

MEDICAID SERVICES MANUAL
TRANSMITTAL LETTER

September 27, 2022

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL

FROM: CASEY ANGRES
MANAGER OF DIVISION COMPLIANCE

SUBJECT: MEDICAID SERVICES MANUAL CHANGES
CHAPTER 400 – MENTAL HEALTH AND ALCOHOL/SUBSTANCE
ABUSE SERVICES

BACKGROUND AND EXPLANATION

Revisions to Medicaid Services Manual (MSM) Chapter 400 – Mental Health and Alcohol/Substance Abuse Services are being proposed to the Provider Qualifications for Individual Rehabilitative Mental Health (RMH) providers to clarify the qualifications, competencies, and training requirements for Nevada Medicaid enrollment. Additional clarifications were made to the Outpatient Service Delivery Models under which the Outpatient Mental Health (OMH) and RMH services are delivered as outlined in Chapter 400.

Throughout the chapter, grammar, punctuation, and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity. Renumbering and re-arranging of sections was necessary.

Entities Financially Affected: This proposed change affects all Medicaid-enrolled providers delivering OMH and RMH services outlined in Chapter 400. Those Provider Types (PTs) include but are not limited to Behavioral Health Outpatient Treatment (PT 14) and Behavioral Health Rehabilitative Treatment (PT 82). The effected Specialties under PT 14 and PT 82 include, but are not limited to, Behavioral Health Community Network agency/entity/group (BHCN, Specialty 814), Behavioral Health Rehabilitative Treatment agency/entity/group (BHRT, Specialty 882), Qualified Mental Health Professional (QMHP, Specialty 300), Qualified Mental Health Associate (QMHA, Specialty 301), and Qualified Behavioral Aide (QBA, Specialty 302).

Financial Impact on Local Government: Unknown at this time.

These changes are effective September 28, 2022.

MATERIAL TRANSMITTED
MTL OL
MSM 400 – Mental Health and Alcohol/Substance Abuse Services

MATERIAL SUPERSEDED
MTL 21/15; 03/17; 09/18/ 13/18; 19/18; 14/19; 10/20
MSM 400 – Mental Health and Alcohol/Substance Abuse Services

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
403.1	Outpatient Service Delivery Models	Added clarifying language to the definition of the outpatient service delivery models for mental health services enrolled under Nevada Medicaid; added clarifying language to definition of Individual RMH providers.
403.3	Provider Qualifications	Removed “Outpatient Mental Health Services” from the section heading.
403.3(A)	Qualified Behavioral Aide (QBA)	Added subsection for QBA, relocated from Section 403.6A Rehabilitation Mental Health Services; reorganized section contents and added clarifying language for supervision, initial competency training, in-service training, and documentation of these requirements; added clarifying language for QBA providers serving as Peer Supporters; added clarifying language to FBI background check; added clarifying language to tuberculosis (TB) screening.
403.3(B)	Qualified Mental Health Associate (QMHA)	Added clarifying language to minimum licensure and degree qualifications; updated language around degree qualification to the field of Human Services; updated and clarified language on experience requirements to be “demonstrated through four years of relevant professional experience by proof of past or current enrollment as a Nevada Medicaid provider delivering direct services to individuals with behavioral health disorders;” clarified language around competencies; reorganized section contents and added clarifying language for supervision, initial competency training, in-service training, and documentation of these requirements; added clarifying language to FBI background check; added clarifying language to TB screening.
403.3(C)	Qualified Mental Health Professional (QMHP)	Added clarifying language to minimum licensure and degree qualifications; added clarifying language around psychological assistants, interns, and trainees unable to deliver services under a psychologist enrolled as a QMHP; removed language of exception for individuals “determined by a state mental health agency to meet established class specifications of a Mental Health Counselor;” added clarifying language around the determinations of intensity of service needs using assessment tools required by Nevada Medicaid; added language for ongoing competency training provided through Clinical and Direct Supervision per MSM 403.2A Supervision Standards; removed Psychological Assistants from

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		subsection on Interns able to enroll under a QMHP and added clarifying language around the licensure requirements for Master-level interns; added language regarding FBI background check requirement; added clarifying language to TB screening requirement.
403.3(D)	Licensed Psychologists	Added clarifying language to the licensure requirement; corrected the Nevada Regulatory Standards (NRS) and Nevada Administrative Code (NAC) citation listed; added clarifying language around Supervising Psychologist over Assistants, Interns, and Trainees.
403.4	Outpatient Mental Health (OMH) Services	Added “OMH” acronym to section heading; added clarifying language to services included under this section
403.6	Rehabilitative Mental Health (RMH) Services	Removed “Provider Qualifications” section heading and relocated language from section 403.6B to this section.
403.6A	RESERVED	Removed duplicative “Rehabilitative Mental Health Services” section heading and relocated language to Section 403.3 Provider Qualifications.
403.6B	RESERVED	Removed “Rehabilitative Mental Health (RMH) Services” section heading and relocated language to Section 403.6.

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403 POLICY

403.1 OUTPATIENT SERVICE DELIVERY MODELS

Nevada Medicaid reimburses for outpatient mental health and/or mental health rehabilitative services under the following service delivery models:

A. Behavioral Health Community Networks (BHCN)

Public or private entities that provides or contracts with an entity that provides:

1. Outpatient Mental Health (OMH) services, such as assessments, therapy, testing and medication management, including specialized services for Nevada Medicaid recipients who are experiencing symptoms relating to a covered, current International Classification of Diseases (ICD) diagnosis or who are individuals with a mental illness and residents of its mental health service area who have been discharged from inpatient treatment;
2. 24-hour per day emergency response for recipients; and
3. Screening for recipients under consideration for admission to inpatient facilities.

