

Nevada Rehabilitative Mental Health Services Medicaid UM Guideline

Subject: Nevada Rehabilitative Mental Health Services
Status: Active

Current Effective Date: 02/23/2017
Last Review Date: 12/24/2019

Description

Rehabilitative mental health (RMH) services are provided to help maximize member well-being, especially the ability to function independently. Individuals are assisted with the development, enhancement and retention of social integration skills, independent living activities and personal adjustment to sustain psychiatric stability. Interventions are integrated with clinical treatment.

Nevada RMH services include:

- Assertive Community Treatment (in Nevada, Program for Assertive Community Treatment)

 - See MCG 23rd Edition, Assertive Community Treatment (B-808-T)

- Psychosocial Rehabilitation

 - See MCG 23rd Edition, Psychosocial Rehabilitation (B-812-T)

- Basic Skills Training

 - See MCG 23rd Edition, Social Skills Training (B-813-T)

- [Day Treatment](#)

- [Peer-to-Peer Services](#)

- Crisis Intervention

Day Treatment services are facility-based services provided in a therapeutic milieu designed to allow members with a moderate to severe burden of dysfunction the opportunity to try approaches learned in treatment that could reduce emotional, cognitive and behavioral problems. Day Treatment facilities must meet Nevada standards.

Peer-To-Peer Services are provided by an individual with a behavioral health disorder who has the skills and abilities to help members prevent problems, be more stable, access services, weather crises and become more self-directed. Peer supporters must meet Nevada standards.

Urgent acute psychiatric disturbances associated with personal stress are addressed with Crisis Intervention Services. Care is intended to reduce symptom severity and distress while restoring function in an environment outside of the acute psychiatric hospital setting. Settings include but are not limited to psychiatric emergency departments, emergency rooms, homes, foster homes, schools and homeless shelters.

Member's symptoms or condition should meet the diagnostic criteria for an International Classification of Diseases (ICD) or Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis that is consistent with symptoms. The primary focus of treatment should be symptoms associated with the ICD diagnosis.

Applied Behavior Analysis (ABA) services, although classified as rehabilitative, are distinct from RMH services. ABA and RMH services cannot be reimbursed on the same day (MSM Chapter 400 section 403.6B)

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Clinical Indications

Medically Necessary:

Severity of Illness Criteria

RMH Services are considered medically necessary when the member has:

- 1) An assessment for Serious Emotional Disorder (SED) or Serious Mental Illness (SMI) that identifies the members condition(s) as a serious emotional disorder (SED) or a serious mental illness (SMI) in accordance to Nevada Administrative Code (NAC) definitions:

Serious emotional disorder:

“Child with a serious emotional disturbance” means a person who is less than 18 years old and has been diagnosed within the immediately preceding 12 months as having a mental, behavioral or emotional disorder as defined in the “Diagnostic and Statistical Manual of Mental Disorders,” as adopted by reference in [NAC 433.050](#), other than a mental disorder designated as a Code V disorder in the Manual, a developmental disorder or a disorder caused by an abuse of alcohol or drugs, which substantially interferes with or limits the child from developing social, behavioral, cognitive, communicative or adaptive skills or his or her activities relating to family, school or community. The term does not include a child with a disorder which is temporary or is an expected response to stressful events.

Serious Mental Illness

“Adult with a serious mental illness” means a person who is at least 18 years old and has been diagnosed within the immediately preceding 12 months as having a mental, behavioral or emotional disorder as defined in the “Diagnostic and Statistical Manual of Mental Disorders,” as adopted by reference in [NAC 433.050](#), other than an addictive disorder, mental retardation, irreversible dementia or a disorder caused by an abuse of alcohol or drugs, which interferes with or limits one or more major life activities of the adult.

