**DIVISION OF HEALTH CARE FINANCING AND POLICY**
**CLINICAL POLICY TEAM, BEHAVIORAL HEALTH PROGRAM**
**BEHAVIORAL HEALTH TECHNICAL ASSISTANCE (BHTA)**
**Agenda – Wednesday, May 13, 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, DXC Technology

2. **April 2020 BHTA Minutes:**
   The April 2020 BHTA was cancelled due to the shift in DHCFP's operations related to the Novel Coronavirus (COVID-19) pandemic. Minutes from the March 2020 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 review these minutes if you have questions and were not able to attend the webinar; this is a great place to check up on what has been discussed

   Please refer to the DHCFP Novel Coronavirus (COVID-19) webpage for current information.

3. **Related DHCFP Public Notices:**
   Link for upcoming Public Hearings, Meetings, and Workshops related to Behavioral Health http://dhcfp.nv.gov/Public/AdminSupport/PublicNotices/. Note: Public Workshops and Public Hearings were cancelled/rescheduled in March and April due to the Novel Coronavirus (COVID-19) pandemic; please review the Public Notices for updates.

   **Public Workshops**
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   **Public Hearings**
   - **4/28/2020 State Plan Amendments** (Ground Emergency Medical Transportation; Nevada Check Up Ground Emergency Transportation; Prepaid Ambulatory Health Plan; Division of Welfare & Supportive Services Online Application)

- **4/28/2020 Rescheduled 5/1/2020 – Medicaid Services Manuals** (MSM 1900 – Transportation; MSM 2800 – School Based Child Health Services; MSM 1000 – Dental; MSM 3000 – Indian Health Program; MSM 400 – Mental Health and Substance Abuse Services; MSM Addendum – Sections B,C,D, and M; MSM 3600 – Managed Care Organization)

4. **DHCFP Behavioral Health Updates:**
   **Behavioral Health Web Announcements (WA):**

- **WA#2183 –** Update to Telehealth Services Regarding Psychosocial Rehabilitation (PSR) Services
- **WA#2080** – Attention All Providers: Out-of-State Providers Enrolling to Provide Services for Novel Coronavirus (Covid-19) Pandemic
- **WA#2179** – Medicaid Management Information System Updated with NCCI Quarter 2020 Files
- **WA#2177 –** Urgent Announcement Regarding Claims Suspending for Budget Relief
- **WA#2174 –** Urgent Updates Regarding Professional Crossover and Outpatient Crossover Claims Payment Issue (Updated April 28, 2020)
- **WA#2173 –** Attention All Providers: Top 10 Claim Denial Reasons and Resolutions/Workarounds for March 2020 Claims (Updated April 27, 2020)
- **Volume 17, Issue 1 –** Nevada Medicaid and Nevada Check Up News (First Quarter 2020 Provider Newsletter)
- **WA#2170 –** Attention All Provider Types: Additional Secondary Claims Training Sessions Scheduled
- **WA#2167 –** DHCFP Reminder to Adhere to Policy Regarding Recipient Billing
- **WA#2165 –** Attention provider Type 17 (Special Clinics) Specialty 215 (Substance Abuse Agency Model): Procedure Code Q3014 May Be Billed
- **WA#2162 –** Attention Provider Types 14 (Behavioral Health Outpatient Treatment) and 17 (Special Clinics) Specialty 215 (Substance Abuse Agency Model [SAAM]) Regarding Claims for Procedure Code H0035 that Denied with Error Code 5700
- **WA#2151 –** Nevada Telehealth Memo – March 27, 2020 Update
- **WA#2142 –** Nevada Telehealth Memo Update Effective March 19, 2020
- **WA#2141 –** COVID-19 Nevada Telehealth memo and Resource Guide
- **WA#2135 –** Rates for 2020 New Code Updates Entered in Medicaid Management Information System (MMIS)
- **WA#2131 –** Attention All Providers: Top 10 Claim Denial Reasons and Resolutions/Workarounds for February 2020 Claims (Updated April 27, 2020)
- **WA#2130 –** Attention All Providers: Reminders Regarding Submitting Claim Appeals
- **WA#2129 –** Attention All Providers: Prior Authorization Requests Denied for Overlapping Services
- **WA#2128 –** Attention All Providers: Top 10 Enrollment Return Reasons and Resolutions for February Submissions
- **WA#2127 –** Attention All Providers Whose Services Overlap with Provider Types 13 (Psychiatric Hospital, Inpatient) or 63 (Residential Treatment Center)
- **WA#2126 –** Attention Provider Type 63 (Residential Treatment Center): Billing Codes Reminder

**Carin Hennessey, SSPS II**

- **Psychosocial Rehab services via Telehealth (see WA#2183):**
  As of April 28, 2020, there was an update to telehealth services, making it **allowable to provide psychosocial rehabilitation (PSR) services through traditional telehealth audio/visual communication for individuals under the age of 18**, throughout this period of the COVID-19 pandemic. There are requirements around this service that it must be delivered through traditional telehealth audio/visual. **This is not a service that can be delivered telephonically**. DHCFP and DXC Technology are working on the system capabilities to allow for the H2017 to be billed with the place of service code (02) when the PSR service is provided through telehealth; there will be updates when this is available, and this will take some time to be implemented. Any denied claims you receive will be reprocessed. This is just for the PSR service and **does not include Basic Skills Training (BST)**.

