DIVISION OF HEALTH CARE FINANCING AND POLICY
CLINICAL POLICY TEAM, BEHAVIORAL HEALTH PROGRAM
BEHAVIORAL HEALTH TECHNICAL ASSISTANCE (BHTA)
Minutes – Wednesday, March 10, 2021
10:00 - 11:00 a.m.

Facilitator: Carin Hennessey, DHCFP, Behavioral Health Unit (BHU), SSPS II

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. The webinar is recorded. If you have questions prior to the monthly webinar or after, for additional assistance submit directly to the BehavioralHealth@dhcfp.nv.gov.

   - Introductions – BHU, Provider Enrollment, SUR, Gainwell Technologies

2. **February 2021 BHTA Minutes:**
   The minutes from last month's BHTA are available on the DHCFP Behavioral Health webpage (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.

   - Clarifications and General Questions: QA Programs
   - Clarifications and General Questions: Service Limitations and Prior Authorization Requirements

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
   - **3/30/2021 –** Medicaid Services Manual (MSM Chapter 400 – Mental Health and Alcohol/Substance Abuse Services) – Revisions to MSM Chapter 400 Attachment C

4. **DHCFP Behavioral Health Updates:**
   Behavioral Health Web Announcements (WA):
   https://www.medicaid.nv.gov/providers/newsannounce/default.aspx
   (Please refer to this link for a complete list of web announcements)

- **WA#2437** -- Attention All Behavioral Health Providers: Psychotherapy Service Limitations Restart January 1 Each Calendar Year
- **WA#2436** -- COVID-19 Testing Codes Update
- **WA#2435** – Attention All Providers, Delegates and Staff: Upcoming Training Sessions for March 2021
- **WA#2429** – Attention All Providers: Claims that Denied in Error with Timely Filing Error Codes 676 or 677 Have Been Reprocessed
- **WA#2427** – Nevada Health Link Opens Special Enrollment Period for Uninsured Nevadans Starting February 15, 2021
- **WA#2426** – Providers Invited to Participate in Medical Care Advisory Committee
- **WA#2425** – Attention All Providers: Top 10 Claim Denial Reasons and Resolutions/Workarounds for January 2021 Claims

Sarah Dearborn, SSPS III

- **Provider Type (PT) 86: Specialized Foster Care**: To provide a quick update on our new Provider Type (PT) 86 for Specialized Foster Care, for youth that are in Specialized Foster Care (SFC).
  There has been a lot of work put into this. September 30, 2020, the Division of Health Care Financing and Policy (DHCFP) received approval on our 1915i State Plan, Home and Community Based option for our Intensive In-Home Supports and Services, as well as for Crisis Stabilization Services. These services are different than our other behavioral health outpatient PT 14, PT 82, and PT 17 Specialty 215; these services are specifically within our section 1915i of our State Plan. This section allows Medicaid to target specific groups for services. For example, under this Home and Community Based Service option, Medicaid is able to provide targeted services to youth that are in Specialized Foster Care.
  We have been working diligently on many system updates that goes along with making a new provider type under Nevada Medicaid. On our Nevada Medicaid website, you can navigate to our Training Portal for providers. To view the training, you will need to register if you don't already have an account here. The training is about 23 minutes long. It was a new feature that the DHCFP put together and we worked with our fiscal agent, Gainwell Technologies, as well as our partners in the Division of Child and Family Services (DCFS). It has been a group effort in establishing these services. Gainwell discusses training in enrolling under PT 86. In support of how to bill for these services, I go into the two (2) specific services offered within this provider type, Intensive In-Home Supports and Crisis Stabilization services. DCFS goes over the quality assurance pieces and the Eligibility Checklist. You can view the Enrollment Checklist, on the Medicaid website (under "Providers" drop down menu). In order to be a provider of these services, under the 1915i, providers would have a signed agreement between the SFC agency and the licensing authority in Nevada; there are three (3) licensing authorities that are defined in NRS 424.016 and those are our child welfare agencies: DCFS, Washoe Country Human Services Agency (HSA), and Clark County Department of Family Services (DFS).

