DIVISION OF HEALTH CARE FINANCING AND POLICY
CLINICAL POLICY TEAM, BEHAVIORAL HEALTH PROGRAM
BEHAVIORAL HEALTH TECHNICAL ASSISTANCE (BHTA)
Minutes – Wednesday, August 11, 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@dhcfp.nv.gov.

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

2. July 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.

   - Outreach to Providers Serving Children and Adolescents
   - QA Program – Organizational Chart – MSM 403.2(B)(6)(b)
   - Providers Billing for the Group Using Linked Service Provider NPIs as the Billing Provider
   - Review on Data Correction Examples for Prior Authorizations

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 Hearings
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   Public Workshops
   - 8/13/2021 – Establishment of Three New Provider Types Adding Services for Nevada Medicaid

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#2556 --** Providers Invited to Complete DHCFP Rate Review Surveys

- **WA#2554 –** Attention Provider Types 20 (Physician, M.D., Osteopath, D.O.), 24 (Advanced Practice Registered Nurse) and 77 (Physician's Assistant):
- **WA#2553 –** New Provider Orientation Scheduled for September 2021
- **WA#2552 --** Attention All Providers, Delegates and Staff: New Nevada Medicaid YouTube® Channel Created for Provider Training
- **WA#2551 --** Attention All Providers, Delegates and Staff: Upcoming Training Sessions for August 2021
- **WA#2547 –** Procedure Codes for HIV Testing, Syphilis Testing and High Intensity Behavioral Counseling Will Be Opened for Additional Provider Types
- **WA#2546 –** Expired Provider Enrollment Applications and Change Requests
- **WA#2544 –** New Non-Emergency Secure Behavioral Health Transports Provider Type 35 Specialty 987
- **WA#2543 –** Certified Community Behavioral Health Center (CCBHC) Allowable Services Grid and the Federally Qualified Health Centers (FQHC) CCBHC Allowable Services Grid Updated

Carin Hennessey, SSPS II

- QA Program — List of Behavioral Health Services -- MSM 403.2(B)(6)(a): Part 3: QA Program – MSM 403.2(B)(6)(a) states, "A list of behavioral health services and evidence-based practices that the BHCN provides to recipients.

  1. Identify the goals and objectives of the services and methods which will be used to restore recipient's highest level of functioning."

  This section is supported by the section discussed last month, including the Supervisors and rendering providers within your agency. You will list the services (using resources from Chapter 400 and the billing guidelines) that your agency will offer. Services are listed under OMH Services (MSM 403.4) and include Screening and Assessments; Neuropsychological and Psychological testing; Mental Health Therapies (individual, family, group); MH Therapeutic Interventions (PHP, IOP, Medication Management, Medication Training and Support); also note that PHP and IOP have some additional documentation requirements, which you can find in the policy and on the enrollment checklist for the BHCN. Currently, you may submit this information with your revalidations as well as your initial enrollments.

  Services may also include Targeted Case Management (TCM), as described under MSM 2500, which you will have to review if you are delivering the service to individuals identified as non-SED and non- SMI. Also, note that TCM, under MSM 2500, delivered to individuals identified as SED or SMI is not reimbursable under the BHCN.

  The BHCN can also deliver Rehabilitative Mental Health (RMH) services in combination with OMH and TCM (non-SED, non-SMI) services. All of the outpatient services under the BHCN are rehabilitative (in Chapter 400, they are identified as OMH and RMH). I'd also like to note here that the services delivered by Provider Type 82 are included, as a whole, under the BHCN; while you may choose to enroll as a PT 82, if you are already

enrolled as a BHCN, the addition of a PT 82 enrollment is not necessary to deliver the RMH services. RMH services under MSM 403.6B include BST, PSR, Peer-to-Peer Support, Crisis Intervention, and Day Treatment. Crisis Intervention and Day Treatment are inclusive of the appropriate OMH and RMH services. Day Treatment, as you know is also a separate enrollment (as a PT 14 Specialty 308) under an already enrolled BHCN (PT 14 Specialty 814); in other words, the BHCN enrollment must be completed prior to submitting the enrollment for a Day Treatment Program. Completed enrollment of the BHCN makes the enrollment process for the additional Day Treatment program cleaner. There is a whole bunch of documentation that goes along with Day Treatment, including answering questions in detail on the curriculum and scheduling of that program. You can list the service in your QA Program, but you don't have to go into the level of detail required with the Day Treatment specialty enrollment. We can discuss Day Treatment at a separate time, or feel free to email the BH inbox.

