

	MTL 14/22
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 403
MEDICAID SERVICES MANUAL	Subject: POLICY

- A. Nevada Medicaid and must 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 current written agreement, job description or similar type of binding document;
  4. Utilize Clinical Supervision as prescribed in this chapter and have written policies and procedures to document the process to ensure Clinical Supervision is performed

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on a regular, routine basis at least monthly and the effectiveness of the mental health treatment program is evaluated at least annually;

5. Work on behalf of recipient<sup>s</sup> in their care to ensure effective care coordination and discharge planning within the state system of care among other community mental health providers and other agencies servicing a joint recipient;
- ~~6. Implement and maintain a Quality Assurance (QA) program which continually assesses quality measures and seeks to improve services on an ongoing basis. A QA program description must be submitted upon enrollment and updated annually on the anniversary of the BHCN enrollment month. The BHCN's QA program description and report must include the following:
 
  - ~~a. A list of behavioral health services and evidence-based practices that the BHCN provides to recipients.
 
    - ~~1. Identify the goals and objectives of the services and methods which will be used to restore recipient's highest level of functioning.~~~~
  - ~~b. An organization chart that outlines the BHCN's supervisory structure and the employees and positions within the agency. The organizational chart must identify the Clinical Supervisor(s), Direct Supervisor(s), affiliated mental health professional(s) and paraprofessionals names and National Provider Identifier (NPI) numbers for each.~~
  - ~~c. Document how clinical and supervisory trainings are conducted and how they support standards to ensure compliance with regulations prescribed within MSM Chapter 400. Provide a brief description of material covered, date, frequency and duration of training, location, names of employees that attended and the name of the instructor.~~
  - ~~d. Demonstration of effectiveness of care, access/availability of care and satisfaction of care. The BHCN must adhere to the QIO like vendor's billing manual for further instructions concerning the required quality measures below. The following quality measures are required:
 
    - ~~1. Effectiveness of care:
 
      - ~~a. Identify the percentage of recipients demonstrating stable or improved functioning.~~
      - ~~b. Develop assessment tool to review treatment and/or~~~~~~~~

Commented [CH1]: Added this to be able to add it into the BHCN checklist now...

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~~rehabilitation plans and report results of assessment.~~

~~2. Access and availability to care:~~

~~a. Measure timeliness of appointment scheduling between initial contact and rendered face to face services.~~

~~3. Satisfaction of care:~~

~~a. Conduct a recipient and/or family satisfaction survey(s) and provide results.~~

~~b. Submit a detail grievance policy and procedure.~~

~~e. The DHCFP may require the BHCN to submit a DHCFP approved Corrective Action Plan (CAP) if the BHCN's QA report has adverse findings. The BHCN's CAP shall contain the following and must be provided within 30 days from the date of notice:~~

~~1. The type(s) of corrective action to be taken for improvement;~~

~~2. The goals of the corrective action;~~

~~3. The timetable for action;~~

~~4. The identified changes in processes, structure, internal/external education;~~

~~5. The type of follow up monitoring, evaluation and improvement.~~

~~f. QA Programs must be individualized to the BHCN delivery model and services provided. Duplication of QA documentation between BHCNs may be cause for rejection without review.~~

~~Failure to submit QA Program documentation or failure to meet standards of the QA Program and/or Corrective Action Plan (CAP) as required in MSM 403.B.6 within designated timeframes will result in the imposition of sanctions including, but not limited to, partial suspension and/or termination of the BHCN provider contract. Further clarification of the QA Program requirements may be found in the billing manual.~~

~~A BHCN that is accredited through the Joint Commission, Commission on Accreditation of Rehabilitation Facilities (CARF) or Council of Accreditation (COA) may substitute a copy of the documented QA program and report required for the certification in lieu of the~~

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~~requirements of MSM 403.2B.6. Accreditation must be specific to a BHCN delivery model.~~

C. Recipient and Family Participation and Responsibilities

1. Recipients or their legal guardians and their families (when applicable) must:
  - a. Participate in the development and implementation of their individualized treatment plan;
  - b. Keep all scheduled appointments; and
  - c. Inform their Medicaid providers of any changes to their Medicaid eligibility.

403.2A SUPERVISION STANDARDS

1. 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. Clinical Supervisors are accountable for all services delivered and must be available to consult with all clinical staff related to delivery of service, at the time the service is delivered. 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 assume professional responsibility for the mental and/or behavioral health services provided by clinical staff, including Independent Professionals, QMHPs, and Individual RMH providers, including 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 LCSWs, LMFTs, CPCs, and QMHPs, excluding Interns, may function as Clinical Supervisors over RMH services. However, Individual RMH providers, who are QMHPs, including interns, may not function as Clinical Supervisors over OMH services, such as assessments, therapy, testing and medication management. Clinical Supervisors must assure the following: