DIVISION OF HEALTH CARE FINANCING AND POLICY
CLINICAL POLICY TEAM, BEHAVIORAL HEALTH PROGRAM
BEHAVIORAL HEALTH TECHNICAL ASSISTANCE (BHTA)
Agenda – Wednesday, July 8, 2020
10:00 - 11:00 a.m.

Facilitator: Carin Hennessey, DHCFP, Behavioral Health Unit (BHU), SSPS II

1. **Purpose of BH Monthly Calls**:
   The BHTA webinar offers providers guidance and updates on DHCFP BHU policy. The WebEx meeting format also offers providers an opportunity to ask questions via the Q & A (the "chat room") and receive answers in real time. The webinar is recorded. If you have questions prior to the monthly webinar or after, for additional assistance submit directly to the BehavioralHealth@dhcfp.nv.gov.

   - Introductions – DHCFP, SUR, Provider Enrollment, DXC Technology

2. **June 2020 BHTA Minutes:**
   The minutes from last month's BHTA are available on the DHCFP Behavioral Health webpage (under "Meetings"). You'll want to navigate to this page and click on "Behavioral Health Agendas and Minutes." You can find the past agendas and minutes for the meetings, as well as the current information. Please look at these if you have questions and if you were not able to attend last month; this is a great place to check up on what we discussed.

   - Updates to Supervision in BH Entities/Groups/Agencies
     - Clinical Supervision
   - Intensive Outpatient (IOP) Program
     - Session Limits
     - Unbundling of Services
     - Prior Authorizations
     - Documentation
   - Telehealth Trainings

3. **Related DHCFP Public Notices:**
   Link for upcoming Public Hearings, Meetings, and Workshops related to Behavioral Health http://dhcfp.nv.gov/Public/AdminSupport/PublicNotices/.

   Public Workshops
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   Public Hearings
   - **07/28/2020 Medicaid Services Manuals (MSM 1200 – Pharmacy Services; MSM 1900 – Transportation Services)**

4. **DHCFP Behavioral Health Updates:**

Behavioral Health Web Announcements (WA):
https://www.medicaid.nv.gov/providers/newsannounce/default.aspx

- **WA#2238** – Attention All Nevada Medicaid Providers: Authorization Criteria Function
- **WA#2236** – Attention Provider Type 63 (Residential Treatment Centers): New Prior Authorization Code
- **WA#2235** – Psychosocial Rehabilitation (PSR) Services Telehealth Claims that Denied Have Been Reprocessed
- **WA#2234** – Updates Regarding National Correct Coding Initiative (NCCI) Quarter 1 2020 Files
- **WA#2228** – Attention All Providers: Reading a Remittance Advice Training Sessions Scheduled
- **WA#2227** – Updates Regarding National Correct Coding Initiative (NCCI) Quarter 1 2020 Files
- **WA#2223** – Attention Behavioral Health Provider Types 14 and 82: Updates to Provider Enrollment Checklists
- **WA#2221** – Attention All Providers: Top 10 Claim Denial Reasons and Resolutions/Workarounds for May 2020 Submissions
- **WA#2220** – Attention All Providers: Top 10 Enrollment Return Reasons and Resolutions for May 2020 Submissions
- **WA#2219** – Urgent Announcement Regarding Claims Suspending for Budget Relief

Carin Hennessey, SSPS II

- **Updates to Supervision in BH Entities/Groups/Agencies**
  - Direct Supervision – This is a continuation of last month's updates for Clinical Supervision. You can review that information in the minutes from the June webinar. We will be looking at MSM 403.2A(2), Direct Supervision. The most important things to point out are the addition of language "within the scope of their practice". The Direct Supervisor at your agency will have the practice-specific education, experience, training credentials and or licensure to oversee the services, and they're overseeing those services within the scope of their practice. In the role, you may have an Independent Professional (who is a fully licensed). You may have a QMHP who is an Intern, depending on what the OMH services being delivered. And you may even have a QMHA depending on what the OMH services are. As far as the RMH services, you are considering the same qualifications; the Direct Supervisor is going to have the practice specific education, experience, training credentials and our licensure to oversee those services. Just keeping that in mind that whoever is designated as your Direct Supervisor, they're qualified to oversee the services that they are directly supervising.
    Direct supervision is limited to the "delivery of services and does not include treatment and plans modification and or approval." The direct supervision is overseeing the delivery of the service. This Direct Supervisor is not *watching over* the servicing provider necessarily; it's more an identification of support for that servicing provider. It means that

the Direct Supervisor be available; although it does not state within our policy that the Direct Supervision is delivered on-site, the intention is that the Direct Supervision is there for support for that servicing provider at the time the service is delivered.

