

## **Nevada Medicaid Behavioral Health Policy Changes**

**July 27, 2018:** Revisions to Medicaid Services Manual (MSM) Chapter 400 – Mental Health and Alcohol/ Substance Abuse Services are proposed for Basic Skills Training (BST), MSM 403.6C(3). Proposed changes titrate down service limitations for BST over a period of time. The proposed changes are as follows: two hours per day for the first 90 days, one hour per day for the next 90 days; services needed beyond the 180 days would require a prior authorization (PA) meeting medical necessity and services above the above-mentioned service limitations would require a PA meeting medical necessity.

Entities Financially Affected Including but not Limited to: Behavioral Health Outpatient Treatment (Provider Type (PT) 14) and Behavioral Health Rehabilitative Treatment (PT 82).

**August 1, 2018:** Revisions to Medicaid Services Manual (MSM) Chapter 400 – Mental Health and Alcohol/Substance Abuse Services are proposed to clarify service limitations for Intensive Outpatient Program (IOP), MSM 403.4(d)(2). IOP services is a comprehensive, interdisciplinary program of an array of direct mental health and rehabilitative services. Best practices indicate an IOP should be provided three days a week, at a minimum of three hours a day and not to exceed six hours a day. Clarification will include that services should also not be provided in conjunction with other outpatient mental health or rehabilitative mental health services as this would be a duplication of services, group sizes, direct services and supervisory oversight.

Entities Financially Affected Including but not Limited to: Behavioral Health Outpatient Treatment (Provider Type (PT) 14) and Behavioral Health Rehabilitative Treatment (PT 82).

**August 1, 2018:** Revisions to Medicaid Services Manual (MSM) Chapter 400 – Mental Health and Alcohol/Substance Abuse Services are being proposed to clarify policy under MSM 403.3(d)(4) for Medication Training and Support services to align with State Plan language. The proposed changes clarify the definition of a professional who may provide this service to include a Qualified Mental Health Professional (QMHP), Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT) or a Licensed Clinical Professional Counselor (CPC). Registered Nurses (RNs) who are enrolled as a Qualified Mental Health Associate (QMHA) can provide this service with the appropriate billing modifier.

Entities Financially Affected Including but not Limited to: Behavioral Health Outpatient Treatment (Provider Type (PT) 14) and Behavioral Health Rehabilitative Treatment (PT 82).

**October 26, 2018:** Revisions to Medicaid Services Manual (MSM) Chapter 400 – Mental Health and Alcohol/Substance Abuse Services are being proposed to clarify service limitations for psychotherapy services and neurotherapy services, MSM 403.4(C) and 403.5(C). The proposed policy changes are to rescind the Prior Authorization (PA) requirements for all psychotherapy services including individual, group, family therapy and neurotherapy. Additional services above the service limitations may be requested with a PA demonstrating medical necessity.

Entities Financially Affected Including but not Limited to: Behavioral Health Outpatient Treatment (Provider Type (PT) 14) and Behavioral Health Rehabilitative Treatment (PT 82).

**December 28, 2018:** Revisions to Medicaid Services Manual (MSM) Chapter 400 – Mental Health and Alcohol/Substance Abuse Services are being proposed to combine the treatment plan

and rehabilitation treatment plan into one, comprehensive individualized treatment plan. Proposed policy revisions also include modifications to the treatment plan re-evaluation, progress notes and discharge planning.

Entities Financially Affected: Behavioral Health Outpatient Treatment (Provider Type (PT) 14), Substance Abuse Agency Model (PT 17 Specialty 215), Psychologists (PT 26) and Behavioral Health Rehabilitative Treatment (PT 82).

**December 28, 2018:** Revisions to Medicaid Services Manual (MSM) Chapter 400 – Mental Health and Alcohol/Substance Abuse Services are being proposed for Medication Training and Support (H0034). The proposed changes would add language to clarify what Medication Training and Support is, what is not covered under this service, documentation requirements affiliated to the service and adding a service limitation of no more than two units per month, per recipient without a prior authorization.

Entities Financially Affected Including but not Limited to: Behavioral Health Outpatient Treatment (Provider Type (PT) 14) and Behavioral Health Rehabilitative Treatment (PT 82).

**January 30, 2019:** Revisions to Medicaid Services Manual (MSM) Chapter 2500 – Case Management are being proposed for the re-structuring of this policy to ensure uniformity by merging the target group information and aligning provider requirements for better understanding. The DHCFP is proposing to combine each of the nine target group definitions with their corresponding Service Eligibility Determination, Provider Qualifications and Service Criteria. This is not a change to policy, service limitations or requirements, the proposed changes are strictly intended to reorganize the chapter.

