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Overview on Access to Behavioral Health Services for Adults Enrolled with Nevada Medicaid

Division of Health Care Financing and Policy

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Department of Health and Human Services

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Agenda

1. Behavioral Health & Statistics
2. Behavioral Health Care Continuum
3. Access Findings & Notable Gaps
4. Preliminary Rate Review Findings
5. Medicaid Gaps & Opportunities
6. Workforce & Access Factors
7. Medicaid's Role



Behavioral Health & Statistics

- Table 1 provides the most recent data available for adult Medicaid beneficiaries who have a Serious Mental Illness (SMI)

Total Enrollees	Recipients with SMI Diagnosis		Recipients with SMI and Substance Use Disorder (SUD) Diagnosis			Recipients with SMI and Opioid Use Disorder (OUD) Diagnosis			Recipients with SMI and Autism/Fetal Alcohol Spectrum Disorder Diagnosis		
Count	Count	% of Total Enrollees	Count	% of Recipients with SMI Diagnosis	% of Total Enrollees	Count	% of Recipients with SMI Diagnosis	% of Total Enrollees	Count	% of Recipients with SMI Diagnosis	% of Total Enrollees
1,059,306	146,237	13.8%	66,896	45.7%	6.3%	13,609	9.3%	1.3%	2,361	1.6%	0.2%

Table 1 Beneficiaries with SMI Diagnosis Nevada Medicaid (FFS/MCO), SFY 2023



Behavioral Health & Statistics, continued

- Medicaid beneficiaries with SMI are broken out by eligibility group in Table 2
- Amount of Medicaid Behavioral Health spend compared to Medicaid total spend is illustrated in Table 3

Eligibility Category	Recipients with SMI Diagnosis
CHILD WELFARE	516
CHIP TO MEDICAID	496
COUNTY MATCH	1,310
MAABD	28,332
NEVADA CHECK UP	341
NEWLY ELIGIBLE	21,797
TANF/CHAP	96,519
WAIVERS	3,062
UNKNOWN	17
Total	152,390

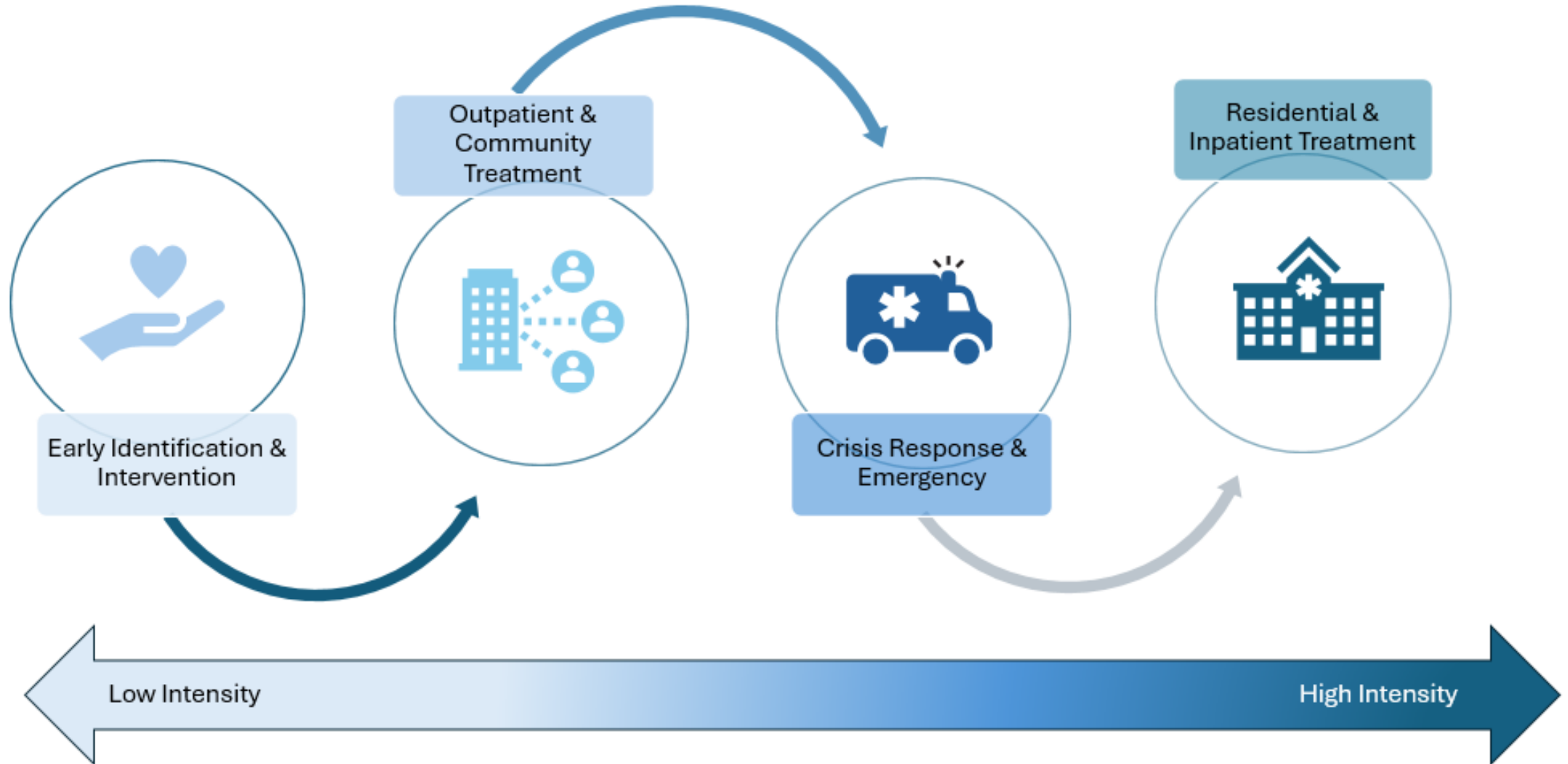
Table 2 Eligibility Category NV Medicaid (FFS/MCO), SFY 2023

