

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

**BEHAVIORAL HEALTH TECHNICAL ASSISTANCE (BHTA)**

**Minutes – Wednesday, September 11, 2019**

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

**Facilitator:** Carin Hennessey, DHCFP, Behavioral Health Unit, Social Services Program Specialist

**1. Purpose of BH Monthly Calls:**

The BHTA WebEx meeting format, offers providers an opportunity to ask questions via the Q & A or the “chat room” and receive answers in real time. If you have questions prior to the monthly webinar or after, for additional assistance submit directly to the [BehavioralHealth@dhcfp.nv.gov](mailto:BehavioralHealth@dhcfp.nv.gov)

- Introductions – DHCFP, SUR, DXC Technology

**2. August 2019 BHTA Minutes:**

The minutes from last month’s BHTA are available on the DHCFP Behavioral Health webpage <http://dhcfp.nv.gov/Pgms/CPT/BHS/> (under “Meetings”). You’ll want to navigate to this page and click on “Behavioral Health Agendas and Minutes.” You can find the past agendas and minutes for the meetings, as well as the current information. Please look at these if you have questions and if you were not able to attend last month; this is a great place to check up on what we discussed.

- Electronic Signatures
- What To Do Before Creating a Prior Authorization (PA) Request

***NOTE: BHTA webinar documentation is currently being remediated for Americans with Disabilities Act (ADA) compliance.***

**3. Related DHCFP Public Notices:**

Link for upcoming Public Hearings, Meetings, and Workshops related to Behavioral Health  
<http://dhcfp.nv.gov/Public/AdminSupport/PublicNotices/>

**Public Workshops**

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**Public Hearings**

- **9/24/2019** – State Plan Amendments (Attachment 31-B – Amount, Duration and Scope of Services Provided Medically Needy Groups; Section 2.6 – Financial Eligibility)  
***NOTE: The proposed State Plan Amendment (SPA) addresses the Supervision requirements for Peer Support providers within the Behavioral Health Community Network (BHCN), the consolidation of Supervision of Peer Support providers under Clinical Supervision within the BHCN, and the removal of the requirement for Medical Supervision of the Peer Support provider. This proposed SPA is the initial step in the removal of Medical Supervision from the BHCN. Policy revisions are to follow. The projected date for implementation of the Supervision change is January 1, 2020.***

**4. DHCFP Behavioral Health Updates:**

**Behavioral Health Web Announcements (WA):**

Link: <https://www.medicaid.nv.gov/providers/newsannounce/default.aspx>

- **WA#1949** – Limitations for Procedure Code H2011 (Crisis Intervention Service) – Three Occurrences Allowed within 90 Rolling Days
- **WA#1953** – Attention Provider Types 14 (Behavioral Health Outpatient Treatment), 82 (Behavioral Health Rehabilitative Treatment) and 26 (Psychologist): Psychological Assistants, Interns and Trainees Required to Enroll Under Provider Type 26
- **WA#1955** – Medicaid Services Manual and Medicaid Operations Manual Chapters Updated
- **WA#1958** – Attention All Providers: Top 10 Claim Denial Reasons and Resolutions/Workarounds for June 2019 Claims
- **WA#1963** – Attention All Providers: Revalidation and Changes Trainings Scheduled
- **WA#1967** – Modernization: FINAL REMINDER -- Paper Submissions Will No Longer Be Returned

#### **Carin Hennessey, SSPS II:**

- Feedback on Quality Assurance Program and Reporting: Please email comments or contact the Behavioral Health Unit. Please refer to [Medicaid Services Manual](#) 403.2.B.6. for policy information. Please refer to the [Billing Manual](#) (pp 6-8) on the Nevada Medicaid website for additional information on the QA Program and Reporting.

#### **5. DHCFP Surveillance Utilization Review (SUR) Updates:**

- Report Provider Fraud/Abuse  
Link: <http://dhcftp.nv.gov/Resources/PI/SURMain/>
- Provider Exclusions, Sanctions and Press Releases  
Link: <http://dhcftp.nv.gov/Providers/PI/PSExclusions/>
- Further Information on Electronic Signatures:
  - Any document that includes a wet signature, the document can be scanned into your electronic documents system. If it is scanned as a complete image, this wet signature is sufficient. If the issue involves taking the form and altered the form (i.e., white out the date and put a new date on it), that is essentially fraudulent because you are saying that the person whose signature is on the form reviewed the form; the form has been changed and the person who signed the form has not reviewed the changed form.
  - With the electronic signature, the computer is saying that a person who was logged in under the secure password has approved the document and applied his/her signature to the document with the date/time; the document can not be changed after this signature is applied. Many programs will allow you to amend a document later, but it needs to have the audit trail showing changes applied, date/time, by the person logged in. For example, three (3) days after completion, a supervisor logged into the document and added a clarification; the addition can be seen, when it was added, and who added it. This fulfills the requirements for a signature.

#### **6. DXC Technology Updates:**

- Billing Information <https://www.medicaid.nv.gov/providers/BillingInfo.aspx>
- Provider Training <https://www.medicaid.nv.gov/providers/training/training.aspx>
- Provider Enrollment <http://dhcftp.nv.gov/Providers/PI/PSMain/>

## **Alyssa Kee Chong, Provider Services Field Representative**

### **Nevada MMIS Modernization Project**

Please review the information per this Nevada Medicaid featured link area. There is information on Important System Dates, Known System Issues and Identified Workarounds, Training Opportunities, and Helpful Resources:

<https://www.medicaid.nv.gov/providers/Modernization.aspx>. Also listed on this page, are **Modernization (New) Medicaid System Web Announcements**; please refer to these announcements for specific information related to Modernization.

#### **7. Behavioral Health Provider Questions:**

The Behavioral Health Policy WebEx would like to address provider questions each month. This will allow us to address topics, concerns, questions from the Behavioral Health providers and make sure the specialists are focusing training and educational components to your needs and gathering your direct input from the BHTA WebEx. We will review last month's questions in detail.

**Q: What if I can have the EHR system recreate the FA-11 in their system, so it can be signed off on electronically just like the notes, assessments, Tx Plan, etc...? Would you accept that. It may aesthetically look different but should be all the same.**

**A:** It needs to fulfill the audit trail system of an electronic record. For example, if an office worker signs into a document, the office worker cannot indicate that a doctor signed off on the document; the doctor has his/her own secure password to access the EHR system, to sign the document and approve information that was entered by an office worker or someone else. It has nothing to do with the look of a cursive, handwritten signature. It has nothing to do with someone else attesting to the approval signature for the information on the document. The signature must have the security of the log in user ID for that individual. Yes, you could have the form in your system, not have to print and scan each time; however, you must have that very clear audit trail documented in the computer system such that it may be determined that the approval signature has not been copied and pasted. The signature has the security of the system. If the signature is not on the printed form in a proper documented fashion, that signature would not be sufficient.

**Q: In regards to signatures on documents. Is it ok for consents forms to be printed and have clients sign (wet signatures) then scan and upload this form onto our Electronic medical records program?**

**A:** Please see the information on wet signatures from SUR Updates above. The requirement for wet signatures of Recipients on documentation is equal to those of any wet signature on documentation.

Please email questions, comments or suggested topics for guidance to [BehavioralHealth@dncfp.nv.gov](mailto:BehavioralHealth@dncfp.nv.gov)