- **Removal of Medical Supervision and Medical Supervisor from the Behavioral Health Community Network (BHCN), including updates to the supervision within the BHCN and the BH Rehabilitative Treatment – *Effective Date April 29, 2020***
  The updates to Chapter 400 have not been posted yet; it may take some time for these updates to be posted online. There is a forthcoming web announcement that will provide more information. If you are interested in the language updates, you can go into this May 1, 2020, Public Hearing (on the DHCFP website). The adopted changes are located on the document attached to the Public Hearing. At the beginning of the adopted policy there is a summary of the changes that were presented and approved. These changes will be posted as an update to the Medicaid Services Manual (MSM) Chapter 400. The biggest change is the Medical Supervisor is no longer required for the enrollment of the BHCN. That may raise a lot of questions about how to move forward. There will be updates provided through the BHTA webinar and through training opportunities in the future.
  To synopsize, **for newly-enrolling providers under Provider Type 14, you will not require medical supervision to enroll**. The enrollment checklists are being updated and there will be further information provided on these updates. If you are an existing BHCN and you would like to remove your Medical Supervisor, you can submit an updated enrollment checklist; please make sure all of the information on the checklist is updated and have an authorized representative sign the checklist. **There is also the capability to go in through the Provider Portal and unlink any Medical Supervisor that you have linked to your group**. It is up to the provider if they would like to maintain any relationship with medical supervision or medical consult. Providers are encouraged to ask questions if you are in the process of submitting enrollment and have questions on what is required, please contact the Behavioral Health Unit (BHU) inbox and we can assist you with the submittal of any new enrollments.

If you are an agency that would like to **update your Clinical and/or Direct Supervision (i.e., you are an agency that had one professional serving as your Medical/Clinical/Direct Supervisor), you can submit the enrollment checklist with your updated supervision to** **nv.providerapps@dxc.com**; in the email, please provide the business name, your name, the type of change requested, and your contact phone number. This information will be provided to you in upcoming web announcement and **you may contact the BHU inbox for additional assistance**. It is not the expectation for providers to have all of these changes completed instantly and we are working to assist providers with this transition.

- Upcoming free training on Monday May 18, 2020, 1 to 2:30 p.m. ET: Supporting the Behavioral Health Workforce During the COVID-19 Response: Strategies for Providers to Sustain and Strengthen the Behavioral Health System (see Health Management Associates website for details).

6. **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/

   - **Educational Updates:**
     **Documentation for Telehealth Services**
     - **Telehealth Billing Instructions** – We have been seeing some odd patterns recently. **The documentation for it is at the bottom of the Billing Guideline (under Billing Instructions)**. The Distant Site is the site where the provider delivering the service is located. The provider at the Distant Site must use place of service code (02) when billing for services provided via telehealth; use of the place of service code certifies the service meets telehealth requirements. If you are providing a service via telehealth, you must have the place of service listed as telehealth – not listed as office or patient's home. The Originating Site is where the recipient is. If the recipient is in a provider's office and they have set up the audio/visual connection with a specific provider at another location, then the location that the recipient is at may bill for the Originating Site fee. If they are at home or they are communicating over the phone, there is not any basis for charging a facility fee.
     - **Telehealth Documentation** – We made a determination as far as the need for the recipient to sign the documentation (treatment plan, etc.); **for the time being, while using telehealth, the provider can note on the documentation where the recipient would normally sign, the provider can note that the provider signing received verbal agreement from the recipient (over phone or audio/visual communication).** When operations resume as before, if the patient comes into the office later, the

provider can have the recipient review the documentation and sign it at that time. However, there needs to be a statement at the time of documentation that the recipient has verbally agreed to this.

- **Telehealth Progress Notes** – Please follow all of the specific requirements of policy in MSM 403 for progress notes; in addition, for telehealth, the progress note must include:
    - the location of the recipient (calling from home, etc.); and
    - the location of the provider; and
    - the mode of communication
        - typically, telehealth requires audio/visual communication for all telehealth services; there is an exception being made for simply telephonic services and providers must confirm (through web announcements, etc.) that the service is deliverable by just audio communication.

**Documentation for Crisis Intervention (CI) Services**

- We have received questions about the supervising QMHP and if they are providing CI Team Services. Is it improper for the documentation to indicate that the supervising QMHP had a private counseling session with a different recipient when the Team is billing CI services with another recipient? We do not expect the supervising QMHP to be fully engaged for the whole time the CI Team Services are being billed; what we expect to see at a minimum is the **progress note from the supervising QMHP (the name that is billed on the claim)** and that progress notes should indicate, per policy:
    - risk of harm assessment; and
    - determination that the recipient meets the admission criteria for CI; and
    - identification of immediate and intensive interventions that stabilize the recipient and prevent hospitalization; and
    - created after the CI services, the follow-up and debriefing sessions to ensure stabilization, continuity of care, and identification of referral resources for ongoing community mental and/or behavioral health services.

