

Mental health therapy and day treatment cannot be billed for the same time period. This service is consistent with intensive integrated outpatient services. These services require utilization review according to the individual intensity of need and are time limited. This service is reimbursed in hourly increments

10. *Peer-to-Peer Support Services*: These supportive services assist a recipient and/or their family with accessing mental health rehabilitation services or community support services for needed stabilization, preventive care or crisis intervention. These services may include: empathic personal encouragement, self-advocacy, self-direction training, and peer recovery. These services must be a direct benefit to the recipient. Services may be provided in a group (requires five or more individuals) or individual setting. The services are identified in the recipient's treatment plan and must be provided by a Peer Supporter working collaboratively with the case manager or child and family team/interdisciplinary team. A minimum amount of services is offered based on the intensity of needs and prior authorization is required for utilization of services above the minimum amount. These services require utilization review according to the individual intensity of need and are time limited.

A Peer Supporter is a qualified individual currently or previously diagnosed with a mental health disorder who has the skills and abilities to work collaboratively with and under the ~~direct supervision~~Clinical Supervision of a QMHP, Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), or Certified Professional Counselor (CPC) in the provision of supportive assistance for rehabilitation services as identified in the treatment plan. Peer Supporters are contractually affiliated with a Behavioral Health Community Network, psychologist, or psychiatrists in order to be provided with ~~medical supervision~~Clinical Supervision. Supervision by the QMHP, LCSW, LMFT, or CPC, must be provided and documented at least monthly. The selection of the Peer Supporter is based on the best interest of the recipient. ~~The Peer Supporter must be approved by a QMHP.~~ A Peer Supporter cannot be the legal guardian or spouse of the recipient. A Peer Supporter must meet the minimum qualifications of a QBA.

### Service Limitations

Rehabilitation mental health services are therapies or interventions identified in the treatment plan that are intended to result in improving or retaining a recipient's level of functioning. These services are person- and family-centered, culturally competent, and must have measurable outcomes. The amount and duration of the service is reflective of the intensity of needs determination of the recipient. Services require authorization through Nevada Medicaid's QIO-like vendor. The level of professional providing the service is dependent upon the needs of the recipient and the utilization management criteria.

### Provider Qualifications

- a. Qualified Mental Health Professional: A person who meets the definition of a QMHA and also meets the following documented minimum qualifications: 1) Holds any of the

following educational degrees and licensure; Doctorate degree in psychology and license;  
Bachelor's degree in nursing, APN (psychiatry), graduate degree in social work with

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