

NEVADA

This summary of state regulations and policy represents only a snapshot at a point in time, is not comprehensive, and should not be taken to constitute legal advice or guidance. State Medicaid requirements are included at the end of this summary.

Types of Facilities

Mental Health (MH) and Substance Use Disorder (SUD): Nevada regulates the following type of MH/SUD residential treatment facility:

- *Community triage center:* a facility that provides, on a 24-hour basis, medical assessments of and short-term monitoring services for persons with mental illness and abusers of alcohol or drugs in a manner which does not require that the assessments and services be provided in a licensed hospital.

Substance Use Disorder (SUD): Nevada regulates the following types of residential substance use treatment facilities:

- *A facility for the treatment of abuse of alcohol or drugs:* any public or private establishment which provides residential treatment, including mental and physical restoration, of abusers of alcohol or drugs. It does not include a medical facility or services offered by volunteers or voluntary organizations. These *residential programs* are treatment programs for alcohol and drug abuse which takes place in a 24-hour residential setting and which encompasses organized services staffed by designated addiction treatment personnel who provide a planned regimen of client care. Included in the regulations governing these facilities is the following relevant subtype:
 - *Social model detoxification program:* a treatment program that concentrates on providing psychosocial services and nonmedical detoxification. A social model detoxification program may be offered to clients in: (1) Residential programs that offer detoxification services; (2) A licensed facility for modified medical detoxification; or (3) A medically managed intensive detoxification program, which does not fall under the purview of this summary.
- The Nevada Department of Health and Human Services, Division of Public and Behavioral Health adopts by reference the ASAM treatment criteria and publishes certification criteria that adopt the ASAM placement criteria.
 - *Co-occurring capable program:* a program that addresses co-occurring substance-related and mental health disorders in its policies and procedures, assessments, treatment planning, program content and discharge planning; and in which the staff

- is able to address the interaction between substance-related and mental health disorders.
- *Co-occurring enhanced program*: a program that has a higher level of integration of services for co-occurring substance-related and mental health disorders than a co-occurring capable program; and is able to provide unified treatment of the symptoms of substance-related and mental health disorders in addition to addressing the interaction between substance-related and mental health disorders.
 - The Division adopts the Dual Diagnosis Capability in Addiction Treatment (DDCAT) Rating Scale. Both ASAM Level 3.5 Clinically Managed High-Intensity Residential (Adult) and Withdrawal Management for Level 3.2 WM and Level 3.7 WM are identified as specific residential treatment levels that may be certified.
- Separately regulated is a *facility for modified medical detoxification*, which is a facility that provides 24-hour medical monitoring of treatment and detoxification in a manner which does not require that the service be provided in a licensed hospital.

Unregulated Facilities: Researchers did not locate reference to regulated MH/SUD residential treatment facilities or to regulated residential treatment SUD facilities other than those identified above. We exclude from this summary residential facilities for groups which are defined as "an establishment that furnishes food, shelter, assistance and limited supervision to a person with an intellectual disability or with a physical disability or a person who is aged or infirm. The term includes, without limitation, an assisted living facility." Among the different types of facilities that may be included in this category are ones that offer or provide care or protective supervision for persons with mental illnesses. Specific requirements for treatment were not located, however, and these facilities are excluded from this summary.

Approach

Mental Health (MH) and Substance Use Disorder (SUD): All SUD treatment programs described in this summary, including residential treatment and residential detoxification, administered by the Nevada Department of Health and Human Services, Division of Public and Behavioral Health that receives federal or state funds, are regulated by the Division.

Processes of Licensure or Certification and Accreditation

Mental Health (MH) and Substance Use Disorder (SUD):

- Licensure by the Nevada Department of Health and Human Services, Division of Public and Behavioral Health is required for operation of community triage centers and facilities for modified medical detoxification (and all other "medical facilities" as defined by Nevada statute). Licensure duration is one year, at which time a renewal application must be

submitted. An inspection is required for licensure and renewal. If there are any differences between the state and local codes, the more restrictive standards apply.