## Rate Changes

**January 4, 2019**

**Web Announcement 1797**

**Attention Provider Types 14 (Behavioral Health Outpatient Treatment) and 82 (Behavioral Health Rehabilitative Treatment):**

**New Reimbursement Rates for Basic Skills Training**

The reimbursement rates for Healthcare Common Procedure Coding System (HCPCS) code H2014 (Skills training and development, per 15 minutes; Basic Skills Training) and code H2014 with modifier HQ has been updated in the Medicaid Management Information System (MMIS) effective January 1, 2019, per Nevada Medicaid State Plan Amendment 18-010. The new rate impacts all provider specialties under provider types 14 (Behavioral Health Outpatient Treatment) and 82 (Behavioral Health Rehabilitative Treatment).

Providers may view rates on the Nevada Medicaid website ([www.medicaid.nv.gov](http://www.medicaid.nv.gov)) by clicking on “Search Fee Schedule” in the “Featured Links” box

[https://www.medicaid.nv.gov/Downloads/provider/web\\_announcement\\_1797\\_20190104.pdf](https://www.medicaid.nv.gov/Downloads/provider/web_announcement_1797_20190104.pdf)

**January 25, 2019**

**Web Announcement 1822**

**DHCFP Continues Rate Reviews per Assembly Bill 108**

*Attention provider types: 14 (Behavioral Health Outpatient Treatment); 26 (Psychologist); 82 (Behavioral Health Rehabilitative Treatment); and 85 (Applied Behavior Analysis):*

During the 2017 Nevada Legislative Session, Assembly Bill 108 (AB 108) was passed. The passage of this bill requires the State of Nevada Division of Health Care Financing and Policy (DHCFP) to conduct a rate review for each provider enrolled with Nevada Medicaid at a minimum of every four years. The purpose of this bill is to determine whether the rate of reimbursement accurately reflects the actual cost of providing the service or item.

DHCFP has established a rate review schedule, and at this time, the above listed provider types are under review. Beginning January 25, 2019, providers enrolled under the above listed provider types will be able to access surveys online to complete and return to DHCFP. These surveys will request information regarding Current Procedural Terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS)/Revenue Codes billed, the usual and customary charges providers bill all payers for those services, and the cost of providing each service/item.

Completed surveys may be returned via US Mail at the address provided on the survey or returned via email to [Rates@DHCFP.nv.gov](mailto:Rates@DHCFP.nv.gov). Surveys must be completed and returned by Monday, March 31, 2019. **DHCFP strongly encourages all providers enrolled under the provider types listed above to complete the survey. Data gathered from provider responses directly contributes to the analysis of current reimbursement rates and may assist in justifying rate adjustments in the future.**

For more information on AB 108 Rate Reviews, including a full quarterly schedule, surveys for each provider type, and detailed instructions, please visit the AB 108 page on the DHCFP website.

## **Specific updates to Behavioral Health Providers**

**November 16, 2018**

**Web Announcement 1746**

**Urgent Notice for Behavioral Health Providers:**

**Upcoming Moratorium on Enrollment for Specialty 301 (Qualified Mental Health Associates) and Specialty 302 (Qualified Behavioral Aides)**

The Division of Health Care Financing and Policy (DHCFP), pursuant to 42 CFR § 455.470(b)(c), is imposing a temporary moratorium on new enrollments for provider type (PT) 14 Behavioral Health Outpatient Treatment and PT 82 Behavioral Health Rehabilitative Treatment, Specialties 301 (Qualified Mental Health Associates - QMHA) and 302 (Qualified Behavioral Aides - QBA). This is a statewide moratorium and will be effective beginning December 1, 2018, for a minimum period of six months.

The DHCFP is taking this action to work in collaboration with the Division of Public and Behavioral Health to develop certifications and oversights to rehabilitative mental health services and the providers that render such services.

### **1115 Demonstration Waiver**

Nevada Medicaid through the Division of Health Care Financing and Policy (DHCFP) is proposing a 1115(a) Demonstration Waiver to include the following:

- The state is requesting expenditure authority to expand and extend the current Certified Community Behavioral Health Clinics (CCBHC) Demonstration Program; and
- The state is requesting expenditure authority to claim Federal Financial Participation (FFP) for services provided to Medicaid beneficiaries aged 21-64 who receive inpatient substance use disorder services in an Institution of Mental Disease.