

Behavioral Health

Policies, Procedures & Reminders

Trainer: Shanna Lira
HPES Trainer



Objectives

- Policy reminders
 - Reclassification of fully licensed therapists
 - Overutilization of Assessments
 - Monthly Behavioral Health meeting reminder
- Clinical and direct supervision
- Group vs. individual therapy
- Rehabilitative vs. habilitative services
- Prior Authorization and Service documentation
- Billing reminders
- Important contact information



Program disclaimer

This presentation is not intended to override or replace policy.

As a Nevada Medicaid Provider it is *your* responsibility to regularly check for policy changes and updates.

Check:

- www.medicaid.nv.gov for web announcements
- your provider specific billing instructions
- Chapter 400 of the Medicaid Services Manual



Policy Reminders



Policy reminders

Chapter 400 of the Medicaid Services Manual is dedicated to Behavioral Health providers. When you became a Medicaid provider, you validated your understanding of Chapters 100 and 400.

Chapter 400 contains information on the following:

- Clinical vs. direct supervision
- Intensity of needs (includes service grid)
- Definitions of Qualified Mental Health Provider (QMHP), Qualified Mental Health Associate (QMHA) & Qualified Behavioral Health Aide (QBA)
- These policies did not change when HPES became the service provider – policies remain the same.



HPES provider web portal

www.medicaid.nv.gov

 **Nevada Department of Health and Human Services**
Division of Health Care Financing and Policy Provider Portal



Monday 03/19/2012 07:39 AM PST

[Transition Info](#) [Site Map](#)

Save money. Save time. E-Prescribe. [[Details](#)]

[Home](#) [Providers](#) [EVS](#) [Pharmacy](#) [Prior Authorization](#) [Quick Links](#) [Contact Us](#)

Urgent Notification

The Nevada Medicaid/Nevada Check Up Provider Web Portal (www.medicaid.nv.gov) will be unavailable for two hours from midnight through 2:00 a.m. PT Sunday, March 18, for maintenance.

The maintenance window normally occurs each night for 30 minutes from midnight through 12:30 a.m. PT for the Electronic Verification System (EVS), the online prior authorization system, Pharmacy Web PA and the Audio Response System (ARS) (800-942-6511). During this extended outage, the website documents, i.e., web announcements, billing information, forms, etc., will also be unavailable. We apologize for any inconvenience.

Urgent Notification (updated 2/6/2012)

Please note that there is a 4MB (4,000K) limit (the total of all documents) when attaching files to a prior authorization (PA) request. Providers will be notified if other methods of attaching large documents become available. Please use the forms provided in the Provider Web Portal for attaching documents to your requests. If you have additional documentation that exceeds the 4MB limit, please fax the additional documents noting the Prior Authorization Tracking number on your fax cover sheet. Fax numbers are on the forms. PA forms are located at <http://www.medicaid.nv.gov/providers/forms/forms.aspx>.

Notification

Enhancements were implemented in the online prior authorization and electronic verification systems on February 20, 2012. For more information, see [Web Announcement 451](#).

Latest News

NEW! Prior Authorization Quick Reference Guide [[Review](#)]

Provider Web Portal Quick Reference Guide [[Review](#)]

Web Announcements [View All](#)

WEB ANNOUNCEMENT 458

[DHCFP to Host Public Workshop March 20, 2012, Regarding Personal Care Attendant Registry and NPI Requirement](#)



DHCFP Website



Browser address bar: <https://dhcfp.nv.gov/index.htm>

Navigation: Nevada Dept of Health & Human Services - Divisi...

Nevada Department of Health and Human Services Division of Health Care Financing and Policy

Nevada Department of Health and Human Services | DHCFP Home | Telephone Directory | Sitemap | About Us

DHCFP INDEX

- DHCFP Home
- Audit Information
- Behavioral Health Services
- Boards & Committees
- Care Management Organization & 1115 Waiver
- Civil Rights and Advance Directives
- Employment Opportunities
- EPSDT/Healthy Kids Program
- Fact Sheets/Reports
- Forms
- Grants
- Hearings
- HIPAA
- HPES
- Home and Community-Based Waivers
- Indian Health Programs
- Medicaid Estate Recovery (MER)
- Medicaid Manuals
- Medicaid State Plan

Division of Health Care Financing and Policy (DHCFP)

The Division of Health Care Financing and Policy works in partnership with the [Centers for Medicare & Medicaid Services](#) to assist in providing quality medical care for eligible individuals and families with low incomes and limited resources. Services are provided through a combination of traditional fee-for-service provider networks and managed care.