SFY	BH Spending		Total Spending
	Spending	% of Total Spending	
2021	\$163,785,769	4.5%	\$3,680,383,366
2022	\$160,266,358	4.1%	\$3,874,864,815
2023	\$182,179,836	4.4%	\$4,108,941,904

Table 3 BH Spending NV Medicaid (FFS/MCO), SFY 2021-2023

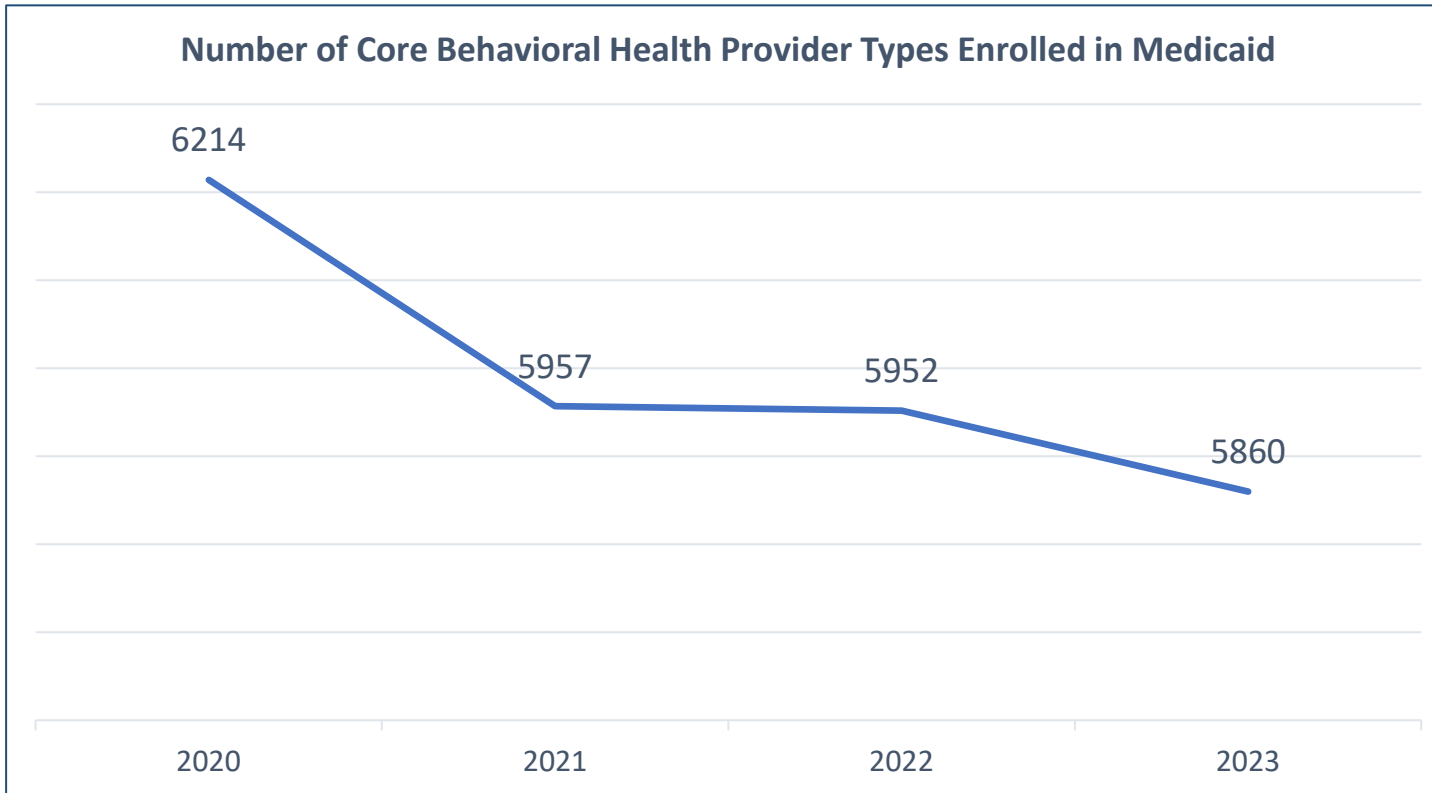


Behavioral Health Care Continuum





Medicaid Access Report & Findings



For purposes of the Access Report to CMS, Nevada Medicaid defined core behavioral health providers to include inpatient psychiatric hospitals, behavioral health outpatient treatment providers, special clinics, psychiatrists, psychologists, residential treatment centers, behavioral health rehab treatment, specialized foster care.

County	Behavioral Health
Carson City	119
Churchill	19
Clark	4,099
Douglas	57
Elko	46
Esmeralda	0
Eureka	0
Humboldt	9
Lander	4
Lincoln	3
Lyon	37
Mineral	4
Nye	59
Pershing	2
Storey	5
Washoe	966
White Pine	14
Out-Of-State	417
Grand Total	5,860



Several Provider to Patient Ratios

Provider Type	Clark County	Washoe County	Rural Regions
Substance Use Providers	1:4,013	1:1,449	1:6,095
CCBHCs	1:84,291	1:30,403	1:13,933
Clinical Psychologists	1:1,756	1:845	1:10,846
Psychiatrists	1:843	1:491	1:6,095
Outpatient Treatment	1:171	1:1,028	1:1,625
Clinical Social Worker	1:327	1:249	1:1,175
