2701 AUTHORITY

In 1965, the 89th Congress added Title XIX of the Social Security Act (SSA) authorizing varying percentages of Federal Financial Participation (FFP) for states that elected to offer medical programs. States must offer the 11 basic required medical services. Two of these are inpatient hospital services (42 Code of Federal Regulations (CFR) 440.10) and outpatient hospital services (42 CFR 440.20). All other mental health and substance abuse services provided in a setting other than an inpatient or outpatient hospital are covered by Medicaid as optional services. Additionally, state Medicaid programs are required to correct or ameliorate defects and physical and mental illnesses and conditions discovered as the result of an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screening for children 21 years or younger, whether or not such services are covered under the state plan (Section 1905(a) of the SSA).

Other authorities include:

- Nevada Medicaid Inpatient Psychiatric and Substance Abuse Policy, Procedures and Requirements. The Joint Commission Restraint and seclusion Standards for Behavioral Health.

  Health and Human Services (HHS) Sections 2701 through 2763, 2791 and 2792 of the Public Health Service (PHS) Act (42 USC 300gg through 300gg–63, 300gg–91 and 300gg–92), as amended.

  (Reference:https://www.gpo.gov/fdsys/pkg/FR-2013-11-13/pdf/2013-27086.pdf).

- Section 223(a)(2)(F) of Protecting Access to Medicare Act (PAMA). This demonstration authority has been extended.

- Section 2402(a) of the Patient Protection and Affordable Care Act (ACA).

- Section 2403(a) of the ACA: Standards for Person-Centered Planning and Self-Direction in Home and Community-Based Services Programs.

- Nevada State Plan Section 4.19-A.

- Nevada State Plan Section 3.1-A.

- CMS 2261-P, Centers for Medicare and Medicaid Services (CMS) (Medicaid Program; Coverage for Rehabilitative Services).

daily living. Services must meet medical necessity and comply with the requirements of MSM Chapter 1700 – Therapy.

H. PEER SUPPORT SERVICES: Services to improve recipient engagement by providing them support from individuals with lived experience to bring meaningful insights into the journey of recovery.

I. PSYCHIATRIC REHABILITATION: Recovery supports that are rehabilitative in nature and are behavioral health services/interventions designed to engage recipients in regaining skills and abilities necessary to live independent and self-directed lives.

J. SMOKING CESSATION: Evidence-based strategies to assist the recipient in quitting smoking to include referral to the Nevada Tobacco Quit Line and health education classes aimed at providing support information and needed encouragement.

K. 1. TARGETED CASE MANAGEMENT (TCM): Services that assist CCBHC recipients in gaining access to needed medical, social, educational and other support services including housing and transportation needs; however, they do not include the direct delivery of medical, clinical or other services. Components of TCM services include case management assessment, care planning, referral/linkage and monitoring/follow-up.

All TCM services provided must comply with MSM Chapter 2500, Case Management. Target groups for the CCBHC include those listed under MSM Chapter 2500, Non-Seriously Mentally Ill (Non-SMI) Adults, Serious Mental Illness Adult, Non-Severely Emotionally Disturbed (Non-SED Children and Adolescents), Severe Emotional Disturbance (SED) Children and Adolescents

2. LEAD CASE MANAGER is only used if a recipeint is included in more than one target group at a given time or is eligible to receive case management services from different programs (i.e. Certified Community Behavioral Health Centers (CCBHC), Managed Care Organization (MCO), or governmental agencies). The Lead Case Manager coordinates the recipient's care and services with another case manager. The Lead Case Manager is responsible for coordinating the additional case management services, whether or not, chronologically, the Lead Case Manager was the original or the subsequent case manager. When a recipeint is eligible for MCO, it is the responsibility of the Lead Case Manager to ensure that the identified MCO is notified of the recipient's participation in targeted case management. The Lead Case manager will coordinate all care with the MCO to ensure there is an elimination of any potential for duplication of services.

2703.17 DOCUMENTATION REQUIREMENTS

A. CCBHCs must comply with the MSM Chapter 400 documentation requirements and must also document:

1. The medical necessity and clinical appropriateness of services prescribed on an integrated and individualized person- and family-centered treatment plan;

2. The coordination of care for recipients with all providers of behavioral and physical health care and, when relevant, with the VHA;

3. How services are individualized and developmentally, culturally and linguistically competent for each recipient; and

4. The tracking of and response to recipient's accessing higher levels of care which includes discharge planning, implementation and coordination.