AND

- 2) A description of specific functional impairment(s) in daily living linked to SED or SMI; **AND**
- 3) A rating of current symptoms using the Early Childhood Service Instrument (ECSII, ages 3-6), Child and Adolescent Service Intensity Instrument (CASII, 7-18) or Level Of Care Utilization System (LOCUS - adults) as is appropriate for member age that assigns members to a Level of Service 1-6; **AND**
- 4) A person-specific Rehabilitation Plan (Treatment Plan) with goals related to symptoms and observations reflecting diagnosis, functional impairment and systematic rating (ECSII, CASII or LOCUS, based on age) is created; **AND**
- 5) The Rehabilitation Plan describes the basis for evaluating the effectiveness of RMH services; **AND**
- 6) The Rehabilitation Plan specifies the frequency, amount and duration of each type of requested service; **AND**
- 7) The Rehabilitation Plan describes the coordination of services between the types of requested RMH services (when multiple types of services are requested) and with other medical services such as Primary Care Provider (PCP) visits; **AND**
- 8) The Rehabilitation Plan is expected to acknowledge the participation of the member and, in the case of minors, incorporate families/legal guardians, include a signature or signatures and indicate that a copy of the rehabilitation plan was given to appropriate parties.

Continued Stay Criteria:

RMH services are considered medically necessary when the member continues to meet Severity of Illness, an updated Rehabilitation Plan is received no less often than every 90 days* and one of the following applies

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- 1) Progress with behaviors, symptoms and functional impairment is documented, the member (including family/legal guardians in the case of minors) is cooperative and engaged in meeting treatment plan goals; **OR**
- 2) The Rehabilitation Plan is re-evaluated, the member (including family/legal guardians in the case of minors) is involved and the Rehabilitation Plan amended with goals that are achievable.

***Note:** the updated treatment should specifically address each RMH service provided.

Not Medically Necessary:

- 1) RMH services are considered **not medically necessary** when the above criteria are not met.

Day Treatment Services, Rehabilitative Mental Health

Severity of Illness Criteria

Day Treatment Services are considered medically necessary when the member has:

- 1) RMH Severity of Illness criteria are met; **AND**
- 2) The person-specific Rehabilitation Plan (Treatment Plan) includes Day Treatment; **AND**
- 3) ECSII (ages 3-6), CASII (age 7 to 18) or LOCUS (adults 19 and over) rating of moderate to severe (children and adolescents, level 3 and above; adults, level 4 and above); **AND**
- 4) The Rehabilitation Plan documents emotional, cognitive or behavioral symptoms or actions* that are (must have one):
 - a) Incapacitating; **OR**
 - b) Interfering with daily activities; **OR**
 - c) Places self or others in danger to the point of suffering or anguish.

***Note:** children and adolescents needing Day Treatment are unable to receive services in day care, head start, home or school because symptoms and actions have disrupted the indicated environments to the point of documented consideration of expulsion or expulsion from the environment

Continued Service Criteria:

Day Treatment services are considered medically necessary when the member continues to meet Severity of Illness, the Rehabilitation Plan is updated in a timely fashion and one of the following applies

- 1) Progress with behaviors, symptoms and functional impairment is documented, the member (including family/legal guardians in the case of minors) is cooperative and engaged in meeting Day Treatment plan goals; **OR**
- 2) The Day Treatment services are re-evaluated, the member (including family/legal guardians in the case of minors) is involved and the Rehabilitation Plan amended with goals related to Day Treatment that are achievable.

Not Medically Necessary:

Day Treatment services are considered **not medically necessary** when the above criteria are not met.

