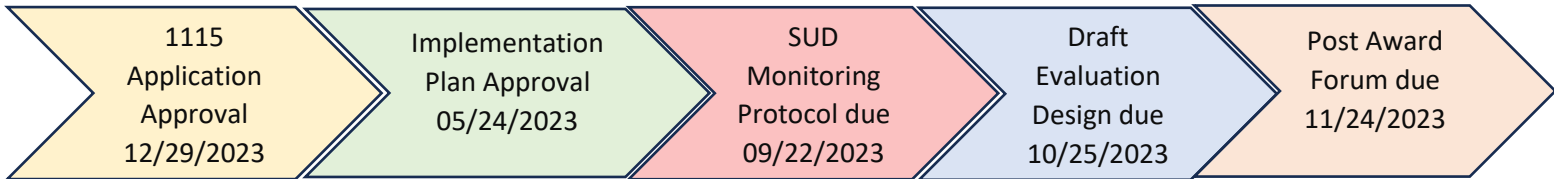




1115 Substance Use Disorder Demonstration Waiver Fact Sheet

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 submitted to CMS on June 12, 2023, and CMS returned with corrections on July 25, 2023, requesting Nevada submit corrections by September 22, 2023.

Medicaid Services Manual (MSM) 400 – Mental Health and Alcohol and Substance Use Services edits were presented and approved during the Public Hearing on July 25, 2023, with a current effective date of October 1st, 2023. [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 MSM 400 is being updated to align with the Demonstration and removed outdated language.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, 3.2 Withdrawal Management, 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 August 1st. Providers will then be able to bill for individual services in an ASAM Level 3 and Level 4 Institution for Mental Disease (IMD) location.

The Draft Evaluation Design is due October 25, 2023. 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 draft Evaluation Design must also include a timeline for key evaluation activities.

The Post Award Forum is due November 24, 2023. This is a forum to allow public comment regarding the progress of the demonstration and is required to occur within six months after approval of the Implementation Plan and annually thereafter.

Demonstration Details

For recipients ages 22 to 64, the Demonstration allows for reimbursement of ASAM levels 3.1, 3.2WM, 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.

Billing Information

These services are currently billable under Provider Type (PT) 13 Psychiatric Hospital, Inpatient and PT 17 Specialty 215 Substance Use Agency Model (SUAM). [NV BillingGuidelines PT13](#) / [NV BillingGuidelines PT17 Spec215.pdf](#)

This Demonstration does not permit Medicaid reimbursement for room and board.

Next Steps

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

DHCFP is updating the current [1115 SUD webpage](#) with remediated documents.

DHCFP and DPBH Substance Abuse Prevention and Treatment Agency (SAPTA) are working 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), to Medicaid billing. 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. As referenced below within the Implementation timeline, the goal of redefining residential reimbursement was expected to occur later in the Demonstration. In an effort to accommodate provider's concerns, on July 18, 2023, CMS granted DHCFP permission to move this timeline up to support a bundled residential rate for ASAM Level 3 services in an IMD. This will require a State Plan Amendment (SPA) for the coverage and reimbursement methodology for a bundled rate.

While DHCFP is putting forth the SPA to make these changes, DPBH SAPTA will continue to reimburse for residential services as currently structured within the Block Grant. For all agencies that are receiving and will be receiving the upcoming award for federal fiscal year 2024, the reimbursement mechanism will remain the same (bundled fee-for-service), awaiting further construction of DHCFP's approved bundled rate. This will allow for further collaboration between Divisions to provide a transition for these providers.

IMD Service Providers

Be on the lookout for meetings, trainings, public workshops, and public hearings.

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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