

Nebraska

Data as of July 2003

Mental Health and Substance Abuse Services in Medicaid and SCHIP in Nebraska

As of July 2003, 220,023 people were covered under Nebraska's Medicaid/SCHIP programs. There were 197,378 individuals enrolled in the Medicaid program, and 22,645 enrolled in the Medicaid SCHIP expansion program. In state fiscal year 2001, Nebraska spent \$1.09 billion to provide Medicaid services.

In Nebraska, low income children may be enrolled into the Medicaid program or a SCHIP Medicaid expansion program based on the child's age and their family's income.

- The Medicaid program serves infants in families with incomes up to 150% FPL, children ages 1 through 5 in families with incomes up to 133% FPL, and children ages 6 through 18 in families with incomes up to 100% FPL.
- The SCHIP Medicaid expansion program serves uninsured children from families with incomes of no more than 185% FPL who do not otherwise qualify for Medicaid..

Nebraska has hired an "Administrative Services-Only" contractor to manage the delivery of mental health and substance abuse services to all beneficiaries. While this program is not a managed care program it serves many of the same functions. There were 142,377 enrollees in this program as of July 2003.

Nebraska also requires all Medicaid beneficiaries to enroll into a managed care program for physical health services. All beneficiaries except those over 65 are required to choose between a Primary Care Case Management (PCCM) program and a comprehensive Managed Care Organization (MCO). Those over 65 must enroll into the PCCM program. As of July 2003, 35,109 beneficiaries were enrolled in the PCCM program and 30,172 were enrolled in the MCO program.

Medicaid

Who is Eligible for Medicaid?

Families and Children

1. Low income families who would have qualified for AFDC on July 16, 1996. These families must have incomes at or below a limit set by the state. That limit varies by family size. But for example, the income limit in July 2003 was \$514 for a family of 2 and \$611 for a family of 3.
2. Pregnant women and children under 1 year from families with incomes of 150% FPL or less.
3. Children from age 1-6 from families with incomes of 133%FPL or less
4. Children from age 6-19 from families with incomes of 100% FPL or less
5. Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act

Aged, Blind, and Disabled

1. Individuals receiving SSI or the State's supplementary SSI payment.
2. All working individuals between the ages of 16 and 64 who meet the SSI definition of disability, but do not qualify for SSI due to earned income. Those with an adjusted income of 200% FPL or more must pay a premium that ranges from 2-10% of monthly, adjusted income. The specific percent increases as adjusted income increases.
3. Aged individuals with incomes up to 100% FPL and resources that meet SSI standards.
4. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid if they were in an institution.

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Medically Needy

Members of the following groups may qualify for Medicaid coverage as Medically Needy if they have sufficient medical expenses.

1. Pregnant women
2. Children under age 19
3. Aged, Blind, and Disabled

Waiver Populations

Nebraska does not have an 1115 waiver.

What Mental Health/Substance Abuse Services are Covered by Medicaid?

Medicaid must cover some types of services (mandatory services) and may cover some other types of services (optional services). The information presented here identifies the types of service Nebraska Medicaid covers and the coverage requirements for those services. These services are presented grouped as they are in the Medicaid State plan that Nebraska must maintain under Medicaid law. Only those types of services that include mental health or substance abuse services are discussed.

Mandatory State Plan Services

Inpatient Hospital Services		
Service	Description	Coverage Requirements
Inpatient	<ul style="list-style-type: none"> • Inpatient hospital care of patients <ul style="list-style-type: none"> - whose primary care needs are psychiatric in nature - by a facility that is maintained primarily for the care and treatment of patients with disorders other than mental disease; • Inpatient detoxification is covered 	<ul style="list-style-type: none"> • All admission for psychiatric care must be prior-authorized by the Medicaid agency's designated agent.. • Psychiatric services may only be provided in a licensed, accredited hospital or distinct part of a hospital that is maintained for the care and treatment of patients with primary psychiatric disorders • Beneficiaries are only eligible to receive inpatient detoxification and may receive no more than 5 days of detoxification services without the prior approval of the Medicaid agency.

Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services		
Service	Description	Coverage Requirements
Outpatient Psychiatric and Substance Abuse Care	Mental health services that would be covered if provided in another setting may be provided by an outpatient hospital clinic, Specific services include: <ul style="list-style-type: none"> • Testing and evaluation by a licensed psychologist 	<ul style="list-style-type: none"> • Services must be physician or psychologist directed • Services must be performed within the licensed outpatient facility • Mental health and substance abuse services provided in an outpatient hospital must meet the same requirements as those provided in another setting
Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs)	FQHCs and RHCs may provide the same mental health and substance abuse services as other providers- as long as the personnel providing the service meet the same qualifications as other providers.	<ul style="list-style-type: none"> • Services must be physician or psychologist directed • Services provided by an FQHC or RHC must meet the same requirements as services provided by another provider (e.g., psychologist).

Physician Services

Information compiled from Medicaid state plan, SCHIP state plan, and various web-related resources that may include the state and/or CMS.

