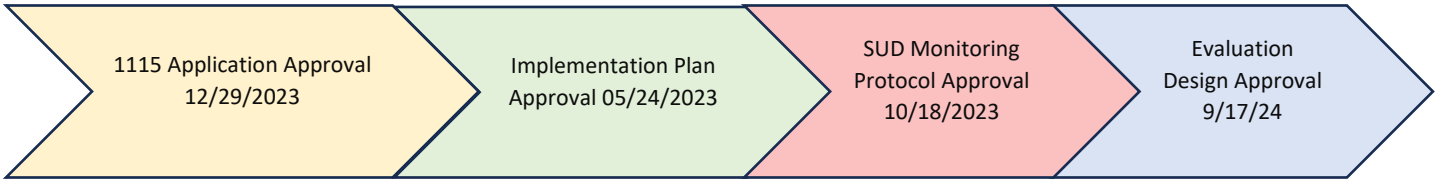
1115 Substance Use Disorder Demonstration Waiver Fact Sheet

Overview



On December 29, 2022, the Centers for Medicare & Medicaid Services (CMS) approved "Nevada's Treatment of Opioid Use Disorders (OUDs) and Substance Use Disorders (SUDs) Transformation Project" section 1115(a) Medicaid demonstration (hereinafter "demonstration") for the period from January 1, 2023, through December 31, 2027. Nevada's Health Information Technology (IT) and Implementation Plans were approved by CMS on May 24, 2023.

The SUD Monitoring Protocol was approved by CMS on October 18, 2023. The Monitoring Protocol describes the state's metrics that will be reported to document what and how it plans to report to CMS on the quarterly and annual basis to demonstrate progress towards the 1115's goals and milestones. There is a new Medicaid Services Manual (MSM) Chapter 4100 – Substance Use Disorder Treatment Services and Coverage is now posted online. MSM Public Hearing 7/25/23 (nv.gov). MSM 400 is being updated to align with the Demonstration and removed outdated language.

Medicaid Management Information System (MMIS) work is being done to allow billing for American Society of Addiction Medicine (ASAM) Level 3.1, 3.5, 3.7 Withdrawal Management, and 4.0 services for Medicaid eligible individuals ages 22-64. System updates are expected to be completed by late January 2025.

The Evaluation Design was approved by CMS on September 17, 2024. The evaluation design highlights key hypotheses, evaluation questions, measures, and evaluation approaches, which will provide for a rigorous evaluation of a SUD section 1115 Demonstration. The Evaluation Design must also include a timeline for key evaluation activities.

Demonstration Details

For recipients ages 22 to 64, the Demonstration allows for reimbursement of ASAM levels 3.1, 3.5, 3.7WM, and 4.0 substance use and withdrawal management services within an IMD setting from January 1, 2023, through December 31, 2027. An IMD is defined as a hospital, nursing facility or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, and also provides for medical attention, nursing care and related services.

Please visit the 1115 SUD Waiver Demonstration webpage for access to all related approved documents.

Billing Information

These services are currently billable under Provider Type (PT) 13 Psychiatric Hospital, Inpatient and PT 93 Residential Substance Use Treatment in an Institution for Mental Disease. NV_BillingGuidelines_PT13 / https://www.medicaid.nv.gov/Downloads/provider/NV_BillingGuidelines_PT93_Spec704.pdf
This Demonstration does not permit Medicaid reimbursement for room and board.

Here is the link for the Web Announcement 3487that states the new codes and approved CMS rates.

Next Steps

Division of Health Care Financing and Policy (DHCFP) and Division of Public and Behavioral Health (DPBH)

DHCFP and DPBH Bureau of Behavioral Health, Wellness and Prevention have collaboratively worked on a timeline to transition IMD providers from the Substance Use Prevention Treatment and Recovery Services (SUPTRS) Block Grant, previously referred to as the Substance Abuse Block Grant (SABG), and the State Opioid Response (SOR) grant to Medicaid billing. Effective January 1, 2025, the expectation is that all substance use providers providing residential treatment services bill these services through Medicaid. BBHWP has given an allowance of up to 45 for individuals previously enrolled in a residential treatment program, to continue billing the grant. However, all new admissions must be billed to Medicaid. Across both Divisions, providers can expect continued communication as specifics are developed with billing and training guidance. Providers have expressed concern moving forward with billing Medicaid for individual services in an IMD under Provider Type 17 Specialty 215 and the new Provider Type 93. As referenced below within the Implementation timeline, the goal of redefining residential reimbursement was expected to occur later in the Demonstration. The Centers for Medicare and Medicaid Services (CMS) approved the bundled rates for residential substance use treatment services in October of 2024 with an effective date of July 31, 2024. DHCFP is working on Medicaid Management Information System (MMIS) updates to upload the codes and rates and map them to the appropriate specialties. The MMIS updates are anticipated to be completed by the end of January 2024. Prior authorization for these levels of service may be requested currently and further communication will be delivered through a Medicaid Web Announcement to support claim submission direction. The table below contains a list of the new codes with the corresponding American Society of Addiction Medicine (ASAM) level, the description, and the rate for each.