- [2012-2013 DHCFP Budget Overview](#)
- [Ways and Means & Senate Committee Presentation - 2/23/11](#)
- [Ways and Means & Senate Committee Presentation - 3/25/11](#)
- [Medicaid and Nevada Check Up Fact Book \(2011\)](#)

[Report Provider Identified Overpayment](#)

[Apply for Medical Assistance Programs](#)

[Report Medicaid Fraud!](#)

Friday March 16th 2012

The Web DHCFP

WHAT'S NEW

IMPORTANT!



Medicaid services manual, chapter 400

https://dhcfp.nv.gov/MSM%20Table%20of%20Contents.htm

Nevada Dept of Health&Human Services - Divisi...

Medicaid Services Manual - Complete Document in PDF Format (1350 pages - 4.7 MB) Current Version 2-14-2012

MSM Definitions (Addendum)

Table of Contents

Medicaid services and the policies that govern those services can be found in the chapters of the Medicaid Services Manual (MSM). As a provider, you should be familiar with your specific chapter, as well as Chapter 100, Eligibility, Coverage and Limitations, Chapter 3100, Hearings, and Chapter 3300, Surveillance, Utilization and Review Subsystem. Manual Transmittal Letters (MTLs) are chapters or sections of the chapter that are pending revisions. Once they have been approved through the public hearing process the changes are then incorporated into the Chapter. A history of all revisions (MTLs) are kept under each Chapter.

100-Medicaid Program (ARCHIVES)

- [Chapter](#) (12-13-11)
- [Table of Contents](#) (12-13-11)
- [MTL](#) (12-13-11)

200-Hospital Services (ARCHIVES)

- [Chapter](#) (9-13-11)
- [Table of Contents](#) (9-13-11)
- [MTL](#) (9-13-11)

300-Radiology Services (ARCHIVES)

- [Chapter](#) (2-14-12)
- [Table of Contents](#) (2-14-12)
- [MTL](#) (2-14-12)

400-Mental Health and Alcohol/Substance Abuse Services (ARCHIVES)

- [Chapter](#) (7-21-11)
- [Table of Contents](#) (7-21-11)

DHCFF INDEX

- DHCFF Home
- Audit Information
- Behavioral Health Services
- Boards & Committees
- Care Management Organization & 1115 Waiver
- Civil Rights and Advance Directives
- Employment Opportunities
- EPSDT/Healthy Kids Program
- Fact Sheets/Reports
- Forms
- Grants
- Hearings
- HIPAA
- HPES
- Home and Community-Based Waivers
- Indian Health Programs
- Medicaid Estate Recovery (MER)
- Medicaid Manuals
- Medicaid State Plan
- Medical Services
- Nevada Check Up
- Nursing Facility Information
- Pharmacy
- Provider Incentive Program for EHRs
- Provider Support
- Providers
- Public Notices
- Rates & Cost Containment-Util/Fin. Reports
- Resource Link
- Subrogation
- Surveillance and Utilization Review Section (SURC)
- Transportation Services
- Workshops
- Sitemap-Text Version
- Questions?

Reclassification of fully licensed therapists

Licensed Therapists reclassified as Independent professionals- April 10, 2012 Public Hearing. https://dhcfp.nv.gov/meetings/2012/Agenda_04-10-12/MSM%20Agenda%20PH%20%204-10-12.pdf

The reclassification will allow fully licensed providers to operate within their scope of licensure without a requirement of Medical Supervision.

These include:

- Licensed Clinical Professional Counselor (LCPC)
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage and Family Therapist (LMFT)

They will be able to work independently of BHCN. Interns will continue to work under the current model.



