

Joe Lombardo
Governor



Richard Whitley
Director

MSM 400: Quality Assurance Program Updates

Division of Health Care Financing and Policy

Marcel Brown, Social Services Program Specialist III
Carin Hennessey, Social Service Program Specialist II

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Agenda

MSM 400 Update: QA Program Removal

1. What is a BHCN QA Program?
2. Purpose for Removal
3. Medicaid General Billing Guide Updates
4. Provider Type (PT 14/814) Enrollment Checklist Updates
5. Questions



What is a BHCN QA Program?

A Behavioral Health Community Network (BHCN) Quality Assurance (QA) Program includes the following:

1. Behavioral Health Services and Evidence-Based Practices
2. Organizational Chart
3. Clinical and Supervisory Trainings
4. Demonstration of Effectiveness of Care
5. Demonstration of Access and Availability to Care
6. Demonstration of Satisfaction of Care



Purpose of Removal

MSM 403.2 (B)(6)

- ~~6. Implement and maintain a Quality Assurance (QA) program which continually assesses quality measures and seeks to improve services on an ongoing basis. A QA program description must be submitted upon enrollment and updated annually on the anniversary of the BHCN enrollment month. The BHCN's QA program description and report must include the following:~~
 - ~~a. 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.~~



Questions?



Billing Manual

~~Behavioral Health Community Network (BHCN) Providers~~

~~Per Medicaid Services Manual (MSM), Chapter 400, Section 403.2.B a Behavioral Health Community Network (BHCN) provider is required to submit a Quality Assurance (QA) Program description upon enrollment and an updated program description with QA report results to the Division of Health Care Financing and Policy (DHCFP) annually.~~

~~As defined by the Medicaid Services Manual Addendum, Quality Assurance is a structured, internal monitoring and evaluation process designed to improve quality of care. QA involves the identification of quality of care criteria, which establishes the indicators for program measurements and corrective actions to remedy any deficiencies identified in the quality of direct patient, administrative and support services.~~

~~For QA Program requirements please refer to MSM 403.2.B. The following is to provide additional direction on how to assess BHCN QA quality measures and how to submit QA Program documentation. Quality measures are assessed at the program level, not a specific population based on payer source.~~

~~Quality Measures~~

~~1. Effectiveness of Care~~



PT 14/814 Enrollment Checklist

Attachments

Initial each space below to signify that the specified item is attached.

_____ SS-4 or CP575 showing Employer Identification Number.

_____ Business license.

_____ Clinical Supervisor's professional license (include licensure for all designated Clinical Supervisors, as applicable).

~~_____ Clinical Supervision policy (Clinical Supervision policy must detail how the entity/agency/group will 1) monitor and evaluate the quality/effectiveness of the services provided, 2) ensure medical services are appropriate and necessary, 3) ensure that providers operate under Clinical Supervision, 4) ensure that Clinical Supervisors operate within the scope of their licensure and expertise, and 5) ensure that all services are clinically appropriate.~~

~~_____ Quality Assurance (QA) program (QA program must detail how the entity/agency/group will perform internal monitoring and evaluation to improve quality of care. A Behavioral Health Community Network (BHCN) that is accredited through the Commission on Accreditation of Rehabilitation Facilities (CARF), Joint Commission, or Council of Accreditation (COA) may substitute a copy of the documented QA program and report required for the certification in lieu of the requirements in Medicaid Services Manual (MSM) Chapter 400 Section 403.2.B.6. Accreditation must be specific to a BHCN delivery model.) The QA program will be forwarded to the Division of Health Care Financing and Policy (DHCFP) for review. The DHCFP will send a separate notification once the documentation has been reviewed. Approved enrollment does not guarantee QA Program approval.~~

_____ Access to psychiatric services, when medically appropriate (via referral or coordination of care)

_____ ~~Case management~~ Discharge Planning and care coordination



PT 14/814 Enrollment Checklist (Con't)

Required Policies Attestations (to be initialed by the Clinical Supervisor)

As the Clinical Supervisor, I attest that I have reviewed and approved the following policies for this entity/agency/group, and that a Quality Assurance (QA) program is on file with my agency, documented according to requirements outlined in MSM 400:

Clinical Supervision Policy (Section 403.2A)

Quality Assurance Policy Program (403.2.B) and Annual Reporting (Billing Manual)

Required Services (to be initialed by the Clinical Supervisor)

A Behavioral Health Community Network (BHCN) entity/agency/group must offer the following services directly or through a written agreement with other qualified providers. (Nevada Medicaid is not responsible for direct reimbursement to employees and/or contracted providers of the entity/agency/group.)

As the Clinical Supervisor, I acknowledge that this entity/agency/group offers the following services, as applicable:

Outpatient Mental Health (OMH) and Rehabilitative Mental Health (RMH) services such as assessments, therapy and testing

Medication management and medication training & support (by medical professionals practicing under the scope and experience of their licensure in the State of Nevada, as identified on the QA Program, including the Organizational Chart)

24-hour per day emergency response for recipients (via referral or after-hours answering service)

Screening for recipients under consideration for admission to inpatient facilities

Access to psychiatric services, when medically appropriate (via referral or coordination of care)

Case management Discharge Planning and care coordination



Final Questions?



Contact Information

Marcel Brown

Social Service Program Specialist III

Marcel.Brown@dhcfp.nv.gov

(702) 668-4247

Carin Hennessey

Social Service Program Specialist II

Carin.Hennessey@dhcfp.nv.gov

(775) 684-3751

BehavioralHealth@dhcfp.nv.gov



Acronyms

- MSM: Medicaid Service Manual
- QA: Quality Assurance
- BHCN: Behavioral Health Community Network
- CAP: Corrective Action Plan
- DHCFP: Division of Health Care Financing and Policy