DIVISION OF HEALTH CARE FINANCING AND POLICY
CLINICAL POLICY TEAM, BEHAVIORAL HEALTH PROGRAM
BEHAVIORAL HEALTH TECHNICAL ASSISTANCE (BHTA)
Minutes – Wednesday, October 12, 2022
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 using the 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. September 2022 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.

- **September 2022 meeting was cancelled**

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

   -

   Public Hearings

   - **09/27/2022 --** Medicaid Services Manuals (MSM 400– Mental Health and Alcohol/Substance Abuse Services)
   - **10/25/2022 --** Medicaid Services Manuals (MSM 1200– Prescribed Drugs; MSM 600 - Physicians Services and MSM 1500 - Healthy Kids Program)

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#2905** – Attention Individual Servicing Providers Linked to a Group and Group Providers Billing with Individual Rendering Providers: Report Individual National Provider Identifier (NPI) as Rendering Provider on Claims
- **WA#2903** – COVID-19 UNWIND: Nevada Medicaid COVID-19 Public Health Emergency Operational Unwinding Plan
- **WA#2901 –** Attention All Providers: Reminder to Enter Claim Filing Indicator Code on Electronic Claims
- **WA#2900 –** Attention Provider Type 86 (Specialized Foster Care): Claims May Have Paid In Error
- **WA#2899 –** Reminder for All Providers: Providers Limited to One Active Change/Update Application Tracking Number (ATN)
- **WA#2896 –** Attention All Providers: Claims Impacted by Provider's Location Status
- **WA#2895 –** Attention All Providers, Delegates and Staff: Upcoming Training Sessions for November 2022
- **WA#2894 –** Attention All Providers: Top 10 Claim Denial Reasons and Resolutions/Workarounds for August 2022 Claims

Carin Hennessey, SSPS II

- **Behavioral Health Updates**

  State Plan Amendment – Reimbursement Methodology for Crisis Stabilization Centers -- This SPA is on request for additional information (RAI), which essentially pauses the 90 day clock under CMS review. The latest discussions involve adding the methodology to different pages within the state plan since the services provided under a crisis stabilization center are outpatient based and may fit better under the rehabilitative services area rather than the hospital reimbursement pages where we originally placed them.

  Upcoming MSM 400 – Mental Health and Alcohol and Substance Abuse Services – Provider Qualifications -- Public Hearing was held on September 27, 2022 and updated policy was approved. This policy clarifies the qualifications for Qualified Behavioral Aids and Mental Health Peer Supporters, Qualified Mental Health Associates, and Qualified Mental Health Professional providers. The updated policy has not been uploaded and will be available shortly only through the Nevada Medicaid and the DHCFP websites.

  Consultant Health Management Associates (HMA) Children's Behavioral Health Assistance -- Health Management Associates (HMA) has conducted one-on-one interviews with dozens of key stakeholders to conduct an environmental scan and develop recommendations to address the behavioral health needs of children and youth and their families. These one-on-one meetings helped to prepare for a meeting that brought stakeholders together in person and virtually to collaborate around goals, timelines, and desired

outcomes for this effort to improve Medicaid services and for the overall system of care for children and youth with behavioral health needs and their families. This all-day meeting was held on September 19, 2022. Additional public and stakeholder engagement will be forthcoming with recommendations from HMA.

Mobile Crisis Planning Grant -- The Mobile Crisis Planning Grant Project and Core teams have been working hard on developing how Nevada will build mobile crisis teams that will be eligible under enhanced FMAP offered through Section 1947 of the SUPPORT Act. We have been working with Mercer on this project and they have delivered their final recommendation report to the state. We are working through these recommendations and making determinations regarding moving forward. For example, it is likely we will pursue a state plan amendment rather than a waiver to ensure our already covered crisis intervention services include the requirements needed and outlined for qualifying mobile crisis teams to receive enhanced FMAP. We have a tentative timeline to propose new MSM policy and state plan amendment in April 2023. Also, determining how we will delineate these teams from other mobile crisis or crisis intervention that does not qualify for the enhanced FMAP; for example, identifying if a possible certification would be needed, development of a new provider type and use other system updates to include modifiers for qualifying services. The first stakeholder meeting was held in September with the CCBHCs to outline the provider standards for Designated Mobile Crisis Teams, another meeting coming in October. Additional Non-CCBHC mobile crisis teams stakeholder engagement meetings have been scheduled for October and November. A Public Workshop will be forthcoming to present these provider standards to the public and interested stakeholders prior to moving forward with the state plan amendment (SPA) and MSM updates. Working on system development to develop new provider type and specialties specific to crisis services. A No Cost Extension (NCE) was submitted to CMS and has been approved, which will allow Nevada more time for full roll-out and allows Nevada Medicaid to rollover unspent funds into this fiscal year. We received a 12-month extension through 9/29/23.