Overutilization of assessments

- Always check the intensity of needs grid in Chapter 400 of the Medicaid Services Manual.
- Assessments should be done as the need presents itself or if there is a change in condition
- Reassessments do not need to be preformed to request a new or continued stay prior authorization
- Prior authorization is not required for H0002
- The intent of policy is to allow providers the opportunity to perform different types of assessments as medically necessary not to perform the same assessment multiple times



Monthly BH meeting reminder

- Don't forget to go to the DHCFP website
- Click on Behavioral Health Services link in the index
- Calls are held the second Wednesday of each month, at 10:00 AM Pacific Time
- On this link you can:
 - Find past meeting minutes
 - Submit questions
 - Find the upcoming Agenda which contains the call-in number and access codes
 - Call-in number 1-888-363-4735, Access code 1846315



Clinical and direct supervision



Supervision requirements

There are three types of required supervision:

Medical Supervision

Clinical Supervision

Direct Supervision



Medical supervision

The documented oversight which determines the medical appropriateness of the mental health program and services covered in chapter 400. includes the on-going evaluation and monitoring of the quality and effectiveness of the services provided and may be provided through on and offsite means of communication.

Behavioral Health Community Networks (BHCN) are required to have medical supervision. (For BHCN PT14 only)



Supervision

Referring QMHP

- 42CFR 440.130 – “REHABILITATIVE” SERVICES RECOMMENDED BY A PHYSICIAN OR OTHER LICENSED PRACTITIONER OF THE HEALING ARTS, WITHIN THE SCOPE OF HIS PRACTICE UNDER STATE LAWS FOR MAXIMUM REDUCTION OF PHYSICAL OR MENTAL DISABILITY AND RESTORATION OF A RECIPIENT TO HIS BEST POSSIBLE FUNCTIONAL LEVEL.

Clinical Supervisor

- 42CFR 440.260 – THE PLAN MUST INCLUDE A DESCRIPTION OF METHODS AND STANDARDS USED TO ASSURE THAT SERVICES ARE OF HIGH QUALITY

Direct Supervisor

- REQUIRED BY DHCFP FOR NON-LICENSED PROVIDER OVERSIGHT

Qualified Mental Health Professional (QMHP)

Qualifications (any of the following degrees)

Doctorate in Psychology

Bachelor degree in nursing and APN (Advanced Practitioner of Nursing - psychiatry)

Independent Nurse Practitioner or graduate degree in Social Work and Clinical License

Graduate degree in counseling and licensed as a marriage and family therapist or clinical professional counselor

Physicians and/or Interns



Qualified Mental Health Associate (QMHA)

Qualifications

Bachelor's degree in a social services field with *:

- * Understanding of RMH treatment services
- * Case file documentation requirements

Associates Degree with 4 years of relevant professional experience

Licensed RN with qualified experience



Qualified Behavioral Aide (QBA)

Qualifications

High school diploma or GED equivalent

Completed 16 hours of basic QBA training

Supervised by a QMHP or a QMHA



Clinical supervision requirements

Chapter 402.7

- Assure an up to date (within 30 days) case record is maintained on the recipient
- A comprehensive mental and/or behavioral health assessment and diagnosis is accomplished prior to providing mental and/or behavioral health services (with the exception of Crisis Intervention services)
- A comprehensive and progressive Treatment Plan and/or Rehabilitation Plan is developed and approved by the Clinical Supervisor and/or a Direct Supervisor, who is a QMHP
- Goals and objectives are time specific, measurable (observable), achievable, realistic, time-limited, outcome driven, individualized, progressive, and age and developmentally appropriate



Clinical supervision requirements – continued

Chapter 402.7

- The recipient and their family or legal guardian (in the case of legal minors) participate in all aspects of care planning, that the recipient and their family/legal guardian sign and receive a copy of the Treatment and/or Rehabilitation Plan(s)
- The recipient and their family/legal guardian acknowledge in writing that they understand their right to select a qualified provider of their choosing
- Only qualified providers prescribe services within scope of their practice under state law
- Recipients receive mental and/or behavioral health services in a safe and efficient manner