HCPCS Code	Description	Level	Approved Daily Rate
H0018	Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem	3.1	$259.00
H0019	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where the stay is typically longer than 30 days), without room and board, per diem.	3.5	$341.94
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)	3.7WM	$472.02

The enrollment of Provider Type 93 allows for a higher bundled rate for residential treatment services than the previous rate utilized for reimbursement via the SUBG and SOR grants. Providers who currently receive SUBG and SOR funding have been strongly encouraged to complete enrollment in advance of January 1, 2025. SUBG and SOR-funded treatment providers will be allowed to submit for reimbursement costs incurred for individuals admitted for ASAM Level 3 treatment services **before** January 1, 2025 for up to 45 days into the new year. After that time, reimbursement will be limited to transitional housing and uninsured and undocumented participants for fee-for-service treatment services for

existing subgrants through BBHWP. Agencies are encouraged to work with their program specialist with additional questions and concerns.

IMD Service Providers

Be on the lookout for meetings and trainings.
Review billing guides.
Ask questions.
Provide input.

Future Projects Detailed in the Implementation Plan

1115 Milestone Completion

Milestone 1 – Access to Critical Levels of Care for OUD and Other SUDs

- **Within 12-18 months:**
  - State Plan Amendment (SPA) to clearly define substance use treatment services.
  - New Medicaid Services Manual (MSM) Chapter for SUD treatment – MSM Chapter 4100.
- **Within 24-36 months:**
  - State Plan Amendment (SPA) to redefine reimbursement for residential levels of care.
  - Add pharmacists as eligible providers for Medication-Assisted Treatment (MAT).

Milestone 2 – Use of Evidence-based, SUD-specific Patient Placement Criteria

- **Within 6-12 months:**
  - Define prior authorization requirements for each reimbursable ASAM level of care.
- **Within 12-18 months:**
  - State Plan Amendment (SPA) to clearly define substance use treatment services.
  - Leverage the SUPPORT Act post planning demonstration grant activities to support growth in increased provider capacity at every ASAM level of care.
- **Within 24-36 months:**
  - State Plan Amendment (SPA) to redefine reimbursement for residential levels of care.
  - Develop process to collect quality measures from providers.

Milestone 3 – Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities

- **Within 6-12 months:**
  - Medicaid Management Information System (MMIS) enhancement to enroll substance use treatment providers that are licensed or certified as individual Medicaid providers and will be able to link to a substance use treatment provider agency.
- **Within 12-18 months:**
  - Update Medicaid Service Manual (MSM) policy to include requirement of offering all FDA-approved MAT on-site or facilitate access to off-site MAT.

Milestone 4 – Sufficient Provider Capacity at Critical Levels of Care Including for Medication-Assisted Treatment for OUD

- **Within 6-12 months:**
  - Integrating Intensive Crisis Stabilization Services as a new service delivery for individuals experiencing a mental health or substance use crisis.
  - Using SUPPORT Act data, provider surveys, and enrollment information, Nevada will identify specific

counts of current providers performing and accepting new patients at all critical levels of care.

- **Within 12-24 months:**
  - Further develop and refine the SUD Data Book developed through the Department of Health and Human Services (DHHS) Office of Analytics.
  - Refine data collection to collect specifics on individually enrolled substance use treatment providers available in Nevada once new Substance Use Treatment Provider Type and individual enrollment specialties are created and providers are enrolled.

Milestone 5 – Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD

- **Within 6 months – throughout Demonstration Period:**
  - Nevada will continue to work across the Department of Health and Human Services (DHHS) to support access, training, and awareness of coverage through increased provider communication through web announcements and monthly SUD treatment provider engagement meetings.
  - Evaluate data dashboards capabilities.
- **Within 24-36 months:**
  - Increase access to naloxone by adding pharmacists as an approved prescriber.

Milestone 6 – Improved Care Coordination and Transitions Between Levels of Care

- **Within 12-24 months:**
  - Redefine discharge criteria specific for residential treatment providers consistent across Medicaid policy and Division of Public and Behavioral Health (DPBH) Division Criteria.
  - Develop Medicaid Services Manual (MSM) and Division Criteria standards for coordination of care for co-occurring physical and mental health conditions for residential levels of care transitioning to outpatient levels of care.
- **Within 24-36 months:**
  - If provided legislative authority, integrate the collaborative care model within state plan and Medicaid Services Manual (MSM).
  - If provided budgetary authority, integrate new SUD-only target group within the targeted case management benefit to support case management activities for individuals transitioning between residential and outpatient SUD services.

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