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DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH CARE FINANCING AND POLICY

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Suzanne Bierman,
JD MPH
Administrator

Notice of Meeting to Solicit Public Comments and Intent to Act Upon Amendments to the Medicaid Services Manual (MSM)

Public Hearing September 27, 2022 Summary

Date and Time of Meeting: September 27, 2022 at 10:00 AM

Name of Organization: State of Nevada, Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy (DHCFP)

Place of Meeting: DHCFP
1100 E. William Street
First Floor Conference Room
Carson City, Nevada 89701

Teleconference and/or Microsoft Teams Attendees

(Note: This List May Not Include All Participants, Just Those Who Identified Themselves)

Gabriel Lither, Senior Deputy Attorney General (SDAG)
Dr. Antonina Capurro, Deputy Administrator, DHCFP
Casey Angres, DHCFP
Carin Hennessey, DHCFP
Nicholas M. Campbell
Claudia Means
Sarah Scott
Hilery Raya
Gladys Cook, DHCFP
Gaila
Seth Wray
Cyndi L. Smith
Lisa Sarro
Donna Laffey
Teresa
Geri A. Hart
Susan Harrison
Luke Lim
Yosbel SanJudo
Mary Riggs

Lisa Hamrick
Courtney Welch, Division of Public and Behavioral Health (DBPH)
Casandra Davis, DHCFP
Laura Valentine (DBPH)
Carin Hennessey, DHCFP
Amber Junior
Laura Kniola
Yvonne Vestal
Mackenzie Lopez
Michelyn T. Domingo
Abigail Bailey, DHCFP
Sarah Braze
Alicia Prokasky
Rossana Dagdagan, DHCFP
Fooks
Monica Schiffer, DHCFP
S.P.
De
Nancy Kane, CCSD

Dana Walburn, Nevada Department of Education
(DOE)
Brandice Vincent
Richard A. Elorreaga
Camellia Chan
L.F.
Allyson Hoover
Brandon Ford, Best Practices Nevada
Jean C. Piroli

Danny
Casey Walker
Megan Freeman, DOE
Cheree Smith, Providing Hope
Lorie
Jeanette Verdin
Alyssa Drucker
Ashley Hamilton

Introduction:

Casey Angres, Manager of Division Compliance, DHCFP, opened the Public Hearing introducing herself, Dr. Antonina Capurro, Deputy Administrator of DHCFP and Gabe Lither, SDAG.

Casey Angres – The notice for this public hearing was published on August 25, 2022, in accordance with Nevada Statute 422.2369.

1. **Public Comments:**

No comments.

2. **For possible action:** Discussion and adoption of changes to MSM Chapter 400 – Mental Health and Alcohol/Substance Abuse Services

Carin Hennessey, Social Services Program Specialist for Behavioral Health Unit, DHCFP, presented DHCFP is proposing revisions 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 have been made to the Outpatient Service Delivery Models under which Chapter 400 Outpatient Mental Health (OMH) and RMH services are delivered. A public workshop was held Thursday, June 2, 2022. Outstanding concerns expressed by the public related to the Provider Qualifications under these Outpatient Mental Health service delivery models have been addressed as they have arisen.

Entities Financially Affected: The proposed changes affect 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 (BHRT)(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).

The financial impact of the proposed revision on local government is unknown at this time.

The effective date for the revisions is September 28, 2022.

The updates to the Provider Qualifications have created a more comprehensive section that includes the QBA, the Qualified Mental Health Associate, (QMHA) and the Qualified Mental Health Professional (QMHP). Although the entire section may look new, most of the information has existed in policy and procedure and has been consolidated and clarified through this update.

It is the intent of DHCFP to encourage and enhance the behavioral health workforce with these updates. The intention through these updates is also to make the qualifications clearer for outpatient mental health providers, and to ensure the guidelines for competency, training, and supervision are evident for providers delivering services under Clinical and Direct Supervision of a behavioral health agency/entity/group.

Carin Hennessey advised there are some friendly revisions she will note in the policy updates.

Section 403.1 Outpatient delivery models intends to identify three outpatient mental health service delivery models: Behavioral Health Community Network (BHCN) (PT 14, Specialty 814); Independent Behavioral Health Professionals and Behavioral Health Rehabilitative Treatment (PT 82, Specialty 882).