- No requirements related to accreditation were found for community triage centers. The Nevada statute on patient rights does, however, allow for restraint in facilities that are accredited (see 2h).
- Health facilities (including community triage centers and facilities for modified medical detoxification) require a certificate of need to operate.

Substance Use Disorder (SUD):

- Licensure by the Nevada Department of Health and Human Services, Division of Public and Behavioral Health is required for operation of community triage centers and facilities for modified medical detoxification.
- In addition to those licensure requirements, certification of facilities for modified medical detoxification is required prior to the issuance of a license. Should this certification be revoked or not renewed, the Division shall revoke the facility license.
- The Division also requires certification of any SUD treatment program administered by the Division which receives any state or federal funding. Certification duration can vary and may not exceed two years, at which time a renewal application must be submitted. An inspection is required for certification and renewal. The primary focus of the application and inspection is compliance with Division criteria.
- No requirements related to accreditation were found for these facilities. The Nevada statute on patient rights does, however, allow for restraint in facilities that are accredited (see 2h).
- Other than “health facilities” (including community triage centers and facilities for modified medical detoxification), as discussed in MH/SUD below, a certificate of need is not required to operate.

Cause-Based Monitoring

Mental Health (MH) and Substance Use Disorder (SUD): Investigations and inspections may take place as required. Licenses can be denied, suspended or revoked for certain “nuisance activities.” Administrative sanctions and penalties can be imposed. Plans of correction can be required. The Division shall maintain a log of any complaints that it receives relating to activities for which the Division may revoke the license to operate a facility. The facility shall make this information available to the public.

Substance Use Disorder (SUD): Division certification requires that the Division be able to enter the premises of a program and inspect the premises of a program or request additional information from a detoxification technician or program at any time. The Division may deny or revoke certification on specified grounds and may deny certification of a new service and suspend funding.

Access Requirements

Mental Health (MH) and Substance Use Disorder (SUD): For community triage centers, no facility that accepts a person for treatment for whom all or part of the payment for treatment is made from federal or state money may deny treatment to a prospective patient on the grounds of race, color, national origin, age, gender or disability; and no patient may be segregated, given separate treatment, restricted in the employment of any advantage or privilege enjoyed by others under the program or provided with any aid, treatment, services or other benefits which are different or provided in a different manner from that provided to others under the program on the grounds of race, color, national origin, age, gender or disability. Employment practices of a facility may not be based on race, color, national origin, age, gender or disability. No requirements regarding wait time were identified.

Substance Use Disorder (SUD): For facilities for treatment of abuse of alcohol or drugs, no facility may deny treatment to a prospective client on the grounds of race, color, age, disability or national origin; and no resident may be segregated, given separate treatment, restricted in the employment of any advantage or privilege enjoyed by others under the program or provided with any aid, treatment, services or other benefits which are different or provided in a different manner from that provided to others under the program, on the grounds of race, color, age, disability or national origin. No requirements regarding wait time were identified.

Division criteria for certified treatment programs include a statement that “certified treatment programs, private, public or funded cannot deny treatment services to clients that are on stable medication maintenance for the treatment of an opioid use disorder including FDA approved medications.”

For facilities for modified medical detoxification, no facility that accepts a person for treatment for whom all or part of the payment for treatment is made from the money of the Division of Welfare and Supportive Services or any other agency funded in whole or in part by federal money may deny treatment to a prospective client on the grounds of race, color, national origin, age, gender or disability. No client may be segregated, given separate treatment, restricted in the employment of any advantage or privilege enjoyed by others under the program or provided with any aid, treatment, services or other benefits which are different or provided in a different manner from that provided to others under the program on the grounds of race, color, national origin, age, gender or disability.

