

Notice of Intended Program Changes - Budget Cut Summaries

The following intended program changes are based upon a need for the Division of Health Care Financing and Policy to adjust programs to accommodate budgetary restrictions stemming from the COVID-19 global pandemic and related funding difficulties for the State of Nevada. They are intended to assist in the maintenance of a balanced state budget.

Medical Programs Unit

Limit Physical Therapy to 12 Units for Adults

Physical therapy services restore or ameliorate functional limitations that are the result of an illness or injury which can respond or improve as a result of the prescribed therapy treatment plan in a reasonable, predictable period of time.

In existing policy: Services can be provided in the community or hospital setting. Services include evaluations, re-evaluations, application of hot/cold packs, electrical stimulation, whirlpool, therapeutic exercises, aquatic therapy, prosthetic training, development of cognitive skills to improve attention/memory/problem solving, removal of devitalized tissue, and additional services.

Intended change: All physician therapy services will be limited to 12 units for adults 21 years or older. After 12 units have been met, a prior authorization must be requested to continue treatment.

Potential financial impact, if any, upon local government: There is no anticipated fiscal impact known at this time.

Eliminate Audiology & Hearing Aids for Adults

In existing policy: Audiology and hearing aid services include audiological testing, hearing aids, and related supplies/accessories (batteries, ear molds, ear hooks, tubes), testing and repairs. Cochlear and auditory brainstem implants are also a covered benefit which includes otologic examination, audiological evaluation, physical examination, psychological evaluation, surgical implantation of device, and postoperative follow-up evaluation and rehabilitation. Additionally, bone-anchored hearing aid (BAHA) is a covered benefit.

Intended change: As of August 15, 2020, this service will be eliminated for adults age 21 years or older.

Potential financial impact, if any, upon local government: There is no anticipated fiscal impact known at this time.

Eliminate Bariatric Surgery for Adults

Bariatric surgery is for recipients with severe and resistant morbid obesity in whom efforts at medically supervised weight reduction therapy have failed and who are disabled from the complications of obesity. Morbid obesity is defined by Nevada Medicaid as those recipients whose Body Mass Index (BMI) is 35 or greater, and who have significant disabling comorbidity conditions which are the result of the obesity or are aggravated by the obesity.

In existing policy: Bariatric services are only for recipients between 21 – 55 years of age and candidates older than age 55 are reviewed on a case by case basis.

Intended change: As of August 15, 2020, and going forward, this service will be eliminated for adults age 21 years or older and is not available for anyone under the age of 21 years.

Potential financial impact, if any, upon local government: There is no anticipated fiscal impact known at this time.

Eliminate Optometry for Adults

In existing policy: Ocular services include routine comprehensive ophthalmological examinations and/or refractive examinations of the eyes and glasses with a prescription for and provision of corrective eyeglasses to eligible Medicaid recipients of all ages once every 12 months. Eyeglass benefit covers lenses and frames. Other services include ocular prosthetic services and vision therapy.

Intended change: As of August 15, 2020, and going forward, all ocular services will be eliminated for adults age 21 years or older.

Potential financial impact, if any, upon local government: There is no anticipated fiscal impact known at this time.

Eliminate Podiatry for Adults

In existing policy: Podiatry services are provided by Podiatrists, Physicians, APRNs, and Physician Assistants. Podiatrists are medical specialists who diagnose, treat and care for: injury, disease or other medical conditions affecting the foot, ankle and structure of the leg. Podiatrists perform surgical procedures and prescribe corrective devices, medications, and physical therapy.

Intended change: As of August 1, 2020, and going forward, all podiatry services performed by a Podiatrist will be eliminated for adults age 21 years or older. Physicians, APRNs, and Physician Assistants will only be able to perform services that are medically necessary and medical in nature and not podiatry in nature.

Potential financial impact, if any, upon local government: There is no anticipated fiscal impact known at this time.

Eliminate Chiropractic for Adults

In existing policy: Chiropractic services are a covered Nevada Medicaid benefit for children under 21 years of age and Qualified Medicare Beneficiaries (QMB). Services include manual manipulation of the spine to correct a subluxation if the subluxation has resulted in a neuro-musculoskeletal condition for which manipulation is the appropriate treatment. Overall, Chiropractic is not a covered benefit for adults.