Marriage/Family Counselor	1:634	1:247	1:2,483
Clinical Prof. Counselor	1:806	1:692	1:3,407



Preliminary Rate Review

- The Division analyzed reimbursement rates for Nevada compared to other states for the following Provider Types and Specialties:
 - PT 14-300 Behavioral Health Outpatient, Qualified Mental Health Professional
 - PT 14-301 Behavioral Health Outpatient, Qualified Mental Health Associate
 - PT 14-302 Behavioral Health Outpatient, Qualified Behavioral Aide
 - PT 14-305 Behavioral Health Outpatient, Licensed Clinical Social Worker
 - PT 14-306 Behavioral Health Outpatient, Licensed Marriage & Family Therapist
 - PT 14-307 Behavioral Health Outpatient, Clinical Professional Counselor
 - PT 14-308 Behavioral Health Outpatient, Day Treatment Model
 - PT 26 Psychologist
 - PT 54 Targeted Case Management
 - PT 82 Behavioral Health Rehabilitative Treatment
 - PT 85-311 Applied Behavioral Analysis, Psychologist
- Note that as each state operates its Medicaid program differently, it can be challenging to find equitable data for other states. Additionally, some states only offer behavioral health services under a Managed Care Organization; Managed Care rates are typically proprietary. Every effort is made to ensure data analyzed is equitable to the Nevada equivalent.



