

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

**BEHAVIORAL HEALTH TECHNICAL ASSISTANCE**

**Minutes– Wednesday, July 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@dchcfp.nv.gov](mailto:BehavioralHealth@dchcfp.nv.gov)
- b. 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.
- c. Introductions – DHCFP, SURS, DXC Technology

**2. DHCFP Updates**

- a. Public Workshops Update:
- b. Announcements/Updates: [HPE Announcement 1326](#)  
Service limitations for two target groups, Non-Severely Emotionally Disturbed (SED) for children and adolescents and the Non-Seriously Mentally Ill (SMI) for adults, have been reduced from 30 hours a month, per recipient, to the following: 10 hours for initial calendar month, 5 hours for the next three consecutive calendar months. Services are allowed on a rolling calendar year. Please note this policy was effective as of March 1, 2017.
- c. Behavioral Health Community Networks (BHCN) Updates: Shelia Helfin-Conour  
BHCN policy information can be found within Medicaid Services Manual Chapter 400. Please review all information prior to submission of the BHCN packet. Documentation can be submitted electronically via email to: [MCandQuality@dchcfp.nv.gov](mailto:MCandQuality@dchcfp.nv.gov)  
Further clarification of the QA Program requirements may be found in the Billing Manual [Billing Manual- BHCN](#)

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

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

- a. Review Target Case Management : Announcement 1326  
Kurt Karst reviewed all information per announcement concerning service limitations for two target groups under Targeted Case Management (TCM), per Medicaid Services Manual (MSM) Chapter 2500 Case Management.
- b. Behavioral Health Unit Submitted Email Question:  
This pertains to the two codes, 90875 and 90876. The servicing provider on the claim must be a QMHP, and that QMHP must have provided psychotherapy as a component of this service. **That psychotherapy must be provided within the 30 minutes or 45 minutes of the billed session**, and may not be billed separately. **Lack of progress notes for the psychotherapy component is grounds for recoupment of the payment for the claim.** NOTE: **It is not sufficient that the patient is receiving psychotherapy from the QMHP at other times.**  
Kurt Karst reviewed required documentation requirements concerning all request Medicaid services per MSM Chapter 100 [MSM Chapter100](#) and [MSM Chapter 400](#) Please review Section 403.2B DOCUMENTATION as discussed. If you have further question beyond the WebEx please refer to the above Behavioral Health email address to submit your questions.

**4. HPES Updates**

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

- a. Correct Service selection per the recipient’s presentation and individualized treatment plan:  
Within the Recipient Hearing process several trends have been identified concerning services; Behavioral Health Services verses Applied Behavior Analysis services. Make sure when

requesting services that they meet the recipient's identified diagnoses'. Also, Parents/guardians have stated, they are not provided information that helps them understand the treatment goals and objective. Make sure to review Chapter 400 concerning recipient, recipient's parent or guardian must be involved with the development of the recipient's individualized treatment plan. Ms. Katt reviewed the following MSM Chapter provided below please refer to make sure when requesting services that you are providing each Medicaid recipient all services that meets the clinical presentation per the diagnosis.

Target Case Management [MSM CHAPTER 2500 - Case Management](#)  
Basic Skill Training [MSM CHAPTER 400 - Section 403.6 C](#)  
Applied Behavioral Analysis [ABA](#)

**Also addressed but not agenzized was a question concerning fraudulent behavior:**

As a Nevada Medicaid enrolled provider you are required to report fraud per your enrollment requirements:

Where can I report abuse or fraudulent issues? Please go to the following link [SUR Report Link](#)  
DHCFP Surveillance Utilization Review, Kurt Karst assured that this provided link is a confidential site and encouraged providers to supply any information that may be relevant to identify the fraud or abuse. Provide as much detail as possible. (i.e. address, QMHA name, NPI number, Medicaid number, what service was not provide and timeline, no recipient never received in-home services)

Here are some examples of questions;

- I think someone may be using my National Provider Identifier (NPI) number. How do I find that information out?
- I received a denial of services for a recipient I am seeing. It was stated in the Notice of Decision that services are already being rendered. However, the recipient has indicted several times, he does not go to therapy with anyone. What should I do?

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)