

§1915(i) Home and Community Based Services (HCBS) State Plan Services
SERVICES

Provider Qualifications:

Provider Type:	License:	Certification:	Other Standard:
Qualified Mental Health Provider	<ul style="list-style-type: none"> ▪ Licensed Physician 42 CFR 440.50 ▪ Licensed Psychiatrist 42 CFR 440.50 ▪ Licensed Psychologist 42 CFR 440.60 ▪ Licensed Registered Nurse 42 CFR 440.60 ▪ Licensed Advanced Practitioner of Nursing 42 CFR 440.60 ▪ Licensed Nurse Practitioner 42 CFR 440.60 ▪ Licensed Marriage and Family Therapist 42 CFR 440.60 ▪ Licensed Clinical Social Worker 42 CFR 440.60 ▪ Licensed Interns under the direction of the above categories 42 CFR 440.60 	Graduate degrees appropriate for licensure	Mental Health Counselor employed by State Mental Health Authority

Verification of Provider Qualifications:

Provider Type:	Entity Responsible for Verification:	Frequency of Verification:
QMHP	Division of Health Care Financing and Policy	Annual

Service Delivery Method:

- Participant directed
- Provider managed

FIN REF: Attachment 4.19-B, Page 16—17b