

## NEBRASKA

*This summary of state regulations and policy represents only a snapshot at a point in time, is not comprehensive, and should not be taken to constitute legal advice or guidance. State Medicaid requirements are included at the end of this summary.*

### Types of Facilities

*Mental Health (MH):* Nebraska regulates one type of residential mental health treatment facility:

- *Mental health center:* any facility where shelter, and food, and counseling, or diagnosis, or treatment, or care, or related services are provided by the facility for a period of more than 24 consecutive hours to persons residing at the facility who have a mental disease, disorder, or disability. These regulations do not apply to: self-run programs or a home, apartment or facility which does not exercise minimum supervision over the personal care, activities of daily living or health maintenance of clients.

*Substance Use Disorder (SUD):* Nebraska regulates one type of residential substance use disorder treatment facility:

- *Substance abuse treatment center:* an inpatient facility is any private dwelling, where: shelter, food, and care, or treatment, or maintenance, or related services are directly provided or arranged for by the facility to persons who are substance abusers living in a group setting. Inpatient facilities are residential settings. "Inpatient facility" is further defined as a residential facility that provides food, shelter, and an organized program of therapeutic activities that includes evaluation, rehabilitation, care and/or treatment for persons who are substance abusers.

*Unregulated Facilities:* No unregulated treatment facilities that fall under the purview of this summary were identified.

### Approach

*Mental Health (MH) and Substance Use Disorder (SUD):* The Nebraska Department of Health and Human Services oversees, regulates, and licenses residential treatment facilities.

## **Processes of Licensure or Certification and Accreditation**

### *Mental Health (MH):*

- Licensure by the Nebraska Department of Health and Human Services is required for operation of any mental health center. Licenses expire every year on February 28, by which time a renewal application must be submitted. An inspection is required for licensure and renewal.
- Except as indicated in section 2h below, accreditation is not required, but accreditation by the Joint Commission, the Commission on Accreditation of Rehabilitation Facilities, or the Council on Accreditation for Children and Family Services allows the Department to deem the facility in compliance with licensure requirements.
- The state does not require a certificate of need for these types of facilities.

### *Substance Use Disorder (SUD):*

- Licensure by the Nebraska Department of Health and Human Services is required for operation of any substance abuse treatment center, as which residential treatment is considered “inpatient.” Licenses expire every year on September 30, at which time a renewal application must be submitted. An inspection is required for licensure and renewal.
- Except as indicated in section 2h below, accreditation is not required, but accreditation by the Joint Commission, the Commission on Accreditation of Rehabilitation Facilities, or the Council on Accreditation for Children and Family Services allows the Department to deem the facility in compliance with licensure requirements.
- The state does not require a certificate of need for these types of facilities.

## **Cause-Based Monitoring**

*Mental Health (MH):* Standards for monitoring on a regular basis were identified in the regulations for mental health residential facilities. The Department may conduct an on-site inspection at any time. Each year the Department may conduct an inspection of up to 25% of the mental health centers based on a random selection of licensed mental health centers. Additionally, the Department may conduct an inspection of a mental health center when informed of certain critical incidents defined in the regulations. Disciplinary action can be indicated depending on the results of the inspection.

*Substance Use Disorder (SUD):* Standards for monitoring on a regular basis were identified in the regulations for mental health residential facilities. The Department may conduct an on-site inspection at any time. Each year the Department may conduct an inspection of up to 25% of the substance abuse treatment centers based on a random selection of licensed substance abuse treatment centers. Additionally, the Department may conduct an inspection when informed of certain critical incidents defined in the regulations. If and when an inspection reveals any regulatory violations, the Department may request a statement of compliance or impose disciplinary actions as the situation warrants.

## **Access Requirements**

*Mental Health (MH) and Substance Use Disorder (SUD):* Requirements regarding residential services were not explicitly described in the state regulations.

## **Staffing**

*Mental Health (MH):* Mental health centers shall have an administrator who is responsible for planning, organizing, and directing the day to day operations and who must be on the premises a sufficient number of hours to permit adequate attention to the management of the mental health center. The facility must maintain a sufficient number of staff with the required training and skills necessary to meet the clients' needs. Any staff person providing a service for which a license, certification, registration or credential is required must hold the license, certification, registration or credential in accordance with applicable state laws. The facility must establish and implement policies and procedures regarding the health status of staff who provide direct care or treatment to clients to prevent the transmission of infectious disease.

