

Commission on Behavioral Health– Medicaid Updates 11/2023

General Medicaid Updates

- This first website will take you to the COVID-19 Unwinding Dashboard where you will be able to review all information related to this project.
- Secondly, for any issues related to claims or prior authorization please first reach out the Gainwell, Medicaid’s fiscal agent at nevadaprovidertraining@gainwelltechnologies.com to contact your Provider Field Representative, for behavioral health provider types that is likely Alyssa for the northern providers and Susan for the southern providers. Also, Medicaid has a new Community and Provider engagement unit that can provide an access point for Medicaid questions. Their email is communityandprovider@dhcp.nv.gov.
- DHCFP will be hosted a Legislative Implementation Public Workshop on September 18th @ 3 p.m. to review processes for implementing the bills that were passed during the 82nd Legislative Session, please access this [Legislative Stakeholder Implementation recording](#) to review.

State Plan Amendments

- **NV SPA 22-0005 – Reimbursement Methodology for Crisis Stabilization Centers**
 - The proposed reimbursement methodology was added to Attachment 4.19-B, Pages 4a through 4c and Attachment 4.19-A, Pages 14-14c. As authorized by Assembly Bill 66 of the 80th Nevada Legislative Session (2019) and Senate Bill 156 of the 81st Nevada Legislative Session (2021), this SPA proposes the reimbursement methodology needed to establish Crisis Stabilization Centers within hospitals. Crisis Stabilization Services are defined by legislation as “behavioral health services designed to: (1) de-escalate or stabilize a behavioral crisis; and (2) avoid admission of a patient to another inpatient mental health facility or hospital when appropriate.” SPA language will address the rate methodology utilized for a daily rate of service. Initially, providers will be reimbursed a daily default rate that is market-based using a model to reflect service definitions, provider requirements, operational service delivery and administrative considerations. After a provider has a complete fiscal year of providing services, the provider will be allowed to complete a cost report to be used to determine an individual, provider-specific rate for crisis stabilization services.
 - This SPA is on Request for Additional Information (RAI), which essentially pauses the 90-day clock under CMS review. The latest discussions involve adding the methodology to different pages within the state plan since the services provided under a crisis stabilization center are outpatient based and may fit better under the rehabilitative services area rather than the hospital reimbursement pages where we originally placed them. Additionally, Nevada will be adding coverage pages defining Intensive Crisis Stabilization services.
 - [Web Announcement 2975](#) was created to inform on next steps with this process
 - This SPA I will review in more detail a bit later in the presentation
- **NV SPA 23-0002 Certified Community Behavioral Health Centers (CCBHCs)**
 - Revising bundled rate and Quality Incentive Payment methodology language and data submission requirement language
 - Public Hearing January 31, 2023 and submitted to CMS
 - This SPA is on RAI, but will hopefully get turned around quickly.

Medicaid Service Manual Updates

- **Upcoming MSM 2900 – Federally Qualified Health Center (FQHC) –**
 - Language added to clarify behavioral health services and requirements when delivered in an FQHC setting.
 - November 9, 2023, Public Workshop from 10:00 a.m. - 12:00 p.m.
- **Upcoming MSM 3400 – Telehealth Services**
 - Language added to ensure audio-only telehealth is medically necessary and clinically appropriate including behavioral health services as a result of SB 119.
 - November 28, 2023, Public Hearing
- **Upcoming MSM 3800 – Medication Assisted Treatment and MSM 600 – Physicians Services**
 - Language added to allow a Pharmacist as a provider to perform Medication-Assisted Treatment as a result of AB 156.
 - November 28, 2023, Public Hearing

SUPPORT Act Post-Planning Demonstration Grant

- September 17, 2021, Nevada was among five states awarded the CMS SUPPORT Act Post-Planning Demonstration Grant Award
- Nevada will continue work identified through the Strategic Plan; some major strategies include but are not limited to:
 - Development of a new Provider Type and individual specialties for Substance Use Treatment Providers
 - Nevada’s Section 1115 Demonstration Waiver application entitled “Nevada’s Treatment of Opioid Use Disorders (OUDs) and Substance Use Disorders (SUDs) Transformation Project”
- New Provider Type and Specialties for Substance Use Treatment
 - New PT will replace current PT 17 specialty 215
 - Will allow Alcohol and Drug Counselors, Interns, and Peer Supporters to enroll as individuals and link to the group
 - Working with Gainwell on a Roll Out Plan and Provider Training
 - Creating new Medicaid Services Manual (MSM) for Substance Use Disorder Treatment to be separate from MSM 400

1115 SUD Demonstration Waiver Update

- We received 1115 application and authority approval from CMS on 12/29/22,
- The waiver allows for SUD services within an IMD setting to be reimbursable through Medicaid, so the services are specific to these residential levels of care, ASAM 3.1, 3.2 Withdrawal management, 3.5, and 3.7 Withdrawal management.
- Implementation Plan approval was received on May 24, 2023.
- DHCFP and DPBH are working together to develop a transition plan for current IMD providers billing the Substance Abuse Block Grant to Medicaid Billing. This will include a new State Plan

Amendment to develop a bundled/daily reimbursement rate and coverage language for residential services.