  This is what we expect in **the progress note completed and signed by the supervising QMHP**, not a progress note written by another team member and signed by the QMHP. **Once the supervising QMHP has determined what the immediate and intensive interventions for the recipient are to be, they can be assigned to different members of the CI Services Team.** Then, for the individual services that are done, **the member of the Team that rendered the service will list what they have done (as a component of CI) with all of the requirements of documentation, signing with their name and credentials.**

**You must include starting and ending times of each service provided within CI.** If you are billing for four (4) hours of CI Services – which is what we typically see – you must provide documentation for the full four (4) hours, including the services of the supervising QMHP. Otherwise, you have not documented why you have billed four (4) hours. **If CI Services extend over multiple days, there must be individual progress notes (for all the hours billed) for each day.** Typically, we see four (4) hours of CI Services billed for three (3) days – equaling 12 hours total – and we receive hardly enough information to account for one (1) hour, let alone 12 hours.

7. **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**

   - **COVID-19 Web Announcements and DHCFP Webpage:**
     This is a reminder to everyone to stay updated with the web announcements as well as DHCFP's COVID-19 webpage. As we've seen in the last couple of weeks, some of the restrictions for certain services have been removed, and we want our providers to stay updated with that. Those include the **PSR services (WA#2183)** and the **telehealth memo (WA#2151)**. Definitely stay up to date. We recommend in all of our trainings that providers are going to the web announcements page at least twice a week because there is so much information being posted, especially during this time. The COVID-19 webpage also provides current information during this time.

   **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.

8. **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: Could you please confirm that when delivering Telehealth services, progress notes need to include the location of the provider, the location of the client and the mode of delivery? For mode of delivery, how specific should it be?**
**A:** For telehealth, documentation should indicate the location of the provider and the recipient and whether they communicated telephonically or audio visually. For example, *Because office is closed, provider contacted recipient at home using FaceTime*.

**Q: Is there any additional information on the duration of ongoing use of telephone for telehealth services?**
**Will Medicaid cover telemedicine indefinitely, or will there be a date announced that telemedicine will no longer be covered?**
**A:** DHCFP continues to analyze the use of telehealth services and what delivery models are most effective. The telephonic restriction was lifted by CMS in response to the COVID-19 pandemic, there is not a specific end date to this response determined yet.

**Q: Early on there were discussions about limiting Clinical Supervision after the Medical Supervision was removed. Has that been tabled? Are there any changes being made to Clinical Supervision?**
**A:** The Clinical Supervision will not be limited to a certain number of groups. There are clarifications on Clinical Supervision within the Behavioral Health Community Network (BHCN) and the Behavioral Health Rehabilitative Treatment entity/agency/group.

**Q: There was also some discussion about whether or not APRN's, PA's and MD's can provide Clinical Supervision or not? Some are trained in BH, and it may be in their scope. Were any decisions made regarding that issue?**
**A:** You may review the policy under Clinical Supervision for qualifications of the Clinical Supervisor, as well as oversite and the other responsibilities of the Clinical Supervisor.

**Q: Can your Clinical Supervisor and director be the same person?**
**A:** Yes, Nevada Medicaid does not have qualifications for the director of a BHCN group. If the person who is the director also qualifies to be a Clinical Supervisor, they can be both. The Clinical Supervisor must meet the qualifications listed in MSM 400.

**Q: Can the clinical supervisor also conduct assessments and provide therapy/telehealth services, or should you get a Clinical Provider to do those services?**
**A:** A Clinical Supervisor is able to provide services as well as being a supervisor. It is not specifically written into Nevada Medicaid policy what is not allowed, but the policy advises of the Clinical Supervisor’s role and responsibilities. Questions may

also be directed to the appropriate licensing board as to what may be an appropriate caseload for an active Clinical Supervisor who is also rendering services.

**Q: What is expected of the Clinical Supervisor for medication management? So the QMHP would need to contact a medical doctor who can prescribe medication?**
**A:** The Clinical Supervisor is the oversight for all services delivered through the BHCN, including medication Management provided by qualified medical professionals under their license, scope of practice, and experience. Per MSM 403.4.D.3, medication management can be provided by a psychiatrist or physician and may include, through consultation, a physician's assistant or certified nurse practitioner. A Clinical Supervisor has been and continues to be the oversight for all of the services delivered under an agency (BHCN and Behavioral Health Rehabilitative Treatment) with which that Clinical Supervisor is associated.

**Q: To verify, all psychotherapy visits must contain POS 02 along with appropriate CPT code and the additional Q3014 code?**
**A:** If a service is provided via telehealth, the service must be billed with POS code 02. If the recipient is located on the premises of a provider who is facilitating the telehealth, then that provider may bill Q3014.

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