SUPPORT Act Post Planning Grant -- Work being done through the SUPPORT Act Post Planning grant has been related to the 1115 Substance Use Disorder Demonstration Waiver. The majority of work being done through the SUPPORT Act Post Planning grant has been related to the 1115 Substance Use Disorder Demonstration Waiver and getting that resubmitted to CMS. Our focus, while we are simultaneously answering questions from CMS on the specific application, is the development of the Implementation Plan. The Implementation Plan is an adjoining document to the 1115 application, that details how states will meet the milestones and goals of the Demonstration. It outlines how the current and future state will function and identifies actions needed for the future state activities to be completed. CMS

has indicated they are working on development of the Standard Terms and Conditions (STCs) which is great news, indicating approval may be coming. There is no timeline for approval and Nevada Medicaid is still targeting a 1/1/2023 implementation date. DHCFP is working on system development, adding new codes for these levels of care and applying rates to these codes.

- **QBA and QMHA Enrollment Checklists** – the checklists can be found on the Nevada Medicaid website, https://www.medicaid.nv.gov/providers/checklist.aspx. We are not trying to make the process more difficult; we are trying to make the process more streamlined and easier for providers to enroll. These conversations arise as we work to update policy and improve the process. It is evolving and that's kind of the nature of what policy is if we want it to be reflective of who policy represents and for whom it's intended.

  In terms of **the QBA checklist for the provider Type 14 [Specialty 302],** the high school diploma or GED equivalent is required. The documentation and certificates language is broken down into New Enrollment and Revalidation, so that it's clear what it is that you need to submit. Include the information related to the competencies [for the QBA]. One of the changes or updates is that you still need to submit your CPR certification. **You can submit the CPR certification card and that will satisfy that requirement [for enrollment]; if you'd like to include [the CPR training] on your initial competency training (16 hour) documentation, you can do that, but you have to be clear about what was covered in the training, for up to two hours.** It's one thing to take a course in CPR, and it's another thing to talk with staff about what that looks like to actually use CPR or what to do in in that situation when you have to use it in a home or in the community or in the office, whatever that may look like. So we do allow two hours of training. The card itself is still required, so you need to provide the card. That's good enough, but if you want to provide some additional training, you can use up to two hours of the competency training to do that. You just have to explain what you're doing.

  For Revalidation, the competencies [to be covered in training] are listed.

  Then there is a separate section listing what needs to be listed on the documents/certificates for training.

  If you are doing the **training in-house** and you have documentation for broader training you do for your employees, then you need to ensure this information is on there. We are not telling you how to do your documentation, we're telling you what needs to be on it so that it can be Medicaid compliant.

  If you are using an **outside agency to do that training**, then these are the things that need to be on that documentation. Whoever is providing that training for your agency needs to be in compliance [with the documentation requirements]. You

can work with that agency to ensure the required information is on that documentation.

[It was suggested, depending on when the Chapter 400 policy is posted online, that a separate session to continue the review of the checklists may be scheduled].

Regarding [the **Revalidation requirements**] the "outline of all course content as indicated by the core competencies above" and the "hours assigned to each competency must be identified separately and must add up to at least 16 hours (for New Enrollment) or 8 hours (for Revalidation)," this is new. **Medicaid is not requiring you to do the Initial Competency training every time you revalidate.** We want you to cover these elements [Basic living and self-care skills, Social skills, Communication skills, Parental training, Organization and time management skills, Transitional living skills] for Revalidation.

How does that training look? We are not telling you how to do that training; we are telling you what the competencies are. Ways in which you can do this training in your agency, you can provide this training to your employees. You can also have them take classes online that you recommend. There are lots of ways to do this. We also want QBAs to gain skills and experience to become QMHAs. There is the opportunity here [for an employee] to take classes and earn educational credits in these areas. This is the part where we're not telling you exactly how to do it. This is the clinical part that we leave up to the agency to determine what is best for your agency. It has to be broad so that we can make it applicable to everybody. I've had conversations with providers, and you have clinical oversight over this and how you train your employees. Medicaid is giving you the competencies, the requirements for documentation.