The BHCN agency/entity/group provides OMH and RMH services in an outpatient setting. This model operates under Clinical and Direct Supervision. Independent Professionals and Individual RMH providers deliver services under this model.

Those enrolling as Independent Behavioral Health Professionals can deliver services and bill services directly, or under a behavioral health provider group to which they are linked. These professions have been listed and it has been clarified to practice independently. The provider must be enrolled with Nevada Medicaid in this way.

The Behavioral Health Rehabilitative Treatment model language has been clarified so it is understood that enrolled Individual RMH providers must deliver and bill services under clinical and direct supervision within a behavioral health agency/entity/group. This includes the Behavioral Health Community Network (PT 14, Specialty 814) and Behavioral Health Rehabilitative Treatment (PT 82, Specialty 882). The language has been left broad for the expansion of other behavioral health delivery models that may use Individual RMH providers.

Section 403.3, Provider Qualifications, OMH services has been removed from the heading of the section. The section outlines only the QMHA and QMHP and Psychologist qualifications. All Provider Qualification information for QBA, QMHA, and QMHP under this section has been removed. The intent is to clarify that these enrolled providers are Individual RMH Providers, with the exception of the psychologist who is considered independent or enrolls under a psychologist.

Section 403.3(A), QBA, has the QBA information moved from the former 403.6A Section. The qualifications for QBA have not changed. Language has been clarified for supervision and the requirements for training including initial competency training (16 hours) and the in-service training (two hours per quarter, or eight hours per year). This includes documentation, FBI background checks and tuberculosis (TB) screening. A friendly edit has been made to the language listed in Section 403.3(A)(6), to read "All applicants shall have had 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." The TB documentation shall be maintained within the agency/entity/group under which the Individual RMH provider is enrolled.

Section 403.3(B), QMHA, has clarified language around documentation of qualifications for QMHA providers. An enrollment has been added that encourages QBAs to gain training and education to become QMHA-level providers. Language around the request for official documentation of licensure (for RNs) and degrees (for unlicensed paraprofessionals) has been clarified. "Human, social services or behavioral field" degrees has been moved to the more expansive field of Human Services, which includes human, social service, and behavioral health degrees applicable to the QMHA enrollment. The enrollment checklists will specify what is accepted as a Human Service degree and the listing of Human Services degrees used by the Virginia Department of Behavioral Health and Developmental Services to guide Nevada's approved degrees list. The list of accepted degrees includes Behavioral Science, Child Development, Child and Family Studies/Services, Community Mental Health, Counseling (mental health, vocational, rehabilitative, pastoral), Early Childhood Development, Early Childhood Education, Family Development/Relations, Marriage and Family Therapy, Occupational Therapy, Psychiatric Rehabilitation, Psychology, Social Work, Sociology, Special Education, Speech and Language Therapy, and Therapeutic Recreation.

Some friendly edits have been made to clarify how a QBA-level provider may qualify as a QMHA under Section 403.3(B)(3). An applicant with an Associate's degree in the field of Human Services and four years of experience as a Medicaid enrolled provider may submit enrollment for a QMHA. The applicant must meet all the other competency and training qualifications listed for QMHA. The QBA level experience can be gained as an Individual RMH provider and by delivery of services under a group enrollment. An edit has also been made to clarify that an applicant with a non-Human Services Bachelor's degree may qualify with four years of experience by proof of resume. Under Section 403.3(B)(4), an applicant with a Bachelor's degree not on the accepted list of Human Services degrees is able to use four years of behavioral health experience by proof of resume for enrollment as a QMHA. The use of transcripts to verify credits has been removed. Language for supervision and the requirements for training including initial competency training (16 hours) and the in-service training (two hours per quarter, eight hours per year); this includes documentation, FBI background checks and TB screening. A friendly edit has been made to the language listed in Section 403.3(B)(10), to read "All applicants shall 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." The TB documentation shall be maintained within the agency/entity/group under which the Individual RMH provider is enrolled.

