

## **Table of Contents**

**State/Territory Name: NV**

**State Plan Amendment (SPA) #: 19-0004**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
601 East 12th Street, Suite 0300  
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

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February 19, 2020

Suzanne Bierman, Administrator  
Nevada Division of Health Care Financing and Policy  
1210 S. Valley View, Suite 104  
Las Vegas, NV 89702

Dear Ms. Bierman:

Enclosed is an approved copy of Nevada State Plan Amendment (SPA) 19-004. This SPA moves Partial Hospitalization (PHP) and Intensive Outpatient Program (IOP) services from the HCBS 1915(i) section of the state plan (Attachment 3.1-G) to the Coverage section (Attachment 3.1-A) of the state plan and updates the 4.19-B reimbursement section and Alternative Benefit (ABP) section pertaining to PHP and IOP services. This SPA is approved effective April 1, 2019.

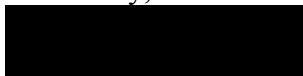
Attached is a copy of the following approved pages to be incorporated into your state plan:

- Attachment 3.1-A: Pages 1a, 6a.1 – 6a.7, 6b.4, 6b.4 (continued), and 6b.4 (continued page 1)
- Attachment 3.1-G: Pages 1 and 32
- Attachment 4.19-B: Pages 3b, 3j, 3k, 17, and 18
- Alternative Benefit Plan (ABP): Sections 1, 2a, 3, 4, 5, 7, 8, 9, 10, and 11

It is important to note that CMS' approval of this change to the 1915(i) HCBS state plan benefit solely addresses the state's compliance with the applicable Medicaid authorities. CMS' approval does not address the state's independent and separate obligations under federal laws including, but not limited to, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, or the Supreme Court's Olmstead decision. Guidance from the Department of Justice concerning compliance with the Americans with Disabilities Act and the Olmstead decision is available at [http://www.ada.gov/olmstead/q&a\\_olmstead.htm](http://www.ada.gov/olmstead/q&a_olmstead.htm).

If you have any questions, please contact Peter Banks by phone at (415) 744-3782 or by email at [Peter.Banks@cms.hhs.gov](mailto:Peter.Banks@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>1 9 - 0 0 4</u>	2. STATE NEVADA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SSA (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. <b>PROPOSED EFFECTIVE DATE</b> April 1, 2019
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5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. <b>FEDERAL STATUTE/REGULATION CITATION</b> State Plan Title XIX 42 CFR 440.10 and 440.20	7. <b>FEDERAL BUDGET IMPACT</b> a. FFY 2019 \$ <u>0.00</u> b. FFY 2020 \$ <u>0.00</u>
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8. <b>PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT</b> Attachment 3.1 A: Pages 1a, 6a.1 – 6a.7, 6b.4, 6b.4 (continued), and 6b.4 (continued page 1) / Attachment 3.1 G: Pages 1 and 32 / Attachment 4.19 B: Pages 3b, 3j, 3k, 17, 18 / Alternative Benefit Plan (ABP): Sections 1, 2a, 3, 4, 5, 7, 8, 9, 10, and 11	9. <b>PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>)</b> Attachment 3.1 A: Pages 1a, 6a (continued) and 6b.4 / Attachment 3.1 G: Pages 1, 32, 32a, and 32b / Attachment 4.19 B: Pages 3b, 3j, 17, 17a, 17b, 17c, 18, 18a, and 18b / Alternative Benefit Plan (ABP): Sections 1, 2a, 3, 4, 5, 7, 8, 9, 10, and 11
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10. **SUBJECT OF AMENDMENT**

Removal of Partial Hospitalization and Intensive Outpatient Services from 1915(i) HCBS to 1905(a).

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Tammy Moffitt, Chief of Operations DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701
13. TYPED NAME STEVE SISOLAK	
14. TITLE GOVERNOR, STATE OF NEVADA	
15. DATE SUBMITTED 6/26/19	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED 6/26/19	18. DATE APPROVED 2/18/20
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL 4/1/19	20. SIGNATURE OF APPROVED OFFICIAL 
21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations

23. REMARKS

Pen and Ink Request: Box 7: Please update to read "FFY 2o19" and "FFY 2o2o". Box 8: Please update to read: "Attachment 3.1-A: Pages 1a, 6a.1 – 6a.7, 6b.4, 6b.4 (continued), and 6b.4 (continued page 1) / Attachment 3.1-G: Pages 1 and 32 / Attachment 4.19-B: Pages 3b, 3j, 3k, 17, 18 / Alternative Benefit Plan (ABP): Section 1 to 11". Box 9: Please update to read: "Attachment 3.1-A: Pages 1a, 6a (continued) and 6b.4 / Attachment 3.1-G: Pages 1, 32, 32a, and 32b / Attachment 4.19-B: Pages 3b, 3j, 17, 17a, 17b, 17c, 18, 18a, and 18b / Alternative Benefit Plan (ABP): Section 1, 2a, 3, 4, 5, 7, 8, 9, 10, and 11". Box 15: Please update to read: "6/26/19".



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: NV - 19 - 004

OMB Expiration date: 10/31/2014

## Alternative Benefit Plan Populations ABP1

Identify and define the population that will participate in the Alternative Benefit Plan.

Alternative Benefit Plan Population Name:

Identify eligibility groups that are included in the Alternative Benefit Plan's population, and which may contain individuals that meet any targeting criteria used to further define the population.

Eligibility Groups Included in the Alternative Benefit Plan Population:

	Eligibility Group:	Enrollment is mandatory or voluntary?	
<b>+</b>	Adult Group	Mandatory	<b>X</b>

Enrollment is available for all individuals in these eligibility group(s).

### Geographic Area

The Alternative Benefit Plan population will include individuals from the entire state/territory.

Any other information the state/territory wishes to provide about the population (optional)

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20140415



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: NV - 19 - 004

OMB Expiration date: 10/31/2014

**Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act** **ABP2a**

The state/territory has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements. Therefore the state/territory is deemed to have met the requirements for voluntary choice of benefit package for individuals exempt from mandatory participation in a section 1937 Alternative Benefit Plan.

Yes

Explain how the state has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements.

The state is using FEHB as the Base Benchmark and Secretary Approved Coverage as the 1937 Benchmark. Adding Habilitation-Maintenance Therapy as the EHB for both newly eligibles and existing Medicaid State Plan. The Medicaid State Plan will be modified under state plan to align the existing State Medicaid Plan and the Alternative Benefit Plan.

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20140415



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: NV - 19 - 004

OMB Expiration date: 10/31/2014

## Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package ABP3

Select one of the following:

- The state/territory is amending one existing benefit package for the population defined in Section 1.
- The state/territory is creating a single new benefit package for the population defined in Section 1.

Name of benefit package:

### Selection of the Section 1937 Coverage Option

The state/territory selects as its Section 1937 Coverage option the following type of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package under this Alternative Benefit Plan (check one):

- Benchmark Benefit Package.
- Benchmark-Equivalent Benefit Package.

The state/territory will provide the following Benchmark Benefit Package (check one that applies):

- The Standard Blue Cross/Blue Shield Preferred Provider Option offered through the Federal Employee Health Benefit Program (FEHBP).
- State employee coverage that is offered and generally available to state employees (State Employee Coverage):
- A commercial HMO with the largest insured commercial, non-Medicaid enrollment in the state/territory (Commercial HMO):
- Secretary-Approved Coverage.
  - The state/territory offers benefits based on the approved state plan.
  - The state/territory offers an array of benefits from the section 1937 coverage option and/or base benchmark plan benefit packages, or the approved state plan, or from a combination of these benefit packages.
    - The state/territory offers the benefits provided in the approved state plan.
    - Benefits include all those provided in the approved state plan plus additional benefits.
    - Benefits are the same as provided in the approved state plan but in a different amount, duration and/or scope.
    - The state/territory offers only a partial list of benefits provided in the approved state plan.
    - The state/territory offers a partial list of benefits provided in the approved state plan plus additional benefits.

Please briefly identify the benefits, the source of benefits and any limitations:

### Selection of Base Benchmark Plan



# Alternative Benefit Plan

The state/territory must select a Base Benchmark Plan as the basis for providing Essential Health Benefits in its Benchmark or Benchmark-Equivalent Package.

The Base Benchmark Plan is the same as the Section 1937 Coverage option.

Indicate which Benchmark Plan described at 45 CFR 156.100(a) the state/territory will use as its Base Benchmark Plan:

- Largest plan by enrollment of the three largest small group insurance products in the state's small group market.
- Any of the largest three state employee health benefit plans by enrollment.
- Any of the largest three national FEHBP plan options open to Federal employees in all geographies by enrollment.
- Largest insured commercial non-Medicaid HMO.

Plan name:

Other Information Related to Selection of the Section 1937 Coverage Option and the Base Benchmark Plan (optional):

1. The state assures that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP5.
2. The state assures the accuracy of all information in the ABP5 depicting amount, duration and scope parameters of services authorized in the currently approved Medicaid state plan.

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20140415



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: NV - 19 - 004

OMB Expiration date: 10/31/2014

## Alternative Benefit Plan Cost-Sharing ABP4

Any cost sharing described in Attachment 4.18-A applies to the Alternative Benefit Plan.

Attachment 4.18-A may be revised to include cost sharing for ABP services that are not otherwise described in the state plan. Any such cost sharing must comply with Section 1916 of the Social Security Act.

The Alternative Benefit Plan for individuals with income over 100% FPL includes cost-sharing other than that described in Attachment 4.18-A.

Other Information Related to Cost Sharing Requirements (optional):

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20140415





# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: NV - 19 - 004

## Benefits Description

**ABP5**

The state/territory proposes a "Benchmark-Equivalent" benefit package.

### Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved."



# Alternative Benefit Plan

1. Essential Health Benefit: Ambulatory patient services

Collapse All

Benefit Provided:	Source:	Remove
Physician Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	n/a	
Scope Limit:		
Within state licensing requirements		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
n/a		

Benefit Provided:	Source:	Remove
Hospice care	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Initial increment six months. Re-evaluate every three months		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
n/a		

Benefit Provided:	Source:	Remove
Home Health Care	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	n/a	
Scope Limit:		
Skill nursing, PT, OT, PT, ST, RT, dietitians, HH Aids, Must be intermittent services.		



# Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Physician order and plan of care determine tx hours

Benefit Provided:

Family Planning Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Must be FDA approved

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

n/a

Benefit Provided:

Personal Care Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

Reassessment process

Scope Limit:

PCS include a range of human assistance provided to a person with disabilities and chronic conditions of all ages. Assistance with IADLs and ADLs.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

The assessment is conducted by licensed physical and/or occupational therapist. Authorizations are dependent upon assessment process and will not exceed one year. Reassessments are required 30 days prior to expiration of authorization.

Benefit Provided:

Private Duty Nursing

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

see below

Duration Limit:

none



# Alternative Benefit Plan

Scope Limit:

The intent of private duty nursing is to assist the non-institutionalized recipient with complex direct skilled nursing care, to develop caregiver competencies through training and education, and to optimize recipient health status and outcomes.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Hourly service limitations are dependent upon diagnosis, caregiver availability, age and medical necessity. Hourly services may be exceeded with authorization.

Benefit Provided:

Outpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

n/a

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Services require authorization dependent upon service being provided. Services provided include emergency room, radiology, laboratory, diagnostic, therapy, ambulatory surgery and observation.

Benefit Provided:

Clinics (1905 Clinics Under the Direction of Phys)

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Within licensure requirements

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Services provided under the direction of a physician.

Benefit Provided:

Podiatry

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

TN No.: 19-004

Supersedes

TN No.: 18-014

Approval Date: 2/18/20

Effective Date: 4/1/19



# Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

n/a

Scope Limit:

Within state licensing requirements

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

n/a

Add



# Alternative Benefit Plan

2. Essential Health Benefit: Emergency services

Collapse All

Benefit Provided:	Source:	Remove
Clinic: Urgent Care Clinics	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	n/a	
Scope Limit:		
Within state licensing requirements		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
n/a		

Benefit Provided:	Source:	Remove
Outpatient Hospital: Emergency Room Coverage	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	n/a	
Scope Limit:		
Within state licensing requirements		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
n/a		

Benefit Provided:	Source:	Remove
Transportation: Emergency	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
nNne		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Emergent transports requiring "911" to acute facility and scheduled specialty care transports for hospital-to-		



# Alternative Benefit Plan

hospital transports of a critically ill or ill recipient by a ground or air ambulance vehicle needing medically necessary supplies and services at a level beyond scope of EMT-intermediate or paramedic

Add



# Alternative Benefit Plan

## 3. Essential Health Benefit: Hospitalization

Collapse All

Benefit Provided:

Inpatient hospital

Source:

State Plan 1905(a)

Remove

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Med/surg tx; diagnostic testing; psychiatric/substance abuse/detox in a general acute care hospital; trauma; ICU medical rehab.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Admission, concurrent and retrospective authorization requirements. Medicare certified.

Benefit Provided:

Inpatient Hospital: psychiatric

Source:

State Plan 1905(a)

Remove

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Dependent upon concurrent authorization

Duration Limit:

Dependent upon authorization and recipient age

Scope Limit:

Free-standing psychiatric hospital, or general med/surg hospital with a dedicated psychiatric unit. Services not covered for recipient ages 22-64 in a free-standing psychiatric hospital due to Institute of Mental Disease (IMD) exclusion regulation.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

n/a

Benefit Provided:

Inpatient Hospital: Substance Abuse (detox/tx)

Source:

State Plan 1905(a)

Remove

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Detox 5 days Treatment 21 hospital days

Duration Limit:

Unlimited lifetime admissions

Scope Limit:

Free-standing substance abuse tx hospitals or general hospital with a specialized substance abuse tx unit





# Alternative Benefit Plan

which includes a secure, structured environment, 24 hr observation and supervision by mental health substance abuse professionals

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

All ages require results of urine drug screen or blood alcohol test at the time of the request for authorization. May exceed limits with authorization. Services not covered for recipients ages 22-64 in a free-standing psychiatric hospital due to Institute for Mental Disease (IMD) exclusion regulations.

Benefit Provided:

Inpatient hospital: Transplants

Source:

State Plan 1905(a)

Remove

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Covered adult transplants: bone marrow/stem cell, corneal, kidney and liver

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Admission, concurrent and retrospective authorization requirements. Medicare certified.

Benefit Provided:

Inpatient hospital: Skill/Admin Days

Source:

State Plan 1905(a)

Remove

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Provides for ongoing hospital svcs for those who don't require acute care but can't be discharged due to waiting for alternate placement. Not for convenience of caregiver. Must be due to medical intervention.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Admission, concurrent and retrospective authorization requirements. Medicare certified.

Benefit Provided:

RTC: Psychiatric Residential Treatment Facility

Source:

State Plan 1905(a)

Remove

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Psychiatric, medical-model facility accredited by Joint Commission, CARF, COA for recipients under age 21. providing active treatment, psychiatric services, psychological services therapeutic and behavioral modification, therapy & nursing services.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Dependent upon concurrent authorization.

Add



# Alternative Benefit Plan

4. Essential Health Benefit: Maternity and newborn care

Collapse All

Benefit Provided:	Source:	Remove
Free Standing Birthing Centers	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Labor, delivery, postpartum care	Labor, delivery, postpartum care only	
Scope Limit:		
Natural childbirth procedures for labor, delivery, postpartum care and immediate newborn care.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Uncomplicated low-risk prenatal course is reasonably expected to result in a normal uncomplicated vaginal birth.		

Benefit Provided:	Source:	Remove
Physician: Maternity Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Obstetric/maternity/family planning procedures at time of delivery; newborn/neonatal/pediatric/postpartum		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
No authorization required for less than 48 hour normal vaginal delivery and/or 96 hour cesarean section delivery. C-section less than 39 weeks gestation and elective C-sections require prior authorization.		

Benefit Provided:	Source:	Remove
Inpatient hospital-maternity	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Concurrent Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Obstetric/maternity/family planning procedures at time of delivery, newborn/neonatal pediatric		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Admission, concurrent and retrospective authorization requirements. Medicare certified. No authorization		

TN No.: 19-004

Supersedes  
TN No.: 18-014

Approval Date: 2/18/20  
Effective Date: 4/1/19



# Alternative Benefit Plan

required for less than 48 hour vaginal delivery and/or 96 hour cesarean section delivery. C-section less than 39 weeks gestation and elective C-section requires prior authorization. Inpatient and physician maternity services.

Add



# Alternative Benefit Plan

5. Essential Health Benefit: Mental health and substance use disorder services including behavioral health treatment

Collapse All

Benefit Provided:	Source:	Remove
Partial Hospitalization (BH/SA): PHP 1905(a)	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Dependent upon authorization and intensity of need	none	
Scope Limit:		
Medical model by a hospital, in an outpatient setting which encompasses a variety of psychiatric modalities to coordinate intensive, comprehensive and multidisciplinary tx not generally provided in an outpatient setting.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Mental health rehab service based upon the assessed needs of the recipient based upon standardized assessments. The service has been standardized to a utilization system based upon a level of care placement system specific to children and adults.		

Benefit Provided:	Source:	Remove
Intensive Outpatient Program (BH/SA): IOP 1905(a)	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Dependent upon authorization and intensity of need	none	
Scope Limit:		
Comprehensive interdisciplinary program of array of direct mental health/substance abuse & rehabilitative services which are expected to improve or maintain an individual's condition and functioning level for prevention of relapse or hospitalization.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Mental health rehab services based upon the assessed need of the recipient based upon standardized assessments. The service has been standardized to a utilization system based upon a level of care placement system specific to children and adults.		

Benefit Provided:	Source:	Remove
BH/SA Outpatient Services: Rehab(1905)	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	



# Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services recommended by physician/licensed practitioner of the healing arts, within their scope of practice under State law for the maximum reduction of a physical or mental disability and to restore the individual to the best function level.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

n/a

Add



# Alternative Benefit Plan

■ 6. Essential Health Benefit: Prescription drugs

Benefit Provided:

Coverage is at least the greater of one drug in each U.S. Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

Prescription Drug Limits (Check all that apply.):

Limit on days supply

Limit on number of prescriptions

Limit on brand drugs

Other coverage limits

Preferred drug list

Authorization:

Yes

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

Follows all requirements under Section 1927 of the Social Security Act. Implementing the Nevada Medicaid State Plan Pharmacy Coverage 3.1a in its entirety. Nevada ABP prescription drug benefit plan is the same as under the approved Medicaid state plan for prescribed drugs.



# Alternative Benefit Plan

7. Essential Health Benefit: Rehabilitative and habilitative services and devices

Collapse All

Benefit Provided:

Physical Therapy and Related Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Medically necessary therapy services for an illness or injury resulting in functional limitations which can respond or improve as a result of the prescribed therapy treatment plan in a reasonable, predictable period of time.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

n/a

Benefit Provided:

Maintenance Therapy:Physical Therapy & Related Svs

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

Ten visits every three years

Scope Limit:

Design or establish a maintenance plan, assure patient safety, train the patient, family members and/or unskilled personnel and make infrequent but periodic reevaluations of the plan.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Service cannot be exceeded through prior authorization. The goals of a maintenance program are to maintain functional status at a level consistent with the patient's physical or mental limitations or to prevent decline in function.

