

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

**BEHAVIORAL HEALTH TECHNICAL ASSISTANCE**

**Agenda – Wednesday, March 8, 2017**

**10:00 - 11:00 a.m.**

**Facilitator: Kim Riggs, DHCFP, Social Services Program Specialist – Outpatient Services**

Webinar Address: [WEBEX Registration Link](#)

**1. Purpose of BH Monthly Calls**

- a. Questions and comments may be submitted to [BehavioralHealth@dhcfp.nv.gov](mailto:BehavioralHealth@dhcfp.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

**3. DHCFP Updates**

- a. Policy updates and workshops – Certified Community Behavioral Health Clinics (CCBHC) Policy Update; Presentation and Public Comment regarding Certified Community Behavioral Health Clinic (CCBHC) proposed policy and updates on the Payment Perspective System (PPS) and Quality Bonus Payment (QBP). [Public Notice Link](#)

- b. Notification in policy changes: Effective February 23, 2017  
Medicaid Services Manual (MSM) Chapter 400

- Revisions to Medicaid Services Manual (MSM) Chapter 400 are being proposed to include allowing *Psychological Interns* as an eligible qualification to enroll as a Qualified Mental Health Professional (QMHP).
- Additional changes to MSM Chapter 400 *exclude* Interns and Psychological Assistants under the QMHP provider qualification from functioning as clinical supervisors.

Medicaid Services Manual (MSM) Chapter 2500

Revisions to Medicaid Services Manual (MSM) Chapter 2500 are being proposed to change the service limitations for the Non-Severely Emotionally Disturbed (SED) and Non-Seriously Mentally Ill (SMI) target populations. This will include creating a tiered level of services that will titrate down based on the level of need.

- Additional revisions to MSM, Chapter 2500, are to include a new target group for the Juvenile Parole Population. Language includes the description of the target group service limitations, provider qualifications, eligibility determination, service criteria and transitional targeted case management.
- Entities Financially Affected: Stakeholders that are serving the identified Target Groups will be fiscally impacted. Provider Types (PT) that will be impacted by these changes are PT 54 (Targeted Case Management) and PT 14 (Behavioral Health Outpatient Treatment).
- Entities Financially Affected: This will impact all Provider Types (PT) 14 - Behavioral Health Outpatient Treatment and PT 82 - Behavioral Health Rehabilitation Treatment.

- 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.

#### 5. **HPES Updates**

Training Request Update:

- a. Ismael Lopez-Ferratt, MBA NV Medicaid Provider Field Services Behavioral Health has accepted a new position. This may cause a delay in scheduling training. Please notify the Behavioral Health email provided below if you need assistance with upcoming training requests.

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

- a. Documentation concerning therapy. Twenty-six sessions per calendar year
  - f. Group Therapy Services - Group therapy services require prior authorization. These sessions are limited to a maximum of two hours. Each session counts against the 26 hours per calendar year unless there is a Healthy Kids (EPSDT) screening. Group therapy sessions may be requested on an alternate schedule with individual therapy. The provider needs to document what the recipient did, how the focus of the group applies to the diagnosis in their progress report and how the plan of therapy is being met. The provider will need to include the number of attended sessions.
  - g. Family Therapy Services - Family therapy services require prior authorization and are a benefit only when the recipient is present during the therapy. These sessions are limited to a maximum of one hour and count against the 26 sessions per calendar year unless there is a Healthy Kids (EPSDT) screening. Family therapy may be requested with individual therapy but frequency must be included for each therapy. If additional therapy is requested after the initial request and approval, the provider needs to submit a progress report, number of attended sessions and plan of treatment.
  - h. Individual Therapy Services - Individual therapy services require prior authorization. The sessions are limited to a maximum of one hour and to 26 sessions in a calendar year, unless it is the result of a Healthy Kids (EPSDT) screening. When requesting the therapy the provider needs to submit a psychological evaluation or summary with a treatment plan and requested frequency. Approval is usually given for three months at a time. When requesting additional therapy the provider needs to submit a progress report and include the number of attended sessions. It is the responsibility of the provider to keep track of the sessions.

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

Email Address: [BehavioralHealth@dhcfp.nv.gov](mailto:BehavioralHealth@dhcfp.nv.gov)