



FALL 2021

LEGISLATION AND REGULATION

NEWSLETTER

NEVADA LEGISLATIVE SESSION RE-CAP

The legislative session ended in June and lots of great bills passed. Here are a few of the bills that NOTA was tracking:

AB35: Revises provisions governing certain programs to assist senior citizens and persons with disabilities with costs relating to health care (some changes include changing the age of "senior citizen" to 60 and removing specific eligibility requirements for senior citizens to access the senior prescription program)

AB76: Revises provisions relating to care for veterans (some changes include providing funding for adult day care services for veterans, including medical services, rehabilitation, therapeutic activities, socialization, and nutrition)

SB5: Makes changes relating to telehealth (some changes include requiring insurer or third-party payer to cover telehealth services as if provided in person and making telehealth access more equitable)

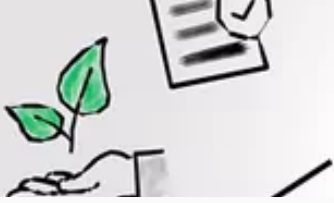
Legislative Leadership Team

Shaina Meyer
LEGISLATIVE CO-CHAIR

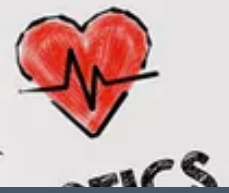
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MEDICAID



Nevada OT Medicaid Summary Sheet

By: Shaina Meyer

The Centers for Medicare and Medicaid Services (CMS), which administers Medicaid at the federal level, approves (or disapproves) state plans and state plan amendments (SPAs), waiver applications and renewals, and claims for federal reimbursement. Workshops and public hearings are held prior to submitting a SPA to CMS, allowing providers and stakeholders the opportunity to provide public comment.

OCCUPATIONAL THERAPY IS AN OPTIONAL BENEFIT THAT MEDICAID MAY CHOOSE TO COVER.

MEDICAL CARE ADVISORY COMMITTEE (MCAC)

- Watch for possible cuts to OT benefits.
- Look for opportunities to add or restore OT coverage or increase the amount, duration, and scope of services.
- Monitor and alert officials to utilization management practices that present barriers to care and might help advocates spot proposed policy changes at an early stage

MEDICAL NECESSITY AND PRIOR AUTHORIZATION

- States have the flexibility to determine the amount, duration, and scope of covered services and to establish definitions of medical necessity that guide whether services can be authorized and reimbursed.
- Identify and monitor definitions of medical necessity and prior authorization requirements that apply to OT services.
- Refer to AOTA's practice guidelines, official documents, and other resources to assist in advocating for evidence-based service authorization policies and definitions of medical necessity
- Documents and policies approved by AOTA Representative Assembly

What is Hill Week?

This year AOTA will host a virtual Grassroots Advocacy Learning Intensive in lieu of Hill Day. The week includes sessions where advocates can contact legislators, connect with AOTA staff, and learn about the legislative process at the federal level.

Dates are:

Tuesday, September 21st

- Kick-off
- Advocate for issue 1

Wednesday, September 22nd

- AOTA office hours
- Advocate for issue 2

Thursday, September 23

- Hear from Congressional Champions
- Advocate for issue 3

REGISTRATION IS UP! USE THE FOLLOWING LINK:
[HTTPS://WWW.AOTA.ORG/CONFERENCE-EVENTS/HILL-DAY](https://www.aota.org/conference-events/hill-day)

Nevada OT Medicaid Summary Sheet (cont.)

EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT (EPSDT)

- Monitor OT coverage for children under the Medicaid state plan and Medicaid waivers to ensure that the amount, duration, and scope of authorized services (as well as provider reimbursement rates) are sufficient to realize EPSDT's goals of providing a robust, comprehensive child health benefit.
- States must provide any service named in the Medicaid statute, making OT a required benefit for children up to age 21, even if the state doesn't choose to cover OT for other groups.
- Although hard caps are prohibited, prior authorization is allowed, and states can set service limits for an individual child based on state or MCO-defined medical necessity criteria.

ALTERNATIVE BENEFIT PLAN (ABP)

- Watch for emerging expansion efforts in the legislature or through citizen-led ballot initiatives and assert the value of OT service for the new adult group.

MANAGED CARE ORGANIZATION (MCO)

- Understand the structure of the Medicaid delivery system (managed care, fee for service, or a mixture of both) and how OT is furnished within that structure.
- Advocates may need to engage multiple MCOs, state Medicaid officials, and state lawmakers to affect Medicaid policy.

CODING AND PAYMENT POLICIES

- In addition to quantitative limits and medical necessity standards, states or MCOs can employ various payment methodologies to control costs.
- Identify and monitor the covered codes to determine if they are sufficient to deliver promised OT benefits.
- AOTA resources can help explain the range of occupational therapy codes to legislators or Medicaid officials.

LONG-TERM SERVICES AND SUPPORTS (LTSS)/HOME AND COMMUNITY-BASED SERVICES (HCBS)

- Medicaid is the primary payer for LTSS.
- Most HCBS are covered under waivers obtained from CMS that allow states to target services to specific groups, like people with physical or intellectual disabilities, mental illness, or disabling chronic conditions.
- Engage with Medicaid officials and legislators to make sure they understand the role of OT

SOCIAL DETERMINANTS OF HEALTH (SDOH)

- In January 2021, CMS sent guidance to state Medicaid programs listing services states can cover under current law to address SDOH and encouraging states to use them, such as adding or enhancing services like rehabilitative for adults to regain skills and functioning (like social interaction behaviors or problem-solving to navigate the complexity of finding housing or employment), or home modifications to prevent falls and maximize independence and safety in the home.
- Track legislative and agency-level efforts to address drivers of health.
- Educate policymakers about how OT can help meet the state's SDOH goals if they respond to CMS's call to add new SDOH-related services or increase the amount, duration, and scope of existing services

Additional Resources

(Click on the links below to explore)

- [Covid State Plan Amendment \(SPA\) #: 21-0003](#)
- [Assembly Bill 3 FAQ](#)
- [Nevada DHHS Division of Health Care Financing and Policy](#)
- [Nevada Medicaid fact sheet](#)
- [Nevada Medicaid profile](#)
- [Medicaid State Plan Amendments](#)
- [Medicaid State Waivers List](#)
- [Nevada Managed Care](#)
- [Nevada Medicaid Rates](#)
- [Medical Care Advisory Committee \(MCAC\)](#)
- [Medicaid Services Manual - Rehab](#)
- [Early and Periodic Screening, Diagnostic, and Treatment](#)
- [Alternative Benefit Plan](#)
- [Managed Care Organization Program Features](#)
- [AOTA Cost Effective Solutions for a Changing Health System](#)
- [AOTA Health Policy Researchers Find OT is Only Spending Category that Reduces Hospital Readmissions](#)
- [AOTA Congress, Fall Prevention, and the Role of OT](#)
- [Medicaid and SDOH](#)