

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

BEHAVIORAL HEALTH TECHNICAL ASSISTANCE

Minutes – Wednesday, June 13, 2018

10:00 - 11:00 a.m.

Facilitator: Kim Riggs, DHCFP, Social Services Program Specialist

1. Purpose of BH Monthly Calls

- a. Questions and comments may be submitted to BehavioralHealth@dhcfp.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. Monthly Training

Social Services Program Specialists: DHCFP Briza Virgen

Behavioral Health WebEx Instructions per “new link” for providers

- Announcement will be posted on the Nevada Medicaid Provider Website, Announcement 1628, Behavioral Health Providers Invited to Attend Monthly DHCFP Webinars.
- DXC Technology Behavioral Health Specialist, Joann Katt with Social Services Program Specialist, Kim Riggs

Therapy Treatment Milieus: Link to Medicaid Services Manual Chapter 400

http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Manuals/MSM/C400/MSM_400_17_11_17.pdf

Outpatient therapy and Rehabilitative services:

Recipients should generally receive psychotherapy services when starting mental health services. This would include a comprehensive assessment and exploration between the client and their therapist to determine the client's weaknesses, but also their strengths. Through the psychotherapy services, whether individual, family, or group therapy issues can be identified, such as problems with depression, anxiety, anger, general mood instability, phobias, bipolar disorders, substance use disorders, hyperactivity disorders, etc.

- Mental Health Screen
- Comprehensive Screen
- Psychiatric Diagnostic Interview: Clinical interview a medical/mental history a mental status examines etc. Reminder: (Not a 15 minute you're in and out which I have been reported from recipients)
- Psychological Assessment: covered once per calendar year
- Functional assessment
- Intensity of Needs Determination
- SED/SMI Information
- Neuro Testing, Testing and interpretation
- Psychological Testing and Interpretation
 - Family, group, individual therapies
 - Neurotherapy
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- PHP
- IOP

Based on the findings of any or all of the above tests, the therapist would then decide whether ongoing psychotherapy, medication management would be sufficient to meet the client's needs or whether adjunctive short-term rehabilitative services would be necessary.

- The psychotherapy process would also assist in determining if there have been any significant life events which have **resulted in a loss of functioning, whether the loss of functioning based on cognitive deficits (client must have the ability to follow written/oral instructions; 403.6A.a.1) or learned behaviors that would respond to further psychotherapy and perhaps short-term rehabilitative services to regain the specific type of functioning that has been lost with the possibility of regaining the best possible mental and/or behavioral health functioning.** (Note: Please review, several questions from providers wanted to know where to find this specific policy above that was provided)
- If rehabilitative services are implemented the strategy as documented in their rehabilitative plan must be sufficient to achieve established goals and objectives which are age-specific.

TREATMENT MILIEU: Rehabilitative Services

Can the recipient be rehabilitative verse cognitive ability? If there is a question of rehabilitate verses habilitative? Please refer the recipient for further testing.

- Includes providing the client an environment where they feel safe and able to express their feelings and emotions.
- Services provided with their peers to whom they are able to re-learn social skills and communication skills to be able to interact with their peers in an appropriate manner. (i.e. group setting)
- Individual services that would focus on self-care skills and/or transitional living skills, including daily time management and how to prioritize their daily schedule.
- Interactions with peers and authority figures in order to learn how to respect boundaries, respond to limit-setting, and follow rules/directives.
- Learn how to manage various emotions and determine how to respond in a positive manner to a variety of conflicts/situations.
- Look for the correct/appropriate treatment. milieu in relation to the diagnosis. If client does not seem to make noted changes with the current treatment milieu, look at referring to other services more appropriate such as ABA services, Substance Abuse services, etc.

Transition from: Rehabilitative Services

Note: If a recipient is not responding to rehabilitative services (not meeting goals/objectives) then re-evaluation of the goals/objectives would be necessary.

- If a recipient still has not responded well to rehabilitative treatment, then they likely have reached a plateau in their treatment and would very likely benefit from returning to strictly psychotherapy services.
- If the recipient has made progress during the time limited treatment period, then they would need to be titrated down and return to psychotherapy services.

3. DHCFP Updates

- a. The DHCFP Behavioral Health Unit Staff Updates: Dorothy Pomin and Briza Virgen have accepted new positions contact can be made directly to the Behavioral Health email or you can contact Behavioral Health specialists, Alexis Tucey, Supervisor or Kim Riggs, BH specialist.

- b. Public Workshops Update: Social Services Program Specialists: DHCFP Briza Virgen reviewed the following Public Workshops:
<http://dhcfp.nv.gov/Public/AdminSupport/PublicNotices/>
Upcoming Public Workshop's:
06/06/2018: Basic Skills Training (BST) Procedure Code H2014
06/20/2018: Behavioral Health Outpatient services PT 82
06/26/2018: PT 14 Intensive Outpatient Program (IOP) – Policy Clarification
6/29/2018: Revision to Psychotherapy, including Neurotherapy/Biofeedback
- c. Behavioral Health Community Networks (BHCN) Updates: Social Services Program Specialist, Sheila Heflin-Conour.
If you have further questions after reading policy within MSM Chapter 400, please send all questions to the following email address:
MCandQuality@dhcfp.nv.gov
- d. Governor's Audit of BH Providers and resulting activities to continue provider policy education and support.
- July 11th, Rehabilitative Mental Health Services
Reviewed Rehabilitative with Outpatient services will be reviewing upcoming policy changes next month to assist providers.

4. DHCFP Surveillance Utilization Review Section (SUR)

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

Review Provider Enrollment Checklist requirements per Nevada Medicaid Enrollment Website: <https://www.medicaid.nv.gov/providers/enroll.aspx>

All Nevada Medicaid enrolled providers per each individual provider type check -off list have signed that per the enrolled provider type, 000, 300, 301, 302, 305, 306 and 307 will adhere to the policy requirements stated below. Please review all check off list per your individual enrollment, requirements may differ depending on the provider type.

Policy Declaration:

I hereby declare that I have read the current Medicaid Services Manual (MSM) Chapters 100, 400 and 3300 as of the date below and understand this policy and how it relates to my scope of practice. I acknowledge that, as a Nevada Medicaid-contracted provider, I am responsible for complying with the MSM Chapters, with any updates to this policy as may occur from time to time and with applicable state and federal laws.

5. DXC Technology Updates

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

Announcements/Updates: Stephanie Ferrell, Provider Services Field Representative
Updates: <https://www.medicaid.nv.gov/providers/newsannounce/default.aspx>

New Training: Self-Paced training for Behavioral Health Providers.

<https://www.medicaid.nv.gov/providers/training/training.aspx>

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

Email Address: BehavioralHealth@dhcfp.nv.gov