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Washoe Regional Behavioral Health Policy Board

Division of Health Care Financing and Policy

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*Helping people. It's who we are and what we do.*



# Agenda

1. Introduction
2. Managed Care Organization (MCO) Request For Proposal (RFP)
3. Behavioral Health State Plan Amendments (SPA)
4. Behavioral Health Medicaid Service Manual (MSM) updates
5. SUPPORT Act Planning Grants
6. Mobile Crisis Planning Grant
7. Behavioral Health Legislation



# MCO RFP

- Contracts with Anthem, Health Plan of Nevada, Molina Health Care, and Silver Summit begin January 1, 2022.
  - Members MCO assignment letters will be mailed on 12/15/2021.
  - All four MCOs are sharing prior authorization files, medical and pharmacy claims, and CM notes on members moved between MCOs in order to aid in the transition of care process.
    - Transition of Care: MCOs will honor services from previous MCO assignment January-March 2022, or once the new MCO can transition the member to in-network providers of service.
- BH service updates:
  - RTC and CCBHC services are now covered under MCO.
  - MCOs must make a good faith effort to have State and County Mobile Crisis Providers within network.
  - Adults determined SED will not be allowed to disenroll to FFS based on the determination alone.



# Behavioral Health SPAs

- NV SPA 21-0008 SPA
  - DHCFP is required to add a new section in the SCHIP State Plan, 6.2-BH Behavioral Health Coverage Section 2103(c)(5). The added language provides coverage to prevent, diagnose, and treat a broad range of mental health and substance use disorders in a culturally and linguistically appropriate manner for all CHIP enrollees, including pregnant women and unborn children. Although we are required to add this language to SCHIP, State Plan currently provides all the required coverages as outlined. The scope of medical services available are described in the SSA, Section 1905(a).
    - This SPA is currently on pause with CMS through a Request for Additional Information (RAI) as CMS and the state work through remaining questions including questions they have around crisis intervention services.
- NV SPA 21-0009 SPA
  - This proposed State Plan Amendment (SPA) to Attachment 4.19-B page 3b and 3g will eliminate Biofeedback and Neurotherapy services for the treatment of a mental health diagnosis. Neurotherapy is individual psychological therapy incorporating biofeedback training combined with psychotherapy as a treatment for mental health disorders. The elimination of these services is being made as a result of the approved Division of Health Care Financing and Policy budget during the 2021 Legislative session in effort to reduce current costs to the Medicaid program and to address the Governor's mandated budget cuts.
    - This SPA is currently on pause with CMS through a Request for Additional Information (RAI) until the end of the HCBS ARPA period because CMS determined that this elimination violated the maintenance of effort requirements of Section 9817 of ARPA and pursuing these eliminations now would jeopardize the state's ability to receive enhanced funding for HCBS available under ARPA.



# Behavioral Health MSM Policy Updates

- MSM Chapter 3700 –Applied Behavior Analysis  
September 2021

- Revisions to Medicaid Services Manual Chapter 3700 Applied Behavioral Analysis (ABA) were made to incorporate the findings from Senate Bill 174 from Legislative Session 2019 and Senate Bill 96 from Legislative Session 2021. These chapter changes included provider types permitted to bill ABA as well as the documentation required for treatment notes.

- MSM Chapter 4000 –HCBS State Plan Option for Intensive In-Home Services and Crisis Stabilization  
October 2021

- Revisions to MSM Chapter 4000 - 1915(i) HCBS State Plan Option for Intensive In-Home Services and Crisis Stabilization are being proposed to remove language referencing rehabilitative mental health services and noncovered services that may inadvertently exclude eligible youth from these services. Revisions will also add clarifying language to capture the varying differences between each approved care coordination model so that all models comply with state plan requirements. Additional language will specify compliance with home and community-based settings requirements and provide clarifying language to crisis stabilization services that illustrates the service and provides specific detail for qualifications required to deliver the service.