The facility must provide orientation training and ongoing training for all staff.

*Substance Use Disorder (SUD):* Substance abuse treatment centers shall have an administrator who is responsible for planning, organizing, and directing the day to day operations and who must be on the premises a sufficient number of hours to permit adequate attention to the management of the mental health center. The facility must at all times maintain enough staff to provide adequate care to meet the client population's requirements for care and treatment, including needs for therapeutic activities, supervision, support, health, and safety. Any staff person providing a service for which a license, certification, registration or credential is required must hold the license, certification, registration or credential in accordance with applicable state laws. The facility must establish and implement policies and procedures regarding the health status of staff who provide direct care or treatment to clients to prevent the transmission of infectious disease.

The facility must provide orientation and ongoing training for all staff.

## **Placement**

*Mental Health (MH):* The facility must have written criteria for admission that includes each level of care and the components of care and treatment provided by the facility. The written criteria must include how eligibility for admission is determined. The facility must ensure that the decision to admit a client is based upon the facility's admission criteria and the facility's capability to meet the identified needs of the client. Clients must also undergo an admission health screening. References to LOCUS were not found.

*Substance Use Disorder (SUD):* For substance abuse treatment centers, facilities must have written criteria for admission that includes each level of care and the components of care and treatment provided by the facility. The written criteria must include how eligibility for admission is determined. The facility must develop an assessment of the client to identify the effects of substance abuse on the client's life, except for a client in an emergency detoxification program. The assessment must be performed within 15 days of admission. The facility must evaluate a client in an emergency detoxification program as to his or her immediate need and implement the facility's procedures for its emergency detoxification program. No reference to ASAM criteria for level of care were located.

## **Treatment and Discharge Planning and Aftercare Services**

*Mental Health (MH):* Individualized service plans are required for mental health treatment centers, to be completed within 30 days of admission, with reviews required every six months. Individualized service plans are based upon assessment. Within the first 30 days of admission a discharge plan must be developed including: (1) Plan for follow up or continuing care; and (2) Documentation of referrals made for the client.

*Substance Use Disorder (SUD):* Each client, except for a client admitted to an emergency detoxification program, must have an individualized service plan (ISP) based on assessment of the client's needs. The facility must base the intensity of care and treatment provided on the client's need. The facility must begin to develop the initial ISP of care upon admission; implement the ISP as soon as it has been established; and complete development of the ISP when the assessment process is finished. The maximum intervals between evaluations of the ISP are every 30 days for intensive treatment which consists of any level of inpatient treatment or outpatient treatment involving ten or more hours of therapeutic activity per week. Discharge planning is required, except for in emergency detoxification programs, but no references to beginning at admission were found. Discharge plans must include a relapse prevention plan, the client's plan for follow-up, continuing care, or other post-care and treatment services.

## Treatment Services

*Mental Health (MH):* In addition to those services referenced in 1a, the facility must ensure the client has access to the following: (1) Provision of adequate shelter and arrangements for food and meals; (2) Provision of care and treatment to meet client identified needs; (3) Medical and clinical oversight of client needs as identified in the client assessment; (4) Assistance with acquiring skills to live as independently as possible; (5) Assistance and support, as necessary, to enable clients to meet personal hygiene and clothing needs; (6) Assistance and support, as necessary, to enable clients to meet their laundry needs, which includes access to washers and dryers so that clients can do their own personal laundry; (7) Assistance and support, as necessary, to enable clients to meet housekeeping needs essential to their health and comfort, including access to materials needed to perform their own housekeeping duties; (8) Activities and opportunities for socialization and recreation both within the facility and in the community; (9) Health-related care and treatment; and (10) Assistance with transportation arrangements. The facility must arrange for access to mental health services on a routine and ongoing basis to meet the identified client needs, as well as access to licensed mental health professional services. The facility must make arrangements for care of client emergencies on a 24 hour, 7 day a week basis.