BHCNs are a service delivery model and are not dependent on the physical structure of a clinic. BHCNs can be reimbursed for all services covered in this chapter and may make payment directly to the qualified provider of each service. BHCNs must coordinate care with **individual** Rehabilitative Mental Health (RMH) ~~rehabilitation~~ providers.

B. Independent **Behavioral Health Professionals** – ~~are independently State of Nevada-licensed in the State of Nevada as pPsychiatrists, pPsychologists, Advanced Practice Registered Nurses (APRN), Physician Assistants, eClinical sSocial wWorkers (LCSW), mMarriage and- & fFamily tTherapists (LMFT), and Licensed eClinical pProfessional Ceounselors (LCPC).~~ These providers are directly reimbursed for the professional services they deliver to Medicaid-eligible recipients in accordance with their scope of practice, state licensure requirements, ~~and~~ **expertise, and enrollment with Nevada Medicaid.**

C. **Behavioral Health Individual-Rehabilitative Treatment Mental Health-(RMH)-providers** must meet the provider qualifications for the specific **behavioral health** service. **Individual Rehabilitative Mental Health (RMH) providers** ~~If they cannot independently provide Clinical and Direct Supervision, they must~~ **arrange for Clinical and Direct Ssupervision through a contractual agreement with an independently licensed Behavioral Health Professional under an agency/entity/groupa BHCN or qualified Independent Professional. enrolled with Nevada Medicaid; only an individual RMH provider enrolled as a**

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Qualified Mental Health Professional (QMHP) and functioning as a Clinical Supervisor is not required to have an arrangement for supervision. Individual RMH ~~These~~ providers are not ~~may~~ directly reimbursed by ~~bill~~ Nevada Medicaid and must ~~or may~~ contract with a BHCN, Behavioral Health Rehabilitative Treatment, or other behavioral health provider to deliver services.

403.2 PROVIDER STANDARDS

A. All providers must:

1. Provide medically necessary services;
2. Adhere to the regulations prescribed in this chapter and all applicable Division chapters;
3. Provide only those services within the scope of their practice and expertise;
4. Ensure care coordination to recipients with higher intensity of needs;
5. Comply with recipient confidentiality laws and Health Insurance Portability and Accountability Act (HIPAA);
6. Maintain required records and documentation;
7. Comply with requests from the Qualified Improvement Organization (QIO)-like vendor;
8. Ensure client's rights; and
9. Cooperate with the Division of Health Care Financing and Policy's (DHCFP's) review process.

B. BHCN providers must also:

1. Have written policies and procedures to ensure the medical appropriateness of the services provided;
2. Operate under Clinical supervision and ensure Clinical supervisors operate within the scope of their license and expertise and have written policies and procedures to document the prescribed process;
3. Ensure access to psychiatric services, when medically appropriate, through a

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notes as stated within this section.

7. Discharge Summary: Written documentation of the last service contact with the recipient, the diagnosis at admission and termination, and a summary statement describing the effectiveness of the treatment modalities and progress, or lack of progress, toward treatment goals and objectives as documented in the Treatment Plan. The discharge summary documentation must include the reason for discharge, current intensity of needs level and recommendations for further treatment.
 - a. Discharge summaries are to be completed no later than 30 calendar days following a planned discharge and 45 calendar days following an unplanned discharge.
 - b. In the case of a recipient’s transfer to another program, a verbal summary must be given by the current health professional at the time of transition and followed with a written summary within seven calendar days of the transfer. This summary will be provided with the consent from the recipient or the recipient’s legal representative.

403.3

PROVIDER QUALIFICATIONS – ~~OUTPATIENT MENTAL HEALTH SERVICES~~

- A. Qualified Behavioral Aide (QBA) – A person who has an educational background of a high school diploma or General Education Development (GED) equivalent and has been determined competent by the overseeing Clinical Supervisor, to provide RMH services. These services must be provided under direct contract with a Behavioral Health Community Network (BHCN), a Behavioral Health Rehabilitative Treatment, or other behavioral health provider under which a QBA is able to deliver services. A QBA must have the documented competencies to assist in the provision of individual and group rehabilitative services, delivered under the Clinical Supervision of an Independent Behavioral Health Professional who may be enrolled as a Qualified Mental Health Professional (QMHP), and under the Direct Supervision of a QMHP or Qualified Mental Health Associate (QMHA); the supervising professional(s) assume(s) responsibility for their supervisees and shall maintain documentation on this supervision in accordance with MSM 403.2A Supervision Standards.
 1. QBAs must also have experience and/or training in the provision of services to individuals diagnosed with mental and/or behavioral health disorders and have the ability to:
 - a. Read, write, and follow written and oral instructions; and
 - b. Perform RMH services as prescribed on the rehabilitative treatment plan; and

