

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

BEHAVIORAL HEALTH TECHNICAL ASSISTANCE

Minutes – Wednesday, April 12, 2017

10:00 - 11:00 a.m.

Facilitator: Kim Riggs, DHCFP, Social Services Program Specialist

Webinar Address: [WEBEX Registration Link](#)

1. Purpose of BH Monthly Calls

- a. Questions and comments may be submitted to 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

2. DHCFP Updates

- a. Public Workshops for April 2017 [Public Notice Link](#)
 - April 19, 2017 – Basic Skills Training (Procedure Code H2014) Provider Types 14 – Behavioral Health Outpatient, Provider Type 26 – Psychologist and Provider Type 82 – Behavioral Health Rehabilitative.
 - April 21, 2017– Behavioral Health Dashboards, Presentation and Public Comment Regarding Behavioral Health Dashboards. The DHCFP is proposing to revise the Behavioral Health data reports.

- b. Behavioral Health Community Networks (BHCN) Updates: There seems to be a delay in the letter notification for Clark County providers. All BHCN Quality Assurance packets due have been allowed and an extension until Friday, April 14, 2017. Those of you that would like to submit by email please send to: PDPMReview@dhcfp.nv.gov

- c. Nevada Medicaid and Nevada Check up will have the following four Managed Care Programs effective as of July 1, 2017

- Amerigroup Community Care
- Aetna Better Health of Nevada
- Health Plan of Nevada
- Silver Summit Health Plan

If recipients need assistance, please refer them to the following Medicaid District Offices.

Northern Nevada (775) 687-1900 or Southern Nevada (702) 668-4200.

There will be a quick overview of the new MCO's if providers have specific questions please make sure to send them to the Behavioral Health email or directly to me at kim.riggs@dhcfp.nv.gov

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

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

Over View:

Individual, Group, and Family Therapy

- **Prior Authorization Requirements**
 - All individual, group, and family therapies require an approved PA.
 - All requested therapies must be specified in the treatment plan.
 - PAs, which are approved, will customarily cover a 90-day period.
 - Subsequent PA requests must document the progress made by the recipient.
- **Quantity Limits**
 - Children and adolescents with a CASII score of level I have a limit of 10 total sessions per calendar year;
 - Children and adolescents with a CASII score of level II – VI have a limit of 26 total sessions per calendar year;
 - Adults with a LOCUS score of level I have a limit of 6 total sessions per calendar year;
 - Adults with a LOCUS score of level II or III have a limit of 12 total sessions per calendar year;
 - Adults with a LOCUS score of level IV have a limit of 16 total sessions per calendar year; and
 - Adults with a LOCUS score of level V or VI have a limit of 18 total sessions per calendar year.
- **Exceptions**
 - Psychologists may provide a recipient up to 26 therapy sessions per calendar year without a PA.
 - Recipients under age 21 are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) (Healthy Kids) services.
 - If a Healthy Kids screening and diagnosis indicates a medically necessary treatment, that treatment is covered.
 - Prior authorization is required if the service normally requires it, or if the service exceeds normal quantity limits.
 - Prior authorization may be requested for additional therapy services for recipients at level III or above.

4. **HPES Updates**

Training Request Update:

Due to the vacancy for the HPE training contact, please go directly to the link provided below to schedule training.

If any providers need follow-up on training, please refer to the following link.

[Nevada Medicaid Training Link](#)

- If you have difficulties registering or need further assistance please email the following email: NevadaProviderTraining@hpe.com

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

Joann reviewed the following information below for further clarification please review Medicaid Services Manual Chapter 400 Attached is the link to the current MSM [Chapter 400](#)

Reviewed on the WebEx format was Intensity of Needs Grid Sections 403.5 pages 20-26

You can also review Medicaid Services Manual Chapter 2500 or any other MSM Chapters at the following link [MSMHome](#)

a. Documentation concerning therapy. Twenty-six sessions per calendar year

- 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.
- 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.
- 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@dncfp.nv.gov

Next Month's Meeting Date: Wednesday, May 10, 2017, 10:00 – 11:00 am