*Substance Use Disorder (SUD):* In addition to those services referenced in 1a, an inpatient/residential substance abuse treatment facility must provide, at minimum, the following: (1) Therapeutic activities as described in the facility program description; (2) Adequate food and shelter; (3) Medical and clinical oversight of client needs as identified in the client assessment; (4) Assistance and support, as necessary, to enable the client to meet personal hygiene and clothing needs; (5) Assistance and support, as necessary, to enable the client to meet laundry needs, which may include access to washers and dryers so that clients can do their own personal laundry if included in the client's ISP; (6) Assistance and support, as necessary, to enable the client to meet his or her housekeeping needs including access to materials needed to perform his or her own housekeeping duties as determined by the client's ISP; and (7) Health-related care and treatment, as necessary.

Inpatient/residential facilities may provide emergency detoxification programs, of which there are two types: (1) Civil protective custody which is involuntary, initiated by a law enforcement officer; and has a maximum duration of 24 hours; and (2) Social setting emergency detoxification which is voluntary; is initiated by the client or designee; and has a maximum duration of five days. A facility providing one or both types of emergency detoxification programs must have policies and procedures for the assessment, observation, and routine monitoring of clients. A licensed physician must document the appropriateness of the facility's policies and procedures.

## **Patient Rights and Safety Standards**

*Mental Health (MH):* All mental health centers should ensure that the client is aware of their rights upon admission and for the duration of the stay; operate so as to afford the client the opportunity to exercise these rights; and protect and promote these rights. Client's rights include, but are not limited to: the ability to voice complaints and file grievances without discrimination or reprisal and to have those complaints and grievances addressed; be free of restraints except when provided as in 175 NAC 19-006.12; and be free of seclusion in a locked room, except as provided in 175 NAC 19-006.12. The facility must establish and implement procedures for addressing complaints and grievances from clients, staff, and others.

A mental health center that provides a secured and protective environment by restricting a client's exit from the facility or its grounds through the use of approved locking devices on exit doors or other closures must be accredited by an approved qualifying organization, referenced in 2a. A mental health center that is accredited by an approved qualifying organization may use restraint and seclusion methods as part of a client's treatment plan. A nonaccredited mental health center is prohibited from using mechanical and chemical restraints and seclusion. A non-accredited mental health center may use manual restraint and/or time out as therapeutic techniques only after it has: (1) Written policies and procedures for the use of manual restraint and time-out; (2) Documented physician approval of the methods used by the facility; (3) Trained all staff who might have the occasion to use manual restraints and/or time-out in the appropriate methods to use in order to protect client safety and rights; and (4) Developed a system to review each use of manual restraint or time-out.

*Substance Use Disorder (SUD):* All substance abuse treatment centers should ensure that the client is aware of their rights upon admission and for the duration of the stay; operate so as to afford the client the opportunity to exercise these rights; and protect and promote these rights. Client's rights include, but are not limited to: the ability to voice complaints and file grievances without discrimination or reprisal and to have those complaints and grievances addressed; be free of restraints except when provided as in 175 NAC 18-006.14; be free of seclusion in a locked room, except as provided in 175 NAC 18-006.14 and except in cases of civil protective custody. The facility must establish and implement written procedures for addressing complaints and grievances from clients, staff, and others. The facility must document efforts to address complaints and grievances received in a timely manner.

A substance abuse treatment center that provides a secured and protective environment by restricting a client's exit from the facility or its grounds through the use of approved locking devices on exit doors or other closures must be accredited by an approved qualifying organization, referenced in 2a. A substance abuse treatment center that is accredited by an approved qualifying organization may use restraint and seclusion methods as part of a client's treatment plan. A nonaccredited substance abuse treatment center is prohibited from using mechanical and chemical restraints and seclusion. A non-accredited substance abuse treatment center may use manual restraint and/or time out as therapeutic techniques only after it has: (1) Written policies and procedures for the use of manual restraint and time-out; (2)

Documented physician approval of the methods used by the facility; (3) Trained all staff who might have the occasion to use manual restraints and/or time-out in the appropriate methods to use in order to protect client safety and rights; and (4) Developed a system to review each use of manual restraint or time-out.