Staffing

Mental Health (MH) and Substance Use Disorder (SUD): Community triage centers are required to have an administrator who is responsible to the governing body for the operation of the facility. The administrator is responsible for notifying the Bureau within 24 hours after they become aware of the death of a patient at the facility; or the elopement from the facility of an at-risk patient. Each facility shall have on duty, at all hours of the day, members of the staff sufficient in number and qualifications to carry out policies, responsibilities and program continuity. All members of the counseling staff of a facility must be authorized by state law to provide counseling. Mental health services provided by a facility must be supervised by a psychiatrist or a psychologist who has a master's degree in clinical or counseling psychology. The facility must provide an orientation session to new employees. Each facility shall have an organized plan for nursing service that provides nursing services 24 hours per day. The nursing services must be provided or supervised by a registered nurse in compliance with state law. The administrator shall appoint a chief administrative nurse to direct the nursing service. The chief administrative nurse must: (a) Be a registered nurse; (b) Be knowledgeable, skilled and competent in clinical practice and the management of nurses; and (c) Comply with the provisions of law and follow professional standards established for organized nursing services. Each facility shall have: (a) A pharmacy directed by a registered pharmacist; (b) A drug room supervised by no less than a currently licensed professional nurse; or (c) A contract for 24-hour pharmaceutical service with a licensed pharmacy.

Substance Use Disorder (SUD): Facilities for treatment of abuse of alcohol and drugs are required to have an administrator who is responsible to the governing body for the operation of the facility. Facilities must have sufficient staff on duty to carry out policies, responsibilities, and program continuity. Each member of the counseling staff must be: (a) A registered intern; (b) Certified or licensed by the Board of Examiners for Alcohol, Drug and Gambling Counselors; or (c) A licensed mental health professional who has experience with alcohol and drug abuse counseling. The facility must provide an orientation session to new employees.

If the treatment program provides residential detoxification services, the operator must ensure that a detoxification technician or qualified practitioner monitors each client who receives residential detoxification services from the treatment program during the provision of those services. As used in this subsection, "qualified practitioner" includes, without limitation, a licensed physician, a licensed physician assistant, an advanced practice registered nurse, a registered nurse and a licensed practical nurse. Standards are in place for credentials of those who conduct assessments for mental health or substance use disorders (regarding clinical or medical qualifications). Supervision requirements for interns are identified. Qualifications are in place for detoxification technicians.

A facility that offers a social model detoxification program must have a physician, nurse practitioner, registered nurse or physician assistant conduct a physical assessment and a review of the general medical and drug history of a client within 24 hours after the client is admitted to

the facility to ensure that a social model detoxification program is appropriate for the client. The staff of a social model detoxification program must complete at least 6 hours of additional education in the detoxification of alcohol and drug abusers every 2 years.

Facilities for modified medical detoxification are required to have an administrator who is responsible to the governing body for the operation of the facility. Facilities must have sufficient staff on duty to carry out policies, responsibilities, and program continuity. All members of the counseling staff of a facility shall be authorized by state law to provide alcohol and drug counseling. The facility must provide an orientation session to new employees. The facility shall have a full-time, part-time or consulting pharmacist who is responsible for developing, supervising and coordinating all the activities of the pharmacy service. Each facility shall have an organized plan for nursing service that provides nursing services 24 hours per day. The chief administrative nurse must: (a) Be a registered nurse; (b) Be knowledgeable, skilled and competent in clinical practice and the management of nurses; (c) Be authorized by state law to provide alcohol and drug counseling; and (d) Comply with the provisions of chapter 632 of NRS and chapter 632 of NAC and follow professional standards established for organized nursing services.

Placement

Mental Health (MH) and Substance Use Disorder (SUD): For community triage centers, before a patient is admitted to a facility, a general medical and psychological assessment, including an assessment of suicide risk and a drug history of the patient, must be taken by a physician, a physician assistant, an advanced practice registered nurse or a designated member of the nursing staff of the facility who has psychiatric experience. A physical examination and review of the medical and drug history of a patient must be conducted by a physician, nurse practitioner or physician assistant within 24 hours after the patient is admitted to a facility.

Substance Use Disorder (SUD): For facilities for treatment of abuse of alcohol or drugs, before a client's admission to a facility, a general medical and drug history must be taken by a designated member of the staff who is certified or licensed by the Board of Examiners for Alcohol, Drug and Gambling Counselors or who is a licensed mental health professional who has experience with alcohol and drug abuse counseling.

