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4. Medication Training and Support – Provided by a professional other than a physician, is covered for monitoring of compliance, side effects, recipient education and coordination of requests to a physician for changes in medication(s).

403.5 OUTPATIENT MENTAL HEALTH (OMH) SERVICES - UTILIZATION MANAGEMENT

A. INTENSITY OF NEEDS DETERMINATION

The assessed level of needs and the amount, scope and duration of RMH services required to improve or retain a recipient’s level of functioning or prevent relapse. The determination cannot be based upon the habilitative needs of the recipient. Intensity of needs determination is completed by a trained QMHP or QMHA. Intensity of Needs Determinations are based on several components consistent with person and family centered treatment/rehabilitation planning. Intensity of Needs redeterminations must be completed every 90 days or anytime there is a substantial change in the recipient’s clinical status.

These components include:

1. A comprehensive assessment of the recipient’s level of functioning;
2. The clinical judgment of the QMHP; and
3. A proposed Treatment and/or Rehabilitation Plan.

B. INTENSITY OF NEEDS GRID

1. The intensity of needs grid is an approved Level of Care (LOC) utilization system, which bases the intensity of services on the assessed needs of a recipient. The determined level on the grid guides the interdisciplinary team in planning treatment to improve or retain a recipient’s level of functioning or prevent relapse. Each Medicaid recipient must have an intensity of needs determination completed prior to approval to transition to more intensive services (except in the case of a physician or psychologist practicing as independent providers). The intensity of needs grid was previously referred to as level of services grid.

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2. Intensity of Need for Children:

Child and Adolescent Service Intensity Instrument (CASII)	Service Criteria
Levels I Basic Services: Recovery Maintenance and Health Management	<ul style="list-style-type: none"> • Significant Life Stressors and/or current ICD codes, Z55-Z65, R45.850, and R45.821 that does not meet SED criteria (excluding dementia, intellectual disabilities and related conditions, or a primary diagnosis of a substance abuse disorder, unless these conditions co-occur with a mental illness).
Level II Outpatient Services	<ul style="list-style-type: none"> • Current ICD diagnosis in Mental, Behavioral, and Neurodevelopmental Disorders that does not meet SED criteria (excluding Z55-Z65, R45.850, and R45.821 codes, dementia, intellectual disabilities and related conditions, or a primary diagnosis of a substance abuse disorder, unless these conditions co-occur with a mental illness).
Level III Intensive Outpatient Services	<ul style="list-style-type: none"> • Current ICD diagnosis in Mental, Behavioral, and Neurodevelopmental Disorders (excluding Z55-Z65, R45.850, and R45.821 codes, dementia, intellectual disabilities and related conditions, or a primary diagnosis of a substance abuse disorder, unless these conditions co-occur with a mental illness); and • SED Determination.
Levels IV Intensive Integrated Services	<ul style="list-style-type: none"> • Current ICD diagnosis in Mental, Behavioral, and Neurodevelopmental Disorders (excluding Z55-Z65, R45.850, and R45.821 codes, dementia, intellectual disabilities and related conditions, or a primary diagnosis of a substance abuse disorder, unless these conditions co-occur with a mental illness); and SED Determination.
Level V Non-secure, 24 hour Services with Psychiatric Monitoring	<ul style="list-style-type: none"> • Current ICD diagnosis in Mental, Behavioral, and Neurodevelopmental Disorders (excluding Z55-Z65, R45.850, and R45.821 codes, dementia, intellectual disabilities and related conditions, or a primary diagnosis of a substance abuse disorder, unless these conditions co-occur with a mental illness); and • SED Determination; and • Requires specialized treatment (e.g., sex offender treatment, etc.).
Level VI Secure, 24 hour, Services with Psychiatric Management	<ul style="list-style-type: none"> • Current ICD diagnosis in Mental, Behavioral, and Neurodevelopmental Disorders (excluding Z55-Z65, R45.850, and R45.821 codes, dementia, intellectual disabilities and related conditions, or a primary diagnosis of a substance abuse disorder, unless these conditions co-occur with a mental illness); and • SED Determination; and • Requires inpatient/secured LOC.