## **Quality Assurance or Improvement**

*Mental Health (MH):* The facility must conduct an ongoing comprehensive, integrated assessment of the quality and appropriateness of care and treatment provided. The facility must use the findings to correct identified problems and to revise facility policies, if necessary.

The facility must review all elements of the written program description at least annually. The facility must document the results of the annual review. Relevant findings from facility's quality assurance/performance improvement program for the purpose of improving client treatment and resolving problems in client care and treatment must be included in the review process.

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The facility must review all elements of the written program description at least annually. The facility must document the results of the annual review. Relevant findings from facility's quality assurance/performance improvement program for the purpose of improving client treatment and resolving problems in client care and treatment must be included in the review process.

## **Governance**

*Mental Health (MH):* No information related to a governing body was identified. However, the licensee must determine, implement and monitor policies to assure that the facility is administered and managed appropriately and must appoint an administrator who has certain responsibilities.

*Substance Use Disorder (SUD):* The governing body must develop a mission statement, program philosophy, goals and objectives. Additionally, the licensee must appoint an administrator who has certain responsibilities.

## **Special Populations**

*Mental Health (MH) and Substance Use Disorder (SUD):* Requirements regarding residential services were not explicitly described in the state regulations.

## Location of Regulatory and Licensing Requirements

Department of Health and Human Services<sup>1,2</sup>. Regulatory data collected July 17, 2019.

## Other Information Sources

M. Luger and S. Dawson (DHHS); National Conference of State Legislatures CON Program Overview, <http://www.ncsl.org/research/health/con-certificate-of-need-state-laws.aspx>

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<sup>1</sup> See [http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health\\_and\\_Human\\_Services\\_System/Title-175/Chapter-19.pdf](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-175/Chapter-19.pdf).

<sup>2</sup> See [http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health\\_and\\_Human\\_Services\\_System/Title-175/Chapter-18.pdf](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-175/Chapter-18.pdf).



# NEBRASKA MEDICAID

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## Approach

*Mental Health (MH) and Substance Use Disorder (SUD):* The Nebraska Department of Health and Human Services (DHHS) oversees the state Medicaid program. Mental health and substance abuse services (MH/SA) are provided as a managed care benefit for all Nebraska Medicaid Managed Care Program (NMMCP) clients. Nebraska relies on the in lieu of provision but not on Disproportionate Share Hospital (DSH) payments for Medicaid coverage of certain IMD services.

*Substance Use Disorder (SUD):* The state has a Section 1115 waiver permitting Medicaid coverage of otherwise covered services furnished to otherwise eligible individuals who are primarily receiving treatment and withdrawal management services for substance use disorder (SUD) who are short-term (statewide average length of stay of 30 days) residents in facilities that meet the definition of an institution for mental diseases (IMD).

## Types of Facilities

*Mental Health (MH):* Nebraska enrolls one primary type of residential MH treatment facility:

- *Psychiatric Residential Rehabilitation:* designed to provide individualized treatment and recovery inclusive of psychiatric rehabilitation and support for individuals with a severe and persistent mental illness and/or co-occurring disorder who are in need of recovery and rehabilitation activities within a residential setting. The intent of the service is to support the individual in the recovery process so that he/she can be successful in a community living setting of his/her choice.
  - *Secure Psychiatric Residential Rehabilitation:* a secure facility-based, non-hospital or non-nursing facility program for individuals disabled by severe and persistent mental illness, who are unable to reside in a less restrictive setting. These facilities are integrated into the community and provide programming in an organized, structured setting, including treatment and rehabilitation services and offer support to clients with a severe and persistent mental illness and/or co-occurring substance abuse disorders. The Secure Psychiatric Residential Rehabilitation program provides skill building and other related recovery oriented psychiatric rehabilitation services as needed to meet individual client needs. The Secure Psychiatric Residential

Rehabilitation Program is designed to: (1) Increase the client's functioning while improving psychiatric stability so that s/he can eventually live successfully and safely in a less restrictive residential setting of his/her choice and capabilities; (2) Decrease the frequency and duration of hospitalization; (3) Decrease and/or eliminate all high risk, unsafe behavior to self or others; and (4) Improve the ability to function independently by improving ability to function.