There is freedom in how to [deliver this training]. It does take that work on the part of the agency to figure all of that out. There is no way for Medicaid to tell you [deliver this training like this] and it will get accepted. We shouldn't be telling you what to do. **Medicaid is writing the policy to guide you; providers have the clinical expertise to provide this training.**
For **policy acknowledgments**, providers may have hesitation signing off on policy that they can't read because the update is not posted online yet. These sections haven't changed in policy, but I understand that you may want to have that policy there to look at. NOTE: Update policy will be posted online shortly. It is currently going through final grammar checks and making sure the content language is clear and reads correctly. **This QBA checklist was updated to include more information on what policy section you are signing off on**. Once you sign, you are agreeing that you understand the policies, which is what we have emphasized on these checklists -- for example, Change Notification Requirements and Fraud Notification Requirements. These are things that, once signed off on, you are identifying that you have read and understand the policy. If you have questions on the policies before you sign this, the Behavioral Health Unit is always available to answer these questions for you.

The PT 82 Specialty 302 checklist is essentially the same. You are delivering the same services, just under a slightly different model. QBAs are delivering Rehabilitative Mental Health Services under the PT 82 Behavioral Health Rehabilitative Treatment (BHRT) model.

The **QMHA Enrollment Checklist (Specialty 301, under PT 14 and PT 82) has changed the most**. It is to enhance the enrollment of the QMHA and to give the QBA [with education and experience delivering Medicaid services to recipients] the opportunity to move into QMHA role.

The professional licensure for the RN remains the same; we've made it clearer what that looks like.

We have listed all of the fields of study under a Human Services conferred Bachelor's degree. **We updated the degree to Human Services, and we've listed fields of study under that degree.** This was previously listed in a different section of the checklist. We cannot know what every college or university is going to call a course or a degree; they are all different. We have used the model of the Virginia Department of Behavioral Health and Developmental Services (approved degrees in Human Services and related fields) to inform our QMHA Enrollment Checklist. If there are other fields of study that are not included here, the beauty of the checklist is that we can update the checklist; it's not like changing policy and can be done more easily. We include the fields here [on the Enrollment Checklist] but not in the policy, if you are wondering why it is not in the policy. We've tried to cover the fields that we understand to be part of delivering these services.

We clarified the best documentation to submit, your actual diploma [of your official conferred degree]. We understand that there are reasons that a diploma is not always available, and we will accept as a substitution an official transcript, that includes a statement of a conferred degree (usually at the top of the transcript), "with a Registrar signature/stamp, institutional watermark and/or embossed seal." Please do not submit any documentation that states *this is not an official transcript* or *unofficial transcript*. **If you can submit the actual degree that would be best and if you have to submit a transcript, be sure it is official.** Additional questions can be sent to the Behavioral Health inbox.

You can have a conferred Associate's degree in the field of Human services, and "and additional understanding of outpatient treatment services, rehabilitative treatment services, and case file documentation requirements, demonstrated through a minimum four years verified relevant professional experience as a QBA delivering direct services to individuals with behavioral health disorders." This is something we've added; it's something we've added to give QBAs with experience and education the opportunity to move into the role of a QMHA. We are working through how this will look. The acceptable degree requirements are indicated, official transcripts, the same as described. For QBAs "delivering services through

a group enrollment, verification will be provided through a group enrollment." If you are a QBA under a group enrollment, I'll use a school, you could use that to enroll as an individual provider for Medicaid. I believe other group enrollments that utilize providers fulfilling those requirements of a QBA include CCBHCs and 17-215s (S.A.A.M.). We are just trying to give anyone fulfilling the requirements of a QBA to use that to become a QMHA. There may be questions on this.

We also have an option for those with a "conferred Bachelor's degree from an accredited college or university in a field other than Human Services." What we have gotten rid of with the Associate's and the Bachelor's degree in a field other than Human Services is the submitting of transcripts and counting of credits. The resume itself for a non-qualifying Bachelor's degree has to be reviewed [by Provider Enrollment]. Keep in mind what has to be included in the resume to verify experience over the four years. We still need the official degree or the official transcript.

That is what the QMHA looks like and it's not crystal clear; we are going to work to attain this as closely as we can and work through some of the glitches – in how [the guidance] is presented and how you will submit the information for enrollment. Please email the Behavioral Health inbox; I want to be able to get these enrollments and probably have to see it on our side. This is the best that I can address that.