Direct Supervisors may also function as Clinical Supervisors. Clinical Supervision is oversight of all the services delivered within an agency and the Direct Supervision role is over the delivery of those services. You can be a Clinical and a Direct Supervisor, understanding that the role is much more direct, because you will be there to support your servicing providers at the time the services are delivered. Direct Supervisors are going to document their meetings with the Clinical Supervisors, when they occur, the content of the supervision. At this level, the Clinical Supervisor can meet with Direct Supervisors individually or in a group. The Direct Supervisor has the responsibility to meet with servicing providers that they are directly supervising; these meetings occur before treatment and rehabilitation begins, at a minimum of every thirty days. Documentation of these meetings includes the content of the trainings; these can occur in group and or individual settings.

A last point here under Direct Supervision is that the Direct Supervisors may assist the Clinical Supervisor with treatment plan reviews and evaluations. This is up to the Clinical Supervisor in terms of the review and evaluation of the treatment plans and bringing in a Direct Supervisor to assist. It could be a learning experience, more of a training for an intern that is working towards independent licensure. The Direct Supervisor cannot do treatment plan revision or updates on their own, but within the relationship with the Clinical Supervision.

A lot of questions from providers are somewhat case by case because no two no two agencies operate exactly the same. If you do have questions about the role of your Direct Supervision, then, you know, please feel free to email us at the Behavioral Health Unit.

The one thing that can be taken away from this discussion is that a Direct Supervisor is operating within the scope of their practice with the specific education, experience, training, credentials and/or licensure to coordinate the services they oversee.

6. **DHCFP Provider Enrollment Unit Updates:**

Nevada Medicaid Website: https://www.medicaid.nv.gov/providers/enroll.aspx
DHCFP Website: http://dhcfp.nv.gov/Providers/PI/PSMain/

- **Review of Updated Provider Types 14 and 82 Checklists**

This is Cathy, with the Provider Enrollment Unit. Over the last couple of months, the webinars have helped to explain the updates to the Provider Type fourteen (PT 14) and eighty two (PT 82) checklists, as well as addressing questions. We've been working to ensure that if there were specific questions that came into our call centers that we gathered that data to determine if anything on the checklists were confusing. One question that came up last month was the disclosure of the Biller, and the requirement on

the checklist to put the social security number and the date of birth for the Billers. I want to address this up front that the intension is to disclose the information if the Biller is an employee of the of the group, the social security number and the date of birth. If the Biller is not employed by the group, please enter the billing agency's information.
I did want to thank the person first off that brought this question to the forefront last month and we've taken that back to take a look at it; we'll possibly revise this in a future revision of this checklist.
Today we want to field any questions specific to the checklists and the information that's required. Please, if you do have any questions, go ahead and type those into the Q&A chat.
I'll give you a little bit of background on the revisions. The revisions were intended to address requests that we had received from our Supervisors, the Clinical and the Direct Supervisors, with regards to the integrity of the data. What is captured protects those that are serving in these certain capacities within our and groups.
We have a question here when removing the medical supervisor. We have an email that can be sent to DXC to remove the medical supervisor. However, we're not requiring the medical supervisor unless there's a reason to have someone serving in that capacity. Going back to web announcement #2196.

Carin Hennessey: So a provider can submit the enrollment checklist with the updated supervision and provide that to this email address: nv.providerapps@dxc.com and indicate in the subject line "Supervisor Update". Include in the body of the email 1) the business name, 2) your name, 3) type of request, and 4) contact phone number. I believe this web announcement was published prior to the updated checklists being posted. So, this may relate to the old checklist. The checklists that are available for you now to complete will be what you will fill out to remove that medical supervisor.
I think there would be a way through the provider portal. That you would go in, unlink, or disassociate the medical supervisor from your agency.

Cathy, Provider Enrollment: With regard to a Supervisor, there are two separate terms or words used just so that our providers understand when you are requesting changes. Provider XYZ is your Clinical Supervisor that is when you use the appropriate checklist for either a new enrollment or a Supervisor update. If you are requesting that Provider XYZ is linked to your group as a servicing provider, you would use your change form through the provider portal. Just because someone is a Supervisor doesn't mean they are also a servicing provider. So, I think we're talking about two different things here.

Carin Hennessey: Thank you for this clarification. If you're no longer associated with the medical supervisor, then you you may want to remove

them from your enrollment. You are completing this checklist, and submitting it to nv.providerapps@dxc.com, and then you are updating your supervision.