*Substance Use Disorder (SUD):* In accordance with the state 1115 waiver, expenditures for otherwise covered services furnished to otherwise eligible individuals who are primarily receiving treatment and withdrawal management services for substance use disorder (SUD) who are short-term (statewide average length of stay of 30 days) residents in facilities that meet the definition of an institution for mental diseases (IMD). Facility types included are:

- Level 3.1. Halfway House
- Level 3.2. Adult Substance Abuse Detoxification
- Level 3.3. Intermediate Residential (co-occurring diagnosis capable)
- Level 3.5. Short Term Residential (co-occurring diagnosis capable) Adult
- Level 3.5. Dual Disorder Residential (co-occurring diagnosis-enhanced) Adult

Medication-assisted treatment will be available in IMDs.

## **Processes of Medicaid Enrollment**

*Mental Health (MH) and Substance Use Disorder (SUD):*

- State licensure is explicitly required by the state Medicaid program for enrollment.
- The Department will screen all providers as provided in 42 C.F.R. Part 455, Subpart E and will deny or terminate the enrollment of any provider that fails to meet all applicable requirements.
- Each provider must have an approved Service Provider Agreement with the Department.
- The Department must revalidate the enrollment of all providers at least every five years. A provider must permit CMS and the Department to conduct unannounced onsite inspections of any and all provider locations. The Department may terminate the enrollment of a provider who fails to permit a site visit.

### *Mental Health (MH):*

- A provider of psychiatric services for individuals age 21 and over shall complete Form MC-19 or Form MC-20, "Medical Assistance Provider Agreement," and submit the completed form to the Department for approval. Specific requirements for each type of care are listed in the respective subparts. The provider must meet all of these standards in order to be enrolled with NMAP. The Department is the sole determiner of which providers are approved for participation in this program.
- For Psychiatric Residential Rehabilitation, the program shall be licensed as a Residential Care Facility, Domiciliary, or Mental Health Center by the Department of Health and Human Services.

## **Staffing**

*Mental Health (MH):* Secure Psychiatric Residential Rehabilitation providers must employ a: (1) Program Director; (2) Licensed Mental Health Practitioner (LMHP) or a Licensed Mental Health Practitioner/Licensed Alcohol and Drug Counselor (LMHP/LADC). A dual Licensed Practitioner is preferred; (3) Registered nurse; and (4) Direct care staff. The Program Director must be fully licensed as a Mental Health Practitioner (APRN, RN, LMHP, LIMHP or psychologist); and possess leadership, supervisory, and management skills.

For Psychiatric Residential Rehabilitation, there is a requirement for clinical direction by a Licensed Psychologist, APRN, RN, LIMHP, or LMHP working with the program to provide clinical direction, consultation and support to direct care staff and the individuals they serve. There shall be appropriately licensed and credentialed professionals working within their scope of practice. All staff should be educated/trained in rehabilitation, recovery principles and trauma informed care. There shall be a clinical supervisor to direct care staff ratio as needed to meet all responsibilities.

*Substance Use Disorder (SUD):* Pursuant to the Section 1115 waiver, the state must establish residential treatment provider qualifications in licensure, policy or provider manuals, managed care contracts or credentialing, or other requirements or guidance that meet program standards in the ASAM Criteria or other nationally recognized, SUD-specific program standards regarding credentials of staff for residential treatment settings. The state must conduct an assessment of the availability of providers in the key levels of care throughout the state, or in the regions of the state participating under this demonstration, including those that offer MAT.

## **Placement**

*Mental Health (MH):* For services to be covered by Medicaid, the necessity of the service for the client shall be established through an Initial Diagnostic Interview (IDI). The client must have a diagnosable mental health disorder of sufficient duration to meet diagnostic criteria specified within the current Diagnostic and Statistics Manual of the American Psychiatric Association that results in functional impairment which substantially interferes with or limits the person's role or functioning within the family, job, school, or community.

