

**MEDICAID SERVICES MANUAL  
TRANSMITTAL LETTER**

April 28, 2020

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL

FROM: CODY L. PHINNEY, DEPUTY ADMINISTRATOR

SUBJECT: MEDICAID SERVICES MANUAL CHANGES  
ADDENDUM – SECTIONS B, C, D, M

**BACKGROUND AND EXPLANATION**

Revisions to Medicaid Services Manual (MSM) Addendum – Sections B, C, D, and M are being proposed to reflect the proposed changes to MSM Chapter 400 – Mental Health and Alcohol/Substance Abuse Services.

Entities Financially Affected: This proposed change may affect Medicaid-enrolled providers delivering Medical Supervision to BHCNs. Those provider types include, but are not limited to, Physician, M.D., Osteopath, D.O., Provider Type 20.

Financial Impact on Local Government: unknown at this time.

These changes are effective April 29, 2020.

<b>MATERIAL TRANSMITTED</b>	<b>MATERIAL SUPERSEDED</b>
OL 03/13/20 MSM ADDENDUM	MTL 10/17, 23/15, 22/17 MSM ADDENDUM

<b>Manual Section</b>	<b>Section Title</b>	<b>Background and Explanation of Policy Changes, Clarifications and Updates</b>
<b>Section B</b>	<b>Behavioral Health Community Network (BHCN)</b>	Removed medical supervision from the operation of a BHCN.
<b>Section C</b>	<b>Clinical Supervision</b>	Clarified definition of Clinical Supervision.
<b>Section D</b>	<b>Direct Supervision</b>	Clarified definition of Direct Supervision.
<b>Section M</b>	<b>Medical Supervision</b>	Removed Medical Supervision and Medical Supervisor definition.

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#### BASIC LIFE SUPPORT (BLS)

BLS is transportation by air or ground ambulance to facilitate the provision of medically necessary supplies and services. The ambulance must be staffed by an individual qualified, at least as an EMT, in accordance with State and local laws.

#### BEHAVIORAL HEALTH COMMUNITY NETWORK (BHCN)

A public or private provider organization, under contractual affiliation through the provider enrollment process, with the State of Nevada, the DHHS, the DHCFP which operates under ~~medical and e~~Clinical ~~s~~Supervision and utilizes practices consistent with professionally recognized standards of good practice and are considered to be effective by the relevant scientific community. The BHCN provides outpatient mental health services and may provide Rehabilitative Mental Health (RMH) services for persons with mental, emotional or behavioral disorders.

#### BENEFIT

Benefit means a service authorized by the Managed Care plan.

#### BEREAVEMENT COUNSELING

Counseling services provided to the recipient's family after the recipient's death.

#### BILLING AUTHORIZATION

Billing Authorization is a notification sent to a provider giving authorization to bill for services within a specified time frame.

#### BONE ANCHORED HEARING AID (BAHA)

A BAHA system is a small titanium implant placed in the bone behind the ear where it osseointegrates. The vibrations from the sound processor are transmitted to the implant via a percutaneous abutment.

#### BUDGET AUTHORITY

The participant direction opportunity through which a waiver participant exercises choice and control over a specified amount of waiver funds (participant-directed budget).

#### BURDEN OF PROOF

At a Fair Hearing, the recipient or provider must establish by a preponderance of the evidence that the agency's denial of the request was not correct. Except where otherwise established by law or regulation, in Fair Hearings concerning the termination, reduction or suspension of medical assistance previously received by a recipient, the agency must establish by a preponderance of the evidence that its actions were correct.

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6. chemical;
7. hematological;
8. biophysical;
9. toxicological; or
10. other methods for “in-vitro” examination of tissues, secretions or excretions of the human body for the diagnosis, prevention or treatment of disease or for the assessment of a medical condition.

The term does not include forensic laboratory operated by a law enforcement agency.

#### CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) PROGRAM

The CMS regulates all laboratory testing (except research) performed on humans in the United States through the CLIA. The objective of the CLIA program is to ensure quality laboratory testing. Although all clinical laboratories must be properly certified to receive Medicare and Medicaid payments, CLIA has no direct Medicare or Medicaid program responsibilities.