Benefit Provided:

Durable Medical Equipment : Home Health Care

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Authorization dependent upon the service

Duration Limit:

Dependent upon the service

Scope Limit:

Items must have received approval by FDA and be consistent with approved use. Products for

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experimental or investigational purposes are non-covered. Consideration may be given to items classified by FDA as Humanitarian Device Exemptions (HDE).

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

n/a

Benefit Provided:

Medical Supplies: Home Health Care

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Quantity limitation dependent upon service

Duration Limit:

Lifetime limit dependent upon service

Scope Limit:

Items must have received approval by FDA and be consistent with approved use. Product for experimental or investigational purposes are non-covered. Consideration may be given to items classified by FDA as Humanitarian Device Exemptions (HDE).

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

n/a

Benefit Provided:

Orthotics and Prosthetics: Prosthetic Devices

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Authorization dependent upon the service

Duration Limit:

Lifetime limit dependent on service

Scope Limit:

Items must have received approval by FDA and be consistent with approved use. Product for experimental or investigational purposes are non-covered. Consideration may be given to items classified by FDA as Humanitarian Device Exemptions (HDE).

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

n/a

Benefit Provided:

Ocular - hardware : eyeglasses

Source:

State Plan 1905(a)

Remove



# Alternative Benefit Plan

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

1/12 months

Duration Limit:

n/a

Scope Limit:

Change in refractive error must exceed plus or minus 0.5 diopter or 10 degrees in axis deviation in order to qualify within 12 mo limitation or EPSDT.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

n/a

Benefit Provided:

Occupational Therapy-Physical Therapy & Related Svs

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

n/a

Scope Limit:

Medically necessary therapy services for an illness or injury resulting in functional limitations which can respond or improve as a result of the prescribed therapy treatment plan in a reasonable, predictable period of time.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

n/a

Benefit Provided:

Speech, hearing and language -Physical Therapy & R

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

n/a

Scope Limit:

Medically necessary therapy services for an illness or injury resulting in functional limitations which can respond or improve as a result of the prescribed therapy treatment plan in a reasonable, predictable period of time.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

n/a

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# Alternative Benefit Plan

<input type="text"/>		
Benefit Provided:	Source:	Remove
Adult Day Health Care	State Plan 1915(i)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Universal Needs Assessment & Physician Eval	none	
Scope Limit:		
Services include health and social services needed to ensure the optimal functioning of the participant. Services are generally furnished within four or more hours per day on a regularly scheduled basis. Recipient must be at least 18 years of age.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
n/a		
Benefit Provided:	Source:	Remove
Home Based Habilitation Services	State Plan 1915(i)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Universal Needs Assessment Tool	None	
Scope Limit:		
Pt. must have endurance for three hours of habilitative services per day, five days a week.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Day tx program for individuals to assist in acquiring, retaining, and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community setting. Habilitation services are prescribed by a physician, and provided by the appropriate qualified staff.		
		Add



# Alternative Benefit Plan

8. Essential Health Benefit: Laboratory services

Collapse All

Benefit Provided:	Source:	Remove
Laboratory and x-ray services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
none	none	
Scope Limit:		
These services include, but not limited to microbiology, serology, immunohematology, cytology, histology, chemical, hematology, toxicology, or other methods of "in-vitro" exam of tissues, secretions, excretions or other human body parts.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Gentotype and phenotype are covered and require PA. Clinic and facility based services.		

Benefit Provided:	Source:	Remove
Laboratory and X-ray services: diagnostics	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
none	none	
Scope Limit:		
X-ray and diagnostic testing		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Medically necessary services for diagnosis and treatment of a specific illness, symptom, complaint or injury or to improve the function of a malformed body part. The investigational use for any radiological test is not covered. Clinic and facility based services.		

Add



# Alternative Benefit Plan

9. Essential Health Benefit: Preventive and wellness services and chronic disease management

Collapse All

The state/territory must provide, at a minimum, a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

Benefit Provided:	Source:	Remove
Preventive Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
none	none	
Scope Limit:		
U.S. Preventive Services Task Force A & B recommendations, ACIP and Bright Future, and IOM Women's Health		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Nevada State Plan Preventive services are exclusive to the USPSTF/ACIP/Bright Futures/IOM EHB requirements.		

Benefit Provided:	Source:	Remove
Medical Nutrition Therapy	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Four hours - 1st year; two hours - subsequent years	none	
Scope Limit:		
Medical nutrition therapy (MNT) is provided for recipients with nutritionally related chronic disease states. MNT can only be provided by registered dietitians working under state licensing requirements.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<div style="border: 1px solid black; height: 20px;"></div>		

Add



# Alternative Benefit Plan

10. Essential Health Benefit: Pediatric services including oral and vision care Collapse All

<b>Benefit Provided:</b> Medicaid State Plan EPSDT Benefits	<b>Source:</b> State Plan 1905(a)	<input type="button" value="Remove"/>
<b>Authorization:</b> None	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> none	<b>Duration Limit:</b> none	
<b>Scope Limit:</b> Medically Necessary services for children under the age of 21		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> n/a		



# Alternative Benefit Plan

11. Other Covered Benefits from Base Benchmark

Collapse All



# Alternative Benefit Plan

12. Base Benchmark Benefits Not Covered due to Substitution or Duplication

Collapse All

Base Benchmark Benefit that was Substituted:

Heart, heart/lung transplant adults

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substituted for (hospital) Residential Treatment Center benefit for adolescents 19-20, up to 22 if in facility on birthday and Skilled Inpatient Administrative Days are mapped to EBH3

Base Benchmark Benefit that was Substituted:

pancreas, pancreas/liver transplant adults

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substituted for (hospital) Residential Treatment Center benefit for adolescents 19-20, up to 22 if in facility on birthday and Skilled Inpatient Administrative Days are mapped to EHB3

Base Benchmark Benefit that was Substituted:

Fertility, Accupuncture, Chiropractic

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substituted for personal care services and Private Duty Nursing Services are mapped to EHB1.

Base Benchmark Benefit that was Substituted:

Physicians and other healthcare professionals

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the Nevada Medicaid State Plan as EHB 1 (physician, family planning, clinic benefit). Base benchmark: covers services by physicians and other health care professionals determined to be medically necessary. Services include consultations, second surgical opinions, clinic visits, office visits, home visits, initial exam of newborns, and nutritional counseling. No service limitation.

Base Benchmark Benefit that was Substituted:

Lab, X-ray, and other diagnostic services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the Nevada Medicaid State Plan as EHB 8 (lab and x-ray benefit). Services ordered by a physician. Billed, by physician, independent laboratory, and/or outpatient hospital department. Base benchmark does not cover genetic screening, requires cancer diagnosis for BRCA testing. No service limitations.





# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Preventive care, adult

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB9. Base benchmark: Services recommended under PPACA. Services have quantity limitations, one per year. FDA approved immunizations. Group counseling not covered.

Base Benchmark Benefit that was Substituted:

Preventive care, children

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB9 (preventive benefit). Nevada Medicaid does not limit STI. Base benchmark: Services recommended under the PPACA and AAP. Newborn visits and screens, lab tests, hearing and vision screenings, FDA approved immunizations, screenings for STI, HPV, HIV, STI limited to one per year.

Base Benchmark Benefit that was Substituted:

Maternity Care

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB4 (free-standing birth centers, physician-maternity, inpatient-maternity benefit), and EHB5 (BH/SA Outpatient Services benefit). Base benchmark : Prenatal care, tocolytic therapy, delivery postpartum care, surgery, anesthesia, and mental health tx for postpartum depression. No service limitations.

Base Benchmark Benefit that was Substituted:

Family Planning

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB6 (prescription benefit), EHB1 (physician, family planning, clinic, urgent care, outpatient hospital, emergency room benefit), EHB7 (HH: medical supplies). Base benchmark: Contraceptive counseling, contraceptive supplies (oral, injectable, implants, transdermal, condoms), fitting, insertion, implantation, or removal of the contraception, voluntary sterilization. Non-covered reversal of voluntary sterilization. No service limitations

Base Benchmark Benefit that was Substituted:

Allergy care

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB1 (physician services, clinics benefit). Base benchmark: no service limitations.



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Treatment Therapies

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB1 (physicians, clinics, outpatient hospital benefit) and EHB8 (laboratory/x-ray benefits). Base benchmark : no service limitations.

Base Benchmark Benefit that was Substituted:

PT, ST, OT, Cognitive therapy

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB7 (physical therapy & related services; PT/ST/OT/Cognitive therapy benefit) EHB1 (Outpatient Hospital benefit), EHB5 (BH/SA Outpatient Services benefit). Nevada Medicaid State Plan provides a greater benefit for therapy services due to a lesser service limitations. Cognitive therapy covered under both medical and behavioral therapy. Base benchmark: covers licensed therapist or physician. Non-covers; Maintenance, recreation, education, exercise, and hippotherapy non-covered. Limited to 50 visits per calendar year for, combination of PT, OT, ST.

Base Benchmark Benefit that was Substituted:

Hearing svcs (testing, tx, supplies)

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB1 (physicians, clinics benefit), EHB7 (physical therapy & related services benefit, orthotics and prosthetics: prosthetic devices), EHB8 (laboratory, x-ray benefit). Nevada Medicaid State Plan provides a greater benefit for Hearing Aid services due to no annual expenditure limit. Base benchmark: Annual expenditure amount on hearing aids.

Base Benchmark Benefit that was Substituted:

Vision services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB1 (physician services and clinic benefits) EHB 7 (ocular-hardware: eyeglasses benefit). Nevada Medicaid State Plan provides for all medically necessary conditions. Service limitation exceeded through EPSDT. Base benchmark: covers exam related to amblyopia and strabismus for children under age 18. non-covered-routine eye exam and hardware.

