

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State Nebraska  
LIMITATIONS - INPATIENT HOSPITAL SERVICES

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Reimbursement for inpatient hospital care of patients whose primary care needs are psychiatric in nature are limited to a distinct part of a medical/surgical hospital that -

1. Is maintained for the care and treatment of patients with primary psychiatric disorders;
2. Is licensed or formally approved as a hospital by the Nebraska Department of Health and Human Services, or if the hospital is located in another state, the officially designated authority for standard-setting in that state;
3. Is accredited by a nationally recognized accrediting organization or has deemed status as a Medicare/Medicaid provider by the Division of Public Health;
4. Meets the requirements for participation in Medicare for psychiatric hospitals; and
5. Has in effect a utilization review plan applicable to all Medicaid clients.

Inpatient Subacute Hospital Services for Individuals Age 21 and Above

This service is covered under 42 CFR 440.10 Subpart A. In addition to the acute inpatient hospital services for clients age 21 and above, Medicaid considers reimbursement for subacute inpatient hospital psychiatric services when the primary care needs are psychiatric in nature and services are limited to a distinct part of a medical/surgical hospital that is –

1. Maintained for the care and treatment of patients with a primary psychiatric disorder;
2. Licensed or formally approved as a hospital by the Nebraska Department of Health and Human Services, Division of Public Health or if the hospital is located in another state, the officially designated authority for standard-setting in that state;
3. Is accredited by a nationally recognized accrediting organization or has deemed status as a Medicare/Medicaid provider by the Division of Public Health;
4. Meets the requirements for participation in Medicare for psychiatric hospitals;
5. Has in effect a utilization review plan applicable to all Medicaid clients.
6. Has medical records that are sufficient to determine the degree and intensity of the treatment furnished to a client;
7. Meets staffing requirements effective to carry out an active treatment program;
8. Encourages the involvement of family members in assessment treatment planning, treatment delivery and discharge, unless prohibited through legal action or the client or because of federal confidentiality laws;

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Transmittal # NE 17-0004  
Supersede  
Transmittal # NE 08-02

Approved: September 15, 2017

Effective: July 1, 2017

Applies to Both Categorically and Medically Needy

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9. Has the flexibility to meet the schedules of families, guardians and caretakers as necessary; and
10. Documents the attempts to involve family in treatment.

Subacute inpatient psychiatric hospital programs must have adequate staff to provide:

1. Comprehensive psychiatric diagnostic evaluations by an attending psychiatrist, nursing assessments, substance abuse assessments as needed, laboratory radiology or other diagnostic tests as necessary.
2. Physical examination and the ability to meet the basic medical needs of the patient.
3. Individual, group, and family psychotherapy by a licensed practitioner. Medication initiation and management services by a psychiatrist.
4. An organized, supervised milieu, psycho-educational services and other support services appropriate.

Subacute inpatient psychiatric programs must have adequate staff to meet the needs of the patients served. Essential positions available to the program are:

1. A clinical/program director;
2. Nursing services;
3. Psychotherapy services by a licensed practitioner;
4. Licensed addiction and drug abuse services as needed and appropriate by a licensed individual skilled and trained to treat substance abuse issues;
5. Psycheducational services as necessary;
6. Case Management services.

Providers of subacute inpatient hospital services must consider the following conditions to be determine the necessity for treatment.

1. Can the patient benefit from longer term evaluation, stabilization, and treatment services?
2. Is the client moderate to high risk to harm self or others?
3. Does the client have symptoms consistent with a current version of the DSM diagnosis?
4. Does the client have the ability to respond to intensive structured intervention services?
5. Is the client of moderate to high risk to relapse or have symptom reoccurrence?
6. Does the client have a high need of professional structure and intervention services?
7. Can the client be treated with short term intervention services?

All subacute inpatient psychiatric services must be prior authorized by the Department or by the Department's contracted designee.

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Transmittal # NE 14-020

Supersedes

Transmittal # NE 14-03Approved: October 28, 2014 Effective: November 1, 2014

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

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NMAP covers medical transplants including donor services that are medically necessary and defined as non-experimental by Medicare. If no Medicare policy exists for a specific type of transplant, the appropriate staff in the Medicaid Division shall determine whether the transplant is medically necessary and non-experimental.

Notwithstanding any Medicare policy on liver or heart transplants, the Nebraska Medical Assistance Program covers liver or heart transplantation when the written opinions of two physicians specializing in transplantation state that -

1. No other therapeutic alternatives exist; and
2. The death of the patient is imminent.

NMAP requires prior authorization of all transplant services before the services are provided.

NMAP covers medically necessary services for the NMAP-eligible donor to an NMAP-eligible client. The services must be directly related to the transplant.

NMAP covers laboratory tests for NMAP-eligible prospective donors. The tests must be directly related to the transplant.

NMAP covers medically necessary services for the NMAP-ineligible donor to an NMAP-eligible client. The services must be directly related to the transplant and must directly benefit the NMAP transplant client. Coverage of treatment of complications is limited to those that are reasonably medically foreseeable.

NMAP covers laboratory tests for NMAP-ineligible prospective donors that directly benefit the NMAP transplant client. The tests must be directly related to the transplant.

NMAP does not cover services provided to an NMAP-ineligible donor that are not medically necessary or that are not directly related to the transplant.

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TN No. MS-00-06

Supersedes

TN No. MS-86-14

Approval Date Mar 16 2001

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

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Telehealth:

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

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

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ABORTIONS:

Payment for abortions under the Nebraska Medical Assistance Program is limited to those abortions for which FFP is currently available.

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TN No. MS-81-6

Supersedes

TN No. MS-80-13

Approval Date Oct 1 1981

Effective Date Jun 5 1981