#### CLINICAL SUPERVISION

The documented oversight by a Clinical Supervisor to assure the mental and/or behavioral health services provided are medically necessary and clinically appropriate. Clinical Supervision includes the on-going evaluation and monitoring of the quality and effectiveness of the services provided, under ethical standards and professional values set forth by state licensure, certification, and best practice. Clinical Supervision is intended to be rendered on-site and Clinical Supervisors must be available to consult with all clinical staff. Licensed Clinical Social Workers (LCSW), Licensed Marriage and Family Therapists (LMFT), Clinical Professional Counselors (CPC) and Qualified Mental Health Professionals (QMHP), ~~excluding Interns~~, operating within the scope of their practice under state law, may function as Clinical Supervisors. Clinical Supervisors must have the specific education, experience, training, credentials and licensure to coordinate and oversee an array of mental and behavioral health services. ~~Clinical Supervisors must assure that the mental and/or behavioral health services provided are medically necessary and clinically appropriate.~~ Clinical Supervisors assume professional responsibility for the mental and/or behavioral health services provided by clinical staff, including Independent Professionals, QMHPs, and Individual RMH providers, including ~~Clinical Supervisors can supervise QMHPs~~, Qualified Mental Health Associates (QMHA) and Qualified Behavioral Aides (QBA). ~~Clinical Supervisors can supervise other LCSWs, LMFTs, CPCs, QMHPs, QMHAs and QBAs.~~ Clinical Supervisors may also function as Direct Supervisors.

Individual RMH providers, who are ~~who are~~ LCSWs, LMFTs, CPCs, and QMHPs, ~~excluding Interns~~, may function as Clinical Supervisors over RMH services. However, ~~Independent Individual Mental Health Rehabilitative~~ RMH providers, who are QMHPs, ~~including Interns~~, may not function as Clinical Supervisors over Outpatient Mental Health (OMH) services, such as assessments, therapy, testing and medication management. ~~assessments or therapies.~~ Clinical Supervisors must assure the following:

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1. An up to date (within 30 days) case record is maintained on the recipient; **and**
2. 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); **and**
3. 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, **LCSW, LMFT, or CPC**; **and**;
4. Goals and objectives are time specific, measurable (observable), achievable, realistic, time-limited, outcome driven, individualized, progressive, and age and developmentally appropriate; **and**
5. The recipient and their family/legal guardian (in the case of legal minors) participate in all aspects of care planning, that the recipient and their family/legal guardian (in the case of legal minors) sign the ~~Treatment and/or Rehabilitation Plan(s)~~, and ~~that~~ the recipient and their family/legal guardian (in the case of legal minors) receive a copy of the ~~Treatment and/or Rehabilitation Plan(s)~~; **and**
6. The recipient and their family/legal guardian (in the case of legal minors) acknowledge in writing that they understand their right to select a qualified provider of their choosing; **and**
7. Only qualified providers provide prescribed services within scope of their practice under state law; **and**
8. Recipients receive mental and/or behavioral health services in a safe and efficient manner.

## CLINICAL SUPPORT GUIDE

A clinical decision support guide adopted by the DHCFP to provide a standardized tool in determining appropriate services for both the adult and pediatric recipient in the area of skilled nursing and therapies, including physical therapy, occupational therapy and speech therapy.

## COCHLEAR IMPLANT

A cochlear implant is a surgically implanted electronic hearing device designed to produce useful hearing sensations to a person with severe to profound nerve deafness by electrically stimulating nerves inside the inner ear. External components of the cochlear implant include a microphone, speech processor and transmitter.

## CODE OF FEDERAL REGULATIONS (CFR)

The CFR is a codification of the general and permanent rules published in the Federal Register by the executive departments and agencies of the Federal government. The Code is divided into 50 titles which represent broad areas subject to federal regulation. SNFs and NFs are required to be in compliance with the requirements in 42 CFR Part 482, Subpart B to receive payment under either Medicare or Medicaid program.

## COLD-CALL MARKETING

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## DIAGNOSIS

Diagnosis means determination of the nature or cause of physical or mental disease or abnormality through the combined use of health history, physical and developmental examination, and laboratory tests.

## DIAGNOSTIC AND STATISTICAL MANUAL (DSM) OF MENTAL DISORDERS

The latest text revision of the DSM of Mental Disorders published by the American Psychiatric Association (APA).

## DIAGNOSTIC CLASSIFICATION: 0-3 (DC:0-3)

The determination of a mental or emotional disorder for a child birth through 48 months of age as described in the latest text version of the Manual for DC:0-3 published by the National Center for Clinical Infant Programs.

## DIALYSIS

A process of removing waste products from the body by diffusion from one fluid compartment to another across a semi-permeable membrane.

## DIRECT CARE COMPONENT

Direct care component means the portion of Medicaid reimbursement rates that are attributable to the salaries and benefits of RNs, Licensed Practical Nurses (LPNs), certified nursing assistants, rehabilitation nurses and contracted nursing services.

## DIRECT SERVICE CASE MANAGEMENT

Direct service case management assists individuals who receive waiver services in gaining access to needed waiver and other State plan services, as well as needed medical, social, educational and other services, regardless of the funding source for the services to which access is gained.

## DIRECT SERVICES

Direct services assist in the acquisition, retention and improvement of skills necessary for the person to successfully reside in the community. Direct services are individualized hours that are not shared. Direct services providers participate in the ISP meetings.

## DIRECT SUPERVISION

**Direct Supervision – Independent Professionals, QMHPs and/or QMHAs** may function as Direct Supervisors **within the scope of their practice**. Direct Supervisors must have the practice--specific education, experience, training, credentials and/or licensure to coordinate an array of **OMH and/or RMH mental and/or behavioral health** services. Direct Supervisors assure servicing providers provide services in compliance with the established

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treatment/~~rehabilitation~~ plan(s). Direct Supervision is limited to the delivery of services and does not include ~~Treatment and/or Rehabilitation P~~plan(s) modification and/or approval. If qualified, Direct Supervisors may also function as Clinical Supervisors. Direct Supervisors must document the following activities:

1. Their face-to-face and/or telephonic meetings 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; and
  - c. This supervision may occur in a group and/or individual settings.
2. Their 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; and
  - c. This supervision may occur in group and/or individual settings;
3. Assist the Clinical Supervisor with ~~Treatment and/or Rehabilitation P~~plan(s) reviews and evaluations.

## DIRECT SUPPORTS

Direct supports are the hours allocated in the participant's ISP for protective oversight. Protective oversight is supervision hours provided to ensure the health, safety and welfare of an individual who cannot be left alone for an extended period of time. Direct support is funded to individuals residing in a non-family host home that may not have a second person or 24-hour homes which require that the hours be shared with two or more individuals unless the person requires the one to one direct hours as a result of medical or clinical necessity, as determined by the Regional Center Psychologist and Regional Center Nurse.

## DISABILITY

Disability means (with respect to a person):

1. a physical or mental impairment that substantially limits one or more of the major life activities of the person;
2. a record of such an impairment; or

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professional. Clinical reports or assessments required to support medical necessity must be from a licensed/certified professional performing within their scope of practice. Information used as medical documentation cannot be compiled or composed by the recipient, their relatives or representatives.

## MEDICAL EMERGENCY

Medical Emergency is the sudden onset of an acute condition where a delay of 24 hours in treatment could result in very severe pain, loss of life or limb, loss of eyesight or hearing, injury to self or bodily harm to others. This is a higher degree of need than one implied by the words "medically necessary" and requires a physician's determination that it exists.

## MEDICAL HOME

Refers to inclusion of a program recipient on the patient panel of a Primary Care Physician and the ability of the recipient to rely on the PCP for access to and coordination of their medical care.

## MEDICAL NUTRITION THERAPY

The development and provision of a nutritional treatment or therapy based on a detailed assessment of a person's medical history, psychosocial history, physical examination and dietary history. It is used to treat an illness or condition, or as a means to prevent or delay complications from nutritionally related disease states.

## ~~MEDICAL SUPERVISION~~

~~The documented oversight which determines the medical appropriateness of the mental health program and services rendered. Medical supervision must be documented at least annually and at all times when determined medically appropriate based on review of circumstance. Medical supervision 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. Medical supervision may be secured through a current written agreement, job description or similar type of binding document. BHCNs and all inpatient mental health services are required to have medical supervision.~~

## ~~MEDICAL SUPERVISOR~~

~~A licensed physician with at least two years' experience in a mental health treatment setting who, as documented by the BHCN, has the competency to oversee and evaluate a comprehensive mental and/or behavioral health treatment program including rehabilitation services and medication management to individuals who are determined as SED or SMI.~~

## MEDICAL TRANSPORTATION

Transportation is any conveyance of a Medicaid recipient to and from providers of medically necessary Medicaid covered services, or medical services that Medicaid would cover except for the existence of prior resources such