On your QA Program you only need to list the services you are currently delivering. While you may list services that you intend to have a future capacity to deliver in the future, be aware that your Organizational Chart will have to reflect this by Supervision and rendering providers. We encourage you to not list services that you do not currently provide. You can update your QA Program when you begin to provide a new service. Currently, you don't have to wait for revalidation to submit an updated QA Program; you can upload the information and it can be attached to your enrollment. For example, you may list Medication Management as a service you plan to deliver, but if you do not list a Practitioner to deliver this service. This will raise questions: How can you deliver the service if you don't have the physician or APRN staff? It is recommended that you update your QA Program when you have the capacity to deliver the services you list. You can add a section identifying services that your agency plans to expand in the future; there is not set format for how the QA is presented. The BHU is not dictating how your agency presents this information. Think of the QA Program more as your agency's policies than Medicaid's policies, and you want them to reflect your current operations.

You will have to include a description of the services you offer, as you list them. Please do not copy Medicaid's language for the description of a service. We want to see your agency's description of the services that your agency offers. If there are specific EBPs that your use or if you have specific focus groups or programs, please include this information. Your policy should be robust as well as to fulfill the guidelines of Medicaid when delivering these services to Nevada Medicaid recipients.

We do not have a specific template for you to follow when creating your list and description of services. You may follow the guideline of the policy, but don't feel that you have to list the information exactly as it is shown in the policy. While we are talking about it, I notice that providers list separate policy documents for supervision; that's okay as long as the additional documents are included as part of your QA Program and adhere to the policy (i.e., Clinical Supervision, Direct Supervision). If you do have questions about how to communicate this info in your QAP, please reach out to use.

Great, so far, we have reviewed the (f) individualization of the QA Program; the (b) organizational chart; and (a) the list of services with descriptions. Please let us know if there is a specific area of the QA Program that you would like to review. Or we'll keep going through the policy sections and reviewing.

- Listserv – LISTSERV@LISTSERV.STATE.NV.US: To subscribe to this List, do the following:

  - Compose an e-mail To: LISTSERV@LISTSERV.STATE.NV.US
  - Leave the Subject blank.
  - In the Body of the email: Include ONLY the following: subscribe Medicaid Updates
  - Erase your e-mail signature and privacy statement.
  - Send the email.
  - You will receive a confirmation.

  For all other questions, please use the form: http://dhcfp.nv.gov/Contact/ContactUsForm/

- CASAT Learning: Addressing Burnout During Times of Uncertainty LIVE WEBINAR -- Addressing Burnout During Times of Uncertainty LIVE WEBINAR-Live Webinars (casatlearning.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/

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: In regard to web announcement 2546. What happens to applications that have been in pending status and we have submitted all required items? I mean will we have to start over completely though we did all we were supposed to do?
   A: If you can provide the ATN for that particular application, Provider Enrollment can take a look at it. Sometimes, if all of the required documentation is attached to the application, Gainwell (Nevada Medicaid's fiscal agent) has five (5) business days to complete that process: approve, deny, or return that application to the provider. If an application is still pending, it may a review and approval outside from the DHCFP Provider Enrollment Unit. Send the ATN# to the Provider Enrollment inbox providerenrollment@dhcfp.nv.gov.
   We had several applications that were in the queue in an incomplete status, meaning the provider did not complete the submission or because the application was returned for additional information and it has been over 120 days that there was any activity with that particular ATN. So, we went in inactivated all of those ATNs and put the statuses of the applications/ATNs as "Expired". Providers can always reapply; they will have to initiate a new enrollment application and they will have to start the whole process from the beginning on those applications/ATNs.
   Providers can also email nevadaprovidertraining@dxc.com and request assistance from their Field Representative. Please be sure to include your NPI and if possible, the Application Tracking Number (ATN).

   Q: How soon in advance of revalidation can providers submit their applications?
   A: Please review the Revalidation Report on the Provider Enrollment webpage of the Nevada Medicaid website. Providers are able to enroll up to a year in advance of their revalidation date.

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