Cathy, Provider Enrollment: I think the answer to this question is that you don't have to tell us if you don't a medical supervisor; but if your medical supervisor was also linked as a servicing provider, and that relationship no longer exists, then you would have to remove that [medical supervisor] servicing provider through the provider portal and the change form.
The checklist now allows for the disclosure of two Clinical Supervisors and Direct Supervisors. If you have more than two Clinical and/or Direct Supervisors, it is suggested that you complete multiple checklists, so that all is disclosed appropriately.
We value your feedback as the end user, and just know that our intent is always to protect the integrity of our providers as well as the integrity of our programs.
If I can make one more point on the Provider Type 14 checklist, 14 and 82 checklists. When we look at the policy declaration, you'll notice that the Owner or Director are required to sign this document. The Owner or Director. is not the Direct Supervisor; the Owner or Director that will be signing this policy declaration. And Owner or Director has five percent or more direct or indirect interest in the company.

7. **DHCFP Surveillance Utilization Review (SUR) Updates:**
   Report Provider Fraud/Abuse http://dhcfp.nv.gov/Resources/PI/SURMain/
   Provider Exclusions, Sanctions and Press Releases http://dhcfp.nv.gov/Providers/PI/PSExclusions/

8. **DXC Technology Updates:**
   Billing Information https://www.medicaid.nv.gov/providers/BillingInfo.aspx
   Provider Training https://www.medicaid.nv.gov/providers/training/training.aspx
   Provider Enrollment http://dhcfp.nv.gov/Providers/PI/PSMain/

   NevadaProviderTraining@dxc.com

Alyssa Kee Chong, Provider Relations Field Service Representative

- **Introduction of New Field Team Member**
  We want to update all of our providers that we are adding Susan McLaughlin; we will split the behavior health territory between us. I [Alyssa] will remain in the North and will service all of our behavioral health providers in Reno, and any northern part of Nevada. Susan McLachlan is going to go ahead and split the territory for South. I will let Susan go ahead and give a brief introduction

  Susan McLaughlin, DXC Technology: Hello everyone! I have thirty years' experience in the health care field, both on the provider and the payer sides. I've been with DXC since June 2017, where I started as the Call Center Supervisor in the Provider Relations department. In February 2020, I

transferred over to our systems team to do research and missed this side so much. I came back as of July 1st, and now I am the southern Nevada field rep. for our Behavioral Health provider types. I'm looking forward to working with everyone and thank you for the welcome.

Nevada MMIS Modernization Project

Please review the information per this Nevada Medicaid featured link area. There is information on Important System Dates, Known System Issues and Identified Workarounds, Training Opportunities, and Helpful Resources: https://www.medicaid.nv.gov/providers/Modernization.aspx. Also listed on this page, are ***Modernization (New) Medicaid System Web Announcements***; please refer to these announcements for specific information related to Modernization.

9. **Behavioral Health Provider Questions:**

The Behavioral Health Policy WebEx would like to address provider questions each month. This will allow us to address topics, concerns, questions from the Behavioral Health providers and make sure the specialists are focusing training and educational components to your needs and gathering your direct input from the BHTA WebEx. The previous month's questions with answered on the posted minutes for the meeting.

Q: Provider Enrollment, there was discussion a few years ago about the need for more Peer to Peer Specialist in our community. How can we get a peer to peer specialist enrolled with past background issues due to drug use, or been arrested due mental illness? I believe there was supposed to be a process to get them reviewed separately with that in mind. [Enrolling providers] have a checkered past with drug abuse and things, that's what makes hem GOOD peer to peer people who have overcame severe adversity.

A: MSM 102.2.B lists reasons to preclude enrollment. Any [enrolling] provider must disclose previous convictions on their application. They can provide an explanation of the conviction with the application.

Q: For FA-29's, can they be faxed in still anywhere when you are D/C'ing a patient's PAR, but there is not necessarily a new one being completed. Just wanting to D/c them from the current PAR.

A: These forms cannot be faxed in. All forms are submitted electronically through the Provider Portal.

Q: When removing medical supervisor is this the checklist to fill out?

A: An email can be sent to nv.providerapps@dxc.com per Web Announcement 2196.

Q: What is the current end date of providers being able to provide telehealth services by telephone?

A: There is no current end date for telehealth services. We will advise as any changes are being implemented.

Q: What if a provider is already enrolled as a QMHA and is going to enroll as a QBA but does not have the high school diploma which is on the checklist. Would the high school transcripts work?
A: They would have to submit a new application with a new checklist for the QBA. It would remove the QMHA enrollment. A provider cannot be enrolled as both a QMHA and a QBA. A QMHA provides a higher level of services which can include QBA services.

Q: I have a question about the Clinical Supervisor, this is pertaining to the PT14 300 Checklist. Can you have more than one Clinical supervisor registered with Medicaid? We thought it was one and it was actually another on file.
A: You can have more than one clinical supervisor. You would want to advise of all clinical supervisors working within your agency.

Q: For a QMHA revalidation, does a transcript need to be sent since there is one already on file with the original enrollment?
A: Providers would have to provide that information again.

Please email questions, comments or suggested topics for guidance to BehavioralHealth@dhcfp.nv.gov