

Nevada Rehabilitative Mental Health Services Medicaid UM Guideline

Subject: Nevada rehabilitative mental health services

Current effective date: 02/23/2017

Status: Active

Last review date: 02/21/2018

Description

Rehabilitative mental health (RMH) services are provided to help maximize member wellbeing, especially their ability to function independently. Individuals are assisted in 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 [CG-BEH-09 Assertive Community Treatment \(ACT\)](#)

- Psychosocial rehabilitation

 - See [CG-BEH-12 Psychosocial Rehabilitation Services](#)

- Basic skills training

 - See [CG-BEH-10 Basic Skills Training/Social Skills Training](#)

- 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 ICD or 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 (*Medicaid Services Manual*, 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 SED or a SMI in accordance to *Nevada Administrative Code* (NAC) definitions:
 - SED: **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 DSM 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.
 - SMI: **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 DSM 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.
- 2) A description of specific functional impairment(s) in daily living linked to SED or SMI
- 3) A rating of current symptoms using the *Early Childhood Service Instrument (ECSII, ages 3 to 6)*, *Child and Adolescent Service Intensity Instrument (CASII, ages 7 to 18)* or *Level Of Care Utilization System (LOCUS, adults)* as is appropriate for member age that assigns members to a level of service 1 to 6
- 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
- 5) The rehabilitation plan describes the basis for evaluating the effectiveness of RMH services
- 6) The rehabilitation plan specifies the frequency, amount and duration of each type of requested service
- 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 PCP visits
- 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.

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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:

- 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.
- 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.

*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, RMH

Severity of illness criteria

Day treatment services are considered medically necessary when the member has:

- 1) RMH severity of illness criteria are met.
- 2) The person-specific rehabilitation plan (treatment plan) includes day treatment.
- 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).
- 4) The rehabilitation plan documents emotional, cognitive or behavioral symptoms or actions* that are (must have one):
 - a) Incapacitating.
 - b) Interfering with daily activities.
 - c) Places self or others in danger to the point of suffering or anguish.

*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.
- 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.

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Peer-to-peer services, RHM

Severity of illness criteria

- 1) RMH severity of illness criteria are met.
- 2) Members 7 years of age and older have a person-specific rehabilitation plan (treatment plan) that includes peer-to-peer services.
- 3) The rehabilitation plan defines the impact of peer supporter on the development of skills to manage behavioral symptoms.
- 4) The rehabilitation plan defines the impact of the peer supporter on utilization of community resources.
- 5) The rehabilitation plan defines the impact of peer modeling on increased responsibility for recovery.
- 6) The rehabilitation plan defines the impact of peer support on improving health.

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.
- 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.

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Coding

*ABA services cannot be reimbursed on the same day as other RMH services.

Procedure/ hcpc code	Modifier	Service definition
H2015	HT	Comprehensive community support services, multi-disciplinary team, per 15 minutes (PACT)
H2016	HT	Comprehensive community support services, multi-disciplinary team, per 15 minutes (PACT)
H2017	-	Comprehensive community support services, multi-disciplinary team, per 15 minutes (PACT)
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
H2038	-	Self-help/peer services, per 15 minutes
H2038	HQ	Self-help/peer services, per 15 minutes, group setting
0919/S9485	-	Crisis intervention
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

RMH services depend on Nevada regulatory definitions of SED (SED, children and adolescents) or SMI (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 *LOCUS* for adults (in Nevada, 19 and older), *ECSII* for preschoolers or *CASII* 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.

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Definitions

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 involves members experiencing an urgent acute psychiatric disturbance 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 includes 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.

RMH includes services assisting 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.

SED is a **child with a serious emotional disturbance**, meaning 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 DSM 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.

SMI is an **adult with a serious mental illness**, meaning 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 DSM, 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.

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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 February 17, 2017.
2. *CASII: Children and Adolescents (ages 6 to 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 February 17, 2017.
3. Definitions SED and SMI: **Nevada Administrative Code, Chapter 433 – Administration of Mental Health and Mental Retardation Programs** accessed on February 17, 2017.
4. *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. Arlington, VA. 2013. Available at: **Psychiatry Online**. Accessed on February 17, 2017.
5. *ECSII (Early Childhood Service Intensity Instrument), (Ages 0 to 5)*, American Academy of Child and Adolescent Psychiatry, **American Academy of Child and Adolescent Psychiatry** accessed on February 17, 2017.
6. *HCPC Code: 2016 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. Accessed on February 17, 2017.
7. *Nevada Division of Health Care Financing and Policy Medical Services Manual Chapter 400* Mental Health and Substance Abuse Services access on February 17, 2017.
8. *Nevada Division of Health Care Financing and Policy Medical Services Manual Chapter 1500* Healthy Kids Program accessed on February 17, 2017.

Websites for additional information
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None

History

Status	Date	Action
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
Revised	02/21/2018	Updated links to Clinical UM Guidelines
Reviewed	04/19/2018	Approved by MOC