Intended change: Chiropractic coverage will be eliminated for the QMB population as of August 15, 2020 and going forward. Children under the age of 21 years will still be able to access this benefit.

Potential financial impact, if any, upon local government: There is no anticipated fiscal impact known at this time.

Eliminate Prosthetic Devices for Adults

In existing policy: Prosthetic devices are replacement, corrective or supportive devices prescribed by a physician (or other licensed practitioner of the healing arts within the scope of his practice as defined by state law) to: a) Artificially replace a missing portion of the body; b) Prevent or correct physical deformity or malfunction; or c) support a weak or deformed portion of the body (as defined by 42 CFR § 440.120(c)). For Nevada Medicaid's DMEPOS program purposes, dentures and eyeglasses are not included as a prosthetic device.

Intended change: As of August 15, 2020, and going forward, all prosthetic devices for adults will be eliminated for adults age 21 years or older.

Entities that may be financially affected by the proposed change: Unknown at the time of posting.

Potential financial impact, if any, upon local government: Unknown at the time of posting.

Eliminate Occupational Therapy for Adults

In existing policy: Occupational therapy services restore or ameliorate functional limitations that are the result of an illness or injury which can respond or improve as a result of the prescribed therapy treatment plan in a reasonable, predictable period of time. Services can be provided in the community or hospital setting. Services include evaluations, re-evaluations, application of hot/cold packs, electrical stimulation, whirlpool, therapeutic exercises, aquatic therapy, prosthetic training, development of cognitive skills to improve attention/memory/problem solving, removal of devitalized tissue, and additional services.

Intended change: As of August 15, 2020, and going forward, all occupational therapy services will be eliminated for adults age 21 years or older.

Potential financial impact, if any, upon local government: There is no anticipated fiscal impact known at this time.

Behavioral Health Unit

Eliminate Target groups Non-SED and Non-SMI from case management services

In existing policy: Case management services are services which assist an individual in gaining access to needed medical, social, educational and other supportive services including housing and transportation needs. Case management services do not include the direct delivery of medical, clinical or other direct services. Components of the service include assessment, care planning, referral/linkage and monitoring/follow-up.

Intended change: Effective August 15, 2020, revisions to Medicaid Services Manual Chapters 400, 2500, 2700, and an amendment to the State Plan are being proposed to eliminate the target groups that provide case management services to the Non-Severally Emotionally Disturbed (Non-

SED) Children and Adolescent population and the Non-Seriously Mentally Ill (Non-SMI) Adult population.

Entities that may be financially affected by the proposed change: This proposed change affects all Medicaid-enrolled providers delivering targeted case management services to the Non-SED Children and Adolescent population and the Non-SMI Adult population. Those Provider Types (PT) include but are not limited to Behavioral Health Outpatient Treatment (PT 14), Targeted Case Management (PT 54), and Certified Community Behavioral Health Center (PT 17 Specialty 188).

Potential financial impact, if any, upon local government: The anticipated fiscal impact is unknown at this time.

Eliminate Biofeedback/Neurotherapy

In existing policy: Neurotherapy is individual psychological therapy incorporating biofeedback training combined with psychotherapy as a treatment for mental health disorders.

Intended change: Effective August 15, 2020, revisions to Medicaid Services Manual Chapter 400 and an amendment to the State Plan are being proposed to eliminate this service as a reimbursable covered service for eligible Medicaid recipients.

Entities that may be financially affected by the proposed change: This proposed change affects all Medicaid-enrolled providers delivering Neurotherapy services. Those Provider Types (PT) include but are not limited to Behavioral Health Outpatient Treatment (PT 14) and Certified Community Behavioral Health Center (PT 17 Specialty 188).

Potential financial impact, if any, upon local government: The anticipated fiscal impact is unknown at this time.

Eliminate Psychosocial Rehabilitation for individuals 21 years of age and older

In existing policy: Psychosocial Rehabilitation (PSR) services are rehabilitative mental health interventions designed to reduce psychosocial dysfunction (i.e., interpersonal cognitive, behavioral development, etc.) and restore recipients to their highest level of functioning. PSR services target psychological functioning within a variety of social settings.

