Who is covered in Nebraska’s Medicaid Program?

**ELIGIBILITY GROUPS**

**FFS**
- Undocumented Immigrants*
- Intellectual and Developmental Disabilities

**MCO**
- Children (0-18 years)
- Current and Former Foster Care Children
- Parents and Other Caretaker Relatives
- Pregnant Women
- Aged, Blind, and Disabled Adults
- Dual Eligibles
- Disabled Children
- Qualified Non-Citizens**

*Emergency Medicaid services only.

**Qualified non-citizens are subject to a 5-year waiting requirement, except for children and pregnant women.

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**Important News**

**September 2016** - Nebraska releases a request for proposals to transition their dental fee-for-service program to a capitated delivery system. The proposal sought to identify 5-year contracts running from July 1, 2017 until December 31, 2022.5

**March 2017** - Nebraska’s Department of Health and Human Services published a draft paper highlighting the issues of their current long-term services and supports (LTSS) and proposing a transition to managed LTSS. The plan includes transitioning older adults and individuals with disabilities to MLTSS by January 1, 2019, and individuals with intellectual or developmental disabilities by July 1, 2019.6

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**Do Medicaid health plans provide coverage?**

✔ YES

- Aetna Better Health of Nebraska
- Arbor Health Plan
- UnitedHealthcare Community Plan of Nebraska

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www.MedicaidInnovation.org
How is Nebraska meeting the needs of Medicaid enrollees?

**Mental Health and Substance Abuse Disorder**

- **Mental health Outpatient Services**
  - Psychiatric/psychological evaluation and testing
  - Individual, group, family and crisis psychotherapy
  - Family assessment
  - Medication checks
  - Community support
  - Day rehabilitation
  - Assertive community treatment
  - Intensive outpatient services and electroconvulsive therapy

- **Substance use disorder outpatient services**
  - Community support
  - Group/individual/family therapy, evaluations
  - Intensive outpatient services

- **Day Treatment**:
  - A treatment program that provides a package of specific services to clients who are capable of functioning in the community but still require support from mental health professionals.
  - Individual, family, and group therapy in addition to other services

- **Adult inpatient services**
  - Acute and sub-acute hospital psychiatric services
  - Secure psych residential services
  - Psychiatric residential rehabilitation

- **Substance use disorder inpatient services**
  - Therapeutic community treatment
  - Dual disorder residential services
  - Halfway house, Intermediate residential, and short-term residential services
  - Social detox

- **Inpatient hospital services for clients age 65 or older in institutions for mental disease (IMDs)**.

**Covered services for children (under 21 years of age):**

- **Outpatient Services**
  - Evaluation by a psychiatrist psychologist
  - Individual, group, family, and crisis psychotherapy
  - Substance use evaluations
  - Individual, group, and family substance abuse counseling
  - Family assessment
  - Conferences with family or other responsible persons
  - Community treatment aid services
  - Medication checks
  - Treatment crisis intervention services
  - Applied Behavioral Analysis
  - Functional Behavior Assessment
  - Multisystemic Therapy
  - Functional Family Therapy and Intensive Outpatient services for mental health and substance use disorders

- **Middle-Intensity Services**:
  - The Therapeutic Group Home is designed to prevent hospitalization or help a hospitalized client with lessened contact with a mental health or substance abuse provider function within the community.

- **Day Treatment**
- **Hospital Services**
  - Inpatient mental health services

- **Inpatient mental health services in institutions for mental disease (IMDs)**

- **Drug therapies covered**: morphine, naltrexone, atenolol, acamprosate, & disulfiram

**Family Planning**

- Consultation and treatment
- Initial physical examinations and health history
- Annual and follow-up visits
- Laboratory services
- Prescribing and supplying contraceptive supplies and devices
- Counseling services
- Prescribing medications for specific treatment

**Women’s Health**

- Attending cases of normal childbirth.
- Providing prenatal, intrapartum, and postpartum care.
- Providing normal obstetrical and gynecological services for women.
- Providing care for the newborn immediately following birth.
- Mammograms based on a medically necessary diagnosis.

**Oral Health**

- Cleaning of teeth
- Fillings
- Extractions
- X-rays
- Dental surgery
- Dental disease control

**Value-Based Healthcare Initiatives**

No current value-based initiatives.
**Timeline**

**Federal**
- **1965**: President Johnson signs Social Security Amendments of 1965, creating Medicaid as a public health program for the poor.
- **1967**: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement for children enrolled in Medicaid.
- **1972**: Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities.

**Nebraska**
- **1966**: Nebraska adopts the Medicaid program.¹¹

**Federal**
- **1981**: Home and Community-Based Services (HCBS) waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments.
- **1984**: Children and pregnant women become mandatory Medicaid eligibility groups.
- **1989**: Children up to age 6 and pregnant women up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded.
- **1990**: Mandatory eligibility extended to children ages 6 to 18 years in families up to 100 percent FPL; eligibility phased in from 1990 through 2002.
- **1995**: The state implements Nebraska Health Connection, covering acute, primary, and specialty health care services for low-income children and families, children and adults with disabilities, older adults, foster children, and American Indians and Alaskan Natives on a mandatory basis. Also, the following groups were excluded from enrollment in managed care: individuals residing in nursing facilities or intermediate care facilities, individuals with intellectual disabilities, those enrolled in home and community-based waivers, and dual eligibles.¹²
- **1999**: Balanced Budget Act of 1997 allows Medicaid to be delivered through managed care organizations; State Children’s Health Insurance Program (CHIP) created; states now have option to provide coverage for uninsured children in low-income families above FPL.
- **1999**: Olmstead decision allows expanded HCBS coverage for persons with disabilities.

**Federal**
- **2001**: Affordable Care Act (ACA) expands Medicaid eligibility to adults with incomes up to 138 percent FPL.
- **2012**: ACA implementation begins.

**Nebraska**
- **2012**: Nebraska expands Medicaid managed care from ten counties to the entire state.¹²
- **2012**: Nebraska’s Program for the All-Inclusive Care for the Elderly (PACE) begins providing all Medicare and Medicaid services, including long-term care services to individuals over age 55 who require nursing home care and live in select counties in Omaha.¹²
- **2013**: Nebraska changes the name of Nebraska Health Connection to Medicaid Managed Care, changing the delivery of behavioral health services from the Specialty Physician Case Management (SPCM) program to a Prepaid Inpatient Health Plan (PIHP).¹²
- **2017**: Nebraska creates Heritage Health, a Medicaid managed care program designed to combine Nebraska’s physical health, behavioral health, and pharmacy programs into a single comprehensive and coordinated system for Nebraska’s Medicaid and Children’s Health Insurance Program (CHIP) enrollees.¹³

**Notes**
- ¹¹ For a complete list of sources, please contact the Institute for Medicaid Innovation at Info@MedicaidInnovation.org.
- ¹² Last Updated: June 2018

**Institute for Medicaid Innovation**