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

BEHAVIORAL HEALTH TECHNICAL ASSISTANCE (BHTA)
Minutes – Wednesday, December 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 webinar offers providers guidance and updates on DHCFP BHU policy. The WebEx meeting format also offers providers an opportunity to ask questions via the Q & A (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

   - Introductions – DHCFP, SUR, DXC Technology

2. **November 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.

   - Updated Forms on Nevada Medicaid Website
   - Changes to Supervision Within the BHCN
   - Provider Enrollment Update: Forthcoming Updates to the PT 14 BHCN Checklist

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
   - **12/20/19 – Behavioral Health Community Network and Behavioral Health Rehabilitative Treatment**

   Public Hearings
   - **12/19/19 – MSM 1500 – Healthy Kids Program; MSM 3700 – Applied Behavior Analysis**

4. **DHCFP Behavioral Health Updates:**
   Behavioral Health Web Announcements (WA):
   Link: https://www.medicaid.nv.gov/providers/newsannounce/default.aspx

   - **WA#2039 –** Attention All Providers: Resources to Use for Prior Authorization Issues or Questions
   - **WA#2036 –** Attention All Providers: Top 10 Enrollment Return Reasons and Resolutions for October 2019 Submissions

- **WA#2033 –** 2020 New Code Updates
- **WA#2029** – Attention All Providers: Top 10 Enrollment Return Reasons and Resolutions for September 2019 Submissions
- **WA#2026** – Attention All Nevada Medicaid Providers: Claims Denied with Error Code 2502 (Client Covered by Medicare B)
- **WA#2023 –** New Provider Orientation Scheduled for December 2019
- **WA#2021 –** Attention All Providers: Top Prior Authorization Denial Reasons for the Third Quarter of 2019

Carin Hennessey, SSPS II:

6. **DHCFP Surveillance Utilization Review (SUR) Updates:**
   Report Provider Fraud/Abuse http://dhcfp.nv.gov/Resources/PI/SURMain/
   Provider Exclusions, Sanctions and Press Releases http://dhcfp.nv.gov/Providers/PI/PSExclusions/

   - Requirements for daily OMH and RMH progress notes substantiating billed claims
   - Requirement for PT 14 and PT 82 claims billed with actual rendering provider

   I would like to speak on progress notes and requirements for billing the servicing provider. This a review and a clarification for some providers.

   Progress notes are listed **MSM 403.2.B.6**., under "(a) All progress notes documented with the intent of submitting a billable Medicaid behavioral health service claim must be documented in a manner that is sufficient to support the claim and billing of the series provided and must further document the amount, scope and duration of the service(s) provided as well as identify the provider of the service(s)." Under (b), the listed information must be included in the progress note: name of the individual receiving the service, the place of service, the date of service. For the beginning and ending times, that is not saying *it was two hours*, or *it was in the afternoon*, or *we started at 2 o'clock*. It has to have the beginning and the ending time. Include the name of the person who delivered the service the credentials, and the signature of the person who delivered the service. Also included are the goals and objectives, as well as the statement assessing the recipient's progress. These various clinical things, the very specific elements that are needed in order to document that the service was provided. There are a couple of exceptions. Services with multiple components that are explicitly called out as someone else can be doing this service under the supervision of the person under which that service is being billed. If you have multiple components, each component must be documented and signed by the individual who rendered that component – even if it is being billed under the supervisor. Examples include:

   - Neurotherapy has biofeedback and psychotherapy components. If the psychotherapist is qualified to do the biofeedback component, they can document both components. They can also have a qualified Biofeedback Technician documenting the biofeedback component. Both components need to have a note with a signature of the person who rendered it.
   - Intensive Outpatient (IOP) Services includes most behavioral health services. It is three (3) to 6 hours per day and you need documentation for the full amount of time that the patient was there. If individuals are doing different components, the documentation must be completed by the individuals who rendered each component. Day Treatment is similar.

- Crisis Intervention services with the HT modifier is team services. The leader of the team (QMHP) documents the intervention; each component, if delivered by another team member would need to be documented by the individual who rendered the service.

Per **MSM 105.1.I.**, Nevada Medicaid will neither accept not reimburse professional billings for services rendered by anyone other than the provider under whose name and provider number the claim is submitted […] Individuals who do not meet Medicaid criteria for provider numbers must not have their services billed as through a physician/dentist to the Medicaid program for payment. For example, your Biofeedback Technician must be an enrolled Medicaid provider, so that we can ensure that recipients are being seen by qualified and safe individuals.