Intended change: Effective August 15, 2020, revisions to Medicaid Services Manual Chapter 400, 2700, and an amendment to the State Plan are being proposed to restrict the delivery of these services to eligible Medicaid recipients under the age of 21 years old.

Entities that may be financially affected by the proposed change: This proposed change affects all Medicaid-enrolled providers delivering PSR services. Those Provider Types (PT) include but are not limited to Behavioral Health Outpatient Treatment (PT 14), Behavioral Health Rehabilitative Treatment (PT 82), and Certified Community Behavioral Health Center (PT 17 Specialty 188).

Potential financial impact, if any, upon local government: The anticipated fiscal impact is unknown at this time.

Eliminate Basic Skills Training for individuals 21 years of age and older

In existing policy: Basic Skills Training (BST) services are rehabilitative mental health interventions designed to reduce cognitive and behavioral impairments and restore recipients to their highest level of functioning. BST services are provided to recipients with age and developmentally inappropriate cognitive and behavioral skills. BST services help recipients acquire (relearn) constructive cognitive and behavioral skills through positive reinforcement, modeling, operant conditioning and other training techniques. BST services reteach recipients a variety of life skills.

Intended change: Effective August 15, 2020, revisions to Medicaid Services Manual Chapter 400, 2700, and an amendment to the State Plan are being proposed to restrict the delivery of these services to eligible Medicaid recipients under the age of 21 years old.

Entities that may be financially affected by the proposed change: This proposed change affects all Medicaid-enrolled providers delivering PSR services. Those Provider Types (PT) include but are not limited to Behavioral Health Outpatient Treatment (PT 14), Behavioral Health Rehabilitative Treatment (PT 82), and Certified Community Behavioral Health Center (PT 17 Specialty 188).

Potential financial impact, if any, upon local government: The anticipated fiscal impact is unknown at this time.

Long Term Services and Supports Unit

Elimination of Private Duty Nursing Services Only for Adults (age 22 and older)

In existing policy: Private Duty Nursing services are for recipients who require more individual and continuous care than is available from an intermittent nurse visit or care which would routinely be provided by the nursing staff of the hospital or skilled nursing facility. PDN is authorized based on medical necessity for recipients needing both a medical device to compensate for the loss of a vital body function and substantial, complex, and continuous skilled nursing care to prevent institutionalization. PDN services may be provided, to a recipient in his/her home or in settings outside the home wherever normal life activities take place. Private Duty Nursing is an optional benefit, although it is proposed to only eliminate PDN services for adults (individuals 21 years and older).

Intended change: Effective August 15, 2020, revisions will be made to MSM Chapter 900, sections within SPA Attachments 3.1-A and 3.1-B, and ABP Essential Health Benefits under State Plan 1905(a).

Entities that may be financially affected by the proposed change: This proposed change affects all Medicaid-enrolled providers delivering PDN services. Those Provider Types (PT) include but not limited to Private Duty Nursing (PT29).

Potential financial impact, if any, upon local government: There is no anticipated fiscal impact known at this time.

Eliminate Duplicative In-Home Services when Hospice is Rendered

In existing policy: Hospice care focuses on maximizing the quality of life by providing comfort and support services. Hospice services are provided during the final stages of illness, dying, and the bereavement periods. An interdisciplinary team of professionals and caregivers provide medical, psychological, and spiritual support tailored to the terminally ill person's needs and wishes as well as support for the family. Hospice services must be identified in the plan of care to palliate or manage the terminal illness and related illnesses with a life expectancy of six (6) months or less. Recipients must elect to receive end of life care and agree to no longer receive care intended to cure their terminal illness and/or related condition. Recipients continue to be eligible for applicable state benefits for services **unrelated** to the terminal illness and related conditions for which hospice was elected. Pediatric recipients continue to be eligible for the applicable services that are curative in nature and related to the terminal illness for which hospice was elected. Hospice is provided in the recipient's place of residence, which could be a specialized hospice facility, a NF, or an Intermediate Care Facility (ICF). Hospice Services are an optional benefit under the Social Security Act XVIII and Nevada Revised Statute Chapter 422.304 mandates reimbursement for hospice care under the Medicaid State Plan. It is proposed for adults age 21 years and older only to eliminate duplicative in-home services, such as Home Health, PDN and Personal Care Services when a recipient is under the care of Hospice.

