

### 32-001 General Requirements

32-001.01 Eligibility: An individual is eligible for mental health and/or substance abuse services set forth in this chapter when:

1. The individual has a diagnosis of a mental health or substance abuse disorder of sufficient duration and intensity to meet diagnostic criteria specified within the current version of the Diagnostic and Statistics Manual of the American Psychiatric Association; and
2. The mental health or substance disorder results in functional impairment that substantially interferes with or limits the individual's role or functioning within his/her family, school or community. Coexisting conditions such as organic brain disorders, developmental disabilities, intellectual disability, autism spectrum disorders, or behavioral disorders, must be carefully evaluated in order to identify the functional impairments resulting from the mental health or substance abuse diagnosis and those resulting from the coexisting condition. In the evaluation of coexisting conditions, evidence of the conditions will not automatically result in denial of eligibility; and
3. The services meet medical necessity criteria.

32-001.02 Medical Necessity: Medical necessity is defined as the need for treatment services which are necessary to diagnose, treat, cure or prevent regression of significant functional impairments resulting from symptoms of a mental health or substance abuse diagnosis. Treatment services shall:

1. Be provided in the least restrictive level of care that is appropriate to meet the needs of the client; and
2. Be supported by evidence that the treatment improves symptoms and functioning for the individual client's mental health or substance abuse diagnosis; and
3. Be reasonably expected to improve the individual's condition or prevent further regression so that the services will no longer be necessary; and
4. Be required for reasons other than primarily for the convenience of the client or the provider.

32-001.03 Family Component: Unless otherwise prohibited, providers shall involve the family in assessment, treatment planning, updating of the treatment plan, therapy and transition/discharge planning. Providers shall schedule meetings and sessions in a flexible manner to accommodate a family's schedule, including weekends and/or evenings. Family involvement, or lack thereof, shall be documented in the clinical record. Parental/caregiver involvement in treatment is essential and evidence based practices which include parents in therapy are the expectation for treatment.

32-001.04 Cultural Competence: Providers shall be culturally competent. This includes awareness, acceptance and respect of differences and continuing self-assessment regarding culture.

32-001.05 Initial Diagnostic Interview: The Initial Diagnostic Interview shall include a history, mental status, and a disposition and may include communication with family or other sources, ordering and medical interpretation of laboratory or other medical diagnostic studies. If circumstances require, individuals such as family members, guardians or other supports may be interviewed to supplement the interview of the individual.

32-001.06 Practitioners Requiring Supervision: A Practitioner who is not eligible to practice independently and who provides mental health and/or substance abuse treatment services shall have a Supervising Practitioner:

1. Licensed Mental Health Practitioner
2. Provisionally Licensed Mental Health Practitioner
3. Registered Nurse (RN)
4. Provisionally Licensed Psychologist
5. Licensed Alcohol Drug Counselor (LADC)
6. Provisional LADC

32-001.06A A Supervising Practitioner shall be:

1. A licensed physician (M.D. or D.O.), preferably Board Certified in psychiatry or addiction medicine or who has completed a psychiatric residency or similar training program, for any level of mental health or substance abuse services.
2. A licensed psychologist (Ph.D. or Psy.D.) for any level of mental health or substance abuse services except Psychiatric Residential Treatment Facility (PRTF).
3. A licensed independent mental health practitioner (LIMHP) for outpatient services, Intensive Outpatient and Community Treatment Aide (CTA) services only.

32-001.06B Responsibilities of Supervising Practitioner: A Supervising Practitioner shall:

1. Develop, approve and supervise the client's assessment and treatment plan. This requires a face-to-face assessment;
2. Direct patient care by reviewing and approving client specific treatment plans and progress notes within the timelines specified for each level of care, not to exceed 90 days; and
3. Assure treatment provided meets standards of care.

32-001.06C Reimbursement for Supervision: Face-to-face assessments and other services provided by the Supervising Practitioner, directly to the client, are reimbursable. Supervision is not reimbursable either by the Supervising Practitioner or the Practitioner who is being supervised.

32-001.07 Provider Enrollment: All providers of mental health and substance abuse services shall submit a completed Medical Assistance Provider Agreement to Medicaid for approval. A separate application shall be submitted for each particular mental health and substance abuse treatment service.

32-001.07A Managed Care Enrollment: In order to be reimbursed for providing services to clients in managed care, providers shall be credentialed by and under contract with the Medicaid managed care behavioral health contractor.

32-001.08 Active Treatment: Treatment shall be provided in an interactive face-to-face environment with the client present and shall be focused on reducing or controlling the client's mental health and substance abuse symptoms which cause functional impairments and promoting the client's movement to less restrictive treatment in the most time efficient manner consistent with sound clinical practice.

32-001.09 Treatment Plans: The Treatment Plan is a written, comprehensive plan of care to address mental health and substance abuse symptoms identified in the Initial Diagnostic Interview. The Treatment Plan shall include transition and discharge planning and shall be amended as needed as treatment progresses. The Treatment Plan shall:

1. Be individualized to the client;
2. Include the specific symptoms or skills to be addressed;
3. Provide clear and realistic goals;
4. Include treatment objectives services, strategies, and methods of intervention to be implemented;
5. Describe the methods for evaluating both the client's progress and the performance of the practitioner facilitating the intervention; and
6. Estimate the length of time or number of sessions necessary to complete the treatment goals.

32-001.10 Transition and Discharge Planning: Providers shall begin and document transition and discharge planning at the time of admission or onset of treatment and continue to update the documentation throughout the treatment episode.

32-001.11 Coordination of Care: If the client receives services from more than one mental health and substance abuse provider, these providers shall coordinate their services.

32-001.12 Clinical Records: Each provider shall maintain a legible clinical record for each client that includes a complete record of all the treatment services rendered. The clinical record shall contain documentation sufficient to justify reimbursement and shall allow an individual not familiar with the client to evaluate the course of treatment. Failure to have sufficient documentation to justify the level of reimbursement may result in recoupment of payments made for services lacking the documentation.

32-001.12A Progress Notes: Progress notes shall identify the client name, the name and title of the practitioner and the date of service. The progress note shall also identify the type of therapy, beginning and end date and time of the service delivered.

32-001.12B Record Retention: Clinical records shall be maintained for a minimum of seven years in a secure location.

32-001.12C Confidentiality of Records: Each provider shall ensure the confidentiality of clinical data, in accordance with state and federal law.

32-001.13 Location of Community Based Services: Community based mental health and substance abuse services shall be provided in the client's home or a professional environment conducive to client confidentiality and privacy.

32-001.14 Quality Assurance, Utilization Review and Inspection of Care (IOC): Providers shall fully cooperate with any reviews conducted by Medicaid or Medicaid's designee to determine the quality of care and services provided. Providers shall have access to a copy of any final IOC report.

32-001.14A Response to IOC Reports: Within 15 days following the receipt of the IOC report, the provider shall respond in writing and submit a plan of correction for any identified findings and recommendations. The provider may request an extension of time to respond if needed.

32-001.15 Payment: Payment for services shall be based upon rates established by Medicaid, as described further throughout this chapter, and may be increased or decreased based on legislative appropriations or budget directives from the Nebraska Legislature. Providers may be required to report their costs on an annual basis or as needed.

32-001.16 Institutes for Mental Disease(IMD): Services provided to clients residing in an IMD shall not be Medicaid reimbursable except as provided in the regulations on PRTFs.