Direct Supervisor role

MSM, Section 402.11

- Carries out the Rehabilitation Plan
- Assists Referring QMHP in reviewing and evaluating the Rehabilitation Plan
- Contacts Referring QMHP before treatment begins
- Contacts service providers before treatment begins and a minimum of every 30 days thereafter
- Does not modify or approve the Rehabilitation Plan

NOTE: *A Direct Supervisor may be a QMHP or a QMHA and may also be the Referring QMHP.*



Direct supervision documentation requirements

Chapter 402.11

1. A face-to-face and/or telephonic meeting with Clinical Supervisors.
 - a. These meetings must occur before treatment begins and periodically thereafter
 - b. The documentation regarding this supervision must reflect the content of the training and/or clinical guidance.
 - c. The supervision may occur in a group and/or individual setting.
2. The face-to-face and/or telephonic meetings with the servicing provider(s).
 - a. These meetings must occur before treatment/rehabilitation begins and, at a minimum, every 30 days thereafter.
 - b. The documentation regarding this supervision must reflect the content of the training and/or clinical guidance.
 - c. This supervision may occur in group and/or individual settings.
3. Assist the Clinical Supervisor with Treatment and/or Rehabilitation Plan(s) review and evaluations.



Group versus Individual Services



Individual vs. Group services

Individual services are one to one interactions. One recipient – one provider per service.

Group services consist of one provider rendering service to more than one recipient at the same time.

It is fraudulent to bill an individual service when a group service was provided.



Non-covered services

RMH services do **not** include
(from CMS 2261-P):

- Custodial care
- Age appropriate and/or routine supervision, which includes:
 - Age appropriate social and self-care training
 - Case management
 - Educational, vocational or academic services
 - Habilitative services
 - Inmates of public institutions

RMH services do **not** include
(from CMS 2261-P):

- Maintaining level of functioning
- Management of recipient in milieu
- Room and board
- Services to individual with MR or who would distinctly not therapeutically benefit from RMH services
- Transportation to medical or other appointments/services



State of NV Contract Maximums for Mental Health Rehab Service Limits for Children and Adults

Level CASII, LOCUS	Level ECSII	Max Total hours per day	BST Services	Day Tx	Peer to Peer Support Services	PSR	Crisis Intervention
I	0	8units/2hrs/day	8units/2hrs/day	0	24units/ 6hrs/90 days	0	4hrs/day for 5 day period
II	I	8units/2hrs/day	8units/2hrs/day	0	24units/ 6hrs/90 days	0	4hrs/day for 5 day period
III	II	16units/4hrs/day	8units/2hrs/day	4	36units/ 9hrs/90 days	8units 2hrs/day	4hrs/day for 5 day period
IV	III	24units/6hrs/day	8units/2hrs/day	5	48units/ 12hrs/90 days	12units 3hrs/day	4hrs/day for 5 day period
V	IV	32units/8hrs/day	8units/2hrs/day	6	48units/ 12hrs/90 days	12units 3hrs/day	4hrs/day for 5 day period
VI	V	32units/8hrs/day	8units/2hrs/day	6	48units/ 12hrs/90 days	16units 4hrs/day	4hrs/day for 5 day period
When provider has used the ECSII please use the crosswalk tool to determine service maximums.	ECSII used for young children.	Does not include outpatient mental health services. ONLY rehab services.	Maximum of 2 hours daily for notification. Review for medical necessity if request exceeds this amount. ** 720 units/7 days wk/90 days				*Requested retrospectively.