Regarding signatures, electronic signatures are applied by going into the computer system and verifying that the individual was logged into the system, pulled up the document, and affixed their signature. It doesn't have to look like a handwritten signature, but the computer system must maintain the information verifying that person did that. It is at the level of fraud if you deliver a document to Medicaid that has a signature that was not affixed by the individual whose name it indicates who reviewed the document. For example, on a Prior Authorization that you are resubmitting for approval, it is acceptable to use some of the language from the original submission, but if you make **any** changes to the document, you must affix a new signature. The signature represents that the individual has reviewed this new document. You cannot reuse the original signature on a new document.

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://dhcfp.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: Direct Supervisors can be QMHA's. Can QMHA's sign off on the Tx Plans?
A: According to MSM 403.2B.2., Treatment Plan Development, "[t]he Treatment Plan must be developed jointly with a QMHP and: (1) the recipient's legal representative (in the case of legal minors and when appropriate for an adult); (2) the recipient's parent, family member, guardian or legal representative with given consent from the recipient if determined necessary by the recipient." MSM 403.2B.4., Required Signatures and Identified Credentials, "(a) Signatures, along with the identified credentials, are required on all treatment plans, modifications to treatment plans

and reevaluations of treatment plans include: (1) the clinical supervisor and their credentials; (2) The recipient, recipient's family or their legal representative (in the case of legal minors and when appropriate for an adult); (3) The individual QMHP and their credentials responsible for developing and prescribing the plan within the scope of their licensure." Finally, MSM 403.2B.5., Treatment Plan Reevaluation, states "[t]he QMHP must evaluate and reevaluate the Treatment Plan at a minimum of every 90 days or a shorter period as determined by the QMHP. The guidance on this question is that an independently licensed mental health professional, QMHP-level, within the scope of their practice, is qualified to sign off on the Treatment Plan. This is also inclusive of the Rehabilitation Plan, for which formal assessment and diagnosis must exist (please refer to the MSM Addendum for further guidance).

Q: Can interns sign off as supervisor for crisis interventions documentation and signing off on legitimacy of services?
A: Per MSM 403.6H.1., Crisis Intervention services "are RMH interventions that target urgent situations where recipients are experiencing acute psychiatric and/or personal distress. The goal of CI services is to assess and stabilize situations (through brief and intense interventions) and provide appropriate mental and behavioral health service referrals. The objective of CI services is to reduce psychiatric and personal distress, restore recipients to their highest level of functioning and help prevent acute hospital admissions […] QMHPs may provide CI services. If a multidisciplinary team is used, the team must be led by a QMHP. The guidance on this is that the intern can be a QMHP and render the service under their licensure with the appropriate site supervision, according to the Admission Criteria (MSM 403.6H.4.). The intern can submit documentation for the service, as the QMHP.

Q: On the FA11… A fully licensed QMHP is the only one who needs to sign the FA11 and he/she does not need to sign the supervisor lines, is this correct? The supervisor lines are only filled out when the QMHP is an intern. Thank you for confirming.
A: If the Coordinating QMHP is an intern, the Clinical Supervisor must sign off on the FA-11.

Q: In regard to the notarized signatures that will be implemented, will there be a need to become an e-notary? Will signature become electronic in the near future or will a wet signature always be required?
A: The notarized signatures have not been implemented. Please refer to the Web Announcements on the Nevada Medicaid website for information on upcoming changes. In addition, further information will be provided through the BHTA.

Q: Most agencies have less than 40 clients. Why is Medicaid considering limiting Clinical Supervision to one agency?
A: Each BHCN (PT 14 Specialty 814) and each Behavioral Health Rehabilitative Treatment agency (PT 82 Specialty 882) must have a Clinical Supervisor to enroll with Nevada Medicaid. There must be supervision of the agency to ensure services provided are medically necessary and clinically appropriate.

Q: There are field representatives per area or zip codes, what is their major role?
A: Provider Relations Field Service Representatives are assigned to providers based on provider type and/or zip codes related to the servicing location of the National Provider Identifier (NPI). Please refer to the Provider Training webpage on the Nevada Medicaid website to determine who is your Field Representative. The Field Representative can assist with inquiries, through research and outreach.

Please email questions, comments or suggested topics for guidance to BehavioralHealth@dhcfp.nv.gov