

following entities provide this information:

- State
- Managed Care entities
- Both
- Other

Guidance: If other is selected, please specify the entity.

**6.2.7.2 – MHPAEA.** Reason for any denial for reimbursement or payment for mental health or substance use disorder benefits must be made available to the enrollee by the health plan or the State. The state attests that the following entities provide denial information:

- State
- Managed Care entities
- Both
- Other

Guidance: If other is selected, please specify the entity.

**6.3- BH Covered Benefits** Please check off the behavioral health services that are provided to the state’s CHIP populations, and provide a description of the amount, duration, and scope of each benefit. For each benefit, please also indicate whether the benefit is available for mental health and/or substance use disorders. If there are differences in benefits based on the population or type of condition being treated, please specify those differences.

If EPSDT is provided, as described at Section 6.2.22 and 6.2.22.1, the state should only check off the applicable benefits. It does not have to provide additional information regarding the amount, duration, and scope of each covered behavioral health benefit.

Guidance: Please include a description of the services provided in addition to the behavioral health screenings and assessments described in the assurance below at 6.3.1.1-BH.

**6.3.1- BH**  Behavioral health screenings and assessments. (Section 2103(c)(6)(A))

**6.3.1.1- BH**  The state assures that all developmental and behavioral health recommendations outlined in the AAP Bright Futures periodicity schedule and United States Public Preventive Services Task Force (USPSTF) recommendations graded as A and B are covered as a part of the CHIP benefit package, as appropriate for the covered populations.

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Guidance: Examples of facilitation efforts include requiring managed care organizations and their networks to use such tools in primary care practice, providing education, training, and technical resources, and covering the costs of administering or purchasing the tools.

**6.3.1.2- BH**  The state assures that it will implement a strategy to facilitate the use of age-appropriate validated behavioral health screening tools in primary care settings. Please describe how the state will facilitate the use of validated screening tools.

The state requires that each provider utilize the American Academy of Pediatrics (AAP) 2019 Bright Futures “Recommendations for Pediatric Health Care” Periodicity Schedule as the periodicity schedule for EPSDT visits and services. They are also required to utilize the age-appropriate validated behavioral health screening tools that are recommended by the AAP/Bright Futures. All screenings must be completed and documented in the client’s medical record and be made available for review. The managed care organizations and their networks are contractually obligated to use the approved screening and assessment tools required by the state. The state requires the use of the Child and Adolescent Service Intensity Instrument (CASII) tool for children 6-18 years of age and requires the use of the Early Childhood Service Intensity Instrument (ECSII) through the Targeted Investments Program for the 0-5 population. The American Society of Addiction Medicine (ASAM) Criteria is required for adults receiving behavioral health services, who have been identified as having a substance use disorder. The use of these instruments is outlined in the Medicaid Services Manual Chapter 400. The use of these instruments is reimbursable to providers to support and encourage implementation.

**6.3.2- BH**  Outpatient services (Sections 2110(a)(11) and 2110(a)(19))

Outpatient mental health services are covered under Nevada Check Up and include assessment and diagnosis, testing, basic medical and therapeutic services, crisis intervention, therapy, partial hospitalization and intensive outpatient programs, medication management and case management services.

Guidance: Psychosocial treatment includes services such as psychotherapy, group therapy, family therapy and other types of counseling services.

**6.3.2.1- BH**  Psychosocial treatment  
Provided for:  Mental Health  Substance Use Disorder

**Mental Health:**

Mental health therapy is covered for individual, group and/or family therapy with the recipient present and for family therapy without the recipient present. Prior authorization is required after service limitation have been exceeded based on the individual’s intensity of needs.

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**Substance Use Disorder:**

Substance use counseling is covered for individual and group with the recipient present and for family therapy without the recipient present. Utilizing the ASAM level of care, prior authorization is required based on the individual's intensity of needs.

**6.3.2.2- BH**  Tobacco cessation  
Provided for:  Substance Use Disorder

Tobacco cessation services will be covered for all Nevada Check Up and Nevada Medicaid recipients by September 1, 2021. This will ensure coverage is available to all Nevada Medicaid recipients. This is in addition to current Medicaid policy for covering pregnant women, through the State Plan and Managed Care Organizations, and through Certified Community Behavioral Health Centers. To quit smoking. Smoking cessation lowers the risk of cancer and other serious health problems. Counseling, behavior therapy, medicines, and nicotine-containing products, such as nicotine patches, gum, lozenges, inhalers, and nasal sprays, may be used to help a person quit smoking.