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3. Intensity of Needs for Adults:

Level of Care Utilization System for Adults (LOCUS)	Service Criteria
Levels I Basic Services: Recovery Maintenance and Health Management	<ul style="list-style-type: none"> • Current ICD diagnosis in Mental, Behavioral, and Neurodevelopmental Disorders, including Z55-Z65, R45.850, and R45.821 codes, that do not meet SMI criteria (excluding dementia, intellectual disabilities and related conditions, or a primary diagnosis of a substance abuse disorder, unless these conditions co-occur with a mental illness).
Level II Low Intensity Community Based Services	<ul style="list-style-type: none"> • Current ICD diagnosis in Mental, Behavioral, and Neurodevelopmental Disorders, including Z55-Z65, R45.850, and R45.821 codes that do not meet SMI criteria (excluding dementia, intellectual disabilities and related conditions, or a primary diagnosis of a substance abuse disorder, unless these conditions co-occur with a mental illness).
Level III High Intensity Community Based Services (HCBS)	<ul style="list-style-type: none"> • Current ICD diagnosis in Mental, Behavioral, and Neurodevelopmental Disorders (excluding Z55-Z65, R45.850, and R45.821 codes, dementia, intellectual disabilities and related conditions, or a primary diagnosis of a substance abuse disorder, unless these conditions co-occur with a mental illness); and • SMI determination.
Levels IV Medically Monitored Non-Residential Services	<ul style="list-style-type: none"> • Current ICD diagnosis in Mental, Behavioral, and Neurodevelopmental Disorders (excluding Z55-Z65, R45.850, and R45.821 codes, dementia, intellectual disabilities and related conditions, or a primary diagnosis of a substance abuse disorder, unless these conditions co-occur with a mental illness); and • SMI determination.
Level V Medically Monitored Residential Services	<ul style="list-style-type: none"> • Current ICD diagnosis in Mental, Behavioral, and Neurodevelopmental Disorders (excluding Z55-Z65, R45.850, and R45.821 codes, dementia, intellectual disabilities and related conditions, or a primary diagnosis of a substance abuse disorder, unless these conditions co-occur with a mental illness); and • SMI determination; and • Requires specialized treatment (e.g. sex offender treatment, etc).
Level VI Medically Managed Residential Services	<ul style="list-style-type: none"> • Current ICD diagnosis in Mental, Behavioral, and Neurodevelopmental Disorders (excluding Z55-Z65, R45.850, and R45.821 codes, dementia, intellectual disabilities and related conditions, or a primary diagnosis of a substance abuse disorder, unless these conditions co-occur with a mental illness); and • SMI determination; and • Requires inpatient/secured LOC.

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- C. Utilization Management for outpatient mental health services is provided by the DHCFP QIO-like vendor as follows:
1. For BHCN, all service limitations are based upon the Intensity of Needs Grid in the definitions. The recipient must have an Intensity of Needs determination to supplement clinical judgment and to determine the appropriate service utilization. The provider must document in the case notes the level that is determined from the Intensity of Needs grid;
 2. Independent psychologists are not subject to the service limitations in the Intensity of Needs Grid. The following service limitations are for psychologists:
 - a. Assessments – two per calendar year, additional services require prior authorization from the QIO-like vendor; and
 - b. Therapy (group, individual, family) – a combination of up to twenty-six visits per calendar year is allowed without prior authorization. Additional services require prior authorization from the QIO-like vendor.
 3. Independent psychiatrists are not subject to the service limitations in the Intensity of Needs grid. No prior authorization is required for this particular provider.
 4. Medicaid Behavioral Health Intensity of Needs for Children and Adolescents.

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Child and Adolescent Service Intensity Instrument (CASII)	Intensity of Services (Per Calendar Year ¹)
Levels I Basic Services: Recovery Maintenance and Health Management	<ul style="list-style-type: none"> • Assessment two total sessions (does not include Mental Health Screen) • Individual, Group or Family Therapy 10 total sessions; • Medication Management six total sessions
Level II Outpatient Services	<ul style="list-style-type: none"> • Assessments: four total sessions (does not include Mental Health Screen) • Individual, Group or Family Therapy: 26 total sessions
Level III Intensive Outpatient Services	All Level Two Services Plus: <ul style="list-style-type: none"> • IOP
Levels IV Intensive Integrated Services	All Level Three Services <ul style="list-style-type: none"> • PHP
Level V Non-secure, 24 Hour Services with Psychiatric Monitoring	All Level Four Services
Level VI Secure, 24 Hour, Services with Psychiatric Management	All level Five services

Prior Authorization may be requested from the QIO-like vendor for additional assessment and therapy services for ~~all L~~ levels. ~~III and above only.~~

- a. Service provision is based on the calendar year beginning on January 1.
- b. Sessions indicates billable codes for this service may include occurrence based codes, time-based, or a combination of both. Session = each time this service occurs regardless of the duration of the service.