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- c. Identify emergency situations and respond appropriately; and
 - d. Communicate effectively with recipient and recipient’s support system; and
 - e. Document the services provided according to Chapter 400 Documentation requirements; and
 - f. Maintain recipient confidentiality.
2. For QBAs who will also function as Peer-to-Peer Service Specialists (hereinafter referred to as “Peer Supporters”), services are delivered under Clinical Supervision provided by an independently licensed QMHP-level mental health professional, LCSW, LFMT, or LCPC; this supervision shall be provided and documented at least monthly by the supervising professional.
- a. Peer Supporter cannot be the legal guardian or spouse of the recipient.
 - b. The primary role of the Peer Supporter is to model skills based on lived experience to help individuals meet their rehabilitative goals.
3. Initial Competency Training:
- a. Before QBAs can enroll as Medicaid providers, they are required to successfully complete an initial 16-hour competency training program. This training must be interactive, not solely based on self-study guides or videotapes, and ensures that a QBA will be able to interact appropriately with individuals with behavioral health disorders and their support systems. This training is intended to be delivered by the agency/entity/group providing supervision over the QBA. At a minimum, this training shall include the following core competencies:
 - 1. Case file documentation (including Chapter 400 Documentation requirements for Progress Notes); and
 - 2. Recipient rights (including rights of parents and guardians, as appropriate); and
 - 3. Client confidentiality pursuant to state and federal regulations (including releases of information and mandated reporting); and
 - 4. Communication skills (verbal, non-verbal, written with children and adults); and
 - 5. Problem solving and conflict resolution skills (including mediation,

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- 6. de-escalation, crisis, suicidality); and
 - 6. Communication techniques for individuals with communication or sensory impairments (citing evidence-based practice); and
 - 7. Understanding the components of a rehabilitative treatment plan; and
 - 8. Cardiopulmonary resuscitation (CPR) certification (verification with certification card is necessary to fulfill requirement). Up to two hours of initial competency training may be used for CPR certification and must be outlined in enrollment documentation.
- b. Certificates of initial competency must include all of the following information:
- 1. Name and signature of the enrolling QBA provider who received training; and
 - 2. Name and signature of the individual trainer who provided the training; and
 - 3. Name and signature of responsible Clinical Supervisor for the agency/entity/group; and
 - 4. Date of training shall not be more than 365 days prior to the requested effective date of the submitted application for enrollment; and
 - 5. Outline of all course content as indicated by the core competencies above. NOTE: The amount of time assigned to each competency must be identified separately and must add up to at least 16 hours.
4. In-Service Training
- a. QBAs require two hours of in-service training per quarter for continued enrollment. The purpose of the in-service training is to facilitate the development of specialized skills or knowledge not included in the basic training and to review or expand skills or knowledge included in the initial competency training. Consideration must be given to topics suggested by recipients. This training must include any single competency or combination of the following competencies:
- 1. Basic living and self-care skills – assisting recipients to regain skills

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to manage their daily lives, helping them to learn safe and appropriate behaviors; and/or

2. Social skills – assisting recipients to regain skills to identify and comprehend the physical, emotional, and interpersonal needs of themselves and of others, helping them to learn how to interact with others; and/or
3. Communication skills – assisting recipients to regain skills to communicate their physical, emotional, and interpersonal needs to others (expressive), helping them also learn listening skills and to identify the needs of others (receptive); and/or
4. Parental training – facilitating parent and guardian skills and abilities to maintain the recipient’s Rehabilitative Mental Health (RMH) care in home- and community-based settings; and/or
5. Organization and time management skills – assisting recipients to regain skills to manage and prioritize their daily activities; and/or
6. Transitional living skills – assisting recipients to regain necessary skills to establish partially-independent and fully-independent lives, as appropriate.

b. Documentation of all the completed in-service training and achieved competencies shall be maintained by the agency/entity/group providing supervision over the QBA. It is the intent that training be delivered by the agency/entity/group contracted to supervise the QBA. Training documentation must total eight hours annually. **Documentation and/or certificates for in-service training are required for continued enrollment as a Medicaid provider.** Documentation of competency training must include all of the following information:

1. Name and original signature of the enrolling QBA provider who received training; and
2. Name and original signature of the Clinical or Direct supervisor of the training; also must include the name and original signature of the individual who provided the training, if training is not delivered by the agency/entity/group providing supervision over the QBA; and
3. Date of training must be within 365 days prior to the requested

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effective date of the submitted application for continued enrollment;
and

4. Outline of course content related to the competencies above.

Official transcripts for education credits earned as in-service training (individually or as part of a degree program) must be submitted with additional explanation and correspondence to outline the course content related to the core competencies above.

c. QBAs serving as Peer Supporters must complete the Initial Competency Training and the two hours of In-Service Training per quarter. Documentation of all the completed training and achieved competencies shall be maintained by the agency/entity/group providing supervision. Peer Supporters must submit training documentation, as listed above for the QBA, for initial and continued enrollment with Nevada Medicaid. Quarterly in-service training for Peer Supporters must also include any single competency or combination of the following competencies:

1. Helping to stabilize the recipient; and/or
2. Helping the recipient access community-based mental and/or behavioral services; and/or
3. Assisting during crisis situations and with crisis interventions; and/or
4. Providing preventative care assistance; and/or
5. Providing personal encouragement, self-advocacy, self-direction training, and peer mentoring.

5. **All applicants must have an FBI criminal background check before they can enroll with Nevada Medicaid.** Applicants must submit the results of their criminal background checks to the BHCN, Behavioral Health Rehabilitative Treatment, or other applicable behavioral health entity providing supervision over the QBA. **The BHCN, Behavioral Health Rehabilitative Treatment, and/or other applicable behavioral health entity must maintain both the requests and the results of the FBI criminal background check with the applicant's personnel records.** Upon request, the BHCN, Behavioral Health Rehabilitative Treatment, and/or other applicable behavioral health entity must make the criminal background request and results available to Nevada Medicaid (DHCFP) for review.