On the Billing Guidelines (also located on the Medicaid website, under the "Providers" drop down menu), the PT 86 Billing Guide provides a lot of information on how youth are eligible for these services, the services offered, and the HCPCs codes that are associated with the services. Non-covered services are also listed. There are no prior authorization requirements for these services.

The SFC Needs Based Eligibility Checklist is located next to the Billing Guide. This is unique compared to our other BH provider types. In order to become eligible for these services and because these services are targeted to youth in SFC, there are criteria that the youth would need to meet. This checklist would be filled out by the designated Care Coordinator of either DCFS, Clark County DFS, or Washoe County HSA; this will be determined by where the youth is in custody. Some of the criteria include that they must be younger than 19, Medicaid eligible, and have a DSM-5 or DC 0:3 diagnosis, as well as residing in a SFC setting. They must be determined SED and have a CASII/ESCII Level that is greater than 1. They must meet one of the four listed criteria on the checklist. And this checklist is completed by the Care Coordinator that is navigating the plan of care; there is often a child and family team that is involved with the youth. The Care Coordinator is navigating and gathering information from clinical staff that are part of the team as well as from the youths themselves. This checklist is then given to the provider of these 1915i services, so that the provider may submit the checklist with the initial claim for 1915i services.

The last thing to point out is that there is an associated Medicaid Services Manual (MSM) Chapter 4000, which is located separately from where most of our services are located, in Chapter 400.

If you have any additional questions, please reach out to me through the Behavioral Health Unit inbox, specifying your question is related to PT 86 and Specialized Foster Care services.

Carin Hennessey, SSPS II

- **Clarifications: IOP and Neurotherapy –** Neurotherapy is included in the service array for IOP and included in its rate. Previous information may have been provided that Neurotherapy was not included in IOP. Under the service array for IOP is listed Individual Therapy, and Neurotherapy is described under Mental Health Therapies as "individual psychological therapy" under MSM 403.4(C)(4). Neurotherapy is not delivered or billed separately (known as unbundling) from IOP. Any documentation of Neurotherapy services delivered in this case would be included with the documentation for IOP.

- **Questions: WA#2437 – Now that this web announcement has been posted, you have some clear information to which you can refer and for education within your own agency. Many questions have come in regarding this web announcement. The guidelines listed under the Limits are just guidelines to inform your clinical practice. All of the services have to be medically necessary and the recipient needs to**

benefit from the service(s). The Treatment Plan needs to demonstrate achievement of goals or a change/adjustment in the Treatment Plan. Each Prior Authorization is reviewed to determine what services are being used and how they are being used; PAs are approved based on what is appropriate. If you submit a PA and it is denied, you have the process of Peer to Peer review and Reconsideration. We encourage providers to utilize these options to improve the process on all sides. We also encourage that you maintain communication with recipients, so that they have an understanding of what's going on with their treatment, to the degree that the provider feels necessary. There is a process that involves the recipient when services are requested by PA and denied; the recipient will receive notices and may not always understand those notices, including concern that their Medicaid services are being denied. Communication with recipients is important.

- **Immunize Nevada website** https://www.immunizenevada.org/county-specific-covid-19-vaccine-plan

6. **DHCFP Provider Enrollment Unit Updates:**
   Nevada Medicaid Website: https://www.medicaid.nv.gov/providers/enroll.aspx
   DHCFP Website: http://dhcfp.nv.gov/Providers/PI/PSMain/

7. **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/

8. **Gainwell Technologies Updates:**
   Billing Information https://www.medicaid.nv.gov/providers/BillingInfo.aspx
   Provider Enrollment https://www.medicaid.nv.gov/providers/enroll.aspx
   Provider Training https://www.medicaid.nv.gov/providers/training/training.aspx
   Contact Information
   Nevada Medicaid Customer Service: (877) 638-3472
   Prior Authorization Information: (800) 525-2395
   Field Service Representatives: NevadaProviderTraining@dxc.com

Alyssa Kee Chong, Provider Relations Field Service Representative - North
Susan Harrison (McLaughlin), Provider Relations Field Service Representative – South

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.