Preliminary Rate Review Findings

1. Provider Type, Specialty	2. Total Codes in Fee Schedule	3. Total Codes with Comparable State Rate	4. Total Codes Where Median of other states Rates Exceeds NV Rate	5. Total Codes Where Median of other states Rates are At or Below NV Rate	6. Percentage of Codes with Comparable Rate Data	7. Number of States Included in Comparison
PT 14-300 Behavioral Health Outpatient, Qualified Mental Health Professional	75	73	48	25	97%	10
PT 14-301 Behavioral Health Outpatient, Qualified Mental Health Associate	14	13	7	6	93%	10
PT 14-302 Behavioral Health Outpatient, Qualified Behavioral Aide	5	5	4	1	100%	10
PT 14-305 Behavioral Health Outpatient, Licensed Clinical Social Worker	56	55	28	27	98%	10
PT 14-306 Behavioral Health Outpatient, Licensed Marriage & Family Therapist	56	55	28	27	98%	10
PT 14-307 Behavioral Health Outpatient, Clinical Professional Counselor	56	55	28	27	98%	10
PT 14-308 Behavioral Health Outpatient, Day Treatment Model	1	1	0	1	100%	10
PT 26 Psychologist	64	58	38	20	91%	10
PT 54 Targeted Case Management	1	1	0	1	100%	10
PT 82 Behavioral Health Rehabilitative Treatment	12	11	8	3	92%	10
PT 85-311 Applied Behavioral Analysis, Psychologist	10	10	7	3	100%	10

- This table shows how many codes are on each Nevada Medicaid fee schedule, along with the number of codes the Division was able to locate corresponding rates for other states.
- Additionally, this table identifies how many Nevada rates are lower than the median of other states' rates (column 4) and how many Nevada rates are at or above the median of other states' rates (column 5).



Preliminary Rate Review Findings, continued

SFY 2026 and 2027 Fiscal Impact Estimates by Provider Type and Specialty			
Provider Type, Specialty	Change in Expenditures to Match Median of Other States' Rates		
	Total Computable	Non-Federal Share	Average Change per Code
PT 14-300 Behavioral Health Outpatient, Qualified Mental Health Professional	\$21,272,699	\$7,619,144	48%
PT 14-301 Behavioral Health Outpatient, Qualified Mental Health Associate	\$3,299,639	\$1,275,529	158%
PT 14-302 Behavioral Health Outpatient, Qualified Behavioral Aide	\$1,448,794	\$535,292	204%
PT 14-305 Behavioral Health Outpatient, Licensed Clinical Social Worker	\$10,269,126	\$3,535,066	65%
PT 14-306 Behavioral Health Outpatient, Licensed Marriage & Family Therapist	\$10,273,924	\$3,317,548	65%
PT 14-307 Behavioral Health Outpatient, Clinical Professional Counselor	\$6,213,217	\$2,007,682	65%
PT 14-308 Behavioral Health Outpatient, Day Treatment Model	\$0	\$0	0%
PT 26 Psychologist	\$1,537,766	\$458,471	50%
PT 54 Targeted Case Management	\$0	\$0	0%
PT 82 Behavioral Health Rehabilitative Treatment	\$138,540	\$29,610	207%
PT 85-311 Applied Behavioral Analysis, Psychologist	\$93,092	\$33,969	47%
Total	\$54,546,798	\$18,812,311	

Provider Type 85, Specialties 310 (BCBA), 312 (BCaBA), and 314 (RBT) were excluded from the analysis above. NRS 422.27497 already authorizes DHCFP to align rates for these providers with other states. Note that PT 85-311 costs may be understated as there is no historical utilization for adults.

- This table shows the estimated fiscal impact of aligning Nevada Medicaid rates that are lower than other states with the median rates paid by other states.
 - Codes that have Nevada Medicaid rates at or above the median paid by other states are not included in this analysis.
- Note that the non-federal share includes both State and County Funds.
- Additionally, please note that the figures above reflect the cost of aligning rates with other states for services provided to both adults and children. While the Children's Behavioral Health Transformation proposal approved during the April IFC meeting did include some rate increases for behavioral health services provided to children, those rate increases did not include all behavioral health services on the fee schedules for the provider types listed above; additionally, those rate increases may result in rates that are still lower than those paid in other states.