Base Benchmark Benefit that was Substituted:

Orthopedic and prosthetic devices

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB7 (orthotics and prosthetic: prosthetic  
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device benefit). Nevada Medicaid State Plan provides coverage of orthotics and prosthetics by licensed and Medicare certified/bonded providers. Base benchmark: lifetime limit on wigs as a result of cancer. non-cover over-the-counter orthotics, shoes, arch supports, heal pads/supports.

Base Benchmark Benefit that was Substituted:

Durable medical equipment (DME)

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB7 (Durable medical equipment: home health care benefit). Nevada Medicaid State Plan provides a greater benefit for DME services due to coverage of bathroom equipment. Providers must be licensed, bonded and Medicare Certified. base benchmark: Annual expenditure amounts on SGD, non-cover bathroom equipment.

Base Benchmark Benefit that was Substituted:

Medical Supplies

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB7 (medical supplies: home health care benefit). Base benchmark: no limitation.

Base Benchmark Benefit that was Substituted:

Home health services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB1 (home health care benefit). Nevada Medicaid State Plan provides a greater benefit for Home health services due to coverage of PT, OT, ST, RT services under home health benefits and lesser service limitations. Base benchmark: service limitations up to 25 visits per calendar year, provider qualifications of RN/LPN, and skilled visit coverage only.

Base Benchmark Benefit that was Substituted:

Educational classes and programs

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB1 (physician and clinic benefits) and EHB9 (Preventive benefit) as physician services and other practitioners as preventive services, smoking and tobacco cessation, diabetic education, medical nutritional therapy. Base benchmark: non-cover educational classes not listed above.

Base Benchmark Benefit that was Substituted:

Surgical Procedures

Source:

Base Benchmark

Remove



# Alternative Benefit Plan

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB3 (inpatient hospital, inpatient hospital: transplant benefit), EHB 1 (physician services, outpatient hospital services, 1905 clinics: under the direction of benefit) and EHB2 (outpatient hospital emergency room services and urgent care clinics benefit). Base benchmark: non covers reversal of voluntary sterilization, standby physician, routine tx of conditions of foot, cosmetic surgery and refractive surgery.

Base Benchmark Benefit that was Substituted:

Reconstructive surgery

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB3 (inpatient hospital, inpatient hospital: transplant benefit), EHB1 (physician services, outpatient hospital services, 1905 clinics: under the direction of benefit) and EHB2 (outpatient hospital emergency room services and urgent care clinics benefit). Base benchmark: non-covered: cosmetic surgery unless in the case of post mastectomy due to cancer and surgery to correct sexual dysfunction and/or inadequacy.

Base Benchmark Benefit that was Substituted:

Oral and maxillofacial surgery

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB3 (inpatient hospital), EHB1 (physician services, outpatient hospital services, 1905 clinics: under the direction of benefit) and EHB2 (outpatient hospital emergency room services and urgent care clinics benefit). Covered in physician office, hospital, hospital outpatient, SNF, ASC center. Base benchmark: dental/orthodontic care only covered for accidental injuries.

Base Benchmark Benefit that was Substituted:

Anesthesia

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB3 (inpatient hospital, inpatient hospital: transplant benefit) EHB1 (physician services, outpatient hospital services, 1905 clinics: under the direction of benefit) and EHB2 (outpatient hospital emergency room services benefit). Base benchmark: Covered by qualified healthcare professionals in hospital (inpatient, outpatient), skilled nursing facility, ambulatory surgical center and office. No service limitations.

Base Benchmark Benefit that was Substituted:

Inpatient hospital

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB3 (inpatient hospital, inpatient hospital: transplant, inpatient hospital: skilled/admin days benefit) and EHB4 (inpatient hospital: maternity

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and free-standing birthing center benefit) as inpatient hospital services. Base benchmark services covers operating, recover, maternity, and other treatment rooms. Prescribed drugs, Diagnostic studies, radiology, lab, pathology and supplies. : non-covered - nursing homes, extended care facilities, schools, residential treatment centers, private duty nursing.

Base Benchmark Benefit that was Substituted:

Outpatient hospital and ambulatory surgical center

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB1 (Outpatient hospital services benefit) ambulatory services and EHB4 (free-standing birthing center benefit) maternity/newborn care. Base benchmark services covers operating, recovery, and other treatment rooms, free-standing birthing centers, pre-surgical testing performed within one day of surgery. Observation, radiology, diagnostic, supplies, therapies, treatment therapies, and free-standing ASC services. No service limitations.

Base Benchmark Benefit that was Substituted:

Hospice Care

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB1 (hospice benefit) ambulatory and EHB3 (inpatient hospital benefit) hospitalization. Base benchmark covers home and facility services. Service limited to seven consecutive days for home and 30 consecutive days in facility. Episodes may be reauthorized. Non-covered- homemaker, home health aide.

Base Benchmark Benefit that was Substituted:

Ambulance-Emergency

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB2 (transportation: emergency benefit) emergency services. Base benchmark covers emergency transport/ambulance with covered hospital inpatient care related to medical emergency and/or covered hospice care. Non-covered: non-emergency transport.

Base Benchmark Benefit that was Substituted:

Accidental injury (ER) Medical emergency

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB2 (outpatient hospital: emergency room benefit) emergency services. Base benchmark covers inpatient and physician benefits under emergency services. No limitations.

Base Benchmark Benefit that was Substituted:

MH/SA professional services

Source:

Base Benchmark

Remove

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Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB1 (physician services benefit) EHB5 (MH/SA: partial hospitalization; Intensive outpatient program; outpatient services benefit). Nevada Medicaid State Plan provides a greater benefit for MH/SA rehab services including, day treatment (medical model), BST, PSR and peer support. Base benchmark covers professional services for individual, group therapy, office visits, pharmacotherapy, and psychological testing. Covered in outpatient hospital dept. and inpatient visit. Must be licensed professional. Non-covered: non-licensed professional, marital, family, educational or other counseling services, testing and tx for learning disabilities and mental retardation, applied behavior analysis (ABA) or ABA therapy, services performed or billed by residential treatment centers, schools, halfway houses, residential camps, and light boxes.

Base Benchmark Benefit that was Substituted:

MH/SA inpatient hospital or other covered facility

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB3 (MH/SA inpatient hospital: substance abuse, inpatient hospital: psychiatric, inpatient hospital: Skilled/Admin days, RTC/Psychiatric Residential Treatment Facilities benefit). Services for individuals age 22-64 are non-covered by Nevada Medicaid in an IMD. Base benchmark covers MH/SA inpatient services. Non-covered: non-licensed professionals, marital, family, educational or other counseling/training services, testing and tx for learning disabilities and mental retardation, applied behavior analysis (ABA) or ABA therapy, services performed or billed by residential treatment centers, schools, halfway houses, residential camps, and light boxes.

Base Benchmark Benefit that was Substituted:

MH/SA outpatient hospital or covered facility

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB5 (MH/SA: partial hospitalization; intensive outpatient program; outpatient services benefit). Services for individuals age 22-64 are non-covered by Nevada Medicaid in an IMD. Base benchmark covers outpatient hospital, partial hospitalization, facility-based intensive outpatient treatment, diagnostic testing, and psychological testing. Non-covered: non-licensed professionals, marital, family, educational or other counseling/training services, testing and tx for learning disabilities and mental retardation, applied behavior analysis (ABA) or ABA therapy, services performed or billed by residential treatment centers, schools, halfway houses, residential camps, and light boxes.

Base Benchmark Benefit that was Substituted:

Prescribed drug benefits

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB6 (prescription drug benefit) Pharmacy services. Nevada Medicaid is required to comply with all regulatory requirements of Section 1927 of the Social Security Act. Base benchmark covers a four-tier system to categorize their payment levels for drugs; Tier 1: generic drugs, Tier 2: Preferred brand-name drugs, Tier 3: non-preferred brand-name drugs, and Tier 4: specialty drugs.

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Base Benchmark Benefit that was Substituted:

Dental benefits

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB10 (EPSDT benefit) Pediatric oral services. Nevada Medicaid covers under EPSDT and Dental services. Base benchmark: covers eval, xray, preventive, palliative and extractions. Service limitations- preventive (1/yr), xray (1/3yr)

Base Benchmark Benefit that was Substituted:

Transplant benefits

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB2 (hospitalization benefits) and EHB1 (ambulatory benefit). Base benchmark covers bone marrow, stem cell, liver, cornea transplants. Reference Substitution section for additional transplants.

Base Benchmark Benefit that was Substituted:

Podiatry

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the Nevada State Medicaid Plan as EHB1 (podiatry).

Add



# Alternative Benefit Plan

13. Other Base Benchmark Benefits Not Covered Collapse All

Base Benchmark Benefit not Included in the Alternative Benefit Plan: <input type="text" value="Adult Dental"/>	Source: <input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
Explain why the state/territory chose not to include this benefit: <input type="text" value="Adult dental benifit from the base benchmark plan (FEHBP) will not be covered in the ABP."/>		
<input type="button" value="Add"/>		





# Alternative Benefit Plan

14. Other 1937 Covered Benefits that are not Essential Health Benefits

Collapse All

Other 1937 Benefit Provided:

Targeted Case Mangement

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

30 hours per month

Duration Limit:

n/a

Scope Limit:

Seven covered target groups. Seriously Mentally Ill, Emotional Disturbance, Axis I (non SED non SMI), Juvenile Protective Services, Child Welfare, Developmentally Delayed ages 0-3, Mental Retardation and Related Conditions.

