

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

**BEHAVIORAL HEALTH TECHNICAL ASSISTANCE (BHTA)**

**Minutes – Wednesday, November 13, 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. October 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.

- The October BHTA was cancelled due to technical difficulties with WebEx. Please refer to the agenda for the October BHTA to address questions and clarifications; most of the topics from the October BHTA have been included in the November BHTA agenda.

**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**

- **10/24/19 – Updates for Hospital Services, Mental Health and Alcohol/Substance Abuse Services and the SPA Attachment 3.1-A**
- **10/28/19 – Discussion of the 1915(i) Application for Specialized Foster Care**
- **10/30/19 – Applied Behavior Analysis**
- **11/05/19 – Federally Qualified Health Centers**

**Public Hearings**

- **11/26/19 – State Plan Amendments (SUPPORT Act)**

**4. DHCFP Behavioral Health Updates:**

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

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

- **WA#2014 – Attention Provider Types 14 (Behavioral Health Outpatient Treatment) and 26 (Psychologist): Psychological and Neuropsychological Testing Codes for Provider Type 14**

- **WA#2009** – Attention Behavioral Health Providers: Monthly Behavioral Health Training Assistance (BHTA) Webinar Scheduled
- **WA#2001** – Attention Provider Types 14 (Behavioral Health Outpatient Treatment) and 17 (Special Clinics) Specialty 215 (Substance Abuse Agency Model [SAAM]): Procedure Code H0035
- **WA#1997** – Inpatient and Outpatient Behavioral Health Prior Authorization Forms Updated
- **WA#1995** – Attention Provider Types 14 (Behavioral Health Outpatient Treatment) and 26 (Psychologist): Please Respond to DHC FP Rate Review Surveys by November 11, 2019

### Carin Hennessey, SSPS II:

- Updated forms on [Nevada Medicaid website](#)
  - Please confirm that you are submitting the most current version of the Nevada Medicaid prior authorization (PA) request forms to avoid prior authorization denials. If you submit an outdated form, you may receive a technical denial.
- Changes to Supervision Within the BHCN
  - Thank you for your patience as DHC FP moves closer to changes in supervision for the BHCN (PT 14 Specialty 814). **Our tentative date for implementation of these changes is still January 1, 2020, and agencies may prepare for changes to begin at this time.** It is recommended that each agency work closely with its current Clinical Supervisor. We want this process to be as smooth as possible for providers and we do not want to cause disruption to recipients receiving services. Behavioral Health is working to answer any questions.

The upcoming changes will affect BHCNs and will also likely effect Behavioral Health Rehabilitative Treatment (PT 82 Specialty 882) agencies. **A public workshop is scheduled for December 20, 2019, 9 AM to 11 AM, to discuss Clinical Supervision within these agencies and solicit public comment on any proposed limitations for Clinical Supervisors linking to multiple PT 14 and/or PT 82 agencies.** Please refer to the Public Notices on the DHC FP website for information on this upcoming workshop.

As overviewed during the public workshop held July 15, 2019, **the changes will include removal of the Medical Supervision as requirement for enrollment as a BHCN.** Depending on the services that your agency provides, **you may need to maintain the involvement of medical professionals and this is the responsibility of each agency** to secure this needed level of involvement. For example, if your agency provides Medication Management and/or Medication Training and Support, the involvement of medical professionals will be necessary per Medicaid Services Manual (MSM) Chapter 400. In addition, if your agency provides medication services as part of an approved service program (i.e., PHP, IOP, Day Treatment), the involvement of medical professionals will be necessary per MSM Chapter 400.

**The role of the Clinical Supervisor will not change for the PT 14 or PT 82 agency.** This is a good time to review that the PT 14 agency provides both Outpatient Mental Health (OMH) services and Rehabilitative Mental Health (RMH) services; the PT 82 agency provides only Rehabilitative Mental Health (RMH) services. Please refer to MSM Chapter 400 for further information on the distinction

between the services. The Clinical Supervisor ensures that professionals rendering services have the supervision and training in the skills and competencies required to deliver these services for the agency to Medicaid recipients. The Clinical Supervisor ensures that the services delivered are medically necessary and clinically appropriate, within scope of practice. In the consolidation of supervision within the PT 14 and PT 82 agencies, **Clinical Supervisors are responsible for services delivered through the agency, in an office setting, in the community, or in a recipient's home.**

The Clinical Supervisor is an independent professional Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), Certified Professional Counselor (CPC), and may enroll as a Qualified Mental Health Professional (QMHP) Specialty 300. A Direct Supervisor is an independently licensed professional, licensed intern, and/or Qualified Mental Health Associate (QMHA) within scope of practice.

Please plan to attend the upcoming Public Workshop and please direct any inquiries to the Behavioral Health Unit.

#### **Provider Enrollment Update:**

- Forthcoming Updates to the PT 14 BHCN Checklist
  - Provider Enrollment is preparing changes to the PT 14 and PT 82 checklists which will better align with the upcoming BHCN supervision policy changes. **Of the forthcoming changes, the most notable is the requirement of the supervisor's signature to be notarized on the Checklist. Also added will be the disclosure requirement of the Authorized User and the information of the BHCN's biller.** Should there be any questions, please email to the Behavioral Health Unit who will forward on to Provider Enrollment.

#### **6. 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/>

#### **7. 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.

## 8. 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: Regarding the provider 26 coding. If the Psychologist is enrolled as a provider 26, but working for a provider 14 group, can these charges still be billed by the provider 14 group?**

**A:** The answer to this question may depend upon the service in question and the Provider Qualifications indicated for the service. If you have a question about a specific service, please contact the Behavioral Health Unit.

**Q: I am the Clinical Supervisor of a large agency. I am experiencing difficulty reviewing/signing the large volume of treatment plans. May I seek the assistance of another fully licensed clinician within the agency to review and sign off on treatment plans?**

**A:** A Direct Supervisor practicing within their scope may review/sign treatment plans. To update a Direct Supervisor in your Provider Enrollment, please submit the correct provider enrollment checklist through the EVS portal. For example, an independently licensed professional (LCSW, LMFT, CPC, QMHP within scope of practice) linked to your group may review/sign the treatment plans for a licensed intern linked to your group.

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