attainment of specific goals, through the development and implementation of treatment interventions designed to meet the client's needs as identified within the IDI and/or FBA.

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Interventions

1. Teaching the client appropriate social and relationship skills through group and individual training on various methods of improving the client's functional deficits.
2. Prompting the client when positive responses of emotional management are identified.
3. Prompting the client when an emotional management change is necessary and demonstrating an appropriate method from which the client can duplicate.
4. Modeling acceptable behaviors and assisting the client through verbal cues, if necessary to demonstrate the same.
5. Role-play scenarios with the client using a variety of appropriate techniques in managing behavior.

Providers

1. The following providers may perform day treatment services: BCaBA, RBT and/or unlicensed direct care staff.
2. Qualifications
 - a. Board Certified assistant Behavioral Analyst (BCaBA)

This provider shall have a bachelor's degree in psychology, social work, child development or related field and the equivalent of one year of full-time work experience or graduate studies in direct child/adolescent services, ASD and/or DD services. The provider must meet the certification qualifications of the Behavior Analyst Certification Board.
 - b. Registered Behavioral Technician (RBT)

This provider shall have a bachelor's degree in psychology, social work, child development or related field and the equivalent of one year of full-time work experience or graduate studies in direct child/adolescent services, ASD and/or DD services, or a high school degree and two years post high school education in the human services field with two years full time work experience in direct child/adolescent services or ASD and/or DD services. The provider must meet the certification qualifications of the Behavior Analyst Certification Board.

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c. Unlicensed direct care staff

This provider shall have a bachelor's degree in psychology, social work, child development or related field and the equivalent of one year of full-time work experience or graduate studies in direct child/adolescent services, ASD and/or DD services, or a high school degree and two years post high school education in the human services field with two years full time work experience in direct child/adolescent services or ASD and/or DD services.

3. Supervision

All Day treatment providers shall be supervised by a Physician, Psychologist, Advanced Practice Registered Nurse (APRN), and/or a Licensed Independent Mental Health Practitioner (LIMHP) with experience regarding this specialized ASD and/or (DD) service. The RBT and the BCaBA must be supervised by a BCBA.

Telehealth

Behavior modification services provided through telehealth technologies, excluding services requiring "hands on" professional care.