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a. Refer to MSM Chapter 100, Medicaid Program, under Conditions of Participation for all Providers. In addition, the following criteria will exclude applicants from becoming an eligible provider:

1. Conduct or practice detrimental to the health or safety of the occupants or employees of the facility or agency; and
2. Any other offense determined by the DHCFP to be inconsistent with the best interest of all recipients.

b. The BHCN, Behavioral Health Rehabilitative Treatment, or other behavioral health entity, upon receiving information resulting from the FBI criminal background check or from any other source, may not continue to employ a person who has been convicted of an offense as indicated above, and as cited within MSM Chapter 100.

c. If an applicant believes that the information provided as a result of the FBI criminal background check is incorrect, they must immediately inform the BHCN, Behavioral Health Rehabilitative Treatment, or other behavioral health entity in writing with the incorrect information. The BHCN, Behavioral Health Rehabilitative Treatment, or other behavioral health entity must inform DHCFP within five days of the discovery of the incorrect information; **DHCFP shall give the QBA provider a reasonable amount of time, but not more than 60 days from the date of discovery, to provide corrected information before denying an application or terminating the contract of the QBA provider pursuant to this section.**

6. Have had tuberculosis (TB) screening or testing with negative results documented or medical clearance documented, as outlined in NAC 441A.375 and the Centers for Disease Control and Prevention (CDC), prior to the initiation of service delivery. Documentation of TB screening, testing, and results shall be maintained in the provider personnel record by the BHCN, Behavioral Health Rehabilitative Treatment or other behavioral health entity. TB screening, testing, and results must be completed for initial enrollment and thereafter as indicated by NAC 441A.375. For further information, contact the CDC or the Nevada TB Control Office at the Department of Health and Human Services.

B. **Qualified Mental Health Associate (QMHA)** - A person who meets the following documented minimum qualifications:

1. Professional ~~L~~icensure as a Registered Nurse (RN) issued by ~~in~~the State of Nevada Board of Nursing; and/or

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2. ~~Official documentation of a Bachelor's or holds a bachelor's~~ degree from an accredited college or university in ~~Human Services a human, social services or behavioral field~~ with additional understanding of ~~outpatient and RMH rehabilitative Mental Health~~ treatment services and case file documentation requirements; or
- 1.3. ~~Official documentation of:~~
 - a. ~~An a~~Associate's degree from an accredited college or university in ~~Human Services;~~ or ~~a human, social services or behavioral field with additional understanding of RMH treatment services, and case file documentation and has four years of relevant professional experience of providing direct services to individuals with mental health disorders;~~ or
 3. ~~An equivalent combination of education and experience as listed in Section 403.3.A.1 2 above; and~~
 - b. ~~A Bachelor's degree from an accredited college or university in a field other than Human Services; and~~
 - c. ~~Additional understanding of outpatient treatment services, rehabilitative treatment services, and case file documentation requirements, demonstrated through four years of relevant professional experience by proof of past or current enrollment as a Nevada Medicaid provider delivering direct services to individuals with behavioral health disorders.~~
4. ~~A QMHA Whose education and experience demonstrate the competency under clinical supervision to~~ with experience and training will demonstrate the ability to:
 - a. ~~Direct and provide professional therapeutic interventions within the scope of their practice and limits of their expertise; and~~
 - b. ~~Identify presenting problem(s); and~~
 - c. ~~Participate in treatment plan development and implementation; and~~
 - d. ~~Coordinate treatment; and~~
 - e. ~~Provide parenting skills training; and~~
 - f. ~~Facilitate discharge plans; and~~

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- g. Effectively provide verbal and written communication on behalf of the recipient to all involved parties.

- 5. A QMHA delivers services under the Clinical and Direct Supervision of a mental health provider(s) within the appropriate scope of practice; the Supervisor(s) assume(s) responsibility for their supervisees **and shall maintain documentation on supervision in accordance with MSM 403.2A Supervision Standards.**

- 6. Initial Competency Training
 - a. Before QMHAs can enroll as Medicaid providers, they are required to successfully complete an initial 16-hour competency training program. This training must be interactive, not solely based on self-study guides or videotapes, and ensures that a QMHA will be able to interact appropriately with individuals with behavioral health disorders and their support systems. This training is intended to be delivered by the agency/entity/group providing supervision over the QMHA. At a minimum, this training must include the following core competencies:
 - 1. Case file documentation (including Chapter 400 Documentation requirements for Progress Notes); and
 - 2. Recipient rights (including rights of parents and guardians, as appropriate); and
 - 3. Client confidentiality pursuant to state and federal regulations (including releases of information and mandated reporting); and
 - 4. Communication skills (verbal, non-verbal, written with children and adults);
 - 5. Problem solving and conflict resolution skills (including mediation, de-escalation, crisis, suicidality); and
 - 6. Communication techniques for individuals with communication or sensory impairments (citing evidence-based practice); and
 - 7. Understanding the components of a rehabilitative treatment plan; and
 - 8. Cardiopulmonary resuscitation (CPR) certification (verification with certification card is necessary to fulfill requirement). Up to two hours of initial competency training may be used for CPR

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certification and must be outlined in enrollment documentation.

b. Certificates of initial competency must include all the following information:

1. Name and signature of the enrolling QMHA provider who received training; and
2. Name and signature of the individual trainer who provided the training; and
3. Name and signature of responsible Clinical Supervisor for the agency/entity/group; and
4. Date of training shall not be more than 365 days prior to the requested effective date of the submitted application for enrollment; and
5. Outline of all course content as indicated by the core competencies above. NOTE: The amount of time assigned to each competency must be identified separately and must add up to at least 16 hours.

