

17 - Mental Health/Substance Abuse

This section of the Provider Summary Guide (PSG) includes information specific to behavioral health. The provider is responsible for understanding and agrees to abide by the entire Provider Summary Guide.

HPN manages both the member's physical and behavioral health care benefits. The member can work with our behavioral health department to find a behavioral health care provider or they can choose one on their own. If you have questions about behavioral health or wish to request care coordination for a member, please call Health Plan of Nevada's behavioral health department, (BH) at **(702) 364-1484** or **(800) 873-2246**.

Access

Members in crisis have access to clinical support 24 hours a day, 7 days a week by calling BH at **(702) 364-1484** or **(800) 873-2246**. BH establishes standards for appointment access and after-hours care for our members.

HPN Behavioral Access Standards	
Routine Behavioral Healthcare	Access within ten business days
At Risk Urgent	Access within 48 hours
Expedited Crisis – Non Life-Threatening Emergency Services	Access within 6 hours
Stat Life Threatening Emergency Services	Immediate access

Service	Definition/Standard
Initial Routine Care	Patients presenting with routine symptoms should be scheduled within thirty (30) calendar days of referral
Urgent Care	Patients presenting with urgent symptoms should be scheduled within three (3) calendar days of referral
Non-Life Threatening Emergency Services	Patients presenting with high-risk symptoms should be scheduled within twenty-four (24) hours of referral
Life Threatening Emergency Services	Patients presenting with crisis symptoms should be referred to a clinician for immediate telephonic assessment and intervention to expedite hospitalization.
Follow-up Routine Care	Patients presenting with symptoms previously treated should be scheduled within thirty (30) days
Child/Adolescent Specialist	Access to a child/adolescent specialist(s) if requested by the parent(s)

Behavioral Health Benefits

Benefits may include but are not limited to:

- Crisis Intervention
- Inpatient assessment and treatment:
 - Psychiatric
 - Substance Use Disorders
 - Detox
 - Treatment
 - Residential Treatment
- Outpatient assessment and treatment:
 - Partial hospitalization
 - Day treatment (*Medicaid only benefit*)
 - Intensive outpatient
 - Medication management including injectable psychotropic medications
 - Outpatient therapy (individual, family, or group),
 - Individual
 - Group
 - Outpatient therapy for substance use disorders
 - Individual
 - Group
 - Intensive Program
 - NowClinic-Telehealth (NRS 629.515, Members must be physically in Nevada at time of visit).

Medicaid Services

In compliance with our Medicaid contract, Health Plan of Nevada requires providers to use the following standardized clinical assessment tools as part of our Utilization Management program:

- The American Society for Addiction Medicine (ASAM) criteria for substance use disorder service planning and treatment across all services and levels of care;
- The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) assessment tool when evaluating service requests for individuals under the age of 21;
- Level of Care Utilization System (LOCUS) – a standardized level of care assessment tool developed by the American Association of Community Psychiatrists used to make clinical determinations and placement decisions for adults age 18 and older;
- Child and Adolescent Level of Care Utilization System and Child and Adolescent Service Intensity Instrument (CALOCUS-CASII) – a standardized assessment tool developed by the American Academy of Child and Adolescent Psychiatry (AACAP) and the American Association for Community Psychiatry (AACP) used to make clinical determinations and to provide level of service intensity for children and adolescents ages 6-18);
- Early Childhood Service Intensity Instrument (ECSII) – a standardized assessment tool developed by the AACAP used to make clinical determinations and to provide level of service intensity for children ages 0-5;
- InterQual – a clinical decision support tool used by healthcare professionals to determine the most appropriate care for patients. Access and login issues with

InterQual can prevent healthcare professionals from using the tool effectively, which can impact patient care.

Authorizations

Members may access all behavioral health outpatient services (mental health and substance use) without a referral.

Prior authorization is required for non-routine/intensive services, such as day treatment, Intensive Outpatient Program (IOP), or partial hospitalization programs and non-emergent/urgent elective admissions to Inpatient.

BH staff is available 24 hours a day, 7 days a week to receive *inpatient* authorization requests. For non-emergent authorizations, please contact the behavioral health department Monday to Friday 8am to 5pm for help to ensure prior authorizations are in place before rendering services. You can request prior authorization by calling BH at **(702) 240-8733**.

Note: Prior authorization of urgently/emergently needed care is NOT required. However, notification of such services is expected.

For additional information on **Authorizations**, please see **Section 9 Utilization Management**.

For additional information on:

- **Appeals**, please see **Section 9.10 Appeals Process**.
- **Medicaid Action, Notice of Action and Appeals**, please see **Section 8 Medicaid**.

Claims

Submit Behavioral Health claim(s) to:

Health Plan of Nevada, Inc.
Attention: Claims
P. O. Box 15645
Las Vegas, NV 89114-5645

For additional information on **Claims**, please see **Section 13 Claims**.

HPN Medicaid Value-Added Benefits

- **Partnership with Nevada Behavioral Health (NBH)**

HPN's behavioral health team has partnered with NBH for our HPN Medicaid membership.

We believe this partnership will bring forth innovative initiatives and resources that will benefit our members. Whether it's promoting mental health awareness, providing access to essential services, or creating educational opportunities, our joint effort with Nevada Behavioral Health is designed to make a lasting and positive difference. Services include access to expedited mental health and substance use disorder services, including psychiatric care, Medication Assisted Treatment (MAT), talk therapy, crisis services, care coordination, and Social Determinants of Health (SDoH) evaluations.

HPN Medicaid members also have access to the NBH Support Center.

NBH Support Center

Clark County: 610 Belrose St, Building B, Las Vegas, NV 89107

- Daily meals and snacks
- Showers
- Washer and dryers
- Computer lab
- Social Determinants of Health (SDoH) evaluations
- Therapy services.

HPN Medicaid members continue to have access to any contracted HPN provider. HPN's behavioral health department has the sole responsibility for all required behavioral health authorizations and denials.

Behavioral Health Case Manager (BHCM) is a member's single point of contact to assist members with mental health, substance use disorders and medical needs. The BHCM provides their expertise to identify options by focusing on identifying psychosocial issues and anticipating and helping the client obtain resources. They use their expertise to identify options to provide the member support and reduce barriers, so that the member can achieve optimal care.

Peer Support Services (Medicaid only) are individuals with lived experiences and recovery from mental health and/or substance use disorders. Peers extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful recovery.

To make a referral to Behavioral Health Case Management, call BH at **(702) 364-1484** or **(800) 873-2246**. For Peer Support referrals to NBH, you may email cmrequest@nvbhs.com or call **(702) 636-0085**.