Rehabilitative versus Habilitative



Outpatient mental health services

Medical oversight required

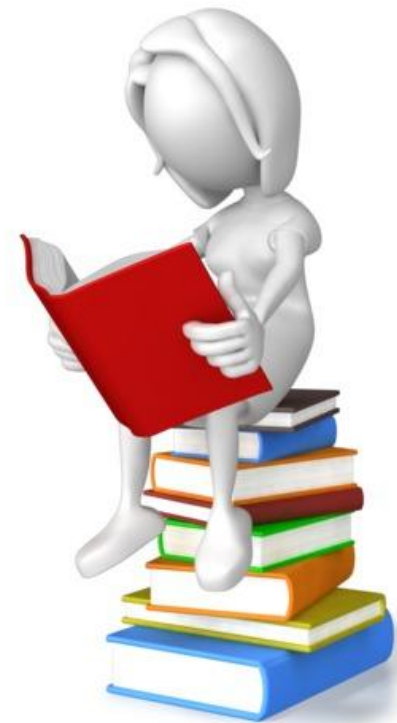
PROVIDER TYPE BHCN (PT 14)

- Assessments
- Testing
 - Psychiatric
 - Psychological
 - Neurological
- Partial Hospitalization (less than 24 hours)
- Intensive Outpatient Services
- Medication Management
- Mental Health Therapy



Rehabilitative services

Medicaid rehabilitation services are defined as any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his or her practice under State law, for maximum reduction of physical or mental disability and restoration of a recipient to his best possible functional level.



Rehabilitative Mental Health (RMH) Services

- Peer-to-Peer Support Services
- Basic Skills Training (BST)
- Psychosocial Rehabilitative Skills Training (PSR)
- Day Treatment
- Crisis Intervention
- Program for Assertive Community Treatment (PACT)



Habilitative vs. rehabilitative services

Both Habilitative and Rehabilitative Services focus on ABILITIES.

An ability is the quality or state of possessing sufficient power, skills, and/or resources to accomplish a task or function.

Abilities may be:

- Present and not exercised
- Present and exercised
- Never present



Key distinctions

Habilitative vs. Rehabilitative

Key distinction one:

- The service helps develop an ability for the first time (habilitative) or restores an ability that has been impaired or lost (rehabilitative).

Key distinction two:

- The service focuses solely or primarily on a functional deficit (habilitative) or focuses solely or primarily on a symptom(s) underlying a functional deficit (rehabilitative).



Rehabilitation plan

- Plan is comprehensive and progressive
- Goals and objectives are measurable, time-specific and outcome-driven
- Requested services based on assessment and clinical judgment, which determine the intensity of needs
- Plan is recommended, referred, designed and approved by a Referring QMHP
- All RMH services are on one plan per recipient
- Plan is unique and specific to the individual recipient
- The required elements of the rehab plan can be transferred to the FA-11 A for PAR



Prior Authorization and Behavioral Health



Prior Authorization Submission

- Submit your prior authorization via the Provider Web Portal, located at www.medicaid.nv.gov
- Complete and attach the appropriate FA prior authorization form (See Web Announcement # 462)
- The forms provide the opportunity to supply all of the pertinent information for the PA to be reviewed for medical necessity
- It is not sufficient to attach the clinical information alone



Components of the FA-11A form

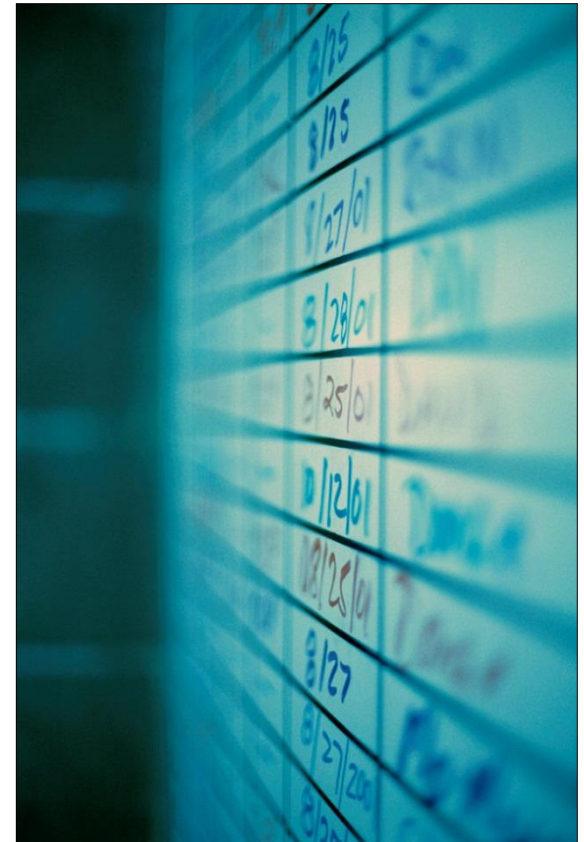


- Previous treatment and outcome
- Identified problems
- Goals and objectives for the next 90 days
- Justification for each requested service
- Discharge criteria for each requested service
- Projected resolution date for each requested service

