32-002 Outpatient Mental Health and Substance Use Disorder Treatment Services

32-002.01 Covered Outpatient Mental Health and Substance Use Disorder Treatment Services: Covered services include:

1. Crisis Outpatient;
2. Client Assistance Program (managed care benefit only);
3. The Initial Diagnostic Interview;
4. Psychological Testing;
5. Comprehensive Child and Adolescent Assessment (CCAA);
6. Comprehensive Child and Adolescent Assessment Addendum;
7. Individual Psychotherapy;
8. Group Psychotherapy;
9. Family Psychotherapy;
10. Parent Child Interaction Therapy (PCIT);
11. Child-Parent Psychotherapy (CPP);
12. Individual Substance Use Disorder Counseling;
13. Group Substance Use Disorder Counseling;
14. Family Substance Use Disorder Counseling;
15. Conferences;
16. Community Treatment Aide;
17. Medication Management; and
18. Sex Offender Risk Assessment.

32-002.02 Non-Covered Treatment Services: Services not covered include, but are not limited to:

1. Applied Behavioral Analysis (ABA);
2. Biofeedback Services;
3. Educational Services;
4. Behavior Modification and Planning;
5. Eye Movement Desensitization and Reprocessing (EMDR); and
6. Art, Play or Music Therapy.

32-002.03 Outpatient Services Providers: Outpatient services shall be provided by licensed practitioners whose scope of practice includes mental health and/or substance use disorder services.

32-002.04 Crisis Outpatient: Crisis outpatient individual or family therapy is an immediate, short-term treatment service provided to a client with urgent psychotherapy needs.

32-002.04A: The provider shall develop a short-term plan and shall identify ongoing treatment services if services appear to be medically necessary following stabilization. If services are to continue, the provider shall perform or arrange for an assessment and develop a treatment plan if one has not already been completed.

32-002.04B A client is eligible to receive crisis outpatient services of no more than five sessions per episode of crisis.

32-002.05 Client Assistance Program (CAP): The Client Assistance Program is a short-term, solution-focused set of interventions to assist a client in reducing or eliminating the current stressors that are interfering with the client's daily living and wellbeing. The client is eligible for up to five services per calendar year. If it is determined that the client needs additional treatment, the provider shall perform an Initial Diagnostic Interview and formulate a treatment plan if this has not already been completed.

32-002.06 Initial Diagnostic Interview: An Initial Diagnostic Interview as set forth in 471 NAC 32-001.04.

32-002.07 Psychological Testing: Psychological Testing is the administration and interpretation of standardized tests used to assess an individual's psychological or cognitive functioning. It assists in gaining an understanding of an individual's diagnostic presentation and informs the appropriate course of treatment.

32-002.07A Testing services shall be administered and scored by a licensed psychologist or, under the supervision of a licensed psychologist, by a provisionally licensed psychologist, a licensed psychological assistant or a licensed psychological associate. All interpretation must be done by the licensed psychologist.

32-002.07B Psychological Testing must be prior authorized. Before psychological testing, the individual must be assessed to determine the need for and extent of the psychological testing. Testing may be authorized at the onset of treatment when it is necessary for reaching a diagnosis and/or helps resolve specific treatment planning questions. It may also occur later in treatment if the individual's condition has not progressed and there is no clear explanation for the lack of improvement. Psychological testing that is available in schools is not covered by Medicaid.

32-002.08 Comprehensive Child and Adolescent Assessment (CCAA): A CCAA is a comprehensive assessment of a juvenile's social, physical, psychological, and educational development and needs, including the recommendation for an individualized treatment plan when treatment is necessary and recommended.

32-002.08A A CCAA shall be covered for an individual under the age of 19 who is a Medicaid eligible ward of the State and who exhibits behaviors so severe that the individual has come to the attention of juvenile or county court.

32-002.08B A CCAA must be court-ordered. If the individual has received a CCAA in the previous 12 months and a subsequent evaluation is ordered, the provider shall obtain clinical information to complete an addendum to the current CCAA.

32-002.08C A CCAA shall be completed by a team of licensed and contracted practitioners led by a CCAA lead. The team shall include, at a minimum:

1. A psychiatrist;
2. A psychologist;
3. A physician to complete a wellness check; and
4. A Licensed Mental Health Practitioner (LMHP) or a Licensed Alcohol and Drug Counselor (LADC) or a Licensed Practitioner with expertise to conduct sex offender risk assessments.

