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 afterhours care for our members:

- Routine behavioral healthcare Access within ten business days
- At Risk Access-Urgent Access within 48 hours
- Expedited-Crisis –Non-life Threatening Emergency Services- Access within 6 hours
- Stat-Life Threatening Emergency Services-Immediate Access

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)
 - o 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).

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Medicaid Services

In compliance with our Medicaid contract, Health Plan of Nevada Behavioral Health (HPNBH) 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 (ESPDT) 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

Authorizations

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

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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 Value-Added Benefits

- Westcare (Available for HPN Medicaid members)
 - 323 N. Maryland Parkway, Las Vegas, NV 89101 (702) 385-3300)
 - Daily Meal and Snack
 - Showers
 - Washers and Dryers
 - Computer Lab
 - Wide array of outpatient treatment services
 - Day Treatment Program
 - Crisis Intervention
 - Individual Counseling
- WellCare PUF (Available for HPN Medicaid members)
 - 5412 Boulder Highway, Las Vegas NV 89112 (702) 291-7121
 - o 850 Mill Street, Reno, NV 89502 (775) 538-6700 Daily Meal and Snack
 - Daily Snacks
 - Showers
 - Washers and Dryers
 - Computer Lab
 - Wide array of outpatient treatment services
 - Crisis Intervention
 - Assessments
 - Resources
- Behavioral Health Case Management (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 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 or Peer Support Services, call BH at **(702)** 364-1484 or **(800)** 873-2246.