7. In-Service Training

a. QMHAs require two hours of in-service training per quarter for continued enrollment. The purpose of the in-service training is to facilitate the development of specialized skills or knowledge not included in the basic training and to review or expand skills or knowledge included in the initial competency training. Consideration must be given to topics suggested by recipients. This training must include any single competency or combination of the following competencies:

1. Basic living and self-care skills – assisting recipients to regain skills to manage their daily lives, helping them to learn safe and appropriate behaviors; and/or
2. Social skills – assisting recipients to regain skills to identify and comprehend the physical, emotional, and interpersonal needs of themselves and of others, helping them to learn how to interact with others; and/or
3. Communication skills – assisting recipients to regain skills to communicate their physical, emotional, and interpersonal needs to

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others (expressive), helping them also learn listening skills and to identify the needs of others (receptive); and/or

4. Parental training – facilitating parent and guardian skills and abilities to maintain the recipient’s Rehabilitative Mental Health (RMH) care in home- and community-based settings; and/or
 5. Organization and time management skills – assisting recipients to regain skills to manage and prioritize their daily activities; and/or
 6. Transitional living skills – assisting recipients to regain necessary skills to establish partially-independent and fully-independent lives, as appropriate.
- a.b. Documentation of all the completed training and achieved competencies shall be maintained by the agency/entity/group providing supervision over the QMHA. It is the intent that training be delivered by the agency/entity/group contracted to supervise the QMHA. Training documentation must total 8 hours annually. **Documentation and/or certificates for in-service training required for continued enrollment as a Medicaid provider.** Certificates of competency must include all the following information:
- a. Name and original signature of the enrolling QMHA provider who received training; and
 - b. Name and original signature of the Clinical or Direct supervisor of the training; also, must include the name and original signature of the individual who provided the training, if training is not delivered by the agency/entity/group providing supervision over the QMHA; and
 - c. Date of training must be within 365 days prior to the requested effective date of the submitted application for continued enrollment; and
 - d. Outline of course content related to the competencies above.

Official transcripts for education credits (earned separately or as part of a degree program) must be submitted with additional explanation and correspondence to outline the course content related to the core competencies above.

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8. **All applicants must have an FBI criminal background check before they can enroll with Nevada Medicaid.** Applicants must submit the results of their criminal background checks to the BHCN, Behavioral Health Rehabilitative Treatment, or other applicable behavioral health entity providing supervision over the QMHA. **The BHCN, Behavioral Health Rehabilitative Treatment, and/or other applicable behavioral health entity must maintain both the requests and the results of the FBI criminal background check with the applicant's personnel records.** Upon request, the BHCN, Behavioral Health Rehabilitative Treatment, and/or other applicable behavioral health entity must make the criminal background request and results available to Nevada Medicaid (DHCFP) for review.
- a. Refer to MSM Chapter 100, Medicaid Program, under Conditions of Participation for all Providers. In addition, the following criteria will exclude applicants from becoming an eligible provider:
 1. Conduct or practice detrimental to the health or safety of the occupants or employees of the facility or agency; and
 2. Any other offense determined by the DHCFP to be inconsistent with the best interest of all recipients.
 - b. The BHCN, Behavioral Health Rehabilitative Treatment, or other behavioral health entity, upon receiving information resulting from the FBI criminal background check or from any other source, may not continue to employ a person who has been convicted of an offense as indicated above, and as cited within MSM Chapter 100.
 - c. If an applicant believes that the information provided as a result of the FBI criminal background check is incorrect, they must immediately inform the BHCN, Behavioral Health Rehabilitative Treatment, or other behavioral health entity in writing with the incorrect information. The BHCN, Behavioral Health Rehabilitative Treatment, or other behavioral health entity must inform DHCFP within five days of the discovery of the incorrect information; **DHCFP shall give the QMHA provider a reasonable amount of time, but not more than 60 days from the date of discovery, to provide corrected information before denying an application or terminating the contract of the QMHA provider pursuant to this section.**
9. Have had tuberculosis (TB) screening or testing with negative results documented or medical clearance documented, as outlined in NAC 441A.375 and CDC, prior to the initiation of service delivery. Documentation of TB screening, testing, and results shall be maintained by the BHCN or Behavioral Health Rehabilitative

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Treatment provider personnel record. TB screening, testing, and results must be completed for initial enrollment and thereafter as indicated by NAC 441A.375 For further information, contact the CDC or the Nevada TB Control Office at the Department of Health and Human Services ~~Has a Federal Bureau of Investigation (FBI) background check in accordance with the Qualified Behavioral Aides (QBA) provider qualifications listed under Section 403.6A.~~

B.C. Qualified Mental Health Professional (QMHP) - ~~An individual Physician, Physician's Assistant or a person~~ who meets the definition of a QMHA and also meets the following documented minimum qualifications:

1. Holds any of the following ~~independent educational degrees and~~ licensure with educational degrees:
 - a. Licensed Psychiatrist or Licensed Physician, M.D., Osteopath, D.O., with clinical experience in behavioral health treatment; **or**
 - b. Licensed Physician's Assistant with clinical experience in behavioral health treatment; **or**
 - c. Doctorate Degree in Psychology and Licensed Psychologist (Psychological ~~Doctorate degree in psychology and license~~ Assistants, Interns, and Trainees are not able to deliver services under a psychologist enrolled as a QMHP); **or**;
 - d. ~~Bachelor's degree in nursing and~~ Advanced Practice Registered Nurse (APRN) with a focus in psychiatric-mental health; **or** ~~Practitioners of Nursing (APN) (psychiatry)~~;
 - e. Independent Nurse Practitioner (NP) with a focus in psychiatric-mental health; **or**;
 - f. Graduate degree in ~~sSocial wWork and eclinical~~ licensed as a Clinical Social Worker; **or**;
 - g. Graduate degree in ~~eCounseling~~ and licensed as a ~~mMarriage and-fFamily therapist or as a eClinical pProfessional eCounselor~~; ~~or~~and
2. Whose education and experience demonstrate the competency to: identify precipitating events, conduct a comprehensive mental health assessment, diagnose a mental or emotional disorder and document a current ICD diagnosis, determine intensity of service's needs using tools required by Nevada Medicaid (including CASII, LOCUS, and service-specific assessment tools), establish measurable

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goals, objectives and discharge criteria, write and supervise a treatment plan and provide direct therapeutic treatment within the scope and limits of their expertise. Competency shall be supplemented by ongoing training provided through Clinical and Direct Supervision, per MSM 403.2A Supervision Standards.

3. Interns

Reimbursement for ~~clinical Interns/~~Psychological Assistants is based upon the rate of a QMHP, which includes the ~~eClinical and dDirect~~ supervision of services by an independently licensed supervisor of the entity/agency/group with which the QMHP is enrolling; this supervising clinician assumes responsibility for their licensed intern supervisees **and shall maintain documentation on this supervision in accordance with MSM 403.2A Supervision Standards.**

Interns are excluded from functioning as a clinical supervisor.

The following are also considered QMHPs:

- a. LCSW Interns **are licensed as Master-level interns** and meet the requirements under a program of internship ~~and are licensed as an intern~~ pursuant to the State of Nevada, Board of Examiners for Social Workers (Nevada Administrative Code (NAC) 641B).
- b. LMFT and Licensed Clinical Professional Counselor Interns **are licensed as Master-level interns** and ~~who~~ meet the requirements under a program of internship ~~and are licensed as an intern~~ pursuant to the State of Nevada Board of Examiners for Marriage and Family Therapists ~~and~~ & Clinical Professional Counselors.

4. **All applicants must have an FBI criminal background check before they can enroll with Nevada Medicaid.** Applicants must submit the results of their criminal background checks to the BHCN, Behavioral Health Rehabilitative Treatment, or other applicable behavioral health entity providing supervision over the QMHP. **The BHCN, Behavioral Health Rehabilitative Treatment, and/or other applicable behavioral health entity must maintain both the requests and the results of the FBI criminal background check with the applicant's personnel records.** Upon request, the BHCN, Behavioral Health Rehabilitative Treatment, and/or other applicable behavioral health entity must make the criminal background request and results available to Nevada Medicaid (DHCFP) for review.

- a. Refer to MSM Chapter 100, Medicaid Program, under Conditions of Participation for all Providers. In addition, the following criteria will exclude applicants from becoming an eligible provider:

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1. Conduct or practice detrimental to the health or safety of the occupants or employees of the facility or agency; and
 2. Any other offense determined by the DHCFP to be inconsistent with the best interest of all recipients.
- b. The BHCN, Behavioral Health Rehabilitative Treatment, or other behavioral health entity, upon receiving information resulting from the FBI criminal background check or from any other source, may not continue to employ a person who has been convicted of an offense as indicated above, and as cited within MSM Chapter 100.
 - c. If an applicant believes that the information provided as a result of the FBI criminal background check is incorrect, they must immediately inform the BHCN, Behavioral Health Rehabilitative Treatment, or other behavioral health entity in writing the incorrect information. The BHCN, Behavioral Health Rehabilitative Treatment, or other behavioral health entity must inform DHCFP within five days of the discovery of the incorrect information; **DHCFP shall give the QMHP provider a reasonable amount of time, but not more than 60 days from the date of discovery, to provide corrected information before denying an application or terminating the contract of the QMHP provider pursuant to this section.**
5. Have had TB screening or testing with negative results documented or medical clearance documented, as outlined in NAC 441A.375 and the CDC, prior to the initiation of service delivery. Documentation of TB screening, testing, and results shall be maintained in the provider personnel record by the BHCN, Behavioral Health Rehabilitative Treatment or other behavioral health entity. TB screening, testing, and results must be completed for initial enrollment and thereafter as indicated by NAC 441A.375. For further information, contact the CDC or the Nevada TB Control Office at the Department of Health and Human Services.

C.D. Licensed Psychologists – An individual independently ~~person~~-licensed through the Nevada Board of Psychological Examiners.

1. Psychologists licensed in Nevada through the Board of Psychological Examiners may supervise Psychological Assistants, Psychological Interns and Psychological Trainees pursuant to NRS and NAC ~~461641~~. A Supervising Psychologist, as defined by NRS and NAC ~~461641~~, may bill on behalf of services rendered by those they are supervising within the scope of their practice and under the guidelines outlined by the Psychological Board of Examiners. Assistants, Interns and Trainees

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must be linked to their designated ~~Supervisor~~Supervising Psychologist, appropriate to the scope of their practice, under which their services are billed to Medicaid.