Division certification requires the program's manual of policies and procedures describe the criteria which the treatment program will use to satisfy and comply with the criteria of the Division for admission, continued stay and discharge. The operator of a treatment program shall perform an assessment of each client using a method approved by the Division that addresses both substance-related and mental health disorders, or obtain the most recent assessment of the client in order to determine the appropriate level of service for the client pursuant to the criteria of the Division. The Division adopts the ASAM Patient Placement Criteria for determining level of care placement, and ASAM Continued Service Criteria, Transfer Criteria and Discharge Criteria for utilization review.

A facility that offers a social model detoxification program must have a physician, nurse practitioner, registered nurse or physician assistant conduct a physical assessment and a review of the general medical and drug history of a client within 24 hours after the client is admitted to the facility to ensure that a social model detoxification program is appropriate for the client. The program must not provide detoxification services for clients who exhibit life-threatening symptoms of withdrawal from alcohol and drug abuse.

For modified medical detoxification, before a client is admitted to a facility, a general medical and drug history of the client must be taken by a physician or designated member of the nursing staff of the facility. A physical examination and review of the medical and drug history of a client must be conducted by a physician, registered nurse or physician assistant within 48 hours after the client is admitted to a facility.

Treatment and Discharge Planning and Aftercare Services

Mental Health (MH) and Substance Use Disorder (SUD): For community triage centers, treatment and discharge planning is required. If a patient is transferred to a hospital or other medical facility, a summary of discharge containing a plan for continuation of care must be prepared and forwarded to the receiving facility if the patient or his or her guardian consents to release such information to the receiving facility. If a patient is transferred to a hospital or other medical facility as a result of a medical emergency, information required for appropriate continuation of care must be released to the receiving facility.

Substance Use Disorder (SUD): For facilities for treatment of abuse of alcohol or drugs, treatment planning is required to be stated in quantifiable terms which outlines goals to be accomplished through individually designed activities, therapies, and treatments. Discharge planning beginning at admission is required. No reference to the frequency of planning updates, or any follow-up/aftercare requirements, were found.

Division certification requires the program operator to require staff to develop a plan of treatment, not including detoxification, on or before the third contact of the client with the program or on or before the third day on which the client receives services from the program, whichever occurs first. There shall be the review and revision of the plan of treatment based on the criteria of the Division for continuing the provision of services to and transferring a client. The program must determine whether the patient has a co-occurring substance-related and mental health disorder and, if so, determine the appropriate treatment for the disorders. A continuing care plan must be provided to the client before discharge.

For facilities for modified medical detoxification, treatment and discharge planning is required. No reference to the frequency of planning updates, or any follow-up/aftercare requirements, were found.

Treatment Services

Mental Health (MH) and Substance Use Disorder (SUD): For community triage centers, each facility shall provide health services which ensure that each patient receives treatment, prescribed medication, adequate diets and other health services consistent with each program administered by the facility. Pharmaceutical services also are required. The facility shall provide for the medical, emergency dental and psychological services needed to fulfill the goals of each program and meet the needs of all of its patients to the extent that is possible, with assistance from available community resources. A facility shall provide case management services as needed by a patient through a social worker or a registered nurse or by written agreement with a social worker or a registered nurse.

Substance Use Disorder (SUD): For facilities for treatment of abuse of alcohol or drugs, the facility must provide access to medical, dental, psychological and rehabilitative services to meet the needs of all its clients, to the extent possible, with assistance from available community resources. The facility must provide case management services as needed by the client either directly or by written agreement with a qualified social worker, a registered nurse or a counselor certified or licensed by the Board of Examiners for Alcohol, Drug and Gambling Counselors. A plan for case management services must be recorded in the client's record and must be periodically evaluated in conjunction with the client's treatment plan. In programs that permit the self-administration of medication, there must be written policies and procedures governing this activity.