Prior authorization timelines

- Submit initial request within 15 calendar days of the start date of services
- Submit continued service requests between 5 and 15 days prior to the end date of the existing authorization.
- Submit retrospective authorizations no later than 90 days from the date of decision (applies to Medicaid recipients only – not Nevada Check Up).

NOTE: *The Referring QMHP is responsible for submitting the prior authorization request and obtaining authorization.*



Tip sheet

- Use the appropriate form to request PA
- All PARs must use the *Group* NPI for the requester and the servicing provider (regardless of the service being requested)
- Requesting Provider = Group name and Group NPI
- The maximum number of days you may request PA for is 90-days
- The request date may not precede the start date of service on the PAR
- Use the form (update, be succinct and summarize)
- Requests for data correction must be submitted on an FA-29
- Data Corrections are for non-clinical information ONLY
- QMHA requires a degree



Billing Reminders



CMS 1500: Section 21-33

Only complete this field if correcting a paid claim.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)										22. MEDICAID RESUBMISSION CODE					ORIGINAL REF. NO.				
1. Diagnosis Code										Reason Code					Last Paid ICN				
2. _____										23. PRIOR AUTHORIZATION NUMBER									
3. _____										11-digit Authorization Number									
4. _____																			
24. A. DATE(S) OF SERVICE			B. PLACE OF SERVICE		C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER	F. \$ CHARGES		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #			
From To			MM DD YY MM DD YY		POS	CPT/HCPCS				MODIFIER	1234		U&C \$	#s	NPI	10-digit NPI			
1																			
2																			
3																			
4																			
5																			
6																			
25. FEDERAL TAX I.D. NUMBER				SSN EIN		26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT?		28. TOTAL CHARGE		29. AMOUNT PAID		30. BALANCE DUE			
FEIN /SSN				<input type="checkbox"/> <input type="checkbox"/>		Up to 17 Digits				<input type="checkbox"/> YES <input type="checkbox"/> NO		\$ Total \$		\$ TPL \$		\$ Total \$			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)						32. SERVICE FACILITY LOCATION INFORMATION						33. BILLING PROVIDER INFO & PH # ()							
Signature Required												Billing provider phone number and full address (9-digit zip code required)							
SIGNED			DATE			a. NPI		b.				a. NPI		b.					

NPI providers: Use "ZZ"

NPI providers: Use Taxonomy Code

"ZZ<Taxonomy Code>"



Important Contact Information



Prior authorization contact information

Calls are accepted at the Customer Service Center

Monday – Friday 8:00 a.m. – 5:00 p.m. PST

Prior Authorization and PASRR/LOC

1-800-525-2395

Requests for authorization can be faxed to HPES:

Prior Authorization

1-866-480-9903

Requests for prior authorization mailing address:

Prior Authorization and PASRR/LOC

HPES

PO Box 30042

Reno, NV 89520-3042



DHCFP contact for questions

Brandi Johnson
Behavioral Health Supervisor, DHCFP
(775) 684-3611



Acronym definitions

Acronym	Description
ADL	Activities of Daily Living
BHCN	Behavioral Health Care Network
BST	Basic Skills Training
CI	Crisis Intervention
CMS	Centers for Medicare and Medicaid Services
PACT	Program for Assertive Community Treatment
PSR	Psycho-Social Rehab
RMH	Rehabilitative Mental Health
IMD	Institution for Mental Diseases
SNL	Skilled Nursing Level





QUESTIONS?

*THANK YOU FOR YOUR ATTENTION TODAY
PLEASE COMPLETE THE COURSE EVALUATION*

ENJOY THE REST OF YOUR DAY 😊