Intended change: Effective August 15, 2020, revisions will be made to MSM Chapters 900, 1400, 2600, 3200, and 3500, SPA Attachment 3.1-A and 3.1-B and ABP Essential Health Benefits under State Plan 1905(a).

Entities that may be financially affected by the proposed change: This proposed change affects all Medicaid-enrolled providers delivering Home Health Care, PDN, Personal Care Services (PCS) including Intermediary Service Organizations (ISO) services. Those Provider Types (PT) include but not limited to Home Health Care (PT29), PDN (PT29), Personal Care Services (PT30) and Intermediary Service Organizations (PT83).

Potential financial impact, if any, upon local government: There is no anticipated fiscal impact known at this time.

Rate Reduction for Personal Care Services

In existing policy: Personal Care Services (PCS) provide assistance to support and maintain recipients living independently in their homes. Services may be provided in the home, locations outside the home or wherever the need for the service occurs. Assistance may be in the form of direct hands-on assistance or cueing the individual to perform the task themselves and related to the performance of Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). Examples of ADLs include bathing, dressing, grooming, toileting, transfers, ambulation and eating whereas IADLs are meal preparation, laundry, light housekeeping and essential shopping. A .14 cent rate increase was authorized in the 2019 legislative session resulting in a \$4.39 per 15-minutes or \$17.56 an hour rate.

Intended change: It is being proposed to reduce the PCS rate back to \$4.25 per-minute or \$17.00 an hour. Revisions will be made to SPA Attachment 4.19-B.

Entities that may be financially affected by the proposed change: This proposed change affects all Medicaid-enrolled providers delivering Personal Care Services. Those Provider Types (PT) include but not limited to PCS Agency (PT30) and ISO (PT83).

Potential financial impact, if any, upon local government: There is no anticipated fiscal impact known at this time.

Managed Care and Quality Assurance Unit

Limitation of Child Dental Services to a Monetary Cap per Recipient.

Limitation of Child Dental Benefits and Elimination of Adult Dental Benefits

Existing Policy: Nevada Medicaid provides dental services for most Medicaid-eligible individuals under the age of 21 as a mandated service, a required component of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit. For Medicaid-eligible adults age 21 years and older, dental services are an optional service, and adults may receive emergency extractions, palliative care and may also be eligible to receive prosthetic care (dentures/partial) under certain guidelines and limitations. Additionally, Nevada Medicaid offers expanded dental services in addition to the adult dental services covered for Medicaid-eligible pregnant women. In order to reduce the risk of premature birth due to periodontal disease, pregnant women will be allowed dental prophylaxes, fluoride varnish and certain periodontal and restorative services during pregnancy.

Intended Change: Effective August 15, 2020, it is proposed to eliminate all dental benefits previously covered for adults, excluding pregnant women. Additionally, the child dental benefits will be limited to a monetary cap per year, which will cover a comprehensive examination and x-rays. Any additional dental benefits for children will be covered if deemed medically necessary under an EPSDT evaluation.

Entities that may be financially affected by the proposed change: All dental provider types including: Dentists, dental hygienists, public health endorsed dental hygienists, dental therapists, periodontists, endodontists, orthodontists, and oral and maxillofacial surgeons. Additionally, Liberty Dental Health Plan the Medicaid contracted Dental Benefits Administrator for members residing in Clark and Washoe Counties.

Potential financial impact, if any, upon local government: The anticipated fiscal impact is unknown at this time.

Termination of the Dental Benefits Administrator Contract

Termination of the Dental Benefits Administrator Contract held with Liberty Dental Health Plan.

Existing Contract: Requires Liberty Dental to receive a per member per month cost associated for dental services provided to Medicaid members residing in Washoe and Clark counties.

Intended Change: Effective August 15, 2020, with the limitations proposed to dental benefits the state proposes to terminate the contract held with this vendor.

Entities that may be financially affected by the proposed change: All dental provider types including: Dentists, dental hygienists, public health endorsed dental hygienists, dental therapists, periodontists, endodontists, orthodontists, and oral and maxillofacial surgeons. Additionally, Liberty Dental Health Plan the Medicaid contracted Dental Benefits Administrator for members residing in Clark and Washoe Counties.

Potential financial impact, if any, upon local government: The anticipated fiscal impact is unknown at this time.