**DIVISION OF HEALTH CARE FINANCING AND POLICY**
**CLINICAL POLICY TEAM, BEHAVIORAL HEALTH PROGRAM**
**BEHAVIORAL HEALTH TECHNICAL ASSISTANCE (BHTA)**
**Minutes – Wednesday, September 8, 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. August 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.

- List of Behavioral Health Services -- MSM 403.2(B)(6)(a)
- Listserv – LISTSERV@LISTSERV.STATE.NV.US

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**
- 9/28/2021 – State Plan Amendment for Medicaid Services (ABA Services Rendered by Registered Behavior Technician; 1915(i) dba Waiver Renewal; Three New Provider Types)
- 9/28/2021 – MSM Chapter 3700 – Applied Behavioral Analysis

**Public Workshops**
- 8/31/2021 -- MSM Chapter 4000 – 1915(i) HCBS State Plan Option Intensive In-Home Supports and Services and Crisis Stabilization Services Updates

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#2572 –** Reminder to Providers to Complete DHCFP Rate Review Surveys
- **WA#2571 –** U.S. Food and Drug Administration Approves First COVID-19 Vaccine
- **WA#2564 –** Reprocessing Claims for Procedure Code H2011 (Crisis Intervention Services) Scheduled to Begin
- **WA#2558 –** Attention Behavioral Health Providers Delivering Crisis Intervention (CI) Services: Prior Authorization Requirements for Emergency Requests

**Carin Hennessey, SSPS II**

- **Crisis Intervention (CI) Services related to WA#2558 and WA#2564:**
  **Web Announcement 2258** is related to submitting emergency requests.
  The Behavioral Health Unit (BHU) is working on updating the FA-11 form for submission of the emergency request for Crisis Intervention (CI) services. This is the form you will use for Prior Authorization (PA) requests [for behavioral health services] and you will use the FA-11 form for the emergency request; this is specifically for the emergency request of additional CI services above the 90-day service limitations for Provider Type (PT) 14, PT 17 Specialty 215, PT 26, and PT 82. If you are delivering Crisis intervention and your PT is not listed, it probably means that this web announcement does not apply to you.
  Utilize the "NOTES" section of the FA-11 form to identify that you are submitting an emergency request for CI. And this is for additional CI services, under CPT code H2011, above the 90 day service limitations.
  The Behavioral Health Unit is continuing to work on updating the form, but the current FA-11 (located on the Nevada Medicaid website, under "Providers" drop down menu, under "Forms"). There is a workaround for now to use the form as it stands. Here in the "NOTES" section is where you identify the emergency request for Crisis Intervention services; this way the reviewers at Gainwell Technologies can see that this is an emergency request.
  As you complete the emergency request, it is very important to indicate the medical necessity. You want to clearly identify why the additional CI hours are needed, how the services will be delivered, and the goal of the additional services. It is important to show how these services will keep a recipient from moving to a higher level of care, or hospitalization. So, make this very clear for the PAR reviewers. Not that you want to throw everything in the PAR or include excess documentation, but you want to make it clear that there is medical necessity.
  As indicated on this WA, the emergency request must be submitted by the 5th day after the first additional occurrence is delivered in the 90-day period. We can always discuss more what this may look like and have you provide examples. This means that the PAR can be submitted retroactive to the delivery of some of these services, but by day 5 the request for these additional services must be submitted.
  I appreciate any specific questions on what this might look like. Are there any questions on this WA or the emergency request in general?

You may have received a notice and we have discussed this **Web Announcement 2564** in a previous meeting. This web announcement is also related to CI but addresses the recoupment for services based on the policy update effective November 17, 2017 (up to 4 hours per day for three consecutive days, for up to 3 occurrences in the 90-day timeframe. The recoupment will involve providers types 14, 20, 26, and 82 for claims for H2011 submitted on or after Nov. 17, 2017, through August 19, 2019. The claims will be automatically reprocessed, and Remittance Advices will report the results of the reprocessing claims.
Are there any questions related to this WA?