Division certification requires the program operator to provide the appropriate level of services or refer the client to services which are the appropriate level and are otherwise available in the community. If the treatment program provides residential detoxification services, they shall ensure that a detoxification technician or qualified practitioner monitors each client who receives residential detoxification services from the treatment program during the provision of those services. Any program that provides opioid treatment services must be certified to provide outpatient and ambulatory detoxification services. If a treatment program provides counseling for groups, the operator shall ensure that any session for counseling for a group includes not more than 15 clients. In addition to the requirements in the ASAM criteria, the following applies:

- Level 3.5 Clinically Managed High-Intensity Residential (Adult): Clinically managed high intensity residential includes no less than 25 hours per week of structured interventions. A minimum of 7 hours of structured activities must be provided on each day. A minimum of 10 hours of clinical counseling services must be provided each week.
- Withdrawal Management for Level 3.2 WM and Level 3.7 WM: During intake, a Blood Alcohol Content (BAC) and/or urine screen will be administered. The person's vital signs must be monitored at least once every 2 hours during the person's waking hours by a staff

member with a nursing license, physician license or a SAPTA certified Detoxification Technician.

For facilities for modified medical detoxification, the facility shall provide for the medical, dental and psychological services needed to fulfill the goals of the program and meet the needs of all its clients to the extent that is possible, with assistance from available community resources. Each facility shall provide case management services as needed by a client through a social worker or a registered nurse or by written agreement with a social worker or a registered nurse. Each facility shall have an organized plan for nursing service that provides nursing services 24 hours per day. Each facility shall provide health services which ensure that each client receives treatment, prescribed medication, adequate diets and other health services consistent with the program administered by the facility. Each facility shall have written policies and procedures available to members of the staff, clients and the public that govern the operation of the facility and services provided by the facility.

Patient Rights and Safety Standards

Mental Health (MH) and Substance Use Disorder (SUD): For community triage centers, regulations dictate how patient money and property should be handled in terms of recordkeeping, use of a financial institution, and inventory. Policies must set forth the rights of patients provided by Nevada statute. These include but are not limited to rights related to information, communication and visits, privacy, informed consent, to be treated with dignity, and to be informed of their rights. Physical, mechanical, and chemical restraints may only be used in circumscribed instances. The use of the procedure must be reported as a denial of rights, regardless of whether the use of the procedure is authorized by statute. The report must be made not later than 1 working day after the procedure is used. Staff training must be provided. Notwithstanding statutory provisions to the contrary, a facility may use or authorize the use of physical restraint, mechanical restraint or chemical restraint on a person with a disability who is a patient if the facility is accredited by a nationally recognized accreditation association or agency; or certified for participation in the Medicaid or Medicare program, but only to the extent that the accreditation or certification allows the use of such restraint.

Substance Use Disorder (SUD): For facilities for treatment of abuse of alcohol or drugs and for facilities for modified medical detoxification, regulations dictate how patient money and property should be handled in terms of recordkeeping, use of a financial institution, and inventory. Policies must set forth the rights of patients provided by Nevada statute. These include but are not limited to rights related to information, communication and visits, privacy, informed consent, to be treated with dignity, and to be informed of their rights. Physical, mechanical, and chemical restraints may only be used in circumscribed instances. The use of the procedure must be reported as a denial of rights, regardless of whether the use of the procedure is authorized by statute. The report must be made not later than 1 working day after the procedure is used. Staff training must be provided. Notwithstanding statutory provisions to the contrary, a facility may use or authorize the use of physical restraint, mechanical restraint

or chemical restraint on a person with a disability who is a patient if the facility is accredited by a nationally recognized accreditation association or agency; or certified for participation in the Medicaid or Medicare program, but only to the extent that the accreditation or certification allows the use of such restraint.

Division certification requires the facility operator to notify the Division within 24 hours after the occurrence of an incident that may cause imminent danger to the health or safety of the clients, participants or staff of the program, or a visitor to the program. Division certification requires that staff assist the client in reporting any violation of law, regulation, or licensure/certification.