Secure Psychiatric Residential Rehabilitation is for individuals demonstrate a moderate to high risk for harm to self/others and are in need of recovery, treatment, and rehabilitation services. The clients who are in need of this level of care have long standing limitations with limited ability to live independently over an extended period of time. An IDI must be conducted by a licensed, qualified clinician and credentialed mental health professional prior to admission or completed within 12 months prior to the date of admission. The following assessments must be also completed: (1) A comprehensive mental health and substance use disorder assessment by an independently licensed mental health practitioner must occur prior to admission. (2) Following admission and within 24 hours of stay, an assessment by the program's psychiatrist must be completed. (3) A history and physical must be completed by a physician or Advanced Practice Registered Nurse (APRN) within 24 hours of admission or one must be completed within 60 days of admission and available in the clinical record. (4) A nursing assessment must be completed by a Registered Nurse within 24 hours of admission. (5) A functional assessment must be completed initially upon admission and annually with continued stay at this level of service.

*Substance Use Disorder (SUD):* In accordance with the state 1115 waiver, there shall be an establishment of a requirement that providers assess treatment needs based on SUD-specific, multidimensional assessment tools, such as ASAM Criteria or other assessment and placement tools that reflect evidence-based clinical treatment guidelines, as well as a utilization management approach such that beneficiaries have access to SUD services at the appropriate level of care and that the interventions are appropriate for the diagnosis and level of care, including an independent process for reviewing placement in residential treatment settings.

## **Treatment and Discharge Planning and Aftercare Services**

*Mental Health (MH) and Substance Use Disorder (SUD):* A treatment plan must be established for each client. The treatment plan is a comprehensive plan of care formulated by the clinical staff under the direction of a supervising practitioner and is based on the individual needs of the client. The treatment plan validates the necessity and appropriateness of services and outlines the service delivery needed to meet the identified needs, reduce problem behaviors, and improve overall functioning. The treatment plan must be based upon an assessment of the client's problems and needs in the areas of emotional, behavioral, and skills development. The

treatment plan must be individualized to the client and must include the specific problems, behaviors, or skills to be addressed; clear and realistic goals and objectives; services, strategies, and methods of intervention to be implemented; criteria for achievement; target dates; methods for evaluating the client's progress; and the responsible professional. The treatment plan must be reviewed and updated by the treatment team according to the client's level of functioning. Minimum time frames for treatment plan reviews are dependent on the type of service.

Whenever a client is transferred from one level of care to another, transition and discharge planning must be performed and documented by the treating providers, beginning at the time of admission. Transition and discharge planning must address the client's need for ongoing treatment to maintain treatment gains and to continue normal physical and mental development following discharge.

*Mental Health (MH):* For Psychiatric Residential Rehabilitation, an initial Individual Treatment, Rehabilitation, and Recovery Plan to guide the first 14 days of treatment shall be developed within 72 hours of admission. An Individual Treatment, Rehabilitation, and Recovery Plan must be developed within 30 days following admission. It must include a documented discharge and relapse prevention plan. The plan must be recovery-oriented, trauma-informed, and strength-based.

*Substance Use Disorder (SUD):* Treatment and discharge planning will be in accordance with the ASAM criteria.

## **Treatment Services**

*Mental Health (MH):* For Psychiatric Residential Rehabilitation, the program provides: (1) Community living skills and daily living skills development; (2) Client skills development for self-administration of medication, as well as recognition of signs of relapse and control of symptoms; and (3) Skill building in the usage of public transportation and/or assistance in accessing suitable local transportation to and from the Psychiatric Residential Rehabilitation program.

The program must facilitate client driven skills training and activities as appropriate. A secure psychiatric residential rehabilitation program must provide services identified on the client specific Individual Treatment, Rehabilitation, and Recovery Plan, providing culturally-sensitive and trauma-informed care. The activities must include, but are not limited to: (1) Ongoing assessment; (2) Arrangement for general medical care including laboratory services, psychopharmacological services, psychological services, as necessary; (3) Provision of a minimum of 42 hours per week of on-site staff led psychosocial rehabilitation activities and skill acquisition; (4) Programming focused on relapse prevention, recovery, nutrition, daily living skills, social skill building, community living, substance abuse, education, medication education and self-administration, symptom management, and focus on improving the level of

functioning to get to a less restrictive level of care; (5) Educational and vocational focus as appropriate; and (6) Access to community-based rehabilitation/social services to assist in transition to community as symptoms are managed and behaviors are stabilized.