Section 403.3(C), QMHP, language on the requirements for QMHP providers who can be independently licensed as well as be under a clinical internship license obtained through the appropriate Nevada boards was clarified. QMHPs still operate under Clinical and Direct Supervision. The use of CASII, LOCUS, and service-specific assessment tools under MSM Chapter 403.3.(C)(2) was clarified and identified ongoing supervision and training provided under Chapter 400 Supervision Standards. The policy aligns with the Board of Examiners for Social Workers to identify Master Social Work Post Graduate Interns as the qualification for interns under social work licensure has been identified. Licensed Marriage and Family Therapist (LMFT) Interns and Licensed Clinical Professional Counselor (LCPC) Interns separately under their shared Board of Licensure have been identified. Psychological Trainees from the QMHP enrollment has been removed. This is in alignment with a previous policy update moving the Psychological Assistants, Interns, and Trainees under the supervision of a Licensed Clinical Psychologist

QMHP qualifications have been updated to include the background check and the TB screening requirements. Policy clarifies a QMHP enrolled provider delivers services under the agency/entity/group and does so by oversight of the clinical supervision of that agency. A friendly edit has been made to the

language listed in Section 403.3(C)(5), to read “All applicants shall 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.” The TB documentation shall be maintained within the agency/entity/group under which the Individual RMH provider is enrolled.

Section 403.3(D), Licensed Psychologists, clarified the language on licensure requirement and corrected the Nevada Regulatory Standards (NRS) and Nevada Administrative Code (NAC) citation. (461 to 641).

Section 403.4, Outpatient Mental Health (OMH) Services. This section is not listed in its entirety in the draft. The opening language was clarified in the section by adding the Outpatient Mental Health acronym “OMH” to the section heading and clarifying language was added to services included under this section: mental health therapies and therapeutic interventions, partial hospitalization and intensive outpatient (as defined within the chapter), and medication training/support.

Section 403.5 (OMH Services – Utilization Management). This section has not changed.

Section 403.6 Rehabilitative Mental Health (RMH) Services. Information in this section was moved into Section 403.3 update. The information has not changed, it was just moved.

Section 403.6A and 403.6B are now reserved sections.

At the conclusion of Carin Hennessey’s presentation, Casey Angres asked Dr. Antonina Capurro and Gabe Lither if they had any questions or comments.

Dr. Antonina Capurro and Gabe Lither told Carin Hennessey this was a very long chapter to reorganize and clarify and her work on it is appreciated, and to make sure the friendly amendments are made in the documents, and they are posted as soon as possible.

Public Comment:

Cyndi Smith sent a chat asking, “TB for all PT 14 staff that would provide RMH or that would enroll as a provider.”

Carin Hennessey replied this will be for the individual RMH providers, such as the QBAs, QMHAs and QMHPs.

Cyndi Smith advised she thought she had seen a TB test requirement had been added under the QMHP's also.

Carin Hennessey replied this is true and clarified the section reads the TB requirement is monitored by the group under which these providers are enrolled. Medicaid is no longer requiring TB screening or medical clearance information for the QBA, QMHA, or QMHP. But it is needed to be maintained within the agency for those providers as they are delivering services under a mental health outpatient group.

Cyndi Smith clarified that they must keep this information in the employee file, but the information does not need to be provided at the time of enrolment.

Carin Hennessey advised this is correct.

Nancy Cane, CCSD, commented on Section 403.3 regarding the TB test requirements as it references NAC. She said as it is explicitly for certain medical facilities, they would like to request an exclusion in Chapter 2800 for that requirement.

Casey Angres thanked Nancy Cane for the comment.

Cheree Smith, Providing Hope, said recently when submitting for QMHAs and QBAs for initial enrollment, they have been having issues with the 16-hour Medicaid training. They have everything listed in the curriculum that they cover in their 16-hour Medicaid training. She asked if anything has changed for the requirements.

Carin Hennessey answered nothing has changed for those requirements, it just clarifies it is required for both the QBA and QMHA.

Sarah Braze stated that though this question is not specifically related to these edits, it is related to Chapter 400 itself, specifically in regard to Web announcement 2437 regarding the psychotherapy service limitations. She pointed out the disconnect with this web announcement and this chapter stating that 26 sessions are allowed without prior authorization; However, this web announcement seems to contradict that, stating prior authorized services do not seem to be regarded.

Case Angres thanked Sarah Braze for her comment.

Dr. Capurro approved the changes, pending spelling and grammar checks.

Casey Angres closed the Public Hearing for MSM Chapter 400 – Mental Health and Alcohol/Substance Abuse Services.

3. Adjournment

There were no further comments and Casey Angres closed the public hearing at 10:36 AM.

****An Audio (CD) version of this meeting is available through the DHCFP Compliance office. For more detailed information on any of the handouts, submittals, testimony and or comments please contact documentcontrol@dncfp.nv.gov with any questions.***