



DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CLINICAL SERVICES

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1.0 POLICY

It is the policy of the Division that clients applying for services will apply for all benefits for reimbursement for services received in order to be assessed for payment on the Division’s sliding fee scale. The Division will assist individuals who may be eligible for Affordable Care Act (ACA), Medicaid and/or other federally based benefits (e.g., SSI/SSDI) in the applying for these benefits. The clients’ other personal resources must be used.

2.0 PURPOSE

This policy is to ensure compliance with State laws and regulations and maximize health benefits available to individuals through the expanded ACA, Medicaid programs, and other federally based benefits. In addition, this policy is to ensure that all opportunities for reimbursement are appropriately pursued and claimed.

3.0 SCOPE: DPBH Clinical Services Branch

4.0 DEFINITIONS:

4.1 Certified Application Counselor (CAC) – CAC’s provide free information to consumers about the full range of Qualified Health Plans (QHP) options and insurance affordability programs (e.g., Medicaid, Nevada Check Up) for which they are eligible. [Navigator-IPA-Program-CAC-Plan](#)

5.0 REFERENCES:

- [5.1 Medicaid Services Manual \(MSM\), Chapter 100 – Medicaid Program](#)
- [5.2 MSM, Chapter 400 – Mental Health and Alcohol/Substance Abuse Services](#)
- [5.3 MSM 600 – Physician Services](#)
- [5.4 MSM, Chapter 2500 – Case Management](#)
- [5.5 Silver State Health Insurance Exchange - Getting Insured Through Nevada Health Link](#)



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6.0 PROCEDURE

- 6.1 All staff will be provided training in their required role in the pursuit of all reimbursement opportunities for services provided. The agency directors will ensure all staff are trained in and implement this policy. All staff will be ready to encourage, assist or refer all individuals who may be eligible for any benefits.
- 6.1.1 Each agency will have identified staff trained as Certified Application Counselors (CAC) as designated by the agency director or designee. These staff may include Financial Services staff, Service Coordinators, or others as deemed appropriate by the agency director or designee.
 - 6.1.1.1 CAC's will be made available across agencies to assist individuals and Consumer Assistance Program (CAP) Staff/ Consumer Services Assistants/Peer Supporters as necessary.
 - 6.1.1.2 Each site will have staff trained or access to staff trained by a CAC to assist individuals with benefit applications. This staff will ensure all applications are completed and submitted or provided to DWSS, as appropriate.
 - 6.1.1.3 Staff will refer individuals with eligibility for Nevada Health Insurance plans to a designated CAC for assistance, if necessary.
- 6.2 CAC or other staff will be assigned to the Division hospitals to assist individuals in applying for benefits.
- 6.3 Effective on the date of this policy and upon request for services or admission to any DPBH program, all individuals will be screened for eligibility for ACA enrollment and Medicaid.
- 6.3.1 All agencies will assist individuals with applying for benefits or provide the following information to individuals seeking services:
 - 6.3.1.1 Where and how to apply.
 - 6.3.1.2 The need to apply within 30 days of seeking services.
 - 6.3.1.3 Notification that failure to apply may result in the individual being financially responsible for services.
- 6.4 Eligibility for ACA enrollment and Medicaid for all individuals currently served by a DPBH program will be assessed. Individuals who may be eligible for ACA



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enrollment and Medicaid benefits will be identified using the following current Avatar information: insurance (if any), income and family size information.

6.4.1 All sites will make every effort to contact these individuals during the enrollment period. Individuals will be assisted in completing and applying for benefits. For those individuals who decline application:

6.4.1.1 The declination will be documented in the financial section of Avatar and clinical staff will be alerted for the purpose of providing a full verbal and written explanation (to the individual of their role and responsibilities and to ensure the individual understands. A CAC or designee must also be available to answer any specific ACA or Medicaid questions the individual may have.

6.4.1.2 If the individual continues to decline application, the information will be referred to the clinic director (or designee) to further clarify the individual's role and responsibilities and encourage application.

6.4.1.3 If the individual continues to decline application, the clinic director (or designee) will provide information about the Sliding Fee Discount Program policy and procedure to the individual. Clinic staff will provide assistance, if needed, to the individual applying for a sliding fee discount.

6.5 Each site and all Division's Drop-In Centers will provide an opportunity for individuals to access information and assistance with applications for benefits.

6.5.1 Paper applications will be available at the DPBH site. Where available, Internet access will be offered at specified sites and all Division's Drop-In Centers for individuals who are able to access the Nevada Health Link <https://www.nevadahealthlink.com/> on their own. Assistance by staff will be provided upon request.

6.6 Division Service Coordinators/Case Managers will ensure that individuals on their caseload have applied for appropriate federal benefits. Documentation of this



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application assistance and referral effort will be included in the progress notes using appropriate coding.

6.7 Division Service Coordinators/Case Managers (or their designees) will not deny services to an individual for lack of insurance. Individuals that qualify for Medicaid Managed Care Organizations (MCO) will be referred to their respective MCO covered providers, as applicable for care.

6.8 ACA Compliance

6.8.1 Each agency director will monitor the percentage of uninsured individuals opened to services on a monthly basis.

6.9 The 270/271 transaction will be used to track the progress of individuals aided in applying for benefits towards successful enrollment for benefits.

6.9.1 This mechanism will be used to track the paper applications delivered to DWSS.

6.10 Individuals' Role and Responsibility

6.10.1 It is the responsibility of all individuals served to pursue and apply for all eligible benefits for reimbursement to the Division for services provided for the individual to be eligible for the sliding fee scale.

6.11 Urgent or emergent services will not be delayed or denied as a result of failure to apply for benefits.

7.0 ATTACHMENTS: N/A

8.0 IMPLEMENTATION OF POLICY:

Each Division agency within the scope of this policy shall implement this policy and may develop specific written procedures as necessary to do so effectively.



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