Guidance: In order to provide a benefit package consistent with section 2103(c)(5) of the Act, MAT benefits are required for the treatment of opioid use disorders. However, if the state provides MAT for other SUD conditions, please include a description of those benefits below at section 6.3.2.3- BH.

**6.3.2.3- BH**  Medication Assisted Treatment  
Provided for:  Substance Use Disorder

**6.3.2.3.1- BH**  Opioid Use Disorder

Medication Assisted Treatment (MAT) is an evidence-based practice using methadone, naltrexone, buprenorphine, and all other forms of MAT approved under section 505 of the Federal Food, Drug, and Sometric Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) for the treatment of OUD. With respect to the provision of such drugs and biological products, MAT also includes the provision of counseling and behavioral therapy.

**6.3.2.3.2- BH**  Alcohol Use Disorder

Medication Assisted Treatment services are covered under Nevada Check Up for individuals with Substance Use Disorder. The services are determined based on medical necessity and are recommended by a physician or other qualified health care professional.

**6.3.2.3.3- BH**  Other

**6.3.2.4- BH**  Peer Support

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Provided for:  Mental Health  Substance Use Disorder

**Mental Health:**

Peer support services covered under Nevada Check Up are rehabilitative mental health interventions designed to reduce social and behavioral impairments and restore recipients to their highest level of functioning. Peer Supporters help the recipient live, work, learn and participate fully in their communities. Peer support services must be delivered directly to recipients and must directly contribute to the restoration of recipient's diagnosis mental and/or behavioral health condition. Peer support services require prior authorization from the QIO-like vendor.

**Substance Use Disorder:**

Peer support services covered under Nevada Check Up are rehabilitative mental health interventions designed to reduce social and behavioral impairments and restore recipients to their highest level of functioning. Peer Supporters help the recipient live, work, learn and participate fully in their communities. Peer support services must be delivered directly to recipients and must directly contribute to the restoration of recipient's diagnosis mental and/or behavioral health condition. Peer support services require prior authorization from the QIO-like vendor after up to 72 units/18 hours per calendar year.

**6.3.2.5- BH**  Caregiver Support

Provided for:  Mental Health  Substance Use Disorder

**6.3.2.6- BH**  Respite Care

Provided for:  Mental Health  Substance Use Disorder

**6.3.2.7- BH**  Intensive in-home services

Provided for:  Mental Health  Substance Use Disorder

Intensive In-Home services and supports are covered under the 1915(i) HCBS State Plan option and are evidence-based interventions that target emotional, cognitive and behavioral functioning within a variety of actual and/or simulated social settings. Activities and environments are designed to foster the acquisition of skills, building positive social behavior and interpersonal competence. Services focus on enabling the participant to attain or maintain his or her maximum potential and shall be coordinated with needed behavioral and physical health services and supports in the participant's person-centered services and support plans.

**6.3.2.8- BH**  Intensive outpatient

Provided for:  Mental Health  Substance Use Disorder

Intensive Outpatient services covered under Nevada Check Up are a comprehensive array of direct mental health and rehabilitative services which are expected to restore an

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individual's condition and functioning level for prevention of relapse or hospitalization. These services are provided to individuals who meet the state's medical necessity criteria for the services. Intensive Outpatient services may exceed minimum hours when services are clinically indicated based on a patient centered approach. Intensive Outpatient services are direct services provided no less than three days a week, with a minimum of three hours a day and not to exceed six hours a day. Individuals needing services that exceed this time frame should be reevaluated for referral to a higher intensity/frequency of services. Utilization management must include on-going patient assessments, including intensity of needs determinations using ASAM/LOCUS/CASII, to evaluate patient's response to treatment interventions and to monitor progress toward treatment plan goals.

**6.3.2.9- BH**  Psychosocial rehabilitation  
Provided for:  Mental Health  Substance Use Disorder

Psychosocial rehabilitation services (PSR) are covered under Nevada Check Up and are 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. Prior authorization is required for all PSR services based on medical necessity and the individual's intensity of needs.

