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 ~~mental health rehabilitation~~Rehabilitative Mental Health (RMH) providers.

B. Independent Professionals – State of Nevada licensed: psychiatrists, psychologists, clinical social workers, marriage and family therapists and clinical professional counselors. 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.

C. Individual Rehabilitative Mental Health (RMH) providers must meet the provider qualifications for the specific service. If they cannot independently provide Clinical and Direct Supervision, they must arrange for Clinical and Direct Supervision through a contractual agreement with a BHCN or qualified ~~independent~~ Independent ~~professional~~Professional. These providers may directly bill Nevada Medicaid or may contract with a BHCN.

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 ~~medical~~ Clinical supervision and ensure ~~medical~~ 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~~ Clinical ~~supervision~~ Supervision as prescribed in this chapter and have written policies and procedures to document the process to ensure ~~clinical~~ Clinical ~~supervision~~ Supervision is performed 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's in their care to ensure effective care coordination 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 ~~medical supervisor, c~~Clinical ~~supervisor~~Supervisor(s), ~~direct~~ Direct ~~supervisor~~Supervisor(s), affiliated ~~qualified~~ mental health professional(s) and paraprofessionals, ~~qualified mental health associate(s) including~~ 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 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 time-table 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 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 ~~and/or rehabilitation plan~~;

b. Keep all scheduled appointments; and

c. Inform their Medicaid providers of any changes to their Medicaid eligibility.

403.2A SUPERVISION STANDARDS

~~1. Medical Supervision – The documented oversight which determines the medical appropriateness of the mental health program and services covered in this chapter. 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. Behavioral Health Community Networks and all inpatient mental health services are required to have medical supervision.~~

~~2~~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 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~~s~~), 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 Qualified Mental Health Associates (QMHA) and Qualified Behavioral Aides (QBA). Clinical Supervisors can supervise other LCSWs, LMFTs, CPCs, QMHPs, ~~Qualified Mental Health Associates (~~QMHAs~~)~~ and ~~Qualified Behavioral Aides (~~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, ~~Independent~~ Individual RMH providers, who are QMHPs, including interns, may not function as Clinical Supervisors over Outpatient Mental Health (OMH) ~~assessments or~~

~~therapies~~services, such as assessments, therapy, testing and medication management. Clinical Supervisors must assure the following:

a. An up-to-date (within 30 days) case record is maintained on the recipient; and

b. 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

c. A comprehensive and progressive treatment plan ~~and/or rehabilitation plan~~ is developed and approved by the ~~clinical~~ Clinical ~~supervisor~~ Supervisor and/or a ~~direct~~ Direct ~~supervisor~~Supervisor, who is a QMHP, LCSW, LMFT, or CPC; and

d. Goals and objectives are time specific, measurable (observable), achievable, realistic, time-limited, outcome driven, individualized, progressive and age and developmentally appropriate; and

e. 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

f. 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

g. Only qualified providers provide prescribed services within scope of their practice under state law; and

h. Recipients receive mental and/or behavioral health services in a safe and efficient manner.

3. Direct Supervision – Independent Professionals, QMHPs, and/~~-~~or QMHAs may function as ~~direct~~ Direct ~~supervisors~~Supervisors within the scope of their practice. Direct ~~supervisors~~ Supervisors must have the practice~~-~~-specific education, experience, training, credentials, and/or licensure to coordinate an array of ~~mental and/or behavioral health~~OMH and/or RMH services. Direct ~~supervisors~~ Supervisors assure servicing providers provide services in compliance with the established treatment~~/rehabilitation~~ plan(s). Direct ~~supervision~~ Supervision is limited to the delivery of services and does not include treatment and~~/or rehabilitation~~ plan(s) modification and/or approval. If qualified, ~~direct~~ Direct ~~supervisors~~ Supervisors may also function as ~~clinical~~ Clinical ~~supervisors~~Supervisors. Direct ~~supervisors~~ Supervisors must document the following activities:

Formatted: No widow/orphan control

a. Their face-to-face and/or telephonic meetings with ~~clinical~~ Clinical ~~supervisors~~Supervisors.

1. These meetings must occur before treatment begins and periodically thereafter;

2. The documentation regarding this supervision must reflect the content of the training and/or clinical guidance; and

3. This supervision may occur in a group and/or individual settings.

b. Their face-to-face and/or telephonic meetings with the servicing provider(s).

