

# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

December 30, 2024

James G. Scott, Director  
Centers for Medicare & Medicaid Services  
Kansas City Regional Operations Group  
Division of Medicaid Field Operations-North  
601 East 12<sup>th</sup> Street, Suite 355  
Kansas City, Missouri 64106-2898

RE: Nebraska State Plan Amendment NE 24-0036

Dear Mr. Scott:

Enclosed please find the above referenced amendment to the Nebraska State Plan regarding targeted case management for eligible adults with a serious mental illness.

The Division of Medicaid and Long-Term Care sent notice on November 18, 2024 (attached) to the federally recognized Native American Tribes and Indian Health Programs within the State of Nebraska to discuss the impact the proposed state plan amendment might have, if any, on the Tribes. No comments were received.

If you have content questions, please feel free to contact Matthew Ahern at [Matthew.Ahern@nebraska.gov](mailto:Matthew.Ahern@nebraska.gov) or 402-430-7621. For submittal questions, please contact Dawn Kastens at [Dawn.Kastens@nebraska.gov](mailto:Dawn.Kastens@nebraska.gov) or 531-893-3779.

Sincerely,

Matthew Ahern, Deputy Director  
Division of Medicaid and Long-Term Care  
Department of Health and Human Services

cc: Tyson Christensen

Enclosures

<p><b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b></p>		<p>1. TRANSMITTAL NUMBER  <div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px 5px;">2</span> <span style="border: 1px solid black; padding: 2px 5px;">4</span> <span style="border: 1px solid black; padding: 2px 5px;">—</span> <span style="border: 1px solid black; padding: 2px 5px;">0</span> <span style="border: 1px solid black; padding: 2px 5px;">0</span> <span style="border: 1px solid black; padding: 2px 5px;">3</span> <span style="border: 1px solid black; padding: 2px 5px;">6</span> </div> </p>	<p>2. STATE  <div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px 5px;">N</span> <span style="border: 1px solid black; padding: 2px 5px;">E</span> </div> </p>
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID &amp; CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>		<p>3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT  <input checked="" type="checkbox"/> XIX    <input type="checkbox"/> XXI         </p>	
<p>5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 441.700-441.745, Section 1915(i) of the Act</p>		<p>4. PROPOSED EFFECTIVE DATE April 1, 2025</p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 6 to Att. 3.1-A, Pgs 1-6 (new)</p>		<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)</p> <p>a. FFY <u>2025</u> \$ <u>1,256,729</u>            b. FFY <u>2026</u> \$ <u>2,486,537</u></p>	
<p>9. SUBJECT OF AMENDMENT Serious Mental Illness – Targeted Case Management</p>		<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Click or tap here to enter text.</p>	
<p>10. GOVERNOR'S REVIEW (Check One)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT</p> <p><input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</p> <p><input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</p> </div> <div style="width: 45%;"> <p><input checked="" type="radio"/> OTHER, AS SPECIFIED: Governor has waived review</p> </div> </div>			
<p>11. SIGNATURE OF STATE AGENCY OFFICIAL</p>		<p>15. RETURN TO Dawn Kastens Division of Medicaid &amp; Long-Term Care Nebraska Department of Health and Human Services 301 Centennial Mall South Lincoln, NE 68509</p>	
<p>12. TYPED NAME Matthew Ahern</p>		<p><b>FOR CMS USE ONLY</b></p>	
<p>13. TITLE Deputy Director, Division of Medicaid &amp; Long-Term Care</p>			
<p>14. DATE SUBMITTED December 30, 2024</p>			
<p>16. DATE RECEIVED</p>		<p>17. DATE APPROVED</p>	
<p><b>PLAN APPROVED - ONE COPY ATTACHED</b></p>			
<p>18. EFFECTIVE DATE OF APPROVED MATERIAL</p>		<p>19. SIGNATURE OF APPROVING OFFICIAL</p>	
<p>20. TYPED NAME OF APPROVING OFFICIAL</p>		<p>21. TITLE OF APPROVING OFFICIAL</p>	
<p>22. REMARKS</p>			

## State Plan under Title XIX of the Social Security Act

State/Territory: Nebraska**TARGETED CASE MANAGEMENT SERVICES**

Adults with Serious Mental Illness (SMI)

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Adults with a Serious Mental Illness (SMI) must:

- Be Medicaid eligible
- Must be nineteen years of age or older
- Have a diagnosis as defined in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) consistent with a long standing serious mental illness with symptoms of sufficient, ongoing, disabling functional impairments. These impairments are beyond the scope of the person's informal support system to remediate and require professional assistance to guide the individual to recovery. This excludes neurocognitive disorders and neurodevelopmental disorders as defined in the DMS (current version). The disorder is expected to last 12 months or longer and will result in a degree of limitation that seriously interferes with the individual's ability to function independently in an appropriate manner in two of three functional areas: vocational/education, social skills, and activities of daily living.

x Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 180 consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act):

- x Entire State  
 \_\_\_ Only in the following geographic areas:

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

- \_\_\_ Services are provided in accordance with §1902(a)(10)(B) of the Act.  
 \_\_\_ Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

- Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
  - taking client history;
  - identifying the individual's needs and completing related documentation; and
  - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete

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Adults with Serious Mental Illness (SMI)

- assessment of the eligible individual;
- A comprehensive assessment is conducted initially and repeated at least annually to assess the individual's needs and account for their preferences.
- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
- specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
  - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and

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Adults with Serious Mental Illness (SMI)

- identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
  - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities:
  - activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
    - services are being furnished in accordance with the individual's care plan;
    - services in the care plan are adequate; and
    - changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.
    - The care plan is reviewed and updated every six months to reflect the accomplishments and changing needs.

x Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.

(42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

Individuals providing TCM for the SMI target group are required to meet the following provider qualifications:

- a. Meet all required DHHS policies and applicable law and regulations.
  - b. Hold an active Medicaid provider agreement.
  - c. Be 20 years of age or older, and at least two years older than the individual for whom they support.
  - d. Have a high school diploma or equivalent, and must have demonstrated skills and competencies in treatment with individuals with a behavioral health diagnosis demonstrated by at least one of the following
    - a. Bachelor's degree or higher in psychology, sociology, or a related field (preferred); or
    - b. One year of coursework in human services field
  - e. Two years of recovery experience with demonstrated skills in the treatment of
- TN# NE 24-0036 Approval Date \_\_\_\_ Effective Date \_\_\_\_ Supersedes TN# New

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**TARGETED CASE MANAGEMENT SERVICES**

Adults with Serious Mental Illness (SMI)

- individuals with a behavioral health diagnosis.
- f. Have computer skills and access to the technology needed to navigate the state-mandated web-based case management system.
  - g. Be authorized to work in the United States.
  - h. Not be legally responsible individual or guardian to the individual.

Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

- 1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
- 2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

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**TARGETED CASE MANAGEMENT SERVICES**

Adults with Serious Mental Illness (SMI)]

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

  x   Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

The target group is limited to individuals with a diagnoses SMI as defined in Nebraska Revised Statute §44-792 (5)(a) and (b). Provider choice is waived under the freedom of choice exception noted in §1915(g)(1) and 42 CFR 441.18(b). TCM for the SMI target group is limited to those who meet all provider qualifications and align with specifications included in the State's 1915(b)(4) waiver.

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

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**TARGETED CASE MANAGEMENT SERVICES**

Adults with Serious Mental Illness (SMI)

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other

services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))