Peer to Peer Services, Rehabilitative Mental Health

Severity of Illness Criteria

- Peer support services are necessary to reduce risk of readmission or assist in maintaining current living situation as indicated by ALL of the following^[A](4)(5):
 - Behavioral health disorder is present and appropriate for peer support services with ALL of the following^[A](17):
 - [Moderate Psychiatric, behavioral, or other comorbid conditions](#)

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- [Moderate dysfunction in daily living for adult](#) or [Moderate dysfunction in daily living for child or adolescent](#)
- Situation and expectations are appropriate for peer support services as indicated by ALL of the following:
 - Recommended treatment is necessary and not appropriate for less intensive care (i.e., patient requires assistance in accessing services; and documented behavior, symptoms, or risk is inappropriate for outpatient office care or traditional case management).^[B]
 - Patient is assessed as not at risk of imminent danger to self or others.⁽²³⁾⁽²⁴⁾⁽²⁵⁾⁽²⁶⁾⁽²⁷⁾
 - Current primary treatments (e.g., pharmacotherapy, psychosocial therapy) have been insufficient to meet care needs.
 - Targeted symptoms, behaviors, and functional impairments related to underlying behavioral health disorder have been identified and are appropriate for peer support services.
 - Treatment plan addresses [Biopsychosocial stressors](#), and includes coordination of care with other providers and community-based resources, as appropriate.^[A]
 - Treatment plan includes explicit and measurable recovery goals that will define patient improvement, with regular assessment that progress toward goals is occurring or that condition would deteriorate in absence of continued peer support services.^[C]
 - Treatment plan engages family, caregivers, and other people impacted by and in position to affect patient behavior, as appropriate.
 - Treatment intensity (i.e., number of hours per week) and duration is individualized and designed to meet needs of patient, and will be adjusted according to patient's response to therapy and ability to participate effectively.
 - Patient is expected to be able to adequately participate in and respond as planned to proposed treatment.^{[D][E]}

Continued Service Criteria:

Peer-To-Peer Services are considered medically necessary when the member continues to meet Severity of Illness, the Rehabilitation Plan is updated in a timely fashion and one of the following applies:

- 1) Progress with behaviors, symptoms and functional impairment is documented, the member (including family/legal guardians in the case of minors) is cooperative and engaged in meeting treatment plan goals; **OR**
- 2) The Peer-To-Peer services are re-evaluated, the member (including family/legal guardians in the case of minors) is involved and the Rehabilitation Plan amended with goals related to peer support that are achievable.

Not Medically Necessary:

Peer-To-Peer services are considered **not medically necessary** when the above criteria are not met.

Coding

*ABA services cannot be reimbursed on the same day as other rehabilitative mental health (RMH) services.

Procedure/HCPCS Code	Modifier	Service Definition
H2015	HT	Comprehensive community support services, multi-disciplinary team, per 15 minutes (PACT)

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H2016	HT	Comprehensive community support services, multi-disciplinary team, per 15 minutes (PACT)
H2017	-	Psychosocial rehabilitation services, per 15 minutes
H2017	HQ	Psychosocial Rehabilitation services, per 15 minutes, group setting
H2018	-	Psychosocial Rehabilitation services, per diem
H2014	-	Skills training and development, per 15 minutes
H2014	HQ	Skills training and development, per 15 minutes, group setting
H2012	-	Behavioral health day treatment, per hour
H0038	-	Self-help/peer services, per 15 minutes
H0038	HQ	Self-help/peer services, per 15 minutes, group setting
0919/S9485	-	Crisis intervention mental health services, per diem
H2011	-	Crisis Intervention Service, per 15 minutes
H2011	GT	Crisis Intervention Service, per 15 minutes, interactive telecommunication
H2011	HT	Crisis Intervention - Multi-disciplinary Team, per 15 minutes

Discussion/General Information

Rehabilitative Mental Health (RMH) services depend on Nevada regulatory definitions of Serious Emotional Disorder (SED – children and adolescents) or Serious Mental Illness (SMI – adults).

RMH services are treatment plan driven. The treatment plan aligns behaviors, symptoms and signs with the services types, based on the nature and severity of the findings. Systematic assessment with the Level Of Care Utilization System (LOCUS) for adults (in Nevada, 19 and older), Early Childhood Service Instrument (ECSII, ages 3-6) for preschoolers or the Child and Adolescent Service Intensity Instrument (CASII, 7-18) for children and adolescents as is a key component in defining severity. Member participation in the treatment planning process is considered medically necessary. Family/legal guardian(s) are expected to be involved with children and adolescents.

