

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

BEHAVIORAL HEALTH TECHNICAL ASSISTANCE

Minutes – Wednesday, July 11, 2018

10:00 - 11:30 a.m.

Facilitator: Kim Riggs, DHC FP, 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 – DHC FP, SURS, DXC Technology (Not in Attendance)

2. Monthly Training

Social Services Program Specialist, Kim Riggs

Medicaid Services Manual (MSM) Chapter 400, Rehabilitative Mental Health Service

Replacing the scheduled Rehabilitative topic scheduled for this month, which was completed last month per June’s meeting. Both topics of outpatient and rehabilitation treatment milieus have been addressed within the June minutes. The BH Policy Unit will demonstrated per the BHTA WebEx format some important resources to assist Behavioral Health providers concerning Public Notices, Archived Meeting and Nevada Medicaid Announcement notifications specific to Behavioral Health providers. I want to thank the provider from Las Vegas who called asking, “What happened to the Public Notification for last month (June)?”

Q: How does a provider navigate the DHC FP home page for Public Notices?

A: Please select the following link: <http://dhcftp.nv.gov/Public/Home/>, or type in to your computer the address displayed above. Once you are on the DHC FP home page you will see a brown identified header area, which has several identified headings i.e. Home, About, Programs, etc. please select the heading that indicates, “Public Notices”. You will find all current notifications. Each month items may be removed from the Public Notices area, to provide updated notifications. However, those notification are archived within the “Meeting Archive” area to the right side on the following link below:

<http://dhcftp.nv.gov/Public/Home/>

Once there on the DHC FP MEETING ARCHIVES area please select the “workshops” here you will find all the Public workshops that will be reviewed today. As you can see you can review all Public Workshops from 2013 until current.

<http://dhcftp.nv.gov/Public/AdminSupport/MeetingArchive/Workshops/WorkshopArchiveHome/>

3. DHC FP Review Recent Notifications DHC FP Public Notices:

- a. The DHC FP Behavioral Health Unit Staff Updates:
 - 06/06/2018: Basic Skills Training (BST) Procedure Code H2014 Reviewed:
<http://dhcftp.nv.gov/uploadedFiles/dhcftpnv.gov/content/Public/AdminSupport/MeetingArchive/Workshops/2018/PW%206.6.18%20Basic%20Skills%20Training%20Presentation.pdf>
 - 06/07/2018: Medicaid Training and Support Policy Change:
http://dhcftp.nv.gov/uploadedFiles/dhcftpnv.gov/content/Public/AdminSupport/MeetingArchive/Workshops/2018/PW_06_07_18_Presentation.pdf
 - 06/20/2018: Behavioral Health Outpatient services PT 82
http://dhcftp.nv.gov/uploadedFiles/dhcftpnv.gov/content/Public/AdminSupport/MeetingArchive/Workshops/2018/PW_06_20_18_Presentation.pdf
 - 06/26/2018: PT 14 Intensive Outpatient Program (IOP) – Policy Clarification
http://dhcftp.nv.gov/uploadedFiles/dhcftpnv.gov/content/Public/AdminSupport/MeetingArchive/Workshops/2018/PW_06_26_18_Presentation.pdf

6/29/2018: Revision to Psychotherapy, including Neurotherapy/Biofeedback
http://dhcfnv.gov/uploadedFiles/dhcfpnv.gov/content/Public/AdminSupport/MeetingArchive/Workshops/2018/PW_06_29_18_Presentation.pdf

***Note:** Per received public comments from the Public Workshop, held June 29, 2018 concerning Psychotherapy, Neurotherapy/Biofeedback, the scheduled date for the Public Hearing to address policy will be held on August 14, 2018, 10:00 am

Link is below to Public Notices for provider convenience:

http://dhcfnv.gov/uploadedFiles/dhcfpnv.gov/content/Public/AdminSupport/MeetingArchive/PublicHearings/2018/MSM_PH_08_14_18_Agenda.pdf also included is the policy revision. Please review. Thank you.

Nevada Medicaid Web-Site

Q: How can it help you as a provider?

A: Providers can find all Announcements that are relevant and should be check by the provider for updates concerning important notification. Nevada Medicaid has identified a drop down and has a quick link specific to Behavioral Health. Please utilize the link below:

<https://www.medicaid.nv.gov/providers/newsannounce/default.aspx> Once you are here please select the drop-down arrow and you will see the Behavioral Health Announcements.

