

**DIVISION OF HEALTH CARE FINANCING AND POLICY
CLINICAL POLICY TEAM, BEHAVIORAL HEALTH PROGRAM**

BEHAVIORAL HEALTH TECHNICAL ASSISTANCE

Minutes– Wednesday, December 14, 2016

10:00 - 11:00 a.m.

Facilitator: Kim Riggs, DHCFP Behavioral Health Outpatient Services

Webinar Address: [WEBEX Registration Link](#) (NEW LINK)

1. Purpose of BH Monthly Calls

- a. House Keeping – to **MUTE** Calls *6
 - i. Questions and comments may be submitted to BehavioralHealth@dhcp.nv.gov anytime prior to the webinar or after for additional questions.
 - ii. The webinar meeting format offers providers an opportunity to ask questions via “chat room” and receive answers in real time.
- b. Introductions – DHCFP, SURS, HPES

3. DHCFP Updates

- a. Policy updates and workshops Information [Public Notice Link](#) Providers are encouraged to check web site for current public notices. Discussed upcoming Work Shop regarding Targeted Case Management (TCM) for Non-SED and Non-SMI target groups and proposed policy changes.
- b. Difference between the HPE FA-29, PA Data Correction Form and HPE FA-29 (A), Request for Termination of Services. Provided an overview concerning the difference between each of the indicated forms.
- c. Behavioral Health Community Networks (BHCN) Updates- Crystal Johnson

4. DHCFP Surveillance Utilization Review Section (SURS)

Updates or reminders for Providers: Kurt Karst, Surveillance and Utilization Review (SUR) Unit. No current updates.

5. HPES Updates

Ismael Lopez-Ferratt, MBA NV Medicaid Provider Field Services
Behavioral Health

- a. HPE Reminder for Behavioral Health Providers: Link: [Behavioral Health Announcements & Newsletters](#)
- b. Provide information on the Self-Paced Training. [HPE Nevada Medicaid Training Portal](#)

Joann Katt, LPN, Medical Management Center/Behavioral Health Team Lead

- a. Review the FA-29A Providers need to have recipient’s signature on form prior to submission. Reviewed form FA-29A where the recipient must sign prior to submission. Also, please provide a clear reason the recipient would like services terminate by the existing provider. If the recipient left a provider to seek other services, please note the reason and make sure that the recipient

reviews and signs the form. If the form is not sign by the recipient or recipient's guardian the request will not be processed. [FA-29A Request for Termination of Service](#)

b. Provider Appeal's Timeframe for submissions if you need to appeal.
Unscheduled revisions, what and when are these utilized. (Moved to January 10, 2017 Agenda)

In closing please email questions, comments or topics that providers would like addressed any time prior to the monthly webinar.

Email Address: BehavioralHealth@dncfp.nv.gov.

Next Meeting: Wednesday, January 11, 10:00 - 11:00 am