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Service	Description	Coverage Requirements
Physician services	Medicaid-covered medical and surgical services, including psychiatric services, provided by a qualified physician.	<ul style="list-style-type: none"> Beneficiaries over age 21 may receive no more than 5 psychiatric treatment services per year without prior authorization from the Medicaid agency. Testing and evaluations must be performed by a licensed psychologist or supervised by a licensed psychologist.

Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services to Children Under 21		
Service	Description	Coverage Requirements
Mental health and substance abuse services for children and adolescents covered under EPSDT:	<p>Outpatient mental health and substance abuse services for children and adolescents covered under EPSDT include the following services:</p> <ul style="list-style-type: none"> evaluation and testing, family assessment, individual, family and group psychotherapy, individual, family and group substance abuse counseling; conferences with family or other responsible persons, MHSA community Treatment Aides, intensive outpatient services and medication checks by a physician or physician extender, Treatment crisis intervention, day treatment: Treatment foster care, Treatment group home, residential treatment; and Inpatient hospital services provided in a general hospital or an IMD. 	<ul style="list-style-type: none"> To qualify for services a beneficiary must <ul style="list-style-type: none"> be under age 21 Participate in an EPSDT screening either six months prior to the initiation of MH/SA services or within eight weeks after the initiation of MH/SA services. Services may only be provided as part of a treatment plan developed and implemented under the clinical supervision of a licensed practitioner of the healing arts who is able to diagnose and treat major mental illness within his or her scope of practice.

Optional State Plan Services

Other Licensed Practitioners		
Service	Description	Coverage Requirements
Psychologist	Evaluation, diagnostic and treatment services provided by a licensed psychologists	Prior authorization is not required for medically necessary outpatient psychotherapy services.

Clinic Services		
Service	Description	Coverage Requirements
Community mental health centers	<ul style="list-style-type: none"> Medically necessary acute psychiatric services provided by a community mental health center, including <ul style="list-style-type: none"> Day treatment Outpatient psychotherapy services Testing and evaluation Assertive Community Treatment 	<ul style="list-style-type: none"> Prior authorization is not required for medically necessary outpatient psychotherapy services. Testing and evaluations must be performed by a licensed psychologist or under the supervision of a licensed psychologist

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		<ul style="list-style-type: none"> No substance abuse services are covered for adults except inpatient detoxification.
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Inpatient Psychiatric Services (for persons under the age of 21)		
Service	Description	Coverage Requirements
Inpatient psychiatric facility services for individuals under age 21	Evaluation, diagnostic and active mental health and substance abuse treatment services provided in an <ul style="list-style-type: none"> acute psychiatric hospital, IMD, residential treatment facility, or Accredited group home. 	<ul style="list-style-type: none"> Services must be indicated as a result of an EPSDT screen Beneficiary must be under age 21 at admission All admissions must be prior authorized by the Medicaid agency or its designated agent.

Rehabilitative Services		
Service	Description	Coverage Requirements
Community-based Comprehensive Psychiatric Rehabilitation and Support Services Program	The following rehabilitative psychiatric services are covered as a comprehensive package of services: <ul style="list-style-type: none"> Community Support; Day Rehabilitation; and Psychiatric Residential Rehabilitation. Assertive Community Treatment Medical and psychosocial/rehabilitative services that include <ul style="list-style-type: none"> assessment, evaluation, treatment planning; family, individual, and group psychotherapy; medication administration and monitoring; 24-hour crisis intervention; ongoing psychiatric and psychological evaluation; case management, ongoing monitoring and service coordination; and Clozapine management 	<ul style="list-style-type: none"> To qualify for services the beneficiary must be experiencing severe and persistent mental illness in the community. Services may only be provided as part of an active plan of care

Targeted Case Management		
Service	Description	Coverage Requirements
Targeted Case Management (TCM)	Services include assessment, development of case plans, ongoing monitoring and follow-up services, and discharge planning.	Providers of TCM services must be certified by the Medicaid agency; and Individuals receiving TCM services must be <ul style="list-style-type: none"> chronically mentally ill and age 21 or older. severely emotionally disturbed and under age 21 alcohol and/or other drug dependent to the extent that the person's health is substantially impaired or endangered or economic functioning is substantially disrupted. Be part of a family with children up to age 21

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		who are at-risk of physical, mental, or emotional dysfunction if, among other things, the primary caregiver has a mental illness, developmental disability, or substance abuse disorder.
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SCHIP Medicaid Expansion Program

Who is Eligible for the SCHIP Medicaid Expansion Program?

The SCHIP Medicaid expansion program serves the following three groups of children.

1. Infants in families with incomes between 150 and 185% FPL.
2. Children ages 1 through 5 in families with incomes between 133 and 185% FPL.
3. Children ages 6 through 18 in families with incomes between 100 and 185% FPL.

What Mental Health/Substance Abuse Services are Covered by the SCHIP Medicaid Expansion Program?

Service coverage in the SCHIP Medicaid expansion program -- Kids Connection -- is identical to coverage in the Medicaid program, which was described in the previous section.

Separate SCHIP Program

Nebraska has no Separate SCHIP Program