

**DIVISION OF HEALTH CARE FINANCING AND POLICY**  
**Policy Development and Program Management**  
**Behavioral Health Program**  
**BEHAVIORAL HEALTH TECHNICAL ASSISTANCE**  
**Minutes– Wednesday, January 11, 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](mailto: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 and Crystal Johnson
  - o HPES: Joann Katt LPN, Medical Management Center/Behavioral Health Team

**2. DHCFP Updates**

- a. Policy updates and workshops Information  
[Public Notice Link](#) Providers are encouraged to check the DHCFP 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. Tentative Date is February 22, 2017
- b. Behavioral Health Community Networks (BHCN) Updates- Crystal Johnson  
Letters will be going out early next week for January plans. BHCN FAQs are on the website; please refer the attached link. [BHCN QA Policy - FAQ](#)  
Treatment/Rehab Plan Assessment Tool – This is NOT the tool used to create your treatment plans. DHCFP is working on changing the wording within policy to help clear up language confusion and providing a chart audit tool or checklist, something used to audit the treatment/rehab plans to ensure they are written in compliance with policy. You do not need to send in copies of the CASII and LOCUS assessment tools; this is not what is being requested.
- c. Update on the Data Correction Form and HPE FA-29 (A), Request for Termination of Services.

**3. DHCFP Surveillance Utilization Review Section (SURS)**

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

**4. 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](#)

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

- a. Request timelines: [Nevada Medicaid Billing Guides](#)  
[HPES FA-11A Behavioral Health](#) Please remember, to check the correct box when submitting a FA-11A request. On page 5 of the FA-11, provide the codes for the requested services, modifier if they apply, servicing provider name, NPI/API, Start

date and End Date, Units per day, Days per week, total units and authorization number.

Code	Modifier	Servicing Provider Name	NPI/API		Start Date and End Date	Units per Day	Days per Week	Total Units	Authorization Number
1				Req.					
				App.					

- Initial request for Outpatient Mental Health (OMH) and Rehabilitative Mental Health (RMH) services (Basic Skills Training, Day Treatment, Peer-To-Peer Support and Psychosocial Rehabilitation): Submit no more than 15 business days before and no more than 15 calendar days after the start date of service.
- Continued service requests: If the recipient requires additional services or dates of service (DOS) beyond the last authorized date, you may request review for continued service(s) prior to the last authorized date. The request must be received by HPE by the last authorized date and it is recommended these be submitted 5 to 15 days prior to the last authorized date. Remember to submit in a timely manner prior to the end date. The HPE reviewer has five business days to process the submitted service request and the Medical Reviewer has two days to review. The allowed timeline for a completed review is a total of 7 days.
- Unscheduled revisions: Submit whenever a significant change in the recipient's condition warrants a change to previously authorized services. Must be submitted during an existing authorization period and prior to revised units/services being rendered. The number of requested units should be appropriate for the remaining time in the existing authorization period. (Do not select an initial Prior Authorization when you are requesting an unscheduled revision for a recipient).

Request Date:  Recipient Name:

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**REQUEST TYPE:**  Initial Prior Authorization – Start date of services:

Concurrent Authorization  Unscheduled Revision

Reconsideration  Retrospective Authorization – Date of Eligibility Decision:

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- Retrospective request: Submit no later than 90 days from the recipient's Date of Decision (i.e., the date the recipient was determined eligible for Medicaid benefits). All authorization requirements apply to requests that are submitted retrospectively

**Provider Question Submitted:** "One question, can an open PAR be transfer to new provider once the FA-29A is sent?"

Answer: No, Services do not follow the recipient. Once the FA-29A is submitted, the "new" provider then has to submit a request for their services with their own documentation to justify the need for the requested services from their facility. Services do not follow the recipient from provider to provider.

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](mailto:BehavioralHealth@dncfp.nv.gov)

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