9. **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. The previous month's questions with answered on the posted minutes for the meeting. Questions that are submitted through the "Chat" feature during the meeting are not recorded here.

Q: Can you talk about how an agency becomes certified in State evidence-based model that is mentioned for PT-86?

A: This is in conjunction with the Division of Child and Family Services, as well as either the Washoe County HSA or Clark County DFS. If a provider is interested in becoming a Specialized Foster Care agency, they can contact DCFS, Kristen Rivas, krivas@dcfs.nv.gov.

Q: For a new client, that has not received services before, there is not a CASII or LOCUS on file with Medicaid. How will Medicaid know how many services to approve, since they range from 10-26, without a CASII or LOCUS on file. I was concerned that there was some automatic denial after the minimum number of sessions since there isn't a CASII or LOCUS on file. From what I am hearing, you will trust the provider and compare the score and sessions to the submitted PAR after initial.

A: As far as a CASII/LOCUS score on file with Medicaid, from the policy perspective, when a provider completes the assessment (including this scoring) it is this provider's clinical determination at what Intensity of Need level the recipient is; this involves the CASII/LOCUS scoring, but it also includes the provider's clinical judgment in order to determine the level at which a recipient receives services. The provider determines the best course of treatment for the recipient. There are other CASII/LOCUS scores on file related to services that have been provided by PA; it is understood that a recipient may be functioning at a particular level, but the provider makes that determination based on where the recipient is functioning at the time. The service limits are guidelines. Clinical judgment and determination fall on the provider. There is guidance in what a recipient receives at each level of need; in the PA request, the clinician will outline what services are requested and why they are being requested. MSM 403.5 will offer further information on Intensity of Needs. There is a grid for guidance related to services provided to children and adolescents, as well as to adults.

If you are providing the services under a Behavioral Health Community Network (BHCN) and are enrolled under a PT 14 (i.e., as a QMHP), the service limitations apply to all licensed providers.

Q: If a client has an active PAR at the start of the new year, does the sessions provided go towards the PAR or the initial?

A: Further to WA#2437, as of January 1st, the recipient's service limitations restart according to the Intensity of Needs grid. The service limitations are broad and

inclusive based on the needs a recipient may have. If you submit a PA at the first of the year and it is approved, those units will be applied to the service limitations for that calendar year. In treatment, when the recipient has received the maximum number of units -- based on their Intensity of Needs -- then the provider would submit a prior authorization. If a recipient is receiving services (units) under a prior authorization and the service limitations are met, the recipient may still receive the services that were approved on the PA. Having a prior authorization ensures that the services approved may be delivered and billed; billing still must be submitted and approved for the provider to receive payment. If you do not have a PA and you submit claims for services when the recipient's service limitations have already been met, your claims will be denied.

Q: If a client's PAR is denied, can they use the pre-given sessions?
A: If your prior authorization is denied, then you deliver the services and bill the services without a PA, those units will be applied to the service limitations for that calendar year. Both prior authorized services and those services delivered without a prior authorization go against the service limitations beginning January 1st for that given year.

Q: Who is the best source for questions on IOP approval?
A: Please email the Behavioral Health Unit inbox, RE: IOP Curriculum and Schedule. The process includes a determination if the IOP service is included in your group's Quality Assurance (QA) Program; if it's not included in the enrollment currently, the agency can update that QA Program information (either through revalidation, or by contacting the BHU inbox to update the existing QA Program). To deliver the service, the agency does need to have an approved curriculum and schedule on file with the DHCFP; this approved curriculum and schedule must also be submitted with each PA. The BHU can assist an agency with having their curriculum and schedule approved. This is a good place to start. We don't expect every IOP program to look the same and operate the same, so each curriculum and schedule is reviewed according to the requirements in policy. The approved information is filed within the BHU and Gainwell Technologies.

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