2. Psychological Assistants registered through the Nevada Board of Psychological Examiners and has a designated licensed Psychologist through the Board of Psychological Examiners may render and their supervisor may bill for their services pursuant to NRS and NAC ~~461641~~.
3. Psychological Interns registered through the Nevada Board of Psychological Examiners and has a designated licensed Psychologist through the Board of Psychological Examiners may render and their supervisor may bill for their services pursuant to NRS and NAC ~~461641~~.
4. Psychological Trainees registered through the Nevada Board of Psychological Examiners and has a designated licensed Psychologist through the Board of Psychological Examiners may render and their supervisor may bill for their services pursuant to NRS and NAC ~~461641~~.

403.4 OUTPATIENT MENTAL HEALTH (OMH) SERVICES

These services include assessment and diagnosis, testing, basic medical and therapeutic services, crisis intervention, ~~mental health therapies and therapeutic interventions~~, (partial ~~hospitalization~~ and intensive outpatient—~~hospitalization~~), medication management and ~~medication training/support~~, and case management services. For case management services, refer to MSM Chapter 2500 for Non-SED and Non-SMI definitions, service requirements, service limitations, provider qualifications and documentation requirements.

- A. Assessments are covered for problem identification (diagnosis) and to establish measurable treatment goals and objectives by a QMHP or designated QMHA in the case of a Mental Health Screen.
 1. Mental Health Screen – A behavioral health screen to determine eligibility for admission to treatment program.
 2. Comprehensive Assessment – A comprehensive, evaluation of a recipient’s history and functioning which, combined with clinical judgment, is to include a covered, current ICD diagnosis and a summary of identified rehabilitative treatment needs. Health and Behavior Assessment – Used to identify the psychological, behavioral, emotional, cognitive and social factors important to the prevention, treatment or management of physical health needs. The focus of the assessment is not on the mental health needs, but on the biopsychosocial factors important to physical health needs and treatments. The focus of the intervention is to improve the recipient’s health and well-being utilizing cognitive, behavioral, social and/or psycho-

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~~or QMHA.~~

~~a. QBA's must also have experience and/or training in service provision to people diagnosed with mental and/or behavioral health disorders and the ability to:~~

- ~~1. read, write and follow written and oral instructions;~~
- ~~2. perform RMH services as prescribed on the rehabilitation plan;~~
- ~~3. identify emergency situations and respond accordingly;~~
- ~~4. communicate effectively;~~
- ~~5. document services provided; and~~
- ~~6. maintain recipient confidentiality.~~

~~b. Competency and In services Training~~

~~1. Before QBA's can enroll as Medicaid providers, they are required to successfully complete an initial 16-hour training program. This training must be interactive, not solely based on self-study guides or videotapes and should ensure that a QBA will be able to interact appropriately with individuals with mental health disorders. At a minimum, this training must include the following core competencies:~~

- ~~a. Case file documentation;~~
- ~~b. Recipient's rights;~~
- ~~c. Client confidentiality pursuant to state and federal regulations;~~
- ~~d. Communication skills;~~
- ~~e. Problem solving and conflict resolution skills;~~
- ~~f. Communication techniques for individuals with communication or sensory impairments;~~
- ~~g. Cardiopulmonary Resuscitation (CPR) certification (certification may be obtained outside the agency); and~~
- ~~h. Understanding the components of a Rehabilitation Plan.~~

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- ~~2. QBA's must also receive, at a minimum, two hours of quarterly in-service training. At a minimum, this training must include any combination (or single competency) of the following competencies:~~
- ~~a. Basic living and self-care skills: The ability to help recipients learn how to manage their daily lives, recipients learn safe and appropriate behaviors;~~
 - ~~b. Social skills: The ability to help recipients learn how to identify and comprehend the physical, emotional and interpersonal needs of others—recipients learn how to interact with others;~~
 - ~~c. Communication skills: The ability to help recipients learn how to communicate their physical, emotional and interpersonal needs to others—recipients learn how to listen and identify the needs of others;~~
 - ~~d. Parental training: The ability to facilitate parents' abilities to continue the recipient's (child's) RMH care in home and community based settings.~~
 - ~~e. Organization and time management skills: The ability to help recipients learn how to manage and prioritize their daily activities; and/or~~
 - ~~f. Transitional living skills: The ability to help recipients learn necessary skills to begin partial independent and/or fully independent lives.~~

~~3. For QBAs whom will also function as peer-to-peer supporters, their quarterly in-service training must also include, at a minimum, any combination (or single competency) of the following competencies:~~

- ~~a. The ability to help stabilize the recipient;~~
- ~~b. The ability to help the recipient access community based mental and/or behavioral health services;~~
- ~~c. The ability to assist during crisis situations and interventions;~~
- ~~d. The ability to provide preventative care assistance; and/or~~
- ~~e. The ability to provide personal encouragement, self-advocacy, self-direction training and peer mentoring.~~

~~e. Applicants must have an FBI criminal background check before they can enroll with~~

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~~Nevada Medicaid as QBAs. Applicants must submit the results of their criminal background checks to the overseeing BHCN and/or the Individual RMH provider (who must also be a Clinical Supervisor). The BHCN and/or the individual RMH provider must maintain both the requests and the results with the applicant's personnel records. Upon request, the BHCN and/or the individual RMH provider must make the criminal background request and results available to Nevada Medicaid (DHCFP) for review.~~