32-002.08D Any CCAA provider conducting a substance use evaluation shall have completed the Comprehensive Adolescent Severity Inventory (CASI) training. All CCAA providers must be approved for the CCAA network by the State or its designee.

32-002.08E The CCAA lead shall complete a standardized report that coordinates all of the assessment information, makes a final recommendation for treatment and sequences the order of treatment if more than one recommendation is made. All treatment recommendations shall meet medical necessity criteria for the level of care recommendation. The Supervising Practitioner shall forward the report to the State or its designee who will forward the report to the court through the Office of Juvenile Services worker.

32-002.08F All components of the CCAA, including the standardized report with supporting documentation, shall be completed within ten working days of receipt of the request to complete the CCAA. The components are:

1. Records Search: A review and summary of the client's records including past evaluations, past psychiatric treatment records, information from current providers, school records, child welfare records, juvenile probation and juvenile diversion records and other relevant historical information.
2. Collateral Contacts: A review and summary of information obtained from collateral contacts relevant to the comprehensive assessment. At a minimum, it shall include the client's school, caseworker, care coordinator, probation/parole officer and past/present treatment providers.
3. Family Assessment: A current assessment addressing the family functioning, family dynamics and their impact on the client's treatment needs. The family assessment shall include all parents identified by the client's caseworker and shall be based on a direct face-to-face interview.
4. Comprehensive Adolescent Severity Inventory (CASI): Completion of all ten elements of the Comprehensive Adolescent Severity Inventory including:

    a. Health information;
    b. Stressful life events;
    c. Education;
    d. Alcohol and drug use;
    e. Use of free time;
    f. Peer relationships;
    g. Sexual behavior;
    h. Family/household members
    i. Legal issues; and
    j. Mental health.

5. Initial Diagnostic Interview: The Initial Diagnostic Interview includes a review of the first four components of the CCAA and the client's wellness check, an interview with the client, an evaluation of current medications or recommendation for medication and its management, a mental status exam and a diagnosis on all five axes of the most current DSM, if appropriate.

6. Wellness Check: A current wellness check includes but is not limited to the following:

    a. Client's height, weight, blood pressure, pulse, temperature, vision test results, hearing test results and medical history.
    b. Any pertinent laboratory test completed by medical professionals.
    c. Sexually transmitted disease testing (excluding HIV testing) when ordered by medical staff (if HIV testing is indicated, it should be noted in the recommendation).

7. Psychological Testing: Psychological testing and other mental health assessments if clinically applicable and appropriate. Additional testing/assessment shall be authorized separately from the CCAA but shall be incorporated into the CCAA and completed under the direction of the Supervising Practitioner. This may include, but is not limited to, psychological testing, sexual risk offender assessment, eating disorder assessment and substance use disorder assessments.

32-002.08G The standardized report shall contain and be signed by the CCAA lead:

1. Demographics;
2. A list of records reviewed and information sources contacted;
3. Presenting problem;
4. Medical history;
5. School/work/military history;
6. Alcohol/drug history and assessment summary;
7. Legal history;
8. Family/social/peer history;
9. Psychiatric/behavioral treatment history, including psychotropic medication;
10. Collateral information (family/friends/criminal justice/victim issues);
11. Case formulation/Clinical impression;
12. Psychological testing and specialty assessment results;
13. Substance use treatment recommendations, if applicable (include primary/ideal level of care recommendation, available level of care, barriers to ideal recommendations and client/family response to recommendations); and
14. Mental health treatment recommendations, if applicable.

32-002.08H The Supervising practitioner of the CCAA agency shall complete all necessary requests for authorization, treatment referrals and written applications, as required for services such as, but not limited to, PRTF, ThGH or PRFC. CCAA staff shall also participate in all peer and reconsideration reviews associated with these requests, as appropriate.

32-002.08I A community-based evaluation shall be completed in the client's home, the clinician's office or another setting in the community where the client normally resides. If this is not possible due to the distance between the client's residence and the CCAA provider, the evaluation may be completed in a residential facility arranged by the provider. Residential evaluations may include a maximum of three days room and board payment and must be prior authorized by the State or its designee.

32-002.09 CCAA Addendum: If the court requests a revised CCAA and the request is within 12 months of the original CCAA, a CCAA addendum may be authorized by the State or its designee. The addendum shall clarify or update the treatment needs and/or recommendations as well as provide information not included in the original CCAA.

