

**DIVISION OF HEALTH CARE FINANCING AND POLICY
CLINICAL POLICY TEAM, BEHAVIORAL HEALTH PROGRAM
BEHAVIORAL HEALTH TECHNICAL ASSISTANCE (BHTA)
Agenda – Wednesday, June 9, 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 call offers providers guidance and updates on DHCFP Behavioral Health policy. The TEAMS meeting format offers providers an opportunity to ask questions chat feature and receive answers in real time. The webinar is recorded. If you have questions prior to or after the monthly call, submit requests directly to the behavioralhealth@dncfp.nv.gov.

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

2. May 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 information from previous and current meetings. Please review if you have questions and if you were not able to attend the BHTA last month; this is a great place to check up on what we discussed.

- Quality Assurance (QA) Program, MSM 403.2(B)(6)(f)
- Providers Enrolling Under Highest Specialty and Licensure
- Individual Provider Engagement in Medicaid Enrollment

3. Related DHCFP Public Notices:

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

Public Workshops

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Public Hearings

- 06/29/2021 – Medicaid Services Manual (MSM 1200 – Prescribed Drugs; MSM 2900 – Federally Qualified Health Centers; MSM 600 – Physician Services; MSM 1900 – Transportation Services; MSM 400 – Mental Health and Alcohol/Substance Abuse Services)

Public Meetings

- 6/29/2021 – To Solicit Comments on Amendments to the State Plan for Medicaid Services (IAF; CHIP Support Act; Biofeedback and Neurotherapy Services)

- 6/4/2021 -- Solicitation of Public Input Regarding the Home and Community Based Provisions in the American Rescue Plan Act of 2021

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#2513**– New Provider Orientation Scheduled for July 2021
- **WA#2511** – Providers Encouraged to Promote Mental Health Services through Social Media
- **WA#2505** – Attention All Providers: Top Prior Authorization Denial Reasons for the First Quarter of 2021
- **WA#2504** – Inactive Delegate Accounts on the Provider Web Portal Disabled Effective May 17, 2021
- **WA#2502** – Attention All Providers: Update Regarding Rate Reduction Implementation (Updated May 19, 2021)
- **WA#2501** – Attention All Providers: Top 10 Enrollment Return Reasons and Resolutions for First Quarter 2021 Submissions

Sarah Dearborn, SSPS III, BHU Supervisor

- **Behavioral Health Updates**

1. **State Plan Amendments (SPAs) submitted 2021:**

- **1915i Home and Community Based Services (HCBS)** is designed for Medicaid to target the Specialized Foster Care (SFC) population. The approved services included in the 1915i are Intensive In-Home Services & Supports and Crisis Stabilization services. These services are outlined in MSM 4000. The services were not amended but included an additional care coordination model used by county agencies (Safety Assessment Care Evaluation). This care coordination model is in addition to what is currently outlined in our State Plan. This model is used by the Division of Child and Family Services (DCFS), High Fidelity Wraparound and Child & Family Focus. The care coordination model is crucial to the 1915i, as these models determine eligibility for children and youth to be eligible for these services. Centers for Medicare and Medicaid Services (CMS) has just approved the 1915i services. There will be a lot of communication coming out with the SFC providers.
- **Medication Assisted Treatment (MAT) for Opioid Use Disorder** was approved May 26, 2021. Medicaid is in compliance with the requirement of dedicating a section of the State Plan to outline exactly what Medication Assisted Treatment services look like, as well as what are all of the covered medications.

- **A Public Hearing being held June 29, 2021**, will discuss upcoming SPAs in which the BHU will be involved.
 - **CHIP SPA** will not propose any new services but will outline and describe in more detail what BH services are available for youth that are covered through Nevada Check Up plan.
 - **Proposal of SPA to remove Biofeedback and Neurotherapy services for the treatment of a mental health diagnosis.** This removal came about through the 2021 Legislative Session. DHCFP's budget was approved May 14, 2021. Several services were proposed to be eliminated in that budget; Legislature determine not to eliminate Basic Skills Training (BST), Psychosocial Rehabilitation (PSR), and Case Management for individuals who are determined Non-SED / Non-SMI. Biofeedback and Neurotherapy for the treatment of a mental health diagnosis will be eliminated. This is a decision made by the Legislature. Providers are encouraged to attend the public hearing and comment on the proposed elimination.
 - The following link will take you to Medicaid Budget Account 3243 overview, documents are in the exhibits tab and you can view each hearing under the meetings tab.
<https://www.leg.state.nv.us/App/NELIS/REL/81st2021/Budget/6951/Overview>

- **AB3** was approved during the special session (2020) and it was determined during the 2021 legislative session to rescind these 6% cuts in Rates for services.