Other:

n/a

Other 1937 Benefit Provided:

Inst. Facility for Individuals w/Intellectual w/D

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Based upon authorization determination

Duration Limit:

none

Scope Limit:

Must be certified and comply with all Federal Cond of Participation in 8 areas, including mngt, client protections, facility staffing, active tx services, client behavior and facility practices, healthcare services, physical enviro & dietetic svcs.

Other:

Institutional Facility for Individuals with Intellectual with Disabilities  
Formally ICF/MR

Other 1937 Benefit Provided:

Transportation (non-emergency)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Dependent upon services

Duration Limit:

None



# Alternative Benefit Plan

Scope Limit:

NET includes: charter air flight, commercial air, rotary wing, fixed wing, ground ambulance, bus (local and out-of-town), paratransit (private and public), private vehicle and taxi.

Other:

Non-emergency Transportation (NET) services are provided to all Medicaid recipients through the contracted NET broker and must be authorized by the broker.

Other 1937 Benefit Provided:

Dental

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

None

Scope Limit:

Individuals under the age of 21 Medicaid-eligible for EPSDT benefits receive comprehensive dental care such as periodic and routine dental services needed for restoration of teeth, prevention, and maintenance of dental health.

Other:

Individuals over age 21, Dental services for Medicaid-eligible adults who qualify for full benefits receive emergency extractions, palliative care, and may also be eligible to receive prosthetic care (dentures/partials) under certain guidelines and limitations.

Other 1937 Benefit Provided:

Nursing Facility

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Based upon level of care screens

Duration Limit:

n/a

Scope Limit:

Level of Care assessment to determine appropriateness of NF placement. Options include; NF standard, NF ventilator dependent, Pediatric specialty I/II, and Behaviorally Complex, PASRR I/II screens completed for behavioral health rule out procedures.

Other:

Provide health related care and services on a 24-hour basis to individuals, due to medical disorders, injuries, developmental disabilities, and/or related cognitive and behavioral impairments, exhibit the need for medical, nursing, rehab, psychosocial, management.

Other 1937 Benefit Provided:

Optometrist

TN No.: 19-004

Supersedes

TN No.: 18-014

Approval Date: 2/18/20

Effective Date: 4/1/19



# Alternative Benefit Plan

Source:

Remove

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

One exam per 12 months

Duration Limit:

n/a

Scope Limit:

n/a

Other:

Ophthalmologist no limit for medical condition, no PA under physician visit. Ocular exam for medical exam by optometrist do not require PA, ICD9 required. (glaucoma, diabetes, follow up from cataract surgery, EPSDT referral)

Other 1937 Benefit Provided:

Peer Support Services: Rehab (1905)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Rehab interventions to restore recipient to highest level of functioning through peer supporters.

Other:

Mental health rehab service based upon an the assessed needs of the recipient based upon standardized assessments. The service has been standardized to a utilization system based upon a level of care placement system specific to children and adults.

Other 1937 Benefit Provided:

Basic Skills/Psychosocial Rehab: Rehab (1905)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

BST services help recipients acquire (learn) constructive cognitive and behavioral skills through positive reinforcement modeling, operant condition and other techniques. PSR target psychological functioning within a variety of social settings.



# Alternative Benefit Plan

Other:

Mental health rehab services based upon an the assessed needs of the recipient based upon standardized assessments. The service has been standardized to a utilization system based upon a level of care placement system specific to children and adults.

Other 1937 Benefit Provided:

Respiratory Therapy

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Medically necessary therapy services for an illness or injury resulting in functional limitations which can respond or improve as a result of the prescribed therapy treatment plan in a reasonable, predictable period of time.

Other:

n/a

Other 1937 Benefit Provided:

Tobacco-cessation for Pregnant Women

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services provided according to the USPSTF.

Other:

No prior authorization required.

Other 1937 Benefit Provided:

OLP - Community Paramedicine

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Community paramedicine services are delivered according to a recipient-specific plan of care under the supervision of a Nevada-licensed primary care provider's care plan.

Other:

No prior authorization required.

Add



# Alternative Benefit Plan

15. Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.)

Collapse All

### PRA Disclosure Statement

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V.20160722



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: NV - 19 - 004

OMB Expiration date: 10/31/2014

## Benefits Assurances

**ABP7**

### EPSDT Assurances

If the target population includes persons under 21, please complete the following assurances regarding EPSDT. Otherwise, skip to the Prescription Drug Coverage Assurances below.

The alternative benefit plan includes beneficiaries under 21 years of age.

The state/territory assures that the notice to an individual includes a description of the method for ensuring access to EPSDT services (42 CFR 440.345).

The state/territory assures EPSDT services will be provided to individuals under 21 years of age who are covered under the state/territory plan under section 1902(a)(10)(A) of the Act.

Indicate whether EPSDT services will be provided only through an Alternative Benefit Plan or whether the state/territory will provide additional benefits to ensure EPSDT services:

- Through an Alternative Benefit Plan.
- Through an Alternative Benefit Plan with additional benefits to ensure EPSDT services as defined in 1905(r).

Other Information regarding how ESPDT benefits will be provided to participants under 21 years of age (optional):

### Prescription Drug Coverage Assurances

The state/territory assures that it meets the minimum requirements for prescription drug coverage in section 1937 of the Act and implementing regulations at 42 CFR 440.347. Coverage is at least the greater of one drug in each United States Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

The state/territory assures that procedures are in place to allow a beneficiary to request and gain access to clinically appropriate prescription drugs when not covered.

The state/territory assures that when it pays for outpatient prescription drugs covered under an Alternative Benefit Plan, it meets the requirements of section 1927 of the Act and implementing regulations at 42 CFR 440.345, except for those requirements that are directly contrary to amount, duration and scope of coverage permitted under section 1937 of the Act.

The state/territory assures that when conducting prior authorization of prescription drugs under an Alternative Benefit Plan, it complies with prior authorization program requirements in section 1927(d)(5) of the Act.

### Other Benefit Assurances

The state/territory assures that substituted benefits are actuarially equivalent to the benefits they replaced from the base benchmark plan, and that the state/territory has actuarial certification for substituted benefits available for CMS inspection if requested by CMS.

The state/territory assures that individuals will have access to services in Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Social Security Act.



# Alternative Benefit Plan

- The state/territory assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Social Security Act.
- The state/territory assures that it will comply with the requirement of section 1937(b)(5) of the Act by providing, effective January 1, 2014, to all Alternative Benefit Plan participants at least Essential Health Benefits as described in section 1302(b) of the Patient Protection and Affordable Care Act.
- The state/territory assures that it will comply with the mental health and substance use disorder parity requirements of section 1937(b)(6) of the Act by ensuring that the financial requirements and treatment limitations applicable to mental health or substance use disorder benefits comply with the requirements of section 2705(a) of the Public Health Service Act in the same manner as such requirements apply to a group health plan.
- The state/territory assures that it will comply with section 1937(b)(7) of the Act by ensuring that benefits provided to Alternative Benefit Plan participants include, for any individual described in section 1905(a)(4)(C), medical assistance for family planning services and supplies in accordance with such section.
- The state/territory assures transportation (emergency and non-emergency) for individuals enrolled in an Alternative Benefit Plan in accordance with 42 CFR 431.53.
- The state/territory assures, in accordance with 45 CFR 156.115(a)(4) and 45 CFR 147.130, that it will provide as Essential Health Benefits a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

## PRA Disclosure Statement

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V.20140415





# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: NV19 - 004

## Service Delivery Systems

ABP8

Provide detail on the type of delivery system(s) the state/territory will use for the Alternative Benefit Plan's benchmark benefit package or benchmark-equivalent benefit package, including any variation by the participants' geographic area.

Type of service delivery system(s) the state/territory will use for this Alternative Benefit Plan(s).

Select one or more service delivery systems:

- Managed care.
  - Managed Care Organizations (MCO).
  - Prepaid Inpatient Health Plans (PIHP).
  - Prepaid Ambulatory Health Plans (PAHP).
  - Primary Care Case Management (PCCM).
- Fee-for-service.
- Other service delivery system.

## Managed Care Options

### Managed Care Assurance

- The state/territory certifies that it will comply with all applicable Medicaid laws and regulations, including but not limited to sections 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed care services through this Alternative Benefit Plan. This includes the requirement for CMS approval of contracts and rates pursuant to 42 CFR 438.6.

### Managed Care Implementation

Please describe the implementation plan for the Alternative Benefit Plan under managed care including member, stakeholder, and provider outreach efforts.

The State's managed care organizations (MCO) are modifying their systems edits to allow for the payment of claims based on the ABP. The plans are using a combination of USPS mail, email; web announcements and FAX blasts to confirm for providers that they will provide these benefits. Recipients and stakeholders are being notified by those same methods as well as personal contact at meetings and health fairs. MCO implementation will follow the same time lines as fee for service.

### MCO: Managed Care Organization

The managed care delivery system is the same as an already approved managed care program.

Yes

The managed care program is operating under (select one):

- Section 1915(a) voluntary managed care program.
- Section 1915(b) managed care waiver.
- Section 1932(a) mandatory managed care state plan amendment.
- Section 1115 demonstration.
- Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.



# Alternative Benefit Plan

Identify the date the managed care program was approved by CMS:

Describe program below:

The DHCFP's managed care program currently offers a risk-based capitation rate program operated through contracts with Managed Care Organizations (Vendors). DHCFP contracts with Vendors to provider covered medically necessary services for eligible recipients at an established risk-based capitation rate.  
Enrollment in a managed care organization is mandatory for FMC/TANF/CHAP recipients as well as the new Medicaid Adult Group (effective January 1, 2014, when there is more than one managed care option from which to choose in a particular geographic service area. Managed care enrollment is mandatory for all CHIP recipients when an option is available in their service area.  
Recipients who are SED/SMI or Indian Health may opt out of managed care.

