

BRIAN SANDOVAL
Governor



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Director

MARTA JENSEN
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
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March 28, 2018

Inter-Tribal Council of Nevada
Executive Board President
Vinton Hawley, Chairman
Pyramid Lake Paiute Tribe
P.O. Box 256
Nixon, NV 89424

Dear Tribal Members:

In accordance with established consultation guidelines, the Division of Health Care Financing and Policy (DHCFP) is notifying Nevada tribes of the following proposed change in the Children Health Insurance Program (CHIP) – Nevada Check Up State Plan.

The Center for Medicaid and Medicare and CHIP Services (CMCS) provided states with a new CHIP State Plan template. Approved language in the old template was transferred into the new template. The new template incorporates guidance submitted to states through State Health Officer letters. Categories include: Prenatal care, coverage of pregnant women, Tribal consultation requirements, dental and supplemental dental benefits, premium assistance, Express Lane eligibility and lawfully residing requirements.

In accordance with the Center for Medicare and Medicaid Services (CMS), certain provisions of the Mental Health Parity and Equity Act (MHPAEA) will apply to Medicaid and CHIP. MHPAEA requires that recipients receiving services through managed care organizations, alternative benefit plans or Children's Health Insurance Premium have access to mental health substance use disorder benefits meeting parity. Revisions are being made to CHIP-Nevada Check Up State Plan, adding Sections 6.2 "MHPAEA" and 8.4 "MHPAEA-Cost Sharing and Payment" as follows:

Utilizing the CMS updated CHIP State Plan template, two new sections have been added to CHIP-Nevada Check Up (NCU) State Plan: 6.2 "MHPAEA" and 8.4 "MHPAEA-Cost Sharing and Payment."

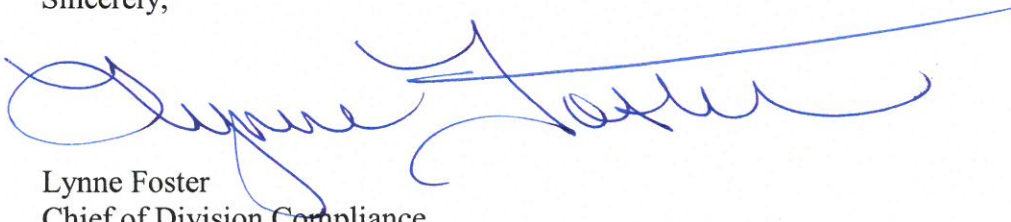
Changes to Section 6.2 “MHPAEA” standards include: used to define benefits medical/surgical and mental health/substance use disorder. Defining classifications/sub-classifications to conclude parity analysis already completed along with Medicaid population. Assurance of states annual dollar limits, quantitative treatment limitations, if any, and non-quantitative treatment limitations reviews also concluded in parity compliance. To ensure benefits provided to the described population receiving EPSDT services are consistent with all requirements.

Changes to Section 8.4 “MHPAEA-Cost Sharing and Payment,” MHPAEA financial requirements outlined in Sections 8.4.1 – 8.4.8 CHIP-NCU State Plan were marked to ensure assurance supporting parity analysis.

There is no anticipated fiscal impact to the Tribal Governments. Crisis intervention is a billable encounter to Indian Health Program Clinics and provisions of prior authorization are not required in an Indian Health Program Clinic.

If you would like a consultation regarding this new policy, please contact Colleen McLachlan at (775) 684-3722 who will schedule a meeting. We would appreciate a reply within 30 days from the date of this letter. If we do not hear from you within this time, we will consider this an indication that no consultation is requested.

Sincerely,



Lynne Foster
Chief of Division Compliance

Cc: Cody Phinney, Deputy Administrator, DHCFP
Tracy Palmer, LMSW, Social Service Chief II, DHCFP
Jodi Patton, SSPS III, Tribal Liaison, DHCFP