Guidance: If the state considers day treatment and partial hospitalization to be the same benefit, please indicate that in the benefit description. If there are differences between these benefits, such as the staffing or intensity of the setting, please specify those in the description of the benefit's amount, duration, and scope.

Day treatment services are offered through the Nevada Check Up. Day treatment services are a community-based psycho-social package of rehabilitative services designed to improve individual and group functioning for effective community integration. This is not an Institution for Mental Illness (IMD), a Residential Treatment Facility, nor is it an institution as defined under federal regulation. Admission to this program requires: severe emotional disturbance or serious mental illness and recipient's clinical and behavioral issues require intensive, coordinated, multi-disciplinary intervention within a therapeutic milieu. Day treatment is provided in a structured therapeutic environment which has programmatic objectives such as but not limited to: development of skills to promote health relationships and learn to identify ingredients that contribute to healthy relationships, development of coping skills and strategies, development of aggression prevention plans, problem identification and resolution, ability to learn respectful behaviors in social situations, development of the ability to demonstrate self-regulation on impulsive behaviors, development of empathy for peers and family and develop a clear understanding of recipient's cycles of relapse and a relapse prevention plan. Services must be provided by a Qualified Mental Health Professional (QMHP) or by a Qualified Mental Health Associate (QMHA) under the direct supervision of a QMHP. The services provided may be directly attributable to an individual provider. The staff ratio is one to five participants. Services are available for at no more than three hours per

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day for children ages 3-6 and no more than 4 hours per day for ages 7-18. All service limitations may be exceeded with a prior authorization meeting medical necessity.

**6.3.3.1- BH**  Partial Hospitalization

Provided for:  Mental Health  Substance Use Disorder

Partial Hospitalization services offered through Nevada Check Up are furnished in an outpatient setting, at a hospital or an enrolled federally qualified health center (FQHC) that assumes clinical liability and meets the criteria of a Certified Mental Health Clinic (CMHC). Partial hospitalization services encompass a variety of psychiatric treatment services designed for recipients who require a higher intensity of coordinated comprehensive and multidisciplinary treatment. These services are expected to restore the individual's condition and functional level and to prevent relapse or admission to a hospital. The services are intended to be an alternative to inpatient psychiatric care and are generally provided to recipients experiencing an exacerbation of a severe and persistent mental illness. Partial hospitalization services include active therapeutic treatment and must be targeted to meet the goals of alleviating impairments and restoring functioning. Partial hospitalization may exceed minimum hours when services are clinically indicated based on a patient centered approach. PHP services are direct services provided no less than five days a week, with a minimum of four hours a day and not to exceed 23 hours a day. Individuals needing services that exceed this time frame should be reevaluated for referral to a higher intensity/frequency of services.

**6.3.4- BH**  Inpatient services, including services furnished in a state-operated mental hospital and including residential or other 24-hour therapeutically planned structural services (Sections 2110(a)(10) and 2110(a)(18))

Provided for:  Mental Health  Substance Use Disorder

Inpatient mental health services offered through Nevada Check Up are those services delivered in freestanding psychiatric hospitals or acute hospitals with a specialized psychiatric unit which include a secure, structured environment, 24-hour observation and supervision by mental health professionals and provide a multidisciplinary clinical approach to treatment. Inpatient mental health services include treatments or interventions provided to an individual who has an acute, clinically identifiable covered, current ICD psychiatric diagnosis to ameliorate or reduce symptoms for improved functioning and return to a less restrictive setting.

Guidance: If applicable, please clarify any differences within the residential treatment benefit (e.g. intensity of services, provider types, or settings in which the residential treatment services are provided).

**6.3.4.1- BH**  Residential Treatment

Provided for:  Mental Health  Substance Use Disorder

Residential Treatment Center (RTC) services offered through Nevada Check Up assist recipients who have behavioral, emotional, psychiatric and/or psychological disorders, or conditions, who are no longer at or appropriate for an acute level of care, or who cannot effectively receive services in a less restrictive setting and who meet medical necessity

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and admission criteria for RTC services. RTCs are part of the mental health continuum of care and are an integral part of Nevada Medicaid's behavioral health system of care. Recipients who respond well to treatment in an RTC are anticipated to be discharged to a lower level of care, such as intensive home and community-based services, or to the care of a psychiatrist, psychologist or other qualified health care professional.