32-002.10 Individual Psychotherapy: A face-to-face active treatment session between a client and an appropriately licensed practitioner for the purpose of improving the mental health symptoms that are significantly impairing the client's functioning in at least one life domain such as family, social, occupational or educational.

32-002.10A The treatment plan shall identify the diagnosis that is the focus of treatment, the specific target symptoms, the goals, the frequency and the estimated duration of the service and shall be individualized according to the client's needs and the identified symptoms experienced by the client. Services must be treatment focused and not rehabilitative or habilitative in nature.

32-002.10B The following services are not covered:

1. Treatment that is primarily supportive, social or educational in nature.
2. Services for prevention, maintenance, socialization or skill building.

32-002.11 Group Psychotherapy: A face-to-face treatment session between a client and a licensed practitioner in the context of a group setting of 3-12 clients. Group psychotherapy shall be provided as an active treatment service for a primary psychiatric disorder in which identified treatment goals, frequency and duration of service are a part of the client's active treatment plan and there is reasonable expectation that group psychotherapy will improve the client's psychiatric symptoms so that therapy will no longer be needed.

32-002.11A The following services are not covered:

1. Treatment that is primarily supportive, social or educational in nature.
2. Treatment for prevention, maintenance, socialization or skill building.

32-002.12 Family Psychotherapy: A face-to-face treatment session in which an identified client and the client's nuclear or extended family interact with a practitioner for the purpose of improving the functioning of the family system and decrease or eliminate the mental health symptoms experienced by the family. Depending on the clinical appropriateness, it is expected that all members of the family residing in the same household as the client participate in family therapy. Others significant to the client or the family may also be in attendance at Family Psychotherapy if their attendance will be meaningful in improving family functioning.

32-002.12A The following services are not covered:

1. Treatment that is primarily supportive, social or educational in nature.
2. Treatment for prevention, maintenance, socialization or skill building.

32-002.13 Parent Child Interaction Therapy (PCIT): An evidence-based service provided to children age 2-12. This therapy places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. As such, it is used to treat clinically significant disruptive behaviors due to the child's primary mental health disorder.

32-002.13A The goals, frequency and duration of the service shall be identified in the child's treatment plan and shall vary according to the child's individual needs and the identified symptoms experienced by the child. Services must be treatment focused and not rehabilitative or habilitative in nature. Young children should receive PCIT services only after a recent appropriate medical evaluation to rule out conditions of a general medical nature.

32-002.13B There shall be a reasonable expectation that PCIT Therapy will improve the child's psychiatric symptoms so that the services will no longer be necessary.

32-002.13C The following services are not covered:

1. Treatment that is primarily supportive, social or educational in nature.
2. Services for maintenance, socialization or skill building.
3. Services not following the PCIT evidence-based treatment model or performed by an individual not appropriately trained in PCIT.

32-002.14 Child-Parent Psychotherapy (CPP): An evidence-based service provided to children birth to age 5, who have experienced at least one traumatic event (e.g. maltreatment, the sudden or traumatic death of someone close, a serious accident, sexual abuse, exposure to domestic violence) and, as a result, are experiencing behavior, attachment, and/or mental health problems, including post-traumatic stress disorder (PTSD). The primary goal of CPP is to support and strengthen the relationship between a child and his or her parent (or caregiver) as a vehicle for restoring the child's sense of safety, attachment, and appropriate affect and improving the child's cognitive, behavioral, and social functioning.

32-002.14A The goals, frequency and duration of the service shall be identified in the child's treatment plan and shall vary according to the child's individual needs and the identified symptoms experienced by the child. Services must be treatment-focused and not rehabilitative or habilitative in nature. Young children should receive CPP services only after a recent appropriate medical evaluation to rule out conditions of a general medical nature.

32-002.14B There shall be a reasonable expectation that CPP therapy will improve the child's psychiatric symptoms so that the services will no longer be necessary.

32-002.14C The following services are not covered:

1. Treatment that is primarily supportive, social or educational in nature.
2. Services for maintenance, socialization or skill-building.
3. Services not following the CPP evidence-based treatment model or performed by an individual not appropriately trained in CPP.