Definitions

Applied Behavior Analysis (ABA): is the design, implementation and evaluation of environmental modifications using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including the use of direct observation, measurement and functional analysis of the relations between environment and behavior.

Crisis Intervention: members experiencing an urgent acute psychiatric disturbances associated with personal stress receive care intended to reduce symptom severity and distress while restoring function in settings that include but are not limited to psychiatric emergency departments, emergency rooms, homes, foster homes, schools and homeless shelters.

Day Treatment: facility-based services providing a therapeutic milieu designed to allow members with a moderate to severe burden of dysfunction the opportunity to try approaches learned in treatment that could reduce emotional, cognitive and behavioral problems.

Peer-To-Peer Services: involve an individual with a behavioral health disorder who has the skills and abilities to help members prevent problems, be more stable, access services, weather crises and become more self-directed.

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Rehabilitative mental health (RMH): services assist members with the development, enhancement and retention of social integration skills, independent living activities and personal adjustment to sustain psychiatric stability. Interventions include Program for Assertive Community Treatment, Psychosocial Rehabilitation, Basic Skills Training, Day Treatment, Peer-to-Peer Services and Crisis Intervention.

Serious emotional disorder: “Child with a serious emotional disturbance” means a person who is less than 18 years old and has been diagnosed within the immediately preceding 12 months as having a mental, behavioral or emotional disorder as defined in the “Diagnostic and Statistical Manual of Mental Disorders,” as adopted by reference in [NAC 433.050](#), other than a mental disorder designated as a Code V disorder in the Manual, a developmental disorder or a disorder caused by an abuse of alcohol or drugs, which substantially interferes with or limits the child from developing social, behavioral, cognitive, communicative or adaptive skills or his or her activities relating to family, school or community. The term does not include a child with a disorder, which is temporary or is an expected response to stressful events.

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References

Government Agency, Medical Society, and Other Authoritative Publications:

1. LOCUS (Level of Care Utilization System for Psychiatric and Addiction Services), [Deerfield Behavioral Health, INC.](#) accessed on November 18, 2019.
2. CASII: Children and Adolescents (ages 6-18): CASII (The Child and Adolescent Service Intensity Instrument), American Academy of Child and Adolescent Psychiatry, [American Academy of Child and Adolescent Psychiatry](#) accessed on November 18, 2019.
3. Definitions SED and SMI: [Nevada Administrative Code, Chapter 433 – Administration of Mental Health and Mental Retardation Programs](#) accessed on November 18, 2019.
4. Diagnostic and Statistical Manual of Mental Disorders, 5th Edition. Arlington, VA. 2013. Available at: [Psychiatry Online](#). Accessed on November 18, 2019.
5. ECSII (Early Childhood Service Intensity Instrument), (Ages 0-5), American Academy of Child and Adolescent Psychiatry, [American Academy of Child and Adolescent Psychiatry](#) accessed on November 18, 2019.
6. HCPC Code: 2019 Alpha-Numeric HCPCS File, Downloaded from [CMS.gov](#) – A federal government website managed by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244. November 18, 2019.
7. Nevada Division of Health Care Financing and Policy Medical Services Manual [Chapter 400](#) Mental Health and Substance Abuse Services access on November 18, 2019.
8. Nevada Division of Health Care Financing and Policy Medical Services Manual [Chapter 1500](#) Healthy Kids Program accessed on November 18, 2019.

Websites for Additional Information

None

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History

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Approved	02/25/2016	Approved by MOC
Reviewed	02/15/2017	NV Plan reviewed/accepted revisions
Reviewed	02/23/2017	Reviewed and approved by MOC
Reviewed	1/3/2019	Reviewed and approved by MOC