Quality Assurance or Improvement

Mental Health (MH) and Substance Use Disorder (SUD): For community triage centers that provide detoxification services, are a social model detoxification program, or a modified medical detoxification program, each facility shall review each such program at least annually. The review must include, without limitation, an evaluation of the appropriateness of the admission of patients; the lengths of stay of patients; planning for the discharge of patients; the use of services and utilization of the components of the program; the use of outside services; and any unusual incidents that resulted or may have resulted in harm to a patient. Written reports of these annual reviews must be evaluated by the governing body and the administrator.

Substance Use Disorder (SUD): Any facilities for treatment of abuse of alcohol or drugs that have a social model detoxification program must have a program of ongoing quality improvement. The program of ongoing quality improvement must establish written policies and procedures to describe and document the monitoring and evaluation activities of the program of ongoing quality improvement. The findings of the program of ongoing quality improvement, including any conclusions, recommendations, actions taken, and the results of the actions taken, must be documented. All documentation must be reported to the governing body and must be reflected in the minutes annually.

Division certification requires the facility operator to establish a plan for improving the quality of the services provided by the program which addresses, without limitation, operational services, human resources, fiscal services and clinical outcome measures; and ensuring that the integrity of the program will be maintained. Certified treatment programs, private, public or funded are required to report Treatment Episode Data Set (TEDS) to SAPTA on a monthly basis.

For facilities for modified medical detoxification, each facility shall have a written program outlining short-term and long-term objectives and goals.

Governance

Mental Health (MH) and Substance Use Disorder (SUD): For community triage centers, each facility must have a governing body which has the ultimate authority for the administration of the facility. Regulatory requirements include but are not limited to ones regarding establishment of policies, appointment of an administrator and medical director, financial responsibilities, and standards of service.

Substance Use Disorder (SUD): For facilities for treatment of abuse of alcohol or drugs and for facilities for modified medical detoxification, every facility must have a governing body which has the ultimate authority for the administration of the overall program.

Division certification requires that the governing body be the operator of the program if it is a corporation. If not a corporation, there must be an operator that is responsible for the program. A program manual and policies are required.

Special Populations

Mental Health (MH) and Substance Use Disorder (SUD): Requirements regarding residential services were not explicitly described in the state regulations.

Substance Use Disorder (SUD): See throughout regarding requirements related to populations with co-occurring disorders.

Location of Regulatory and Licensing Requirements

Department of Health and Human Services Medical Facilities and Other Related Entities Regulation¹; Department of Health and Human Services Medical Facilities and Other Related Entities Statute²; Department of Health and Human Services Patient Rights Statute³. NAC Chapter 458⁴; Division Criteria for the Certification of Programs through SAPTA per NAC 458⁵. Regulatory data collected July 19, 2019.

¹ See <https://www.leg.state.nv.us/NAC/NAC-449.html#NAC449Sec046>.

² See <https://www.leg.state.nv.us/nrs/NRS-449.html#NRS449Sec029>.

³ See <https://www.leg.state.nv.us/NRS/NRS-449A.html#NRS449Asec017>.

⁴ See <https://www.leg.state.nv.us/NAC/NAC-458.html>.

⁵ See

http://dpbh.nv.gov/uploadedFiles/dpbhngov/content/Programs/ClinicalSAPTA/dta/Partners/Certification/Division%20Criteria-SAPTA%2012.2017_FINAL.pdf.

Other Information Sources

B. Adie (Nevada DPBH); National Conference of State Legislatures CON Program Overview,
<http://www.ncsl.org/research/health/con-certificate-of-need-state-laws.aspx>

NEVADA MEDICAID

This summary of state regulations and policy represents only a snapshot at a point in time, is not comprehensive, and should not be taken to constitute legal advice or guidance. State Medicaid requirements are included at the end of this summary.

Approach

Mental Health (MH) and Substance Use Disorder (SUD): The Nevada Division of Health Care Financing and Policy (DHCFP) oversees the state Medicaid program. Nevada relies on the in lieu of provision but, historically, has not relied on Disproportionate Share Hospital (DSH) payments for coverage of certain services provided in an institution for mental diseases (IMD). Nevada does not have a relevant Section 1115 waiver.

Mental Health (MH): All services are excluded from Medicaid payment while a recipient is admitted to an IMD and there is no evidence in the Medicaid requirements that any type of residential mental health treatment is reimbursed, regardless of size.