**6.3.4.2- BH**  Detoxification  
Provided for:  Substance Use Disorder

Inpatient substance abuse services offered through Nevada Check Up are those services delivered in freestanding substance abuse treatment hospitals or acute hospitals with a specialized substance abuse treatment unit which includes a secure, structured environment, 24-hour observation and supervision by mental health substance abuse professionals and a structured multidisciplinary clinical approach to treatment. These hospitals provide medical detoxification and treatment services for individuals suffering from acute alcohol and substance abuse conditions.

Guidance: Crisis intervention and stabilization could include services such as mobile crisis, or short term residential or other facility based services in order to avoid inpatient hospitalization.

**6.3.5- BH**  Emergency services  
Provided for:  Mental Health  Substance Use Disorder

Emergency services offered through Nevada Check Up means, with respect to an individual enrolled with an organization, covered inpatient and outpatient services that are furnished by a provider qualified to furnish such services and are needed to evaluate or stabilize an emergency medical condition. Also included, 24-hour observation and supervision by mental health professionals and provide a multidisciplinary clinical approach to treatment.

**6.3.5.1- BH**  Crisis Intervention and Stabilization  
Provided for:  Mental Health  Substance Use Disorder

**Mental Health and Substance Use Disorder:**  
Crisis Intervention (CI) services offered through Nevada Check Up 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. The objective of CI services is to reduce psychiatric and personal distress, restore recipients to their highest level of functioning and help prevent acute hospital admissions. CI interventions may be provided in a variety of settings, including but not limited to psychiatric emergency departments, emergency rooms, homes, foster homes, schools, homeless shelters, while in transit and telephonically. Recipients may receive a maximum of four hours per day over a three day period (one occurrence) without prior authorization. Recipients may receive a maximum of three occurrences over a 90-day period without prior authorization. Due to

the extended length of time allowed as an occurrence, crisis stabilization is included in the occurrence.

Crisis Stabilization services are offered through the 1915(i) Home and Community Based Services (HCBS) State Plan Option for Intensive In-Home Supports and Services and Crisis Stabilization Services. Crisis Stabilization services include short-term, outcome-oriented, and of higher intensity than other behavioral interventions that are designed to provide interventions focused on developing effective behavioral management strategies to secure participant and family/caregiver's health and safety following a crisis. These services may only be delivered in an individual, one-to-one session and are available in the child's home. The service is designed to be short-term and to achieve community stabilization through psychoeducation, crisis stabilization, and crisis resolution support. The service is of high intensity with the intent to develop effective behavioral strategies that will be maintained and help the child to sustain the behavioral strategies long-term. The maximum number of service hours per day is four hours for up to 40 hours per month and may be exceeded with prior authorization demonstrating medical necessity.

**6.3.6- BH**  Continuing care services  
Provided for:  Mental Health  Substance Use Disorder

**6.3.7- BH**  Care Coordination  
Provided for:  Mental Health  Substance Use Disorder

Children under managed care receive care coordination services through the managed care entities.

**6.3.7.1- BH**  Intensive wraparound  
Provided for:  Mental Health  Substance Use Disorder

Performed by State and local county agencies, Division of Child and Family Services, Clark County Department of Family Services and Washoe County Human Services Agency.

Intensive care coordination includes assessment and service planning, accessing and arranging for services, coordinating multiple services, including access to crisis services. Assisting the child and family to meet basic needs, advocating for the child and family, and monitoring progress are also included. These are evidence-informed care coordination models. These services are reimbursed through targeted case management services as described below under Case Management. These target groups are: (1) children and adolescents who are Non-Severely Emotionally Disturbed (Non-SED) with a mental illness; (2) children and adolescents who are Severely Emotionally Disturbed (SED); (3) adults who are Non-Seriously Mentally Ill (Non-SMI) with a mental illness; (4) adults who are Seriously Mentally Ill (SMI); (5) persons with intellectual disabilities or related conditions; (6) developmentally delayed infants and toddlers under age three; (7) Juvenile Parole Population; (8) Juvenile Probation Services (JPS), and (9) Child Protective Services (CPS).