32-002.15 Individual Substance Use Disorder Counseling: A face-to-face counseling session between a client and a licensed practitioner for a primary substance use disorder. Individual substance use disorder counseling shall be designed to assist the client in achieving and maintaining abstinence from alcohol and drug abuse. This includes motivational enhancement and interventions defined in the Adolescent Placement Criteria for Level 1 in the American Society of Addiction Medicine (ASAM) Patient Placement Criteria for Treatment of Substance-Related Disorders (current version).

32-002.15A Outpatient substance use disorder counseling shall reasonably be expected to improve the symptoms of the client's substance use disorder which are identified in the client's treatment plan.

32-002.15B The treatment plan shall identify the diagnosis that is the focus of treatment, the specific target symptoms, goals, the frequency and the estimated duration of the service and shall be individualized according to the client's needs and the identified symptoms experienced by the client. Services must be treatment focused and not rehabilitative or habilitative in nature.

32-002.15C The following services are not covered:

1. Services that are primarily supportive, social or educational in nature.
2. Services for prevention, maintenance, socialization or skill building.

32-002.16 Group Substance Use Disorder Counseling: A face-to-face counseling session during which a practitioner directs interactions between 3-12 clients who have a substance use disorder diagnosis for the purpose of all clients achieving abstinence from alcohol and drug abuse.

32-002.16A The definition of group substance use disorder counseling and the criteria for determining whether outpatient group substance use disorder counseling is the most appropriate treatment are listed in the Adolescent Placement Criteria section for Level 1 services in the American Society of Addiction Medicine (ASAM) Placement Criteria for Treatment of Substance Related Disorders (current version).

32-002.16B The following services are not covered:

1. Counseling that is primarily supportive, social or educational in nature.
2. Counseling for prevention, maintenance, socialization or skill building.

32-002.17 Family Substance Use Disorder Counseling: A face-to-face treatment session between an identified client and the client's nuclear or extended family and a licensed practitioner. The services shall focus on the client's substance use disorder needs and the family as a system and shall include a comprehensive family assessment. Depending on the clinical appropriateness, it is expected that all members of the family residing in the same household as the client participate in family substance use disorder counseling. The specific objectives shall be to increase the functional level of the identified client and the client's family related to substance use.

32-002.17A The service shall be for a client with a substance related disorder and meet the criteria of Level I treatment according to the youth criteria of the Patient Placement Criteria for Treatment of Substance-Related Disorders of the American Society of Addiction Medicine (ASAM).

32-002.17B The following services are not covered:

1. Counseling that is primarily supportive, social or educational in nature.
2. Counseling for prevention, maintenance, socialization or skill building.

32-002.18 Conferences: Conferences with family or other persons advising them on how to assist the client can be covered under limited circumstances.

32-002.18A These circumstances must demonstrate a need for the therapeutic involvement and include:

1. Following Psychiatric Testing, or
2. As required during the provision of MST services, or
3. As a treatment intervention, identified in the client's treatment plan and requiring a progress note.

32-002.18B All conferences must be prior approved by Medicaid or its designee.

32-002.18C Scheduling appointments and reporting client progress are not considered conferences and shall not be reimbursable. Supervisory meetings or care coordination meetings are not conferences and shall not be reimbursable.

32-002.19 Community Treatment Aide Services: Community Treatment Aide (CTA) services are supportive and psychoeducational interventions designed to assist the client and parents or primary caregivers to learn and rehearse the specific strategies and techniques that can decrease the severity of, or eliminate, symptoms and behaviors associated with the client's mental illness that create significant impairments in functioning. The client's CTA plan shall be a part of the comprehensive treatment plan developed by the client's outpatient psychotherapy provider and be developed in close collaboration with the therapy provider. The CTA interventions, the client's progress and modifications to the CTA plan shall be reviewed and approved by the outpatient therapist and shall be documented by the CTA and the therapist.

32-002.19A CTA services shall be provided primarily in the client's natural environment, i.e., home or foster home, but may also include other appropriate community locations where the parent or caregiver are present. CTA services shall not be used in place of a school aide or other similar services not involving the parent.

32-002.19B CTA services shall be delivered under the direction and supervision of the therapist providing family and/or individual therapy on a regular basis to the client and the client's caregiver/family. The CTA and the licensed therapist shall coordinate care and document their collaboration at least every other week to ensure the CTA activities delivered to the client remain relevant to the client's treatment plan.