*Substance Use Disorder (SUD):* In accordance with the state 1115 waiver, beneficiaries will have access to high quality, evidence-based SUD treatment services, ranging from medically supervised withdrawal management for SUDs to ongoing care for these conditions in cost-effective community based settings. The state will work to improve care coordination and care for co-occurring physical and mental health conditions. Pursuant to the Section 1115 waiver, the state must establish residential treatment program standards regarding in particular the types of services and hours of clinical care for residential treatment settings. The state must establish a requirement that residential treatment providers offer MAT on-site or facilitate access to MAT off-site.

## **Care Coordination**

*Mental Health (MH):* If a client is receiving services from more than one psychiatric provider, the providers must assure coordination of all services. That coordination must be documented in the client's medical record. Coordination of services is required as part of the overall treatment plan must be covered in one unified treatment plan and is not billable as a separate service.

For Psychiatric Residential Rehabilitation, the program must have the ability to coordinate other services the individual may be receiving and refer to other necessary services, and provide referral for services and supports to enhance independence in the community.

*Substance Use Disorder (SUD):* In accordance with the state 1115 waiver, the state will work to improve care coordination and care for co-occurring physical and mental health conditions. The state must ensure establishment and implementation of policies to ensure residential facilities link beneficiaries with community-based services and supports following stays in these facilities.

## **Quality Assurance or Improvement**

Mental Health (MH) and Substance Use Disorder (SUD): All providers participating in NMAP have agreed to provide services under the requirements their provider agreements. If there is any question or concern about the quality of service being provided by an enrolled provider, the Department may perform quality assurance and utilization review activities, such as on-site visits, to verify the quality of service. If the provider or the services do not meet the standards of the specific level of care, the provider may be subject to administrative sanctions or denial of provider agreement for good cause. The Department may request a refund for all services not

meeting regulatory requirements. If the clients are in immediate jeopardy, the sanctions may be imposed without a hearing.

*Substance Use Disorder (SUD)*: In accordance with the state 1115 waiver, there shall be the establishment of a provider review process to ensure that residential treatment providers deliver care consistent with the specifications in the ASAM Criteria or other comparable, nationally recognized SUD program standards based on evidence-based clinical treatment guidelines for types of services, hours of clinical care, and credentials of staff for residential treatment settings.

## Special Populations

*Mental Health (MH) and Substance Use Disorder (SUD)*: Requirements regarding residential services were not explicitly described in the state Medicaid regulations.

## Location of Medicaid Requirements

Nebraska Medicaid Rules and Regulations<sup>3</sup>; Medicaid Psychiatric Residential Rehabilitation<sup>4</sup>; Medicaid Behavioral Health Service Definitions<sup>5</sup>; Nebraska Substance Use Disorder Section 1115 Demonstration<sup>6</sup>. Regulatory data collected January 10, 2020.

## Other Information Sources

Kaiser Family Foundation. State Options for Medicaid Coverage of Inpatient Behavioral Health Services. KFF: San Francisco. November 2019 <http://files.kff.org/attachment/Report-Brief-State-Options-for-Medicaid-Coverage-of-Inpatient-Behavioral-Health-Services>

This state summary is part of the report “**State Residential Treatment for Behavioral Health Conditions: Regulation and Policy**”. The full report and other state summaries are available at <https://aspe.hhs.gov/state-bh-residential-treatment>.

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<sup>3</sup> See <http://dhhs.ne.gov/Pages/Medicaid-Rules-and-Regulations.aspx>.

<sup>4</sup> See <http://dhhs.ne.gov/Behavioral%20Health%20Service%20Definitions/Psychiatric%20Residential%20Rehabilitation.pdf>.

<sup>5</sup> See <http://dhhs.ne.gov/Pages/Medicaid-Behavioral-Health-Definitions.aspx#InplviewHashef510dad-20dd-4a57-a254-85c91569baf5=FolderCTID%3D0x012001>.

<sup>6</sup> See <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=50214>.