Today DHCFP will reviewing the following announcements:

Announcements: 1598, 1619, 1622, 1628, 1634, 1637

When you look at an announcement such as Announcement 1598,

https://www.medicaid.nv.gov/Downloads/provider/web_announcement_1598_20180525.pdf

You as a provider can see it will show the original date posted to the website (May 25, 2018)

This announcement is addressing MSM Chapter 400, Section 403.5 C. It will always identify the policy section and provide valuable information updates for providers.

Again, as stated prior. It is the responsibility of the provider per enrollment that you stay apprised of all policy changes as you stated per your enrollment application. Please review the minutes from June 13, 2018 which I have provided under the SURS area this information.

Q: Where to find Medicaid Services Manual Changes.

A: All policy changes will be noted on the very front page of the Medicaid Services Manual Transmittal Letter. Please go to <http://dhcfnv.gov/>

select again in the brown identified header area, please select the "Resources", a drop down will appear. You will see "Medicaid Services Manual" select and it will take you all MSM Chapters for the State of Nevada. Select MSM Chapter 400, as you can see as of today, on page 1 of 2 it outlines the most recent changes. The Material Transmitted/Material Superseded will identify the following; manual section, the section title and the background and explanation of policy changes, clarifications and updates. It will identify the effective date of the policy. Here it states November 17, 2017, it identifies the providers it will affect, any indicated financial impact.

- b. Behavioral Health Community Networks (BHCN) Updates: Social Services Program Specialist, Sheila Heflin-Conour. Please continue to submit any questions and concerns after reviewing policy under MSM Chapter 400, 403.1, Outpatient Service Delivery Model concerning the requirements. If you have further questions per the policy information required send your written concerns or questions to MCandQuality@dhcfnv.gov
- c. August will review policy updates proposed effective dates below: Please check policy updates. Instructions will be reviewed on how to find current Medicaid Service Manual Updates, Archived Meetings to help assist Nevada enrolled Behavioral Health providers.
 - Basic Skills Training (BST) (Proposed effective date July 27, 2018)
 - Medication Training and Support (Proposed effective date August 1, 2018)
 - Treatment Plan Revision (N/A)
 - Intensive Outpatient Program

- * Psychotherapy/ Neurotherapy/ Biofeedback

d. Biofeedback BCIA Certification link: Certified BCIA Providers in the State of Nevada

http://certify.bcia.org/4DCGI/resctr/list.html?Action=Resctr_DirectorySearch&

Per a provider question in the Q & A area requesting information concerning:

Q: Where do we find information concerning Biofeedback Certification?

A: Please view the following Biofeedback Certification International Alliance web-site provided below: <https://www.bcia.org/i4a/pages/index.cfm?pageID=1>

Please look for the "Find a Practitioner" please select, this will allow you as a provider information concerning all Certificated providers within the State of Nevada that is certified as a BCB, BCN, BCB-PMD. As you can see there are currently 14 providers certified in the State of Nevada.

Certification Type:

BCB: professionals certified in general biofeedback covering all modalities such as SEMG, Thermal, GSR, HRV, and an overview of neurofeedback.

BCN: professionals certified in neurofeedback or EEG Biofeedback.

BCB-PMD: professionals certified to use SEMG biofeedback to treat elimination disorders including incontinence, and pelvic pain.

It is the responsibility of a BHCN or individual providers billing for biofeedback to have all certification onsite per individual technicians assisting Nevada Medicaid Recipients. To become a certified biofeedback provider individuals must meet the educational standards under their licensure to provide this service.

DHCFP cannot provide guidance to which platform providers utilize for certification but please note per this site there is provided information concerning certification information if you decide to pursue further information. This will again be reviewed in the upcoming August BHTA WebEx

4. DHCFP Surveillance Utilization Review Section (SUR)

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

5. DXC Technology Updates

Updates or reminder for Providers: Joann Katt, LPN, Medical Management Center/Behavioral Health Team Lead. (DXC Technology was not available)

Announcements/Updates: Stephanie Ferrell, Provider Services Field Representative

Updates <https://www.medicaid.nv.gov/providers/newsannounce/default.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

Q: I have been providing psychotherapy/ for an agency recipients and bill as independent pt (Provider Type) 14. The agency was providing IOP to the recipients. I have not yet billed for the last two months. Can I still bill even though they were receiving IOP separately?

A: Intensive Outpatient Psychiatric Services must be prior authorized prior to providing services. This services are for recipients who have exhausted all lower Levels of Care (LOC) per the intensity of needs grid. This is a per diem rate which includes all OMH and RMH services. IOP services is all inclusive. No other services can be billed on the same day as IOP services are provided.