32-002.19C Activities designed by CTA providers may include activities related to:

1. Developing a written safety plan with input from the therapist, the client and the parents or caregivers.
2. Instructing the parents or caregivers in de-escalation techniques and strategies.
3. Teaching and modeling appropriate behavioral treatment interventions and techniques and coping skills with the client and the client's parents or caregivers.
4. Collecting information about medication compliance and developing reminder strategies and other interventions to enhance compliance as needed.
5. Assisting parents or caregivers with reporting medication effects, side effects, concerns regarding side effects or compliance problems and other information regarding progress and barriers to the treating therapist and the prescribing physician.
6. Teaching and modeling proper and effective parenting practices.
7. Providing training and rehabilitation regarding basic personal care and activities of daily living.

32-002.19D CTA services shall be prior authorized by the State or its designee in order to be eligible for reimbursement.

32-002.19E CTA agencies shall have a program description approved by the State or its designee.

32-002.19F The CTA program/clinical director may be a licensed physician (M.D. or D.O) who has completed a psychiatric residency or similar training program and preferably is Board Certified in psychiatry or addiction medicine, psychologist, Licensed Mental Health Practitioner (LMHP), a registered nurse (RN), an APRN or LIMHP. The director shall have two years of professional experience in mental health and/or substance use disorder treatment of individuals under the age of 21.

32-002.19G The CTA therapist shall be a licensed physician (M.D. or D.O) who has completed a psychiatric residency or similar training program and preferably is Board Certified in psychiatry or addiction medicine, psychologist, LIMHP, LMHP or APRN. The CTA may be a PLMHP or a provisionally licensed psychologist only if employed by an accredited organization or by exception by the Department or its designee. The CTA therapist shall meet all the requirements for outpatient therapy and must coordinate and collaborate with the CTA direct staff.

32-002.19H The CTA direct care staff shall:

1. Have a bachelor's degree in psychology, social work, child development or a related field and the equivalent of one year of full-time experience in direct child/adolescent services or mental health and/or substance use disorder services. Equivalent time in graduate studies may substitute for work experience; or
2. Have two years post-high school education in the human services or related fields and a minimum of two years experience in direct child/adolescent services or mental health and/or substance use disorder services.

32-002.19I Prior to allowing staff to treat clients, CTA agencies shall gather information from abuse and neglect registries and conduct criminal background checks of all potential CTA workers and shall assure that all workers have completed the CTA agency's basic training program.

32-002.19J The unit of service for CTA staff persons shall be 15 minutes.

32-002.20 Medication Management: Medication management is the service provided by a physician, physician assistant or advanced practice registered nurse focused on the monitoring and prescribing of psychopharmacologic agents. The service shall include relevant history, a mental status examination and medical decision making regarding initiating or adjusting pharmacological agents.

32-002.21 Sex Offender Risk Assessment: A sex offender risk assessment is a structured evaluation for the purpose of recommending whether sex offender specific treatment is necessary, the most appropriate intensity, frequency and type[s] of sex offender treatment and to recommend safety parameters, including the level of supervision and monitoring needed during treatment. The resulting recommendations should also address treatment needs for medical, mental health and/or substance use disorder conditions that are diagnosed during the assessment. The assessment is not a forensic evaluation.

32-002.21A Practitioners providing this assessment shall provide a written report which includes the components listed below that support the treatment recommendations.

32-002.21B The report shall be signed by the psychologist although parts of the assessment may be conducted by others who operate within the scope of their license and who are under the supervision of the signing psychologist.

32-002.21C The components for a sexual offender risk assessment include demographic, biopsychosocial, psychological assessment results and treatment recommendations as follows:

1. Demographic Information: Reasons for the assessment, police reports and other relevant court documents, clinical interview of client, family members and other collateral contacts, Initial Diagnostic Interview and review of previous mental health and substance use disorder treatment and psychological testing records.
2. Biopsychosocial Information: Background information, family relations and dynamics, family response to the current symptoms and problems, social functioning, school/academic history, substance use disorder history, legal history, mental health treatment history, sexual offense history, trauma /victimization history and personal strengths.
3. Psychological Evaluations: Level of cognitive/adaptive functioning, personal and behavior factors, sex offender risk assessment using both static and dynamic factors, sexual misconduct patterns, perception /understanding/motivation/ empathy for victim, current supervision and access to victim as well as protective factors and strengths.
4. Case Formulation and Treatment Recommendations: An integrated discussion of the relevant factors in determining the treatment recommendations and an assessment of the client's current risk to reoffend.