The information under New Enrollment and Revalidation is like what is on the QBA checklist. The competencies and the information that need to be on the training certifications. The 16 hours of training for the Initial Competency and the 2 hours per quarter (8 hours total over the "previous 365 days prior to the requested effective date") for the Revalidation are the same [as the QBA]. Same conversation about whether you do the training in-house or if you are hiring an outside agency to do the training.

I want to clarify the differences between the scope of services delivered as a QMHA under the PT 14 and the PT 82. The PT 14 allows the QMHA to provider services that are not available to be delivered under the PT 82, which is strictly rehabilitative services such as Crisis Intervention, PSR, BST, and Peer Support. Same conversation on signing off on the policies as we discussed with the QBA.

There is some more information on the QMHA checklist regarding the Supervision Standards. That has not changed in policy. We didn't update that. Always be sure to understand what you are signing and what you are signing off on.

That is everything I have on the checklist updates for QBA and QMHA.

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/

Contact Information: providerenrollment@dhcfp.nv.gov

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
   NVMMIS.EDIsupport@gainwelltechnologies.com
   nv.providerapps@gainwelltechnologies.com
   Prior Authorization Information: (800) 525-2395
   nvpeer_to_peer@gainwelltechnologies.com
   Field Service Representatives: nevadaprovidertraining@gainwelltechnologies.com

Alyssa Kee Chong, Provider Relations Field Service Representative - North
Susan 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: For clarification, the CPR card will not count for 2 hours of the required 16?
A: The CPR card is required; you need to submit that for your initial enrollment. As far as [what is documented for] the Initial Competency training (16 hour), you can use two (2) hours for CPR. For an example, in an agency, you may hire a certified CPR trainer to come to your agency and do that training for all of your employees; if that's the case, that is what you document in your Initial Competency training, if you choose to include [the 2 hours] for that requirement. Or you may say to your employees, "you need to go out and get this CPR training/card," and you put the

responsibility on them. [How you do that] is up to you. If you are going to use 2 hours of the Initial Competency training to describe what was done for CPR for that employee, then you just need to explain what that is. And you need to include a copy of the CPR card.

Q: Some of the school districts have learning management systems, so a lot of their training can be done through these systems. Each person has their own unique login and the classes are set up in the system. Some are live, some are virtual, it just depends. Are electronic signatures of the participant and the trainer acceptable?
A: Digital signatures are acceptable, and they must follow the electronic telerecords guidelines. This is related to the school and the learning plan for the school district; this is not the same as the 16-hour competency training on the Behavioral Health Provider Enrollment checklists, which do require original signatures if you are using [these checklists] to enroll. PT 14 is not going to apply to the PT 60. For the schools it is separate and part of a student's learning plan.

Q: Has there been any update on the Board approval letter for LCSW interns and the Supervisor on the letter not matching the company Clinical Supervisor?
A: Yes, we are addressing what those letters look like. Be sure you are submitting the Intern letter and not the Supervisor letter that the Board Approved Supervisor will receive. We are working out that the Clinical Supervisor for the BHCN or BHRT [as listed on the Provider Enrollment checklist] is not the same as the Board Approve Supervisor. There should not be a problem any longer. These letters are looking a little different than we initially anticipated, but we are working with the BOE for Social Workers to be in compliance with what they are doing [in the issuing of intern licensures that meet our QMHP enrollment qualifications]. Thank you for your patience if you've been

Q: I had a situation where I had a Licensed Social Worker, not with the clinical piece yet, and then they will start their clinical internship. They wanted to do it under a PT 26, and they had their Board Supervisor and their internship letter, but it looks like they won't be able to link to a PT 26. Is that true, that they have to go with a PT 82 or a PT 14. Why can't they link with a psychologist or another practice and still get their clinical hours, as long as they have clinical supervision? They want to enroll as a QMHP and link to a PT 26.
A: This conversation is related to the Licensed Master Social Worker (LMSW) in a post-graduate clinical internship that's enrolling as a QMHP. If you look at the PT 26 Enrollment, you'll see who can link under a PT 26 group (Specialty 826). If they fit into one of those specialties, that is how they would enroll under the PT 26. They would not enroll as a Specialty 300, as a QMHP.
For QBAs, QMHAs, QMHPs because they cannot stand alone to be independent, and they must link to a group that has Clinical and Direct Supervision oversight. That is why those PT 14 and PT 82 specialties have to link to a [PT 14 or PT 82]

group. PT 26 has a different type of education, background, and degree. The 14 and 82 individual providers have to link to a 14 or 82 group.
Looking at the PT 26, the licensures are issued under the State Board of Psychological Examiners, which is a different BOE than the LMSW interns.

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