# SUPPORT Act Planning Grants

- In 2019, the Nevada Division of Health Care Financing and Policy (DHCFP) was awarded the 24-month Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act Planning Grant where many new policy initiatives began to increase provider capacity and support increased access to Substance Use Disorder (SUD) services including:
  - Comprehensive Medication Assisted Treatment (MAT) Policy
  - Implementation of Screening, Brief Intervention, and Referral to Treatment (SBIRT) Codes
  - Modification of Prior Authorization Requirements for SUD treatment
- Throughout the SUPPORT Act Planning Grant, the SUPPORT Act Core team created a 5-year Strategic Plan that will ensure the development and long-term sustainability of provider capacity to meet the needs of Nevada Medicaid beneficiaries.
  - Goals of the Strategic Plan
    - #1 Expand Provider Capacity – Strengthen Nevada’s health care infrastructure to expand provider capacity for SUD and OUD treatment and recovery services.
    - #2 Enhance Access to Care – Increase Nevada’s access to, and delivery of SUD and OUD treatment and recovery services.
    - #3 Facilitate Data Driven Decision Making – Improve Nevada’s data collection, integrity and reporting infrastructure and capabilities to enable data drive insights and decision making.



# SUPPORT Act Planning Grants

- 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 including but not limited to:
  - Nevada’s Section 1115 Demonstration Waiver application entitled “Nevada’s Treatment of Opioid Use Disorders (OUDs) and Substance Use Disorders (SUDs) Transformation Project”
    - This project is intended to expand statewide access to comprehensive behavioral health services for the most vulnerable Nevadans, including those with opioid use disorders (OUDs) and other substance use disorders (SUDs), by transforming the SUD service delivery system.
    - Specifically, DHHS seeks a limited waiver of the federal Medicaid Institutions for Mental Diseases (IMD) exclusion to ensure individuals in inpatient and short-term residential levels of care which may qualify as an IMD, provide SUD treatment, and support recovery.
  - Develop The P-COAT Model as an Alternative Payment Model designed by the American Medical Association (AMA) and The American Society of Addiction Medicine (ASAM). The P-COAT model was developed to expand access and utilization of medication assisted treatment while also ensuring providers are appropriately reimbursed for the services they provide.
    - Create a reimbursement structure to support the full range of services physicians/clinicians provide to treat OUD
    - Expand the network of providers who treat OUD
    - Encourage coordinated delivery of services
    - Reduce/eliminate spending for ineffective or unnecessarily expensive treatments
    - Utilize evidence-based care practices that lead to improved outcomes



# Mobile Crisis Planning Grant

- September 30, 2021, Nevada was among 20 states awarded the 1-year Mobile Crisis Planning Grant
- These 1-year grants are intended to help states be prepared to elect and implement the new American Rescue Plan “State Option to Provide Qualifying Community-Based Mobile Crisis Intervention Services,” that will also coincide with the national requirement of 988 behavioral health crisis line coming in July of 2022.
- States with a SPA, 1915(b) waiver, 1915(c) waiver, or 1115 waiver program with corresponding authority for Community-Based Mobile Crisis Intervention Services may receive an 85% FMAP for expenditures on qualifying Community-Based Mobile Crisis Intervention Services for the first 12 quarters (3 years) within the five-year period beginning April 1, 2022, during which the state meets the conditions for the 85% FMAP.





# Behavioral Health Legislation

- Senate Bill 154 - directs the Department to apply for a Medicaid Section 1115 demonstration waiver to provide coverage and reimbursement for inpatient substance use disorder treatment. This Act also provides permissive authority for an 1115 waiver that allows for coverage and reimbursement for inpatient treatment for adults with serious mental illness or a child with a serious emotional disturbance.
  - Nevada's Section 1115 Demonstration Waiver application entitled "Nevada's Treatment of Opioid Use Disorders (OUDs) and Substance Use Disorders (SUDs) Transformation Project" will be submitted to CMS, November 2021, CMS will provide subsequent approval of the IMD Waiver.
  - DHCFP seeks a limited waiver of the federal Medicaid Institutions for Mental Diseases also known as (IMD) exclusion and add SUD residential and withdrawal management services consistent with ASAM levels of care 3.1, 3.2, 3.5, and 3.7 using state plan authority.
  - Proposed effective date of the Demonstration waiver is January 1, 2023
- Senate Bill 156 - requires the Department to ensure that crisis stabilization services provided at hospitals with a crisis stabilization center endorsement are covered and reimbursable services under Medicaid.
  - MSM Chapter 400 policy will be developed
  - Rates are being established
  - Public Workshop to engage feedback in the coming months





# Questions?



# Contact Information

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