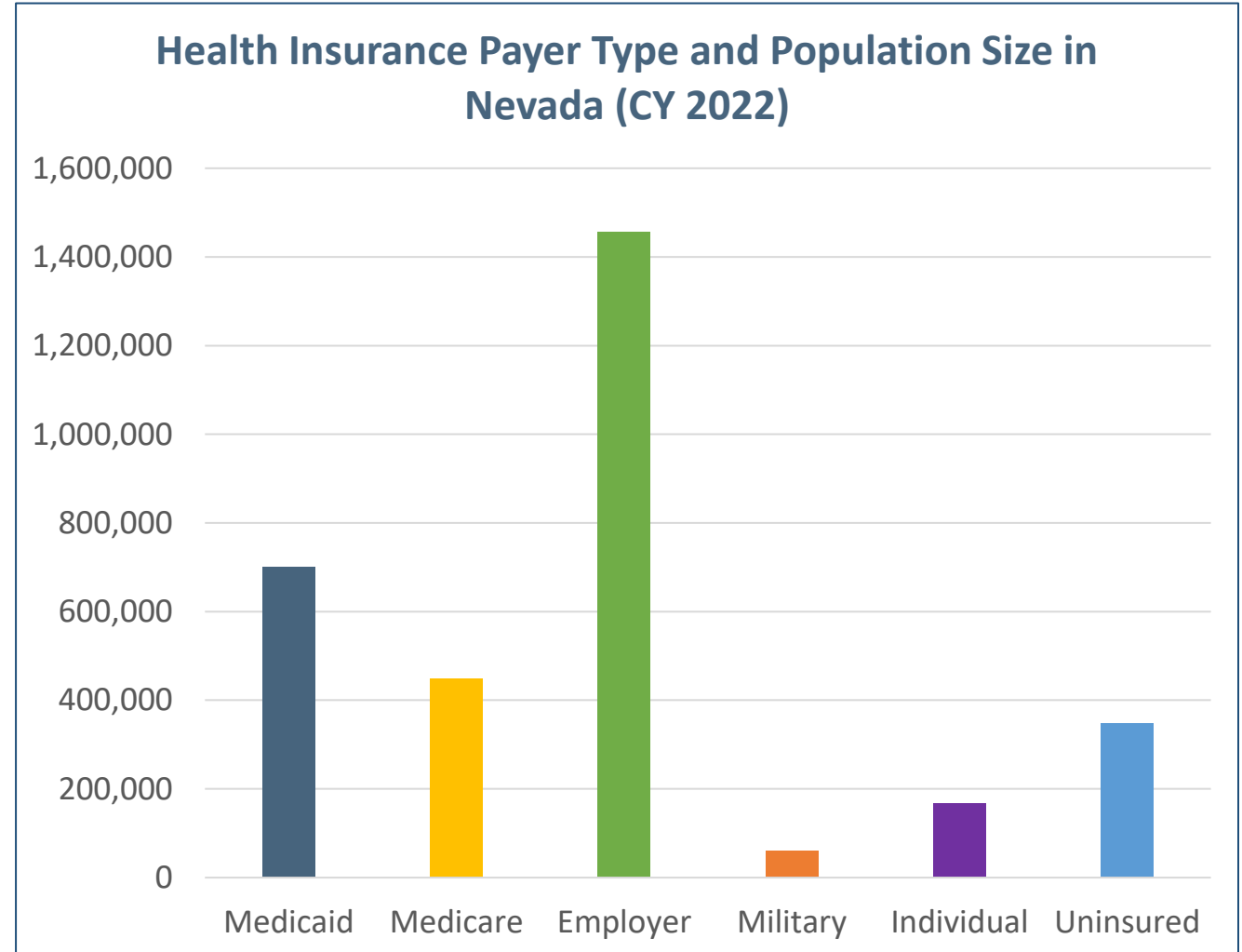
Medicaid Gaps = Opportunities

1. New Federal Access Rule
2. Community Paramedicine
3. Assertive Community Treatment
4. First Episode Psychosis
5. Peer Support Services
6. Occupational Therapy for Mental Health
7. Project ECHO (Primary Care Providers and Psychiatrists)
8. Mobile Crisis Response
9. Mental Health Services for Adults in Residential Settings
10. Housing Supports and Meal Supports (homelessness)
11. Crisis Stabilization Services (Coming Soon)
12. Home and Community Based Model for Adults
13. Incarcerated adults and juveniles in justice system



Medicaid's Role

- Behavioral health providers, especially high-intensive service providers, rely on Medicaid as payer
 - Population income levels and homelessness
 - Private insurance – less robust coverage of high-intensive services
- Medicaid is payer of last resort and makes up 20.7 percent of Nevada's payer market revenue
- Medicaid is largest source of federal funds for health care
- Medicaid creates policy and quality standards for services; payment models can drive performance