- **Bills affecting Behavioral Health Services that were passed during the 2021 Legislative Session include:**
 - **SB154 requires Nevada Medicaid to submit an 1115 Demonstration Waiver for Substance Use Disorder (SUD).** We have been working on an application for the 1115 waiver; this will allow Medicaid to reimburse for a full continuum of care for SUD services. Currently, Medicaid is not able to reimburse for services delivered in an Institution for Mental Disease (IMD). The 1115 application will waive the Federal rule and allow for reimbursement of services on the whole continuum of care.
 - **SB156 is an amendment to AB66 (2019 Legislative Session) expanding Crisis Stabilization Centers** to not only be included at a free-standing psychiatric hospital but will now include services delivered at an acute general hospital and a Critical Access Hospital (CAH). BHU will be developing policy within Chapter 400 and finalizing a rate for

crisis stabilization services that are performed within this Crisis Stabilization Centers.

- **SB96 increases the Registered Behavior Technician (RBT) rate to \$52 per hour.** System updates will be included.
 - **The Public Health Emergency (PHE) was extended through July 20, 2021.** There has been discussion about extending this throughout the end of the year, but there is no official word. Some restrictions were lifted for BH services, which allow for individuals who are receiving PSR services and are under the age of 18 can do so through Telehealth services. Telephone-only services are allowable in place of audio-visual services under Telehealth policy.
- **Links to Training**
 1. **CASAT Training** page offers live webinars and self-paced online courses, [CASAT Training June Newsletter: We've launched a podcast!](#), including Peer Support Services
 2. **Mental Health Technology Transfer Center Network (MHTTC)**, Pacific Southwest, offers live events and workshops, [Pacific Southwest MHTTC | Mental Health Technology Transfer Center \(MHTTC\) Network \(mhttcnetwork.org\)](#).
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/>
- **Educational Updates: Recycle of Crisis Intervention Claims – This issue goes back a couple of years. There were changes to the Crisis Intervention service limitations, allowing recipients to receive a maximum of four (4) hours per day over a three (3) day period – one (1) occurrence – and a maximum of three (3) occurrences over a 90-day period, without a Prior Authorization. This was discussed at a Public Workshop on September 20, 2017, and there was a Public Hearing held on November 16, 2017. These limitations were approved and with an effective date of November 17, 2017. Unfortunately due to technical limitations and Division priorities, the edits for these limits were not active in the system until August 19, 2019. For providers who submitted claims for dates of service 11/17/2017 and they were processed before 8/19/2019, there may have been improper**

claims paid because they exceeded the limitations that had been approved and published. We are finally getting to the point where we are ready to conduct a recycle, which will review these claims and reprocess them according to the proper limits.

Some of the providers will have amounts taken back in excess of \$10,000. If it's over \$10,000, there will be a letter sent to the provider notifying them of the upcoming recycle, with an approximate date and approximate take-back amount. The take-back amount is the maximum of what can be taken back and it may be lower due to other edits. There will be a letter preparing the provider for this and there will be an opportunity to establish payment plans.

If the total take-back amount for your company is \$10,000 or less, there will not be a letter sent to you. There will be web announcements letting you know that this is coming.

These will be recycling of claims for Crisis Intervention from the November 2017 that processed up through August 2019. This will occur where the provider failed to follow the updated limitations.

The current projected date that the letters will be sent to providers is by the end of July.

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 TEAMS meeting 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 TEAMS meeting. The previous month's questions with answered on the posted minutes for the meeting.

Q: Is there a person on staff at DHCFP that represents the providers and can pass our concerns to the Governor in regards to AB3 and cuts to Mental Health (i.e. Removal of Neurofeedback/Biofeedback)?

A: Providers are free to attend and comment at or send public comments for the June 29 Public Meeting. AB3 and the DHCFP budget are decisions made by the Legislature. DHCFP / BHU will still need to submit SPAs to CMS for review.

Q: Per this morning's announcement how will we know which claims are denied?

A: Related to claims for Biofeedback and Neurotherapy, the BHU is currently working on system updates for this elimination of services. Web announcements will also be published, to discuss specific codes and Provider Types (PTs) that will be impacted. The elimination is effective July 1, 2021.

Q: In regard to web announcement 2518; are the individuals who make the application able to use the company TIN and date of incorporation instead of their personal info if this is their job duty? As long as a letter is submitted with approval from the company?

Will the auth user be held personally responsible if anything negative occurs by a provider if they are linked to other agencies?

A: The personal information of the authorized user is required to be input, as they can update enrollment and billing information. This information is not used to hold the [authorized user] responsible for negative actions by individual providers.

Q: What happens if the auth user leaves or is on vacation when an app or reval is being processed and doesn't have approval to use another auth user information and updated or corrections are needed?

A: This is a required field within the application itself; it is marked with a red asterisk. For any specific issues, providers may contact nevadaprovidertraining@dxc.com - please be sure to include your NPI#. As far as revalidation, providers have a year in advance to submit a revalidation. It is always suggested to start the process in advance. Authorized users can be updated or removed.

Q: [Regarding WA#2517], how will we know which claims will be withheld?

A: The claims suspending for budget relief will be under individual budget categories and across a variety of budget areas, resulting in delays in receiving some payments until July 2, 2021.

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