### Additional Information: MCO (Optional)

Provide any additional details regarding this service delivery system (optional):

### PAHP: Prepaid Ambulatory Health Plan

The managed care delivery system is the same as an already approved managed care program.

The managed care program is operating under (select one):

- Section 1915(a) voluntary managed care program.
- Section 1915(b) managed care waiver.
- Section 1115 demonstration.
- Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

Identify the date the managed care program was approved by CMS:

Describe program below:

The Dental Benefits Administrator (DBA) is intended to strengthen Nevada's dental program by enhancing network access to quality dental and specialty providers, monitoring and encouraging appropriate dental utilization and to promote effective dental program integrity activities. The DBA is designed as a single PAHP provider serving urban Washoe and Clark counties. The PAHP will be paid on a risk basis.

### Additional Information: PAHP (Optional)

Provide any additional details regarding this service delivery system (optional):

### Fee-For-Service Options

Indicate whether the state/territory offers traditional fee-for-service and/or services managed under an administrative services organization:

- Traditional state-managed fee-for-service
- Services managed under an administrative services organization (ASO) arrangement

Please describe this fee-for-service delivery system, including any bundled payment arrangements, pay for performance, fee-for-service care management models/non-risk, contractual incentives as well as the population served via this delivery system.

The FFS delivery are is in the rural region of the state for New Eligibles, TANF/CHAP, and MABD. MABD is in the urban areas of



# Alternative Benefit Plan

Washoe County and Clark County. The services covered for the FFS will be identical to the Medicaid State Plan.

**Additional Information: Fee-For-Service (Optional)**

Provide any additional details regarding this service delivery system (optional):

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V.20160722



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: NV - 19 - 004

## Employer Sponsored Insurance and Payment of Premiums ABP9

The state/territory provides the Alternative Benefit Plan through the payment of employer sponsored insurance for participants with such coverage, with additional benefits and services provided through a Benchmark or Benchmark-Equivalent Benefit Package.

Provide a description of employer sponsored insurance, including the population covered, the amount of premium assistance by population, employer sponsored insurance activities including required contribution, cost-effectiveness test requirements, and benefit information:

The HIPP Program is available to any Fee-for-Service recipient that has access to Employer Sponsored Insurance Health Plan (ESI) that provides physician and major medical coverage. Nevada Medicaid may pay insurance premiums through ESI Plans for individuals and families when it is cost effective for the agency. In determining cost-effectiveness, the State uses a formula as set forth on Attachment 4.22-C in the State's approved Medicaid state plan. More details about the State's ESI program can be found at Attachment 4.22-C.

The state/territory otherwise provides for payment of premiums.

Provide a description including the population covered, the amount of premium assistance by population, required contributions, cost-effectiveness test requirements, and benefits information.

The HIPP Program is available to any Fee-for-Service recipient that has access to Employer Sponsored Insurance Health Plan (ESI) that provides physician and major medical coverage. Nevada Medicaid may pay insurance premiums through ESI Plans for individuals and families when it is cost effective for the agency. In determining cost-effectiveness, the State uses a formula as set forth on Attachment 4.22-C in the State's approved Medicaid state plan. More details about the State's ESI program can be found at Attachment 4.22-C.

### Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

The state assures that ESI coverage is established in Section 3.2 (Coordination of Medicaid with Medicare and other insurance) and 4.22(h) (Third Party Liability methods for determining cost-effectiveness) of the state's approved Medicaid state plan. For a Medicaid beneficiary who receives coverage through ESI Plans, the state assures that the Medicaid beneficiary will receive a benefit package that includes a wrap of benefits around the ESI Plan that equals the benefit package to which the beneficiary is entitled under the state plan pages.

The additional health benefits, on top of the ESI, to which the beneficiary is entitled include those called out in ABP7 (FQHC/RHC services, family planning services, etc.)

### PRA Disclosure Statement

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V.20160722



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: NV - 19 - 004

OMB Expiration date: 10/31/2014

## General Assurances ABP10

### Economy and Efficiency of Plans

- The state/territory assures that Alternative Benefit Plan coverage is provided in accordance with Federal upper payment limit requirements and other economy and efficiency principles that would otherwise be applicable to the services or delivery system through which the coverage and benefits are obtained.

Economy and efficiency will be achieved using the same approach as used for Medicaid state plan services.

### Compliance with the Law

- The state/territory will continue to comply with all other provisions of the Social Security Act in the administration of the state/territory plan under this title.
- The state/territory assures that Alternative Benefit Plan benefits designs shall conform to the non-discrimination requirements at 42 CFR 430.2 and 42 CFR 440.347(e).
- The state/territory assures that all providers of Alternative Benefit Plan benefits shall meet the provider qualification requirements of the Base Benchmark Plan and/or the Medicaid state plan.

### PRA Disclosure Statement

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V.20140415



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: NV - 19 - 004

OMB Expiration date: 10/31/2014

## Payment Methodology

**ABP11**

### Alternative Benefit Plans - Payment Methodologies

- The state/territory provides assurance that, for each benefit provided under an Alternative Benefit Plan that is not provided through managed care, it will use the payment methodology in its approved state plan or hereby submits state plan amendment Attachment 4.19a, 4.19b or 4.19d, as appropriate, describing the payment methodology for the benefit.

**An attachment is submitted.**

### PRA Disclosure Statement

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V.20140415

1. Inpatient hospital services are limited to admissions certified for payment by Nevada Peer Review Organization.
- 2.a. Outpatient hospital services are limited to the same extent as physicians' services, prescribed drugs, therapy and other specific services listed in this Attachment (see 2.c.).
- 2.b. Rural health clinic services are subject to the same limitations listed for specific services elsewhere in this Attachment.

Rural Health Clinic (RHC) Services are defined in Section 1905(a)(2)(B) of the Social Security Act (the Act). RHC services include services provided by physicians (MD/DO), dentist, advanced practice registered nurse, physician assistants, nurse anesthetist, nurse midwives, psychologist, licensed clinical social workers, dental hygienist, podiatrist, radiology, optometrist, opticians (including eyeglasses dispensed), visiting nurses, clinical laboratory and other ambulatory services included in the state plan. RHC services also include services and supplies that are furnished as an incident to professional services furnished by a physician, physician assistant, nurse practitioner or nurse midwife, and related medical supplies other than drugs and biologicals. Limitations on other ambulatory services furnished in the RHC are the same limitations as defined for those services in the State Plan.

- 2.c. Federally qualified health center services are subject to the same limitation as those of rural health clinics.

Federally Qualified Health Center (FQHC) Services as defined in Section 1905(a)(2)(C) of the Act. FQHC services include services provided by physicians (MD/DO), dentist, advanced practice registered nurse, physician assistants, nurse anesthetist, nurse midwives, psychologist, licensed clinical social workers, dental hygienist, podiatrist, radiology, optometrist, opticians (including eyeglasses dispensed), visiting nurses, clinical laboratory and other ambulatory services included in the state plan. FQHC services also include services and supplies that are furnished as an incident to professional services furnished by a physician, physician assistant, nurse practitioner or nurse midwife, and related medical supplies other than drugs and biologicals. Limitations on other ambulatory services furnished in the FQHC are the same limitations as defined for those services in the State Plan.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 3.1-A

Page 6a.1

**13D. Rehabilitative Services**

The following Practitioners and Qualifications chart is applicable to each of the Mental Health Rehabilitation Services that follow in this section.

Licensed Professionals		
Provider Type/Qualifications	Services Provided	Supervisions Requirements
<ul style="list-style-type: none"> <li>• Licensed Marriage and Family Therapist (LMFT) 42 CFR 440.60</li> <li>• Licensed Clinical Social Worker (LCSW) 42 CFR 440.60</li> <li>• Licensed Clinical Professional Counselor (CPC) 42 CFR 440.60</li> <li>• Licensed Clinical Alcohol and Drug Counselor (LCADC) 42 CFR 440.60</li> <li>• Licensed Alcohol and Drug Counselor (LADC) 42 CFR 440.60</li> </ul>	<ul style="list-style-type: none"> <li>• Individual counseling</li> <li>• Group counseling</li> <li>• Medication Assisted Treatment</li> <li>• Family therapy</li> <li>• Behavioral Health Assessment</li> <li>• Basic Skills Training</li> <li>• Psychosocial Rehabilitation</li> <li>• Peer-to-Peer Support Services</li> <li>• Crisis Services</li> </ul>	Services must be within the scope of the providers licensure.
<ul style="list-style-type: none"> <li>• Licensed Psychologist 42 CFR 440.60</li> </ul>	<ul style="list-style-type: none"> <li>• Individual counseling</li> <li>• Group counseling</li> <li>• Family Therapy</li> <li>• Behavioral Health Assessment</li> <li>• Psychological Testing</li> </ul>	NA
<ul style="list-style-type: none"> <li>• Licensed Psychiatrist 42 CFR 440.50</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation</li> <li>• Medication management</li> <li>• Individual counseling</li> <li>• Group counseling</li> <li>• Medication Assisted Treatment</li> <li>• Family therapy</li> </ul>	NA