- **QA Program –– Clinical and Supervisory Trainings – MSM 403.2(B)(6)(c)**: Part 4: QA Program – MSM 403.2(B)(6)(c) states, "Document how clinical and supervisory trainings are conducted and how they support standards to ensure compliance with regulations prescribed within MSM Chapter 400. Provide a brief description of material covered, date, frequency and duration of training, location, names of employees that attended and the name of the instructor."
  We can look to Clinical and Direct Supervision, as outlined in policy 403.2A. Clinical Supervision "includes the on-going evaluation and monitoring of the quality and effectiveness of the services provided, under ethical standards and professional values set forth by state licensure, certification, and best practice. […] Clinical Supervisors are accountable for all services delivered and must be available to consult with all clinical staff related to delivery of service, at the time the service is delivered." Supervision of treatment plans and case reviews are examples of what is involved in supervision. Any clinical trainings can be included. These trainings can include agency-wide staff – licensed independent professionals, PT 20s and 24s linked to the group, QMHPs, interns, Independent RMH providers (QMHPs, QMHAs, QBAs). An example may be a training on an evidence-based practice that you want the entire staff to be trained on or aware of.
  Regarding Direct Supervision, where "Direct Supervisors must have the practice-specific education, experience, training, credentials, and/or licensure to coordinate an array of OMH and/or RMH services. Direct Supervisors assure servicing providers provide services in compliance with the established treatment plan(s). Direct Supervision is limited to the delivery of services and does not include treatment and plan(s) modification and/or approval." It will depend on whether you have a QMHP or Independent Professional as Direct Supervisor, or if you have QMHA as Direct Supervisor; the scope of practice will be different. And if there are multiple Direct Supervisors, then the trainings provided by each are included here. It's important to keep in mind that some paraprofessional staff (QMHA, QBA, and QBA as Peer Supporter) have specific training and in-service requirements, and that specific training information will be included (if your agency includes this staff and these services). You can find out more about those requirements under the RMH Service providers, 403.3A and 403.6A. All of this informs your training and supervision section.

Are there any questions so far on the supervision and training?
A couple of other important points:
As for the actual information required, the QA policy can use clarification between annual reporting information and what is included in the QA (initial and revalidation enrollments): what is most important is a brief description of material covered, staff involved, the frequency of the trainings and who will be providing the training for staff. For the staff, you don't have to include name but include position/qualification/status of the trainer, in this case. The frequency of a training could be simply stated: every quarter the agency provides *this*. Then there is also training and supervision that has to happen, for example, a minimum of every 30 days for treatment plan review. There isn't a guideline on how to communicate this information, just be sure to communicate the purpose of the supervision and training to the function of your agency.
One last note, if the Clinical Supervisor and Direct Supervisor is the same person, be sure to identify these levels of supervision and training as separate in your QA because they are essentially separate roles within the agency. Even if it is the same person performing both roles, the duties of each role and the responsibility of each role must be stated.
Great, so far, we have reviewed the (f) individualization of the QA Program; the (b) organizational chart; (a) the list of services with descriptions; and (c) clinical and supervisory trainings. Please let us know if there is a specific area of the QA Program that you would like to review. And you can review the previous sections we've covered in our meeting minutes.
Any questions on the QA?

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: How do we determine if [the recipient] has been seen before for Crisis Intervention and when the 90 days started, so we can do the PARs correctly? Our PARs are being denied and we are not being paid because services delivered at other agencies and through other hospitals**

**A:** Similar to other behavioral health services and established service limitations available to recipients, a provider can contact the **Customer Service/Provider Call Center (877) 638-3472** and request how many units have been utilized (for the recipient's current 90-day timeframe). You will need the NPI number, the CPT code, and the recipient's Medicaid ID number. If you are directed to request this utilization through the training inbox NevadaProviderTraining@dxc.com, please send an **encrypted email** including the **NPI number, the CPT code, and the recipient's Medicaid ID number**. If the recipient has exceeded the service limitations for their 90-day timeframe, then the provider will need to submit the emergency request. *Keep in mind that providers do not always bill immediately for services they deliver and what is reflected in the information available through the Customer Service/Provider Call Center may not be the most up-to-date utilization of a service by a recipient.*

**This general information has been provided in response to the specific provider billing situation raised during the meeting.**

**Q: Where do we find the recording please?**

**A:** The recordings for the meetings are not currently available to all attendees of the meeting due to TEAMS accessibility. The meetings are real-time discussions of Nevada Medicaid policies and procedures available through the Nevada Medicaid and DHCFP websites. Updates are provided. Provider questions and concerns are addressed. Recordings are not required to be posted for these meetings, but transcriptions of the meeting minutes are provided and made available. Minutes can be found on the Division of Health DHCFP website, on the Behavioral Health Services webpage, under the "Meetings" sidebar.

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