Substance Use Disorder (SUD): Although all services are excluded from Medicaid payment while a recipient is admitted to an IMD, whether the services are provided in or outside the facility, the DHCFP covers outpatient services provided in a licensed ASAM Level 3 environment, presumably one with 16 beds or less that is not an IMD. The Medicaid program explicitly does not cover services provided under Nevada State Certification Level 2WM -- 3.7 Withdrawal Management programs.

Types of Facilities

Substance Use Disorder (SUD): The Medicaid standards do encompass services in what is described as part of the outpatient program and identified as *Level 3 Residential 3.3-.5 Managed Residential*. Room and board are not a reimbursable service through the DHCFP outpatient program.

Processes of Medicaid Enrollment

Mental Health (MH) and Substance Use Disorder (SUD):

- A provider must apply to be enrolled as a Nevada Medicaid provider, meet all credentialing and licensure requirements for the provider type, and enter into a provider agreement, among other things. Enrollment may be denied or terminated.

- For those providers practicing in a Behavioral Health Community Network (BHCN), there are additional requirements codified in the regulations. A program description must be submitted upon enrollment and updated annually on the anniversary of the BHCN enrollment month.

Substance Use Disorder (SUD):

- Level 3 Residential 3.3-.5 Managed Residential: The facility must meet the certification requirement NAC 458.103 for alcohol and drug abuse programs, be receiving funding from DPBH for services under that regulation, and, for those ages 22-64 years, not be an IMD.

Staffing

Mental Health (MH) and Substance Use Disorder (SUD): Under the Nevada Behavioral Health Medicaid requirements, general requirements are established for staff credentialing and supervision.

Placement

Mental Health (MH): The Level of Care Utilization System (LOCUS) assessment tool is used to define and delineate levels of service limitations for mental health services.

Substance Use Disorder (SUD): The American Society of Addiction Medicine (ASAM) patient placement criteria are used to establish guidelines for level of care placements within the substance abuse continuum.

For Level 3 Residential 3.3-.5 Managed Residential, prior authorization is required on services, except for Behavioral Health/Substance Abuse Screens and 24-hour crisis intervention. Post authorization is not required for 24-hour crisis intervention. Intensity of service is dependent upon individual and presenting symptoms.

Treatment and Discharge Planning and Aftercare Services

Mental Health (MH) and Substance Use Disorder (SUD): Under the Nevada Behavioral Health (BH) Medicaid requirements, a written individualized treatment plan, referred to as Treatment Plan, is a comprehensive, progressive, personalized plan that includes all prescribed BH services. A Treatment Plan is person-centered, rehabilitative and recovery oriented. The treatment plan addresses individualized goals and objectives. The objective is to reduce the

duration and intensity of BH services to the least intrusive level possible while sustaining overall health.

The Treatment Plan must be developed jointly with a qualified mental health professional (QMHP) and a representative of the patient. A QMHP must evaluate and reevaluate the Treatment Plan at a minimum of every 90 days or a shorter period as determined by the QMHP.

A Treatment Plan must include a discharge plan that identifies the planned duration of the overall services to be provided under the Treatment Plan; discharge criteria; recommended aftercare services for goals that were both achieved and not achieved during duration of the Treatment Plan; and available agencies and independent provider(s) to provide aftercare services.

Treatment Services

Substance Use Disorder (SUD): For Level 3 Residential 3.3-.5 Managed Residential, there shall be medical, psychiatric, psychological services, which are available onsite or through consultation or referral. Medical and psychiatric consultations shall be available within 24 hours by telephone or in person. The following are included: (1) 24-hour crisis intervention services face to face or telephonically available seven days per week; (2) Medication management; (3) Behavioral Health/Substance Abuse Covered Screens; (4) Comprehensive biopsychosocial assessment; (5) Individual and group counseling; (6) Individual, group, family psychotherapy; and (7) Peer Support Services. There shall also be emergency services available by telephone 24 hours a day, seven days a week. Recovery and self-help groups are a part of the overall milieu.

