

DIVISION OF HEALTH CARE FINANCING AND POLICY
Policy Development and Program Management
Behavioral Health Program
BEHAVIORAL HEALTH TECHNICAL ASSISTANCE
Minutes– Wednesday, February 8, 2017
10:00 - 11:00 a.m.

Facilitator: Kim Riggs, DHCFP Behavioral Health Outpatient Services

Webinar Address: [WEBEX Registration Link](#)

1. Purpose of BH Monthly Calls

- a. Questions and comments may be submitted to BehavioralHealth@dchfp.nv.gov prior to the webinar or after for additional questions. The webinar meeting format offers providers an opportunity to ask questions via the Q & A or the “chat room” and receive answers in real time.
- b. Introductions – DHCFP, SURS, HPES
 - o DHCFP: Kim Riggs, Crystal Johnson and Lori Follett
 - o Kurt Karst, Surveillance Utilization Review Section (SURS)
 - o HPES: Ismael Lopez-Ferratt, MBA NV Medicaid Provider Field Services Behavioral Health
 - o Joann Katt, LPN, Medical Management Center/Behavioral Health Team Lead

2. DHCFP Updates

- a. Policy updates and workshops – [Public Notice Link](#) Feb 14, 2017 and Feb. 22, 2017 Agenda Reviews.
- b. Review of Billing Codes under Provider Type 14 Behavioral Health Outpatient Treatment [Billing Guidelines PT 14](#) vs. Provider Type 85/Applied Behavior Analysis [Billing Guidelines PT85](#). If you are dually, enrolled providers please make sure
- c. Time-limited services: Rehabilitative Mental Health Services are time-limited services. This means that the recipient or recipient’s family should receive psycho-education and skill sets to help themselves or family members in the future. The skill set is restoring a previous learned skill that has been lost and then self maintain the skill(s). Policy information: Therapeutic Design: RMH services are time-limited services, designed to be provided over the briefest and most effective period possible. Life goals: Recipients learn how to set and achieve observable specific, measurable, achievable, realistic and time-limited life goals. Rehabilitative Mental Health Services are services that are prescribed for recipients with an Axis-I Psychiatric diagnosis that need assistance in relearning a skill they once had. Habilitative services are non-covered services under MSM Chapter 400.
- d. Behavioral Health Community Networks (BHCN) Updates- Crystal Johnson [BHCN FAQ's](#)

3. DHCFP Surveillance Utilization Review Section (SURS)

Updates or reminders for Providers: Kurt Karst, Surveillance and Utilization Review (SUR) Unit.

Mr. Karst reviewed 403.2B– “Documentation”, which outlines what the documentation within the treatment plan must identify per policy

4. HPES Updates

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

- a. HPE Reminder for Providers: Nevada Medicaid Behavioral Health Announcements & Newsletters
- b. Training Review: Pending Prior Authorizations. Addressing issues of updating a submission when a PA is still pending review. i.e. to update information on the originally submitted PA verses submitting a new PA.

Provider Question Submitted:

Q: I need to ask a question about documentation when you have a chance to answer. Are wet signatures necessary on documentation like therapy notes or is electronic signatures accepted? I have asked 4 different people at Medicaid and I have gotten different answers.

Kurt Karst, Surveillance and Utilization Review (SUR) Unit

A: An electronic signature is accepted. To be clear, an electronic signature must have an audit trail demonstrating the identity of the person who entered the electronic signature. I will speak to this in a few minutes. Kurt Karst

Q: Servicing provider who needs supervision can be listed as a supervisor; meaning the supervisor must be on the note as well, correct?

Kurt Karst, Surveillance and Utilization Review (SUR) Unit.

A: That would be within your agency policies. You must have documentation that individuals are supervised according to Medicaid policy, but it is not necessarily required on each progress note.

Refer to Chapter 400 – 403.6B

b. progress notes must reflect the date and time of day that RMS services were provided; the recipient's progress toward functional improvement and the attainment of established rehabilitation goals and objectives; the nature, content and number of RMH service units provided; the name, credential(s) and signature of the person who provided the RMH service(s). Progress notes must be completed after each session and/or daily; progress notes are not required on days when RMH services are not provided; a single progress note may include any/all the RMH services provided during that day.

Q: Do Clinical supervisors have to sign off on Clinical Assessments or just Treatment Plans? No that is not referenced in policy as a requirement. I have included the area concerning

403.2A Supervision Standards:

2. Per policy it does not indicate that the Clinical supervisor must sign off on the clinical assessment however, the Clinical Supervisors licensure who assure that the mental and/or behavioral health services provided are medically necessary and clinically appropriate *is responsible per the scope of their licensure*.

- Clinical Supervision – Qualified Mental Health Professional (QMHP), operating within the scope of their practice under state law, may function as Clinical Supervisors.
- Clinical Supervisors must have the specific education, experience, training, credentials, and licensure to coordinate and oversee an array of mental and behavioral health services.

Clinical Supervisors must assure that the mental and/or behavioral health services provided are medically necessary and clinically appropriate.

Clinical Supervisors assume professional responsibility for the mental and/or behavioral health services provided.

Clinical Supervisors over Outpatient Mental Health assessments or therapies.

Clinical Supervisors must assure the following:

- b. A comprehensive mental and/or behavioral health assessment and diagnosis is accomplished prior to providing mental and/or behavioral health services (with the exception of Crisis Intervention services)

Email Address: BehavioralHealth@dncfp.nv.gov

Next Meeting: Wednesday, March 8, 10:00 - 11:00 am