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 3.1-A

Page 6a.2

<ul style="list-style-type: none"> <li>Registered Nurse</li> </ul>	<ul style="list-style-type: none"> <li>Behavioral Health Assessments</li> <li>Crisis Services</li> </ul>	NA
<ul style="list-style-type: none"> <li>Advanced Practice Registered Nurse (psychiatry)</li> </ul>	<ul style="list-style-type: none"> <li>Medication Management</li> <li>Behavioral Health Assessments</li> <li>Crisis Services</li> </ul>	N/A
<ul style="list-style-type: none"> <li>Certified Alcohol and Drug Counselor (CADC) NRS 641C.390</li> </ul>	<ul style="list-style-type: none"> <li>Individual counseling</li> <li>Group counseling</li> <li>Medication Assisted Treatment</li> <li>Behavioral Health Assessment</li> <li>Basic Skills Training</li> <li>Psychosocial Rehabilitation</li> <li>Peer-to-Peer Support Services</li> <li>Crisis Services</li> </ul>	CADCs do not require supervision and can function on their own within their scope of practice as referenced in NRS 641C.390. They are not licensed, but certified.
<b>Qualified Mental Health Professional (QMHP)</b>		
<b>Provider Type/Qualifications</b>	<b>Services Provided</b>	<b>Supervision Requirements</b>
<ul style="list-style-type: none"> <li>Licensed Marriage and Family Therapist (LMFT) 42 CFR 440.60</li> <li>Licensed Clinical Social Worker (LCSW) 42 CFR 440.60</li> <li>Licensed Clinical Professional Counselor (CPC) 42 CFR 440.60</li> <li>Licensed Psychologist 42 CFR 440.60</li> <li>Advanced Practice Registered Nurse</li> </ul> <p>The following licensed interns are covered as a QMHP</p>	<ul style="list-style-type: none"> <li>Individual counseling</li> <li>Group counseling</li> <li>Medication Assisted Treatment</li> <li>Family therapy</li> <li>Behavioral Health Assessment</li> <li>Basic Skills Training</li> <li>Psychosocial Rehabilitation</li> <li>Peer-to-Peer Support Services</li> <li>Crisis Services</li> </ul>	<p>Practitioners acting in the QMHP capacity must practice within the scope of their license. Interns or those not licensed independently must be supervised by a licensed clinician appropriate to their scope/board in accordance with State regulations.</p> <p>The DHCFP understand that the supervising licensed clinician assumes responsibility for licensed intern supervisees.</p>

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<ul style="list-style-type: none"> <li>• Licensed Marriage and Family Therapist Intern (LMFT-Intern) 42 CFR 440.60</li> <li>• Licensed Clinical Social Worker Intern (LCSW-Intern) 42 CFR 440.60</li> <li>• Licensed Clinical Professional Counselor Intern (CPC-Intern) 42 CFR 440.60</li> </ul>		
<b>Qualified Mental Health Associates (QMHA)</b>		
<b>Provider Type/Qualification</b>	<b>Services Provided</b>	<b>Supervisions Requirements</b>
<ul style="list-style-type: none"> <li>• Registered nurse; or</li> <li>• A person who meets the following minimum documented qualifications; <ul style="list-style-type: none"> <li>○ Holds a bachelor's degree in a social services field with</li> <li>○ Additional understanding of mental health rehabilitation services, and case file documentation requirements; AND</li> <li>○ Education and experience demonstrate the competency under clinical supervision to direct and provide professional therapeutic interventions within the scope of their practice and limits of their expertise,</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Basic Skills Training</li> <li>• Psychosocial Rehabilitation</li> <li>• Crisis Services</li> <li>• Peer-to-Peer Support Services</li> </ul>	<p>Staff acting in the QMHA capacity must be supervised by a licensed clinician appropriate to their scope/board as listed under Licensed Professionals.</p> <p>The DHCFP understand that the supervising licensed clinician assumes responsibility for unlicensed supervisees.</p>

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<p>identify presenting problems, participate in treatment plan development and implementation, coordinate treatment, provide parenting skills, training, facilitate discharge plans, and effectively provide verbal and written communication on behalf of the recipient to all involved parties, AND</p> <ul style="list-style-type: none"> <li>○ FBI background check in accordance with the provider qualifications of a QBA.</li> </ul>		
<p><b>Qualified Behavioral Aide (QBA)</b></p>		
<p><b>Provider Type/Qualifications</b></p>	<p><b>Services Provided</b></p>	<p><b>Supervisions Requirements</b></p>
<ul style="list-style-type: none"> <li>● A person who has an educational background of a high-school diploma or GED equivalent.</li> <li>● A QBA must have the documented competencies to assist in the provision of individual and group rehabilitation services which are under the direct supervision of a QMHP or QMHA             <ul style="list-style-type: none"> <li>○ Read, write and follow written or oral instructions</li> <li>○ Perform mental health</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Basic Skills Training</li> <li>● Peer-to-Peer Support Services</li> </ul>	<p>Staff acting in the QBA capacity must be supervised by a licensed clinician appropriate to their scope/board as listed under Licensed Professionals.</p> <p>The DHCFP understand that the supervising licensed clinician assumes responsibility for unlicensed supervisees.</p> <p>QBAs are required to participate in and successfully complete an approved training program which includes basic training, periodic and continuing in service training. Training must be interactive and not solely based on self-study guides or</p>

TN No.: 19-004

Approval Date: 2/18/2020

Effective Date: 4/1/2019

Supersedes

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<p>rehabilitation services as documented in the treatment plan</p> <ul style="list-style-type: none"> <li>○ Identify emergency situations and respond accordingly,</li> <li>○ Communicate effectively,</li> <li>○ Document services provided</li> <li>○ Maintain confidentiality,</li> <li>○ Successfully complete approved training program</li> <li>○ CPR certification,</li> <li>● FBI criminal background check to ensure no convictions of applicable offenses have been incurred.</li> </ul>		<p>videotapes and should ensure that a QBA will be able to interact appropriately with individuals with mental health disorders. Training must also include:</p> <ul style="list-style-type: none"> <li>▪ Case file documentation;</li> <li>▪ Recipient’s rights;</li> <li>▪ HIPAA compliance;</li> <li>▪ Communication skills;</li> <li>▪ Problem solving and conflict resolution skills;</li> <li>▪ Communication techniques for individuals with communication or sensory impairments; and</li> <li>▪ CPR certification</li> </ul> <p>The entity that is providing supervision over the QBA shall provide annually a minimum of eight hours of service training for each QBA. The purpose of the annual training is to facilitate the development of specialized skills or knowledge not included in the basic training and/or to review or expand skills or knowledge included in the basic training. Consideration must be given to topics suggested by recipients. Documentation of the completed training and achieved competencies meeting this requirement must be maintained by the entity. Training requirements may be waived if the QBA can provide written verification of comparable education and training. The entity must document this validation.</p>
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<b>Peer Supporter</b>		
<b><u>Provider Type/Qualifications</u></b>	<b>Services Provided</b>	<b>Supervision Requirements</b>
<ul style="list-style-type: none"> <li>• A qualified individual currently or previously diagnosed with a mental health disorder who has the skills and abilities to work collaboratively with and under the direction of a QMHP;</li> <li>• Qualified Behavioral Aide (QBA);</li> </ul>	<ul style="list-style-type: none"> <li>• Peer-to-Peer Support Services</li> </ul>	<ul style="list-style-type: none"> <li>• Peer-to-Peer Support services are delivered under Clinical Supervision, provided by an independently licensed mental health professional QMHP-level mental health professional, Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), or Clinical Professional Counselor (CPC). Supervision by the QMHP, LCSW, LMFT, or CPC, that must be provided and documented at least monthly; and</li> <li>• Quarterly In-Service Training:               <ul style="list-style-type: none"> <li>i. Specific to Peer-to-Peer Support Service delivery, the training <u>must include any single or any combination of the following competencies:</u> <ol style="list-style-type: none"> <li>1. The ability to help stabilize the recipient;</li> <li>2. The ability to help the recipient access community-based mental health and/or behavioral health services;</li> <li>3. The ability to assist during crisis situations and interventions;</li> <li>4. The ability to provide preventative care assistance; and</li> <li>5. The ability to provide personal encouragement, peer mentoring, self-</li> </ol> </li> </ul> </li> </ul>

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Supersedes  
TN No.: NEW

Approval Date: 2/18/2020

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		<p>direction training, and self-advocacy; and</p> <p>ii. Includes two hours of training in any single or any combination of the following competencies:</p> <ol style="list-style-type: none"> <li>1. Basic living and self-care skills;</li> <li>2. Social skills;</li> <li>3. Communication skills</li> <li>4. Parental training;</li> <li>5. Organizational and time management skills; and</li> <li>6. Transitional living skills.</li> </ol>
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1. Mental Health Rehabilitation Services

Mental health rehabilitation assists individuals to restore and/or retain psychiatric stability, social integration skills, personal adjustment and/or independent living competencies in order to experience success and satisfaction in environments of their choice and to function as independently as possible. Interventions occur concurrently with clinical treatment and begin as soon as clinically appropriate.

The services must be recommended by a physician or other licensed practitioner of the healing arts, within their scope of practice and prescribed on an individualized treatment plan to achieve maximum reduction of a mental disability and restore the recipient to their optimal level of functioning.

Mental health therapy and day treatment cannot be billed for the same time period. This service is consistent with intensive integrated outpatient services. These services require utilization review according to the individual intensity of need and are time limited.

10. *Peer-to-Peer Support Services:* These services assist a recipient and/or their family with accessing mental health rehabilitative services or community support services for needed stabilization, preventive care or crisis intervention. These services may include: empathic personal encouragement, self-advocacy, self-direction training, and peer recovery. These services must be a direct benefit to the recipient. Services may be provided in a group (requires five or more individuals) or individual setting. The services are identified in the recipient's treatment plan and must be provided by a Peer Supporter working collaboratively with the case manager or child and family team/interdisciplinary team. A minimum amount of services is offered based on the intensity of needs and prior authorization is required for utilization of services above the minimum amount. These services require utilization review according to the individual intensity of need and are time limited.