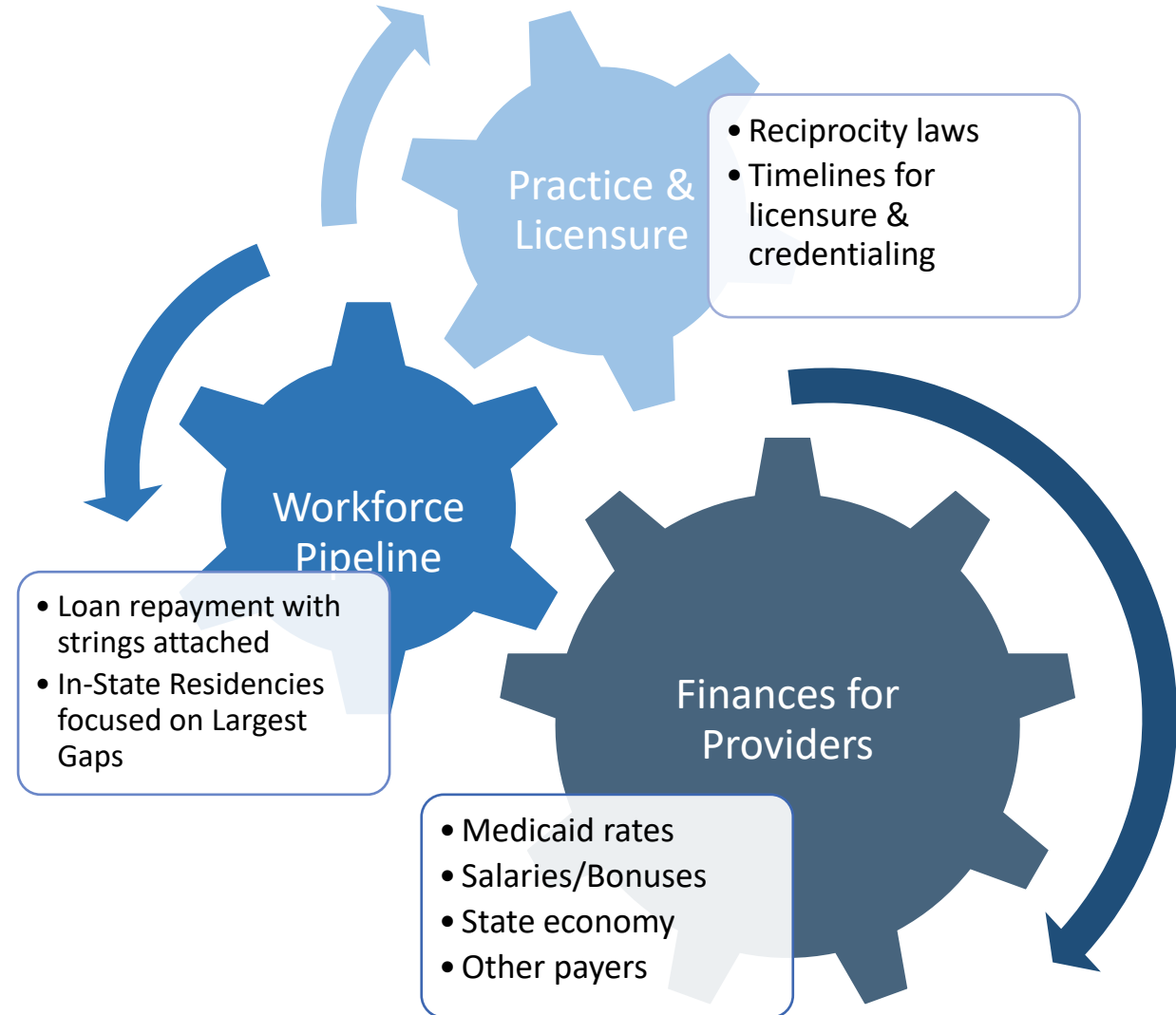


Source: Data compiled from KFF Health Insurance Status by Payer, 2022.



Influences on State Provider Workforce

- Improving access to care requires a multi-pronged strategy
- Medicaid rates alone cannot solve the issues facing access
- Need to attract providers cannot come at the cost of quality in the system
- Upstream efforts are needed including behavioral health screenings in all primary care clinics





Questions?



Contact Information

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Acronyms

BCaBA – Board Certified Assistant Behavior Analyst

BCBA – Board Certified Behavior Analyst

BH – Behavioral Health

CCBHC – Certified Community Behavioral Health Clinics

CHAP – Children's Health Assurance Program

CMS – Centers for Medicare and Medicaid Services

DHCFP – Division of Health Care Financing and Policy

DHHS – Department of Health and Human Services

FFS – Fee-for-Service

MCO – Managed Care Organization

OD – Opioid Use Disorder

PT – Provider Type

RBT – Registered Behavior Technician

SFY – State Fiscal Year

SMI – Serious Mental Illness

SUD – Substance Use Disorder

TANF – Temporary Assistance for Needy Families