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Public Workshop: Mental Health Parity and Addiction Equity Act Compliance Policy Update

September 20, 2017



Objectives

- Purpose of Workshop - To gather stakeholder feedback and provide information concerning Mental Health Parity and Addiction Equity Act (MHPAEA) parity compliance.
- Review current proposed revision to Crisis Intervention (CI) policy change.
- Review current proposed revision to utilization management for Child and Adolescent Service Intensity Instrument (CASII) and Level of Care Utilization System (LOCUS) for adults.



Overview of Information

- The Division of Health Care Finance and Policy (DHCFP) Medicaid Service Manual (MSM) Chapter 400

<http://dhcfnv.gov/Pgms/CPT/BHS/>

- DHCFP Mental Health Parity and Addiction Equity Act (MHPAEA)

<http://dhcfnv.gov/Home/WhatsNew/MHPAEA/>



Overview of Information

- The MHPAEA requires health insurers and groups of health plans to provide the same level of benefits for mental and /or substance use disorder treatment (MH/SUD) and services that are offered through medical/surgical (M/S) care.
- The DHCFP is working towards the necessary changes to ensure Parity across both M/S and MH/SUD services.



Overview of Information

MSM Chapter 400 Policy, 403.6H Crisis Intervention (CI) Services,

CI services are Rehabilitative Mental Health 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.



Proposed Policy Change

403.6H Crisis Intervention (CI) Services

- Current Service Limitations: Recipients may receive a maximum of four hours per day over a five-day period (one occurrence). A single occurrence may not exceed five days. Recipients may receive a maximum of three occurrences over a 90-day period.
- Proposed Changes to Service Limitations: Recipients may receive a maximum of four hours per day over a **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**.



Overview of Information

MSM Chapter 400 Policy, 403.5 Outpatient Mental Health (OMH) Services- Utilization Management, *Child and Adolescent Service Intensity Instrument (CASII) and Level of Care Utilization System for Adults (LOCUS) are a standardized mechanism to determine the intensity of services needed based upon the severity of the recipient's condition.*



Proposed Policy Change

403.5 Outpatient Mental Health (OMH) Services-Utilization Management for CASII and LOCUS

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



Parity

The proposed policy changes within MSM Chapter 400 to CI Services and CASII/LOCUS Utilization Management, would bring DHCFP into parity compliance with Non-Quantitative Treatment Limits.



Next Steps

The DHCFP will compile information provided from this workshop in addition to information from other requests.



Questions?