~~d. Refer to MSM Chapter 100, Medicaid Program, under Conditions of Participation for all Providers. In addition, the following criteria will exclude applicants from becoming an eligible provider:~~

- ~~1. Conduct or practice detrimental to the health or safety of the occupants or employees of the facility or agency;~~
- ~~2. Any other offense determined by the DHCFP to be inconsistent with the best interest of all recipients.~~

~~The BHCN or independent RMH provider upon receiving information resulting from the FBI criminal background check, or from any other source, may not continue to employ a person who has been convicted of an offense as listed above, and as cited within MSM Chapter 100. If an applicant believes that the information provided as a result of the FBI criminal background check is incorrect, he or she must immediately inform the BHCN or independent RMH provider or the DHCFP (respectively) in writing. The BHCN or independent RMH provider or the DHCFP, that is so informed within five days, may give the employee or independent contractor a reasonable amount of time, but not more than 60 days, to provide corrected information before denying an application, or terminating the employment or contract of the person pursuant to this section.~~

~~e. Have had tuberculosis (TB) tests with negative results documented or medical clearance as outlined in NAC 441.A375 prior to the initiation of service delivery. Documentation of TB testing and results must be maintained in the BHCN or independent RMH provider personnel record. TB testing must be completed initially and annually thereafter. Testing and surveillance shall be followed as outlined in NAC 441A.375.3.~~

~~f. The purpose of the annual training is to facilitate the development of specialized skills or knowledge not included in the basic training and/or to review or expand skills or knowledge included in the basic training. Consideration must be given to topics suggested by recipients. Documentation of the completed training and achieved competencies meeting this requirement must be maintained by the BHCN or independent RMH provider. Training requirements may be waived if the QBA~~

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~~can provide written verification of comparable education and training. The BHCN or independent RMH provider must document the comparability of the written verification to the QBA training requirements.~~

~~2. QMHA, refer to Section 403.3A.~~

~~3. QMHP, refer to Section 403.3B.~~

403.6B REHABILITATIVE MENTAL HEALTH (RMH) SERVICES

1. Scope of Service: RMH services must be recommended by a QMHP within the scope of their practice under state law. RMH services are goal-oriented outpatient interventions that target the maximum reduction of mental and/or behavioral health impairments and strive to restore the recipients to their best possible mental and/or behavioral health functioning. RMH services must be coordinated in a manner that is in the best interest of the recipient. RMH services may be provided in a variety of community and/or professional settings. The objective is to reduce the duration and scope of care to the least intrusive level of mental and/or behavioral health care possible while sustaining the recipient’s overall health. All RMH services must be directly and medically necessary. RMH services cannot be reimbursed on the same day as Applied Behavior Analysis (ABA) services, refer to MSM Chapter 1500.

Prior to providing RMH services, a QMHP must conduct a comprehensive assessment of an individual’s rehabilitation needs including the presence of a functional impairment in daily living and a mental and/or behavioral health diagnosis. This assessment must be based on accepted standards of practice and include a covered, current ICD diagnosis. The assessing QMHP must approve a written Rehabilitation Plan. The rehabilitation strategy, as documented in the Rehabilitation Plan, must be sufficient in the amount, duration and scope to achieve established rehabilitation goals and objectives. Simultaneously, RMH services cannot be duplicative (redundant) of each other. Providers must assure that the RMH services they provide are coordinated with other servicing providers. Case records must be maintained on recipients receiving RMH services. These case records must include and/or indicate:

- a. the recipient’s name;
- b. progress notes must reflect the date and time of day that RMS services were provided; the recipient’s progress toward functional improvement and the attainment of established rehabilitation goals and objectives; the nature, content and number of RMH service units provided; the name, credential(s) and signature of the person who provided the RMH service(s). Progress notes must be completed after each session and/or daily; progress notes are not required on days when RMH services are not provided; a single progress note may include any/all the RMH

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403.6A **RESERVED**

403.6B **RESERVED**

403.6C **BASIC SKILLS TRAINING (BST) SERVICES**

1. Scope of Service: BST services are RMH interventions designed to reduce cognitive and behavioral impairments and restore recipients to their highest level of functioning. BST services are provided to recipients with age and developmentally inappropriate cognitive and behavioral skills. BST services help recipients acquire (relearn) constructive cognitive and behavioral skills through positive reinforcement, modeling, operant conditioning and other training techniques. BST services reteach recipients a variety of life skills. BST services may include the following interventions:
 - a. Basic living and self-care skills: Recipients learn how to manage their daily lives, recipients learn safe and appropriate behaviors;
 - b. Social skills: Recipients learn how to identify and comprehend the physical, emotional and interpersonal needs of others-recipients learn how to interact with others;
 - c. Communication skills: Recipients learn how to communicate their physical, emotional and interpersonal needs to others. Recipients learn how to listen and identify the needs of others;
 - d. Parental training: Parental training teaches the recipient’s parent(s) and/or legal guardian(s) BST techniques. The objective is to help parents continue the recipient’s RMH care in home and community-based settings. Parental training must target the restoration of recipient’s cognitive and behavioral mental health impairment needs. Parental training must be recipient centered;
 - e. Organization and time management skills: Recipients learn how to manage and prioritize their daily activities; and/or
 - f. Transitional living skills: Recipients learn necessary skills to begin partial-independent and/or fully independent lives.

2. Provider Qualifications:
 - a. QMHP: QMHPs may provide BST services. QMHA: QMHAs may provide BST services under the clinical supervision of a QMHP.