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The wraparound approach is a form of intensive care coordination for children with significant mental health conditions. It is a team-based, collaborative process for developing and implementing individualized care plans for children and youth with complex needs and their families. This approach focuses on all life domains and includes clinical interventions and formal and informal supports. The wraparound “facilitator” is the intensive care coordinator who organizes, convenes, and coordinates this process. The wraparound approach is done by a child and family team for each youth that includes the child, family members, involved providers, and key members of the child’s formal and informal support network, including members from the child serving agencies. The child and family team develops, implements, and monitors the service plan. Care coordinators “work with and guide the team process, which includes and is driven by the needs of patients and families for services across the community.”

**6.3.7.2- BH**  Care transition services  
Provided for:  Mental Health  Substance Use Disorder

**6.3.8- BH**  Case Management  
Provided for:  Mental Health  Substance Use Disorder

Case Management services offered through Nevada Check Up assist recipients eligible in gaining access to needed medical, social, educational, and other support 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. Case management services are provided to eligible recipients who are residing in a community setting or transitioning to a community setting following an institutional stay. There are nine target groups eligible to receive this service. These groups are: (1) children and adolescents who are Non-Severely Emotionally Disturbed (Non-SED) with a mental illness; (2) children and adolescents who are Severely Emotionally Disturbed (SED); (3) adults who are Non-Seriously Mentally Ill (Non-SMI) with a mental illness; (4) adults who are Seriously Mentally Ill (SMI); (5) persons with intellectual disabilities or related conditions; (6) developmentally delayed infants and toddlers under age three; (7) Juvenile Parole Population; (8) Juvenile Probation Services (JPS), and (9) Child Protective Services (CPS).

**6.3.9- BH**  Other  
Provided for:  Mental Health  Substance Use Disorder

#### **6.4- BH Assessment Tools**

**6.4.1- BH** Please specify or describe all of the tool(s) required by the state and/or each managed care entity:

ASAM Criteria (American Society Addiction Medicine)  
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- InterQual
  - Mental Health
  - Substance Use Disorders
- MCG Care Guidelines
  - Mental Health
  - Substance Use Disorders
- CALOCUS/LOCUS (Child and Adolescent Level of Care Utilization System)
  - Mental Health
  - Substance Use Disorders
- CASII (Child and Adolescent Service Intensity Instrument)
  - Mental Health
  - Substance Use Disorders
- CANS (Child and Adolescent Needs and Strengths)
  - Mental Health
  - Substance Use Disorders
- Plan-specific criteria (please describe)
  - Mental Health
  - Substance Use Disorders

The managed care entities utilize InterQual and MCG Care Guidelines

- Other (please describe)
  - Mental Health
  - Substance Use Disorders
- No specific criteria or tools are required
  - Mental Health
  - Substance Use Disorders

Guidance: Examples of facilitation efforts include requiring managed care organizations and their networks to use such tools to determine possible treatments or plans of care, providing education, training, and technical resources, and covering the costs of administering or purchasing the assessment tools.

**6.4.2- BH**  Please describe the state’s strategy to facilitate the use of validated assessment tools for the treatment of behavioral health conditions.

The state requires the use of the Child and Adolescent Service Intensity Instrument (CASII) tool for children 6-18 years of age and requires the use of the Early Childhood Service Intensity Instrument (ECSII) through the Targeted Investments Program for the 0-5 population. The American Society of Addiction Medicine (ASAM) Criteria is required for adults receiving behavioral health services, who have been identified as having a substance use disorder. The use of these instruments is outlined in the Medicaid Services Manual Chapter 400. The use of these instruments is reimbursable to providers to support and encourage implementation.

**6.2.5- BH Covered Benefits** The State assures the following related to the provision of behavioral health benefits in CHIP:

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All behavioral health benefits are provided in a culturally and linguistically appropriate manner consistent with the requirements of section 2103(c)(6), regardless of delivery system.

The state will provide all behavioral health benefits consistent with 42 CFR 457.495 to ensure there are procedures in place to access covered services as well as appropriate and timely treatment and monitoring of children with chronic, complex or serious conditions.

**6.2-DC**      **Dental Coverage** (CHIPRA # 7, SHO # #09-012 issued October 7, 2009) The State will provide dental coverage to children through one of the following. Please update Sections 9.10 and 10.3-DC when electing this option. Dental services provided to children eligible for dental-only supplemental services must receive the same dental services as provided to otherwise eligible CHIP children (Section 2103(a)(5)):

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