POLICY

It is the policy of the Division that individuals applying for services from the Division will apply for all benefits for reimbursement for services in order to be assessed for payment on the Division's sliding fee scale. The Division will assist individuals who may be eligible for ACA, Medicaid and/or other federally based benefits (e.g., SSI/SSDI) in the applying for these benefits.

PURPOSE

The purpose of this activity is to ensure compliance with State regulations and maximize health benefits available to individuals through the expanded Medicaid programs. In addition, this policy is to ensure that all opportunities for reimbursement are appropriately pursued and claimed.

SCOPE

This policy applies to all Statewide Division's direct service agencies.

PROCEDURES

- I. All staff will be provided training in their required role in the pursuit of all reimbursement opportunities for services provided. The agency directors will ensure all staff are trained in and implement this policy. All staff will be ready to encourage, assist or refer all individuals who may be eligible for any benefits.
 - A. Each behavioral health agency will have identified staff trained as Certified Application Counselors (CAC) as designated by the agency director or designee. These staff may include Financial Services staff, Service Coordinators, or others as deemed appropriate by the agency director or designee.
 - CAC's will be made available across agencies to assist individuals and CAP Staff as necessary.
 - Each behavioral health site will have staff trained or access to staff trained by a CAC to assist individuals with benefit applications. This staff will ensure all applications are completed and submitted or provided to Division of Welfare and Supportive Services (DWSS), as appropriate.
 - Staff will refer individuals with eligibility for Nevada Health Insurance plans to a designated CAC for assistance, if necessary.

- CAC or other staff will be assigned to the Division hospitals to assist individuals in applying for benefits.
 - A. Effective on the date of this policy and upon request for services or admission to any DPBH program, all individuals will be screened for eligibility for ACA enrollment and Medicaid eligibility.
 - B. All behavioral health agencies will assist these individuals with applying for benefits or provide the following information to individuals seeking services:
 - 1. Where and how to apply.
 - The need to apply within 30 days of seeking services
 - Failure to apply may result in the individual being financially responsible for services.
 - C. Eligibility for ACA enrollment and Medicaid for all individuals currently served by a DPBH program will be assessed. Individuals who may be eligible for ACA enrollment and Medicaid benefits will be identified using the following current Avatar information: insurance (if any), income and family size information.
 - 1. All sites will make every effort to contact these individuals by December 1, 2013 and if they wish to enroll, they will be assisted with enrollment before December 18, 2013. Individuals will be assisted in completing and submitting an application for benefits. For those individuals who decline application the declination will be documented in the financial section of Avatar and clinical staff will be alerted for the purpose of providing a full verbal (see Attachment A) and written (see Attachment B) explanation to the individual of their role and responsibilities and to ensure the individual understands. A CAC or designee must also be available to answer any specific ACA or Medicaid questions the individual may have.
 - If the individual continues to decline application, the information will be referred to the clinic director (or designee) to further clarify the individual's role and responsibilities and encourage application.
 - a. If the individual continues to decline application, the clinic director (or designee) will provide written notice (see Attachment C) to the individual, when applicable, they will no longer be able

to be billed on a sliding fee scale. The clinic director may also make a determination of the agency's ability to continue to provide services.

- Each site and all Division's Drop-In Centers will provide an opportunity for individuals to access information and assistance with applications for benefits.
 - a. Paper applications will be available at all DPBH sites. Where available, Internet access will be offered at specified sites and all Division's Drop-In Centers for individuals who are able to access the Nevada Health Link https://www.nevadahealthlink.com/ on their own. Assistance by staff will be provided upon request.
- Division Service Coordinators will ensure that individuals on their caseload have applied for appropriate federal benefits.
 Documentation of this application assistance and referral effort will be included in the progress notes using appropriate coding

III. ACA Compliance

- Each agency director will monitor the percentage of uninsured individuals opened to services on a monthly basis.
- IV. The 270/271 transaction will be used to track the progress of individuals aided in applying for benefits towards successful enrollment for benefits.
 - This mechanism will be used to track the paper applications delivered to DWSS.
- Each agency will report to the central billing unit each month on the data on applications progress.
- Individuals' Role and Responsibility
 - A. It is the responsibility of all individual's served to pursue and apply for all eligible benefits for reimbursement to the Division for services provided in order for the individual to be eligible for the Division's sliding fee scale.
- VII. Urgent or emergent services will not be delayed or denied as a result of failure to apply for benefits.

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ATTACHMENTS

- A. Verbal Explanation of ACA/Medicaid Expansion Benefits
- B. Written Explanation of ACA/Medicaid Expansion Benefits
- C. Written Notice of Change in Eligibility for DPBH Sliding Fee Scale
- D. Medicaid Screening Tool

REFERENCES

Medicaid Services Manual (MSM), Chapter 100 - Medicaid Program

MSM, Chapter 400 - Mental Health and Alcohol/Substance Abuse Services

MSM 600 - Physician Services

MSM Chapter 2500 - Case Management

ADMINISTRATOR

EFFECTIVE DATE: 12-05-13

APPROVED BY DPBH ADMINISTRATOR: 12-05-13