- Please visit the [1115 SUD Demonstration webpage](#) with more specific details within the 1115 Fact Sheet.
- The Monitoring Protocol was approved by CMS on October 18th and will be published on the webpage as well.
- The Division submitted the Evaluation Design on October 20th for the Independent Assessor to utilize for the Mid-point Assessment and to evaluate the progress of the waiver over the 5 year demonstration period.
- DHCFP will be hosting a Post Award forum hopefully in mid-January, which we invite public engagement and feedback related to the 1115 Demonstration progress. This mid-January post award forum will also provide information on the bundled daily rate and coverage language we will be proposing to CMS through a SPA for the SUD Residential providers.
- Some next steps include developing a state plan amendment for coverage of residential substance use treatment as well as a daily bundled rate for each reimbursable ASAM residential level of care. Once a daily bundled rate can be established, providers currently being reimbursed by the substance abuse block grant, will be transitioning off the grant to billing Medicaid. Currently psychiatric hospitals are able to be reimbursed for SUD treatment, likely ASAM Level 4.0 – Medically Managed Intensive Inpatient Services.

Mobile Crisis Planning Grant

- The Mobile Crisis Planning Grant ends on September 29, 2023
- As part of NV SPA 22-0005, coverage language for Mobile Crisis response delivered by a Designated Mobile Crisis Team (DMCT) remains under review with CMS
- New Provider Type 87 – Crisis Services ready to implement upon CMS approval
- SPA 22-0005 for crisis services intends to do a couple of things with both Intensive Crisis Stabilization Services rate methodology and coverage language as well as coverage language for mobile crisis delivered by a Designated Mobile Crisis Team (DMCT) that meets Section 1947 standards.
 - Crisis Stabilization Center – endorsement under hospital licensure
 - A default rate of \$563 per day for the first fiscal year with the ability to submit a cost report after providing services for one full fiscal year (based upon the providers individual fiscal year).
 - Default rate was based upon the estimated costs of staffing and providing services.
 - MSM Ch. 400 Policy
 - Provider Type 87 Specialty 250 – Crisis Stabilization Center
 - Facility based Intensive Crisis Stabilization Services – Community based
 - A default rate of \$563 per day for the first fiscal year with the ability to submit a cost report after providing services for one full fiscal year (based upon the providers individual fiscal year).
 - Default rate was based upon the estimated costs of staffing and providing services.
 - Provider Type 87 Specialty 034 – Intensive Crisis Stabilization Services

- Once the SPA is approved, the new provider type can be implemented with the various mobile crisis specialties and two intensive crisis stabilization services specialties. Once approved, associated billing guides and enrollment documents will also be developed.

Legislative Work to be Initiated by the Medicaid BH Unit

- AB 137 – Revises provisions relating to fetal alcohol spectrum disorders. * Effective 1/1/2024, the state is researching the health home model to incorporate the new services.
- AB 138 - Provides Medicaid coverage for certain types of behavioral health integration services. *Effective 7/1/2024, more detail to come later next year.
- AB 156 - Revises provisions relating to substance use disorders. * Effective 1/1/2024, as mentioned previously, this will expand to a pharmacist to perform Medication-Assisted Treatment for Opioid Use Disorder and the public hearing is on November 28,2023.
- SB 119 - Provides for the continuation of certain requirements governing insurance coverage of telehealth services. The public hearing is on November 28, 2023 and the policy will be effective November 29, 2023.
- SB 191 - Makes certain changes relating to applied behavior analysis. *Effective 1/1/2024, the state will be pursuing a state plan amendment that will expand ABA to all ages of the Medicaid population that qualify for this service rather than limiting to the expansion between the ages of 21-27, as the bill indicated.
- SB 504 Medicaid Budget
 - Expansion of CCBHCs and New DHCFP Positions *Effective 1/1/2024
 - Elimination of Biofeedback and Neurotherapy for the treatment of a mental health diagnosis. *Effective 4/1/2024.

Certified Community Behavioral Health Center (CCBHC) Updates

- Moving from Demonstration to State Plan authority for all CCBHCs
- Expanding statewide
- Open enrollment will begin January, 1, 2024
- There will not be an RFP to fill the expanded CCBHC positions. There will be criteria that needs to be met prior to enrollment and a listening session/webinar in the next few months to explain how this will work. Note that clinics that are already CCBHCs will not need to make any enrollment changes and will continue to operate under the certification you already have in place. The enrollment will apply to those enrolling in 2024 and going forward. Medicaid will host a listening session tentatively set for November to inform on steps to become a CCBHC for those interested.
- Listening Session scheduled for November 9th @ 1:00 p.m.

Department of Justice

- Nevada continues settlement negotiations with the Department of Justice until an agreement can be made. More information to come in the coming months.

Behavioral Health Unit Timeline through the end of the year

- With bill implementation underway, our unit will be focused on lots of research and implementation activities. Also, our unit will be continuing with work already underway for crisis services, policy updates, and the 1115 work. Please be mindful of the public notice website and attend public hearings.