

Methods and Standards for Establishing Payment Rates

1. Services Provided Under Section 1915(i) of the Social Security Act. For each optional service, describe the methods and standards used to set the associated payment rate. *(Check each that applies, and describe methods and standards to set rates):*

<input type="checkbox"/>	HCBS Case Management	
<input type="checkbox"/>	HCBS Homemaker	
<input type="checkbox"/>	HCBS Home Health Aide	
<input type="checkbox"/>	HCBS Personal Care	
<input type="checkbox"/>	HCBS Adult Day Health	
<input type="checkbox"/>	HCBS Habilitation	
<input type="checkbox"/>	HCBS Respite Care	
For Individuals with Chronic Mental Illness, the following services:		
<input type="checkbox"/>	HCBS Day Treatment or Other Partial Hospitalization Services	
<input type="checkbox"/>	HCBS Psychosocial Rehabilitation	
<input type="checkbox"/>	HCBS Clinic Services (whether or not furnished in a facility for CMI)	
<input checked="" type="checkbox"/>	Other Services (specify below)	
	Crisis Service Maintenance and Response	<p>Nebraska began by estimating the number of kids and expected utilization of the service to determine the estimated capacity necessary to provide the service. Nebraska also looked at which types of staff (and their general reimbursement) would primarily participate in the delivery of the service. From there the state developed a per member per month rate (and pro-rata per diem, when applicable, such as partial service months) to reimburse consistent with the estimated service capacity and staffing required.</p> <p>The Crisis Service Maintenance and Response daily/monthly rate will be adjusted at the beginning of each new State Fiscal Year by the legislatively appropriated rate percentage update allocated to Mental Health Substance Abuse providers.</p>

	<p>Mobile Crisis Response</p> <p>Nebraska developed the rate for this service by completing a market analysis of other payers' rates for this service, and similar (i.e. crisis) services. Nebraska incorporated a blended approach of established State Medicaid rates, namely those who are like peer (i.e. border) States into its established Mobile Crisis Response rate. Nebraska has also adopted a tiered rate structure by provider class, where the higher the licensure level the clinicians are who are rendering the service, the higher the reimbursement. Each level of reimbursement by provider class will be identified using a unique modifier combination with the procedure code.</p> <p>The Mobile Crisis Response rates will be adjusted at the beginning of each new State Fiscal Year by the legislatively appropriated rate percentage update allocated to Mental Health Substance Abuse providers.</p>