Q: Are assessments included in the IOP or is it separate?

A: IOP is all inclusive. If an assessment is completed during that time, then yes, it is included in it.

Q: When an assessment is completed by a Psychiatrists without it known to Therapist. Can that therapist be reimbursed for their psychosocial assessment?

A: It depends on what provider type the Psychiatrist is billing for the assessment under.

Q: I am confused. So, does it have to be a Licensed Master's degree person doing crisis directly to the clients? It can no longer be a crisis team?

A: Crisis intervention must be provided by a QMHP. If the lead of a crisis team is a QMHP, they may supervise other qualified staff.

Q: Do you need a PA before you can do a psychotherapy assessment?

A: Based on the Intensity of Needs Grid and based on their Level of Care for the recipient, each level is allowed a certain number of services, including assessments prior to needing to submit a PAR.

Q: Can you address policy vs. Web announcement 1622? Providers are confused between current policy, proposed policy, and web announcement 1622.

A: Please review this announcement, this is stating Outpatient therapy and Neurotherapy claim overpayments with dates of services on or after June 25, 2016, through claims processed before June 25, 2018, are being addressed. Again, please refer to policy concerning the Intensity if needs grid.

https://www.medicaid.nv.gov/Downloads/provider/web_announcement_1622_20180621.pdf

Q: If the allowed number of sessions have not been used, but a PAR is submitted, which is used first, the PAR units or the allowed yearly session units?

A: Once a PA is approved, the used units are counted towards those in the PA approval.

Q: Would the PAR units be utilized first, then the yearly allowed sessions saved?

A: Once a PA is approved, the used units are counted towards those in the PA approval. Yearly sessions are not saved.

Q: It's understandable a QMHP would provide the evaluation/follow-up per qualifications. Just thinking of realistic life events and as only QMHP I may have a day off/vacation. If the rest of the team encounters a crisis, then these services are not billable.

A: Please have them refer the recipient in crisis to a clinician – QMHP.

Q: The date of change for the BST rate is July 27?

A; Please refer to the upcoming Public Hearing in August.

<http://dhcfp.nv.gov/Public/AdminSupport/PublicNotices/>

Q: Currently the Medicaid MCO's say no PA is needed for individual sessions and there is no limit on number of sessions, just as there is no limit on visiting your general practitioner (they referenced Parity for this). I'm confused....

A: Yes, but MCOs follow the policy as well and may have additional requirements.

Please remember the these call only address Fee for Service Medicaid enrolled providers. IF you have questions concerning the Managed Care Organization please refer to the following Web-Sites: <http://dhcfp.nv.gov/Members/BLU/MCOMain/> and <https://www.medicaid.nv.gov/contactinfo.aspx>

Q: from CH 400 is that 26 sessions are allowed without PA? it seems that policy has changed and is not ""in process"". Can you clarify that until further notice, are we asking for PA for sessions exceeding 26 or for sessions after the Initial Assessments?

In reading documents yesterday - sessions for adults' state 12, 18, and 26 in different places - is there a decided-on number of sessions for therapy.

A: Policy has not changed at this time. Please continue to follow the ION Grid in Policy. Again, this is continuing to be an open conversation and due to all the comments and suggestions received concerning the changes, DHCFP has provided an avenue to continue to express individual concerns from the public and Behavioral Health Providers. Please send comment attention to the BH Email or you can send attention to the DHCFP Administration per the following link below: http://dhcftp.nv.gov/Contact/Contact_Home/

Please refer to the upcoming Public Hearing in August.
<http://dhcftp.nv.gov/Public/AdminSupport/PublicNotices/>

Q: When a client transfers from another agency is there a Medicaid site we can access to determine the number and type of units they have used for the calendar year?

A: Unfortunately, there is not, but if a PAR is completed, that would be the best way to identify what units are available.

Q: Regarding assessment units: if a client presents transfers to an agency in October the assessment units may have already been used. But the new provider must conduct an assessment. Will this be reimbursed?

A: If the allowed number of assessments based on the Intensity of Needs Grid have been utilized, a PAR is required for additional assessments as the services follow the client not the providers.

Q: Is there any way we can call Medicaid or DXC to verify if a recipient has received their service limitations for the calendar year for psychotherapy, comprehensive assessments, and/or mental health screening?

A: A PAR would be utilized for this.