A Peer Supporter is a qualified individual currently or previously diagnosed with a mental health disorder who has the skills and abilities to work collaboratively with and under the direct supervision of a QMHP in the provision of rehabilitative services to the beneficiary as identified in the treatment plan. Peer Supporters are contractually affiliated with a Behavioral Health Community Network, psychologist, or psychiatrist in order to be provided with medical supervision. Supervision by the QMHP must be provided and documented at least monthly. The selection of the Peer Supporter is based on the best interest of the recipient. The Peer Supporter must be approved by a QMHP. A Peer Supporter cannot be the legal guardian or spouse of the recipient. A Peer Supporter must meet the minimum qualifications of a QBA.

#### Service Limitations

Rehabilitation mental health services are therapies or interventions identified in the treatment plan that are intended to result in improving or retaining a recipient's level of functioning. These services are person- and family-centered, culturally competent, and must have measurable outcomes. The amount and duration of the service is reflective of the intensity of needs determination of the recipient. Services require authorization through Nevada Medicaid's QIO-like vendor. The level of professional providing the service is dependent upon the needs of the recipient and the utilization management criteria.

11. *Intensive Outpatient Services:*

**Service Definition (Scope)** – A comprehensive array of direct mental health and rehabilitative services which are expected to restore an 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 group sizes are required to be within four to 15 recipients. Intensive outpatient services require the availability of 24/7 psychiatric and psychological services.

Intensive outpatient services include:

- Individual counseling
- Group counseling
- Medication management
- Medication Assisted Treatment
- Drug Testing
- Family therapy
  
- Occupational therapy
- Behavioral Health Assessment
- Basic Skills Training
- Psychosocial Rehabilitation
- Peer-to-Peer Support Services
- Crisis Services

**Service Limitations** – 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. On-going patient assessments must be completed at regularly scheduled intervals and whenever clinically indicated. Patient assessments must document the individual patients response to the treatment plan, progress towards goals, changes in identified goals and objectives based on progress and substantiate continued stay at the current intensity/frequency of services, or of response to the treatment plan and resolution of issues necessitates transfer to a higher or lower intensity/frequency of services or discharge from treatment as no longer meeting medical necessity at any level. Transfer and discharge planning must reflect best practices recognized by professional and advocacy organizations that ensure coordination of needed services, follow-up care and recovery supports.

12. *Partial Hospitalization Services:*

**Service Definition (Scope)** - Services 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 services include:

- Individual counseling
- Group counseling
- Medication management
- Medication Assisted Treatment
- Drug Testing
- Family therapy
- Occupational therapy
- Behavioral Health Assessment
- Basic Skills Training
- Psychosocial Rehabilitation
- Peer-to-Peer Support Services
- Crisis Services

Direct services are face-to-face interactive services spent with licensed staff. Interns and assistants enrolled as a QMHP can provide partial hospitalization services while under the direct and clinical supervision of a licensed clinician. Direct supervision requires the licensed clinical supervisor to be onsite where services are rendered.

**Service Limitations** – 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. Individuals who are not able to reside safely in the community with appropriate supports to actively engage in the PHP should not be considered appropriate for this 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. On-going patient assessments must be completed at regularly scheduled intervals and whenever clinically indicated. Patient assessments must document the individual patient response to the treatment plan, progress towards goals, changes in identified goals and objectives based on progress and substantiate continued stay at the current intensity/frequency of services, or of response to the treatment plan and resolution of issues necessitates transfer to a higher or lower intensity/frequency of services or discharge from treatment as no longer meeting medically necessity at any level. Transfer and discharge planning must reflect best practices recognized by professional and advocacy organizations that ensure coordination of needed services, follow-up care and recovery supports.

§1915(i) Home and Community Based Services (HCBS) State Plan Services  
**ADMINISTRATION AND OPERATION**

- 1. Program Title:** **NEVADA 1915(i) STATE PLAN HOME AND COMMUNITY BASED SERVICES** - Including Adult Day Health and HCBS Home-Based Habilitation.

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Other rehabilitative services: PROVIDED WITH LIMITATIONS:

1. Non-Residential Mental Health Rehabilitative Services
  - A. Reimbursement Methodology for Non-Residential Mental Health Rehabilitation Services provided by a state or local government entity:  
Non-residential mental health rehabilitation services:  
Examination, Psychiatric Diagnostic Interview – 1 unit per 75 to 80 minutes  
Examination, Interactive Psychiatric Diagnostic Interview – 1 unit per 75 to 80 minutes  
Individual Psychotherapy – 1 unit per 20 to 30 minutes; or 1 unit per 45 to 50 minutes; or 1 unit per 75 to 80 minutes  
Psychoanalysis – 1 unit per 60 minutes  
Family Psychotherapy – 1 unit per 60 minutes  
Group Psychotherapy – 1 unit per 90 minutes; or 1 unit per 120 minutes  
Individual Psychophysiological Therapy – 1 unit per 20 to 30 minutes; or 1 unit per 45 to 50 minutes  
Biofeedback – 1 unit per 20 to 30 minutes; or one unit per 40 to 50 minutes  
Psychological Testing – 1 unit per 60 minutes  
Developmental Testing – 1 unit per 60 minutes  
Examination, Neurobehavioral Status – 1 unit per 60 minutes  
Neuropsychological Testing – 1 unit per 60 minutes  
Assessment, Health and Behavior – 1 unit per 15 minutes  
Intervention, Health and Behavior – 1 unit per 15 minutes  
Evaluation and Management – 1 unit per 10 minutes; or 1 unit per 15 minutes; or 1 unit per 25 minutes; or 1 unit per 40 minutes  
Screening, Behavioral Health – 1 unit per 15 minutes  
Out of Office Therapy – 1 unit per 15 minutes  
Out of Office Assessment – 1 unit per 90 minutes  
Medication training and support, out of office – 1 unit per 15 minutes  
Medication training and support, in office – 1 unit per 15 minutes  
Peer to Peer support, individual – 1 unit per 15 minutes  
Crisis Intervention, telephonic, face to face, team – 1 unit per 15 minutes  
Day treatment – 1 unit per 15 minutes  
Basic Skills Training, individual or group – 1 unit per 15 minutes  
Psychosocial rehabilitation, individual or group – 1 unit per 15 minutes  
Partial Hospitalization – 1 unit per 60 minutes  
Intensive Outpatient Program – per diem  
Not all of the above unit values are billing units, for those codes that have a unit of measure defined as an “encounter” in the current Procedural Coding Expert, the values listed are time comparables for rate development.

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TN No.: 19-004

Approval Date: 2/18/2020

Effective Date: 4/1/2019

Supersedes

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- c. For services that cannot be provided by a provider that accepts payment under (A) or (B), the State will maintain a list of other qualified out-of-state providers and will negotiate competitive rates that will not exceed the provider's customary charge.

For Individuals with Chronic Mental Illness, the following services provided by non-governmental entities and governmental entities who do not undergo the Medicaid cost identification and reporting procedures.

The billable units of service for HCBS Day Treatment or Other Partial Hospitalization Services for Individuals with Chronic Mental Illness are:

Partial Hospitalization – 1 unit per 60 mins  
Intensive Outpatient Program – per diem

Rate Methodology:

The rate is market based. This model is developed to reflect service definitions, provider requirements, operational service delivery and administrative considerations. The following elements are used to determine the rate:

- Wage information is taken from the Bureau of Labor Statistics (BLS). The wage is based on similar occupations reported by BLS and identified by Medicaid staff as comparable to services provided under the intensive outpatient program and partial hospitalization program.
- Employee related expenses (ERE) percentage of 27% was based on input from the Task Force members and Medicaid Staff. It includes paid vacation, paid sick leave, holiday pay, health insurance, life insurance, disability, workers compensation, and legally required payroll taxes.
- Productivity adjustment factor which accounts for the amount of non-billable time spent by staff. This includes the time staff needs to complete required documentation and record keeping, time associated with missed appointments and average travel time by the provider.
- Program Support costs – costs based on average of four hours per day. This is to assist with paperwork and follow-up related treatment.
- Allowance for supervisory time – costs for the time directly spent in supervising the medical professional providing these services.
- Allowance for capital costs – the costs is not included in the Administrative overhead. It includes the average hourly expense for building rental and maintenance, equipment leasing and utility expenses.
- Administrative overhead, 10%, is the percentage of service cost that should result from non-direct care activities. It includes insurance, administrative staff, operations and management activities and office supplies. Capital and related expenses is not included. It also does not include staff training.

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The following steps are used to determine the rates:

1. The State will use Nevada-specific hourly wages from the Bureau of Labor Statistics as of May 2004 inflated to June 2006.
2. The hourly amount is increased by the 27% ERE.
3. A productivity factor is applied to the hourly compensation calculated in Item 2 to equal the hourly rate.
4. The hourly rate per individual is the hourly rate (Item 3) divided by the number of individuals based on staffing ratio assumption.
5. The adjusted hourly rate per individual is the hourly rate per individual (Item 4) increased by the program support costs per hour per individual, allowance for supervisory time and capital costs per hours.
6. Administrative overhead 10% is applied to the adjusted hourly rate per individual (Item 5).
7. Total hourly rate is the sum of the adjusted hourly rate per individual before administrative overhead (Item 5) and the administrative overhead (Item 6).
8. Total hourly rate is scaled to the proper unit based on the billable unit of service.

These rates have been compared to other private sector Fee-for-Service rates. Documentation of the assumptions used, rate development methodology and fee schedule payment rates will be maintained by the DHCFP.

The agency's rates were set as of January 1, 2006 and are effective for services on or after January 1, 2006. All rates are published on the agency's website at: <http://dhcftp.nv.gov>

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