

MEDICAID SERVICES MANUAL
TRANSMITTAL LETTER

December 21, 2017

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL

FROM: LYNNE FOSTER, CHIEF OF DIVISION COMPLIANCE

SUBJECT: MEDICAID SERVICES MANUAL CHANGES
ADDENDUM

BACKGROUND AND EXPLANATION

Revisions to Medicaid Services Manual Addendum - Sections M and R are being proposed to add language regarding the definition of Medical Nutrition Therapy and Registered Dietitians. These changes are part of the addition of Medical Nutrition Therapy provided by Registered Dietitians policy in MSM Chapter 600- Physicians Services.

Entities Financially Affected: Provider Type (PT) 15 – Registered Dietitians, PT 17 – Special Clinics, PT 20 – Physicians, PT 24 – Certified RN Practitioner, PT 47 – Indian Health Services and Tribal Clinics, and PT 77 – Physician’s Assistant

Financial Impact on Local Government: There is no anticipated fiscal impact.

These changes are effective January 1, 2018.

MATERIAL TRANSMITTED

CL 31441
Addendum

MATERIAL SUPERSEDED

MTL 23/15
Addendum

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
Addendum	Section M	Addition of definition of Medical Nutrition Therapy
Addendum	Section R	Addition of definition of Registered Dietitians

DRAFT	MTL 23/15CL 31441
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: M
MEDICAID SERVICES MANUAL	Subject: ADDENDUM

MEDICAL EMERGENCY

Medical Emergency is the sudden onset of an acute condition where a delay of 24 hours in treatment could result in very severe pain, loss of life or limb, loss of eyesight or hearing, injury to self or bodily harm to others. This is a higher degree of need than one implied by the words "medically necessary" and requires a physician's determination that it exists.

MEDICAL HOME

Refers to inclusion of a program recipient on the patient panel of a Primary Care Physician and the ability of the recipient to rely on the PCP for access to and coordination of their medical care.

MEDICAL NUTRITION THERAPY

The development and provision of a nutritional treatment or therapy based on a detailed assessment of a person's medical history, psychosocial history, physical examination and dietary history. It is used to treat an illness or condition, or as a means to prevent or delay complications from nutritionally related disease states.

MEDICAL SUPERVISION

The documented oversight which determines the medical appropriateness of the mental health program and services rendered. Medical supervision must be documented at least annually and at all times when determined medically appropriate based on review of circumstance. Medical supervision includes the on-going evaluation and monitoring of the quality and effectiveness of the services provided and may be provided through on and offsite means of communication. Medical supervision may be secured through a current written agreement, job description or similar type of binding document. BHCNs and all inpatient mental health services are required to have medical supervision.

MEDICAL SUPERVISOR

A licensed physician with at least two years' experience in a mental health treatment setting who, as documented by the BHCN, has the competency to oversee and evaluate a comprehensive mental and/or behavioral health treatment program including rehabilitation services and medication management to individuals who are determined as SED or SMI.

MEDICAL TRANSPORTATION

Transportation is any conveyance of a Medicaid recipient to and from providers of medically necessary Medicaid covered services, or medical services that Medicaid would cover except for the existence of prior resources such as Medicare, Veterans' coverage, workers' compensation or private health insurance.

DRAFT	MTL 23/15CL 31441
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: R
MEDICAID SERVICES MANUAL	Subject: ADDENDUM

REGISTERED DIETITIANS

A person licensed to engage in the practice of dietetics or to provide nutrition services, including, without limitation, medical nutrition therapy, and is registered as a dietitian by the Commission on Dietetic Registration of the Academy of Nutrition and Dietetics. Licensure is required in Nevada through the Department of Public and Behavioral Health (DPBH). Nutrition services are practiced within dietetics and include the assessment, evaluation, diagnosis, counseling, intervention, monitoring and treatment of a person which requires substantial specialized judgment and skill based on the knowledge, application and integration of the principles derived from the sciences of food, nutrition, management, communications, biology, behavior, physiology and social science to achieve and maintain proper nourishment and care of a person.

REHABILITATION PLAN

1. A comprehensive, progressive and individualized written Rehabilitative Plan must include all the prescribed Rehabilitation Mental Health (RMH) services. RMH services include:
 - a. Basic Skills Training (BST);
 - b. Program for Assertive Community Treatment (PACT);
 - c. Day Treatment;
 - d. Peer-to-Peer Support;
 - e. Psychosocial Rehabilitation (PSR); and
 - f. Crisis Intervention (CI).

The plan must include the appropriate treatment coordination to achieve the maximum reduction of the mental and/or behavioral health disability and to restore the recipient to their best possible functional level. The plan must ensure the transparency of coverage and medical necessity determinations, so that the recipient, their family (in the case of legal minors) or other responsible individuals would have a clear understanding of the services that are made available to the recipient. In all situations, the ultimate goal is to reduce the duration and intensity of medical care to the least intrusive level possible - while sustaining overall health. All prescribed services must be medically necessary, clinically appropriate and contribute to the rehabilitation goals and objectives.

2. The Rehabilitation Plan must include recovery goals. The plan must establish a basis for evaluating the effectiveness of the RMH care offered in meeting the stated goals and objectives. The plan must provide for a process to involve the beneficiary, and family (in the case of legal minors) or other responsible individuals, in the overall management of the RMH care. The plan must document that the services have been determined to be rehabilitative services consistent with the regulatory definition, and will have a timeline, based on the individual's assessed needs and anticipated progress.