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5. Medicaid Behavioral Health Intensity of Needs for Adults

Level of Care Utilization System for Adults (LOCUS)	Intensity of Service (Per Calendar Year ¹)
Levels I Basic Services - Recovery Maintenance and Health Management	<ul style="list-style-type: none"> • Assessment: two total sessions (does not include Mental Health Screen) • Individual, Group or Family Therapy: six total sessions • Medication Management: six total sessions
Level II Low Intensity Community Based Services	<ul style="list-style-type: none"> • Assessment: (two assessments; does not include Mental Health Screen) • Individual, Group or Family Therapy: 12 total sessions • Medication Management: eight total sessions
Level III High Intensity Community Based Services	<ul style="list-style-type: none"> • Assessment (two assessments; does not include Mental Health Screen) • Individual, Group and Family therapy: 12 total sessions • Medication Management: 12 total sessions
Level IV Medically Monitored Non- Residential Services	<ul style="list-style-type: none"> • Assessment (two assessments; does not include Mental Health Screen) • Individual, Group and Family Therapy: 16 total sessions • Medication Management (12 sessions) • Partial Hospitalization
Level V Medically Monitored Residential Services	<ul style="list-style-type: none"> • Assessment (two assessments; does not include Mental Health Screen) • Individual, Group and Family therapy: 18 total sessions • Medication Management (12 sessions) • Partial Hospitalization
Level VI Medically Managed Residential Services	All Level Five Services

Prior Authorization may be requested from the QIO-like vendor for additional assessment and therapy services for ~~all Levels. III and above only.~~

- a. Service provision is based on the calendar year beginning on January 1.
- b. Sessions indicates billable codes for this service may include occurrence based codes, time-based, or a combination of both. Session = each time this service occurs regardless of the duration of the service.

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- h. Dealing with anxiety: Recipients are experiencing severe deficits managing and accepting anxiety, they are fearful of taking culturally normal and healthy rehabilitative risks;
- i. Establishing realistic life goals: Recipients are experiencing severe deficits setting and achieving realistic life goals; and/or
- j. Sense of humor: Recipients are experiencing severe deficits seeing or understanding the various humorous perspectives regarding life's challenges.

403.6H CRISIS INTERVENTION (CI) SERVICES

1. Scope of Services: CI services are RMH interventions that target urgent situations where recipients are experiencing acute psychiatric and/or personal distress. The goal of CI services is to assess and stabilize situations (through brief and intense interventions) and provide appropriate mental and behavioral health service referrals. The objective of CI services is to reduce psychiatric and personal distress, restore recipients to their highest level of functioning and help prevent acute hospital admissions. CI interventions may be provided in a variety of settings, including but not limited to psychiatric emergency departments, emergency rooms, homes, foster homes, schools, homeless shelters, while in transit and telephonically. CI services do not include care coordination, case management, or targeted case management services (see MSM Chapter 2500, Targeted Case Management).

CI services must include the following:

- a. Immediate and intensive interventions designed to help stabilize the recipient and prevent hospitalization;
 - b. Conduct situational risk-of-harm assessment;
 - c. Follow-up and de-briefing sessions to ensure stabilization, continuity of care and identification of referral resources for ongoing community mental and/or behavioral health services.
2. Provider Qualifications: (QMHPs may provide Crisis Intervention (CI) services. If a multidisciplinary team is used, the team must be led by a QMHP. The team leader assumes professional liability over the CI services rendered.
 3. Service Limitations: Recipients may receive a maximum of four hours per day over a ~~five~~three-day period (one occurrence) **without prior authorization**. ~~A single occurrence may not exceed five days.~~ Recipients may receive a maximum of three occurrences over a 90-day period **without prior authorization**.

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Service Limitations	Children: CASII	Adults: LOCUS
Levels I to VI	<ul style="list-style-type: none"> • Maximum of four hours per day over a three-day period (one occurrence) • Maximum of three occurrences over a 90-day period 	<ul style="list-style-type: none"> • Maximum of four hours per day over a three-day period (one occurrence) • Maximum of three occurrences over a 90-day period

4. Admission Criteria: Clinical documentation must demonstrate that the recipient meets any combination of the following:
 - a. Recipient's behavior requires immediate and intensive interventions to help stabilize the current situation and prevent hospitalization;
 - b. Recipient presents a moderate risk of danger to themselves and others (or to deteriorate to this dysfunctional level);
 - c. Recipient's immediate behavior is unmanageable by family and/or community members; and/or
 - d. Recipient will benefit from the stabilization, continuity of care and the referrals for ongoing community mental and/or behavioral health services.

403.7 OUTPATIENT ALCOHOL AND SUBSTANCE ABUSE SERVICES POLICY

Outpatient substance abuse services may be provided by a QHMP within the scope of their practice under state law and expertise.

403.7A COVERAGE AND LIMITATIONS

1. Nevada Medicaid reimburses the following:
 - a. Outpatient alcohol/substance abuse treatment services within the context of services discussed in Section 403.4 of this Chapter (individual and family therapy is limited to one hour per session. Group therapy is limited to two hours per session).
 - b. Psychiatrist (MD) - Office and clinic visits provided by a psychiatrist are a Medicaid benefit. There are no limitations to services and prior authorization is not required.
 - c. Psychologist - Initial office and clinic visits for psychological evaluation and testing