In addition, the program must provide integrated interventions, and be a co-occurring capable or co-occurring enhanced program. Integrated interventions are specific treatment strategies or therapeutic techniques in which interventions for both disorders are combined in a single session or integration, or in a series of interactions or multiple sessions. Co-occurring capable programs are those that address co-occurring mental and substance use disorders in their policies and procedures. Co-occurring enhanced programs have a higher level of integration of substance abuse and mental health treatment services.

Care Coordination

Mental Health (MH) and Substance Use Disorder (SUD): Under the Nevada BH Medicaid requirements, a Treatment Plan must be integrated and coordinated with other components of overall health care. Providers practicing in a BHCN must work on behalf of recipient's in their care to ensure effective care coordination within the state system of care among other community mental health providers and other agencies servicing a joint recipient.

Substance Use Disorder (SUD): In general, care coordination is not covered under the SUD services program by DHCFP.

Quality Assurance or Improvement

Mental Health (MH) and Substance Use Disorder (SUD): Providers practicing in a BHCN must implement and maintain a Quality Assurance (QA) program which continually assesses quality measures and seeks to improve services on an ongoing basis. A program description must be submitted upon enrollment and updated annually on the anniversary of the BHCN enrollment month.

A BHCN shall develop a QA report which shall include service requirements, an organization chart that outlines supervisory structure, training requirements, and a demonstration of the effectiveness of care, access/availability of care, and satisfaction of care.

The DHCFP may require the BHCN to submit a DHCFP approved Corrective Action Plan (CAP) if the BHCN's QA report has adverse findings.

Substance Use Disorder (SUD): The DHCFP requires providers who are receiving funds from the DHCFP to be deemed compliant by the DPBH, NRS and NAC. Qualification is based upon the DPBH's Substance Abuse Prevention and Treatment Agency (SAPTA) Certification tool. The certification tool reviews the program for areas such as compliance with federal and state regulations, quality improvement, applications of policies and procedures, health and safety of the recipients, clinical documentation requirements, and staff/training documentation. Non-compliance will result in the DHCFP provider termination and/or suspension without cause depending on severity of infraction.

Special Populations

Mental Health (MH) and Substance Use Disorder (SUD): Under the Nevada BH Medicaid requirements, the Director of the Department of Health and Human Services shall, to the extent authorized by federal law, include in any state plan priority for a parent who is referred by an agency which provides child welfare services and who is qualified for public assistance to receive treatment for mental health issues, treatment for substance abuse and any other treatment or services that may assist with preserving or reunifying the family.

Location of Medicaid Requirements

Nevada Medicaid Services Manual Chapter 100⁶, Chapter 400⁷. Regulatory data collected December 5, 2020.⁸

Other Information Sources

Kaiser Family Foundation. State Options for Medicaid Coverage of Inpatient Behavioral Health Services. KFF: San Francisco. November 2019. <http://files.kff.org/attachment/Report-Brief-State-Options-for-Medicaid-Coverage-of-Inpatient-Behavioral-Health-Services>

This state summary is part of the report **“State Residential Treatment for Behavioral Health Conditions: Regulation and Policy”**. The full report and other state summaries are available at <https://aspe.hhs.gov/state-bh-residential-treatment>.

⁶ See

http://dhcfp.nv.gov/uploadedFiles/dhcfpnavgov/content/Resources/AdminSupport/Manuals/MSM/C100/MSM_100_19_08_28.pdf.

⁷ See

http://dhcfp.nv.gov/uploadedFiles/dhcfpnavgov/content/Resources/AdminSupport/Manuals/MSM/C400/MSM_400_19_07_31.pdf.

⁸ “The laws that apply to DHCFP can be found in the Nevada Revised Statutes (NRS) by clicking the link below called Our NRS. Per NRS Chapter 422, the DHCFP is excluded from the Nevada Administrative Code (NAC). In lieu of the NAC (NRS 233B.039), DHCFP regulations can be found in its Medicaid Operations and Services Manuals.” <http://dhcfp.nv.gov/About/Home/>.