1. These meetings must occur before treatment/rehabilitation begins and, at a minimum, every 30 days thereafter;

2. The documentation regarding this supervision must reflect the content of the training and/or clinical guidance; and

3. This supervision may occur in group and/or individual settings;

c. Assist the ~~clinical~~ Clinical ~~supervisor~~ Supervisor with ~~treatment~~ Treatment ~~and/or rehabilitation plan~~Plan ~~(s)~~ reviews and evaluations.

403.2B DOCUMENTATION

1. Individualized Treatment Plan

a. A written individualized treatment plan, referred to as Treatment Plan, is a comprehensive, progressive, personalized plan that includes all prescribed Behavioral Health (BH) services, to include Rehabilitative Mental Health (RMH) and Outpatient Mental Health (OMH) services. A Treatment Plan is person-centered, rehabilitative and recovery oriented. The treatment plan addresses individualized goals and objectives. The objective is to reduce the duration and intensity of BH services to the least intrusive level possible while sustaining overall health. BH services are designed to improve the recipient's functional level based on achievable goals and objectives as determined in the Treatment Plan that identifies the amount and duration of services. The Treatment Plan must consist of services designed to achieve the maximum reduction of the BH services required to restore the recipient to a functional level of independence.

b. Each prescribed BH service within the Treatment Plan must meet medical necessity criteria, be clinically appropriate and must utilize evidence-based practices.

c. The prescribed services within the plan must support the recipient's restoration of functioning consistent with the individualized goals and objectives.

d. A Treatment Plan must be integrated and coordinated with other components of overall health care.

e. The person-centered treatment plan must establish strength-based goals and objectives to support the recipient's individualized rehabilitative process. The BH services are to accomplish specific, observable changes in skills and behaviors that directly relate to the recipient's individual diagnosed condition(s). BH services must be rehabilitative and meet medically necessity for all services prescribed.

1. NON COVERED SERVICES

a. Transportation or services delivered in transit.

b. Facilities licensed as a daycare.

c. Club house, recreational, vocational, afterschool or mentorship programs.

d. Services provided in the home or homelike setting including campus/institution establishment that furnishes (in single or multiple facilities) food, shelter and some treatment or services to four or more persons unrelated to the proprietor.

e. Routine supervision, monitoring or respite.

f. Non-evidenced based models.

g. Non milieu models.

h. Programs restricted or only provided to those recipients who reside at the same location.

A. PROVIDER REQUIREMENTS

To receive reimbursement day treatment programs must be separately enrolled with the DHCFP.

Program Criteria:

1. Services not to exceed three hours per day, five days per week;
2. Parental/caregiver involvement and participation in the day treatment program;
3. Ongoing participation in family counseling/therapy;
4. Minimum staff to recipient ratio is 1:3;
5. Maximum group size is six;
6. Therapeutic milieu design;

7. Services must be provided by a Qualified Mental Health Professional (QMHP) or by a Qualified Mental Health Associates (QMHA) under the ~~direct~~ Direct ~~supervision~~ Supervision of an onsite QMHP;

8. Evidence based programmatic model with established curriculum and schedule;

9. Program admission, service continuation and discharge criteria; and

10. Policies and procedures specific to the day treatment program which at a minimum address the following:

    a. ~~Medical, c~~Clinical, and ~~direct~~ Direct ~~supervision~~Supervision;

    b. Health Insurance Portability and Accountability Act (HIPAA) and client's rights;
    c. Service provision and documentation; and

    d. Admission and discharge criteria and process.

For individual provider requirements see MSM Chapter 400.

For enrollment, prior authorization and billing instructions please refer to the QIO-like vendor website.

POLICY #4-02	DAY TREATMENT AGES 7-18	

Service Limitations	Ages 7-18: CASII
Levels I & II	No Services Authorized
Level III	Maximum of four hours per day
Level IV	Maximum of five hours per day
Levels V & VI	Maximum of six hours per day

1. NON COVERED SERVICES

   a. Transportation or services delivered in transit.

   b. Facilities licensed as a daycare.

   c. Club house, recreational, vocational, afterschool or mentorship programs.

   d. Services provided in the home or homelike setting including campus/institution establishment that furnishes (in single or multiple facilities) food, shelter and some treatment or services to four or more persons unrelated to the proprietor.

   e. Routine supervision, monitoring or respite.

   f. Non-evidenced based models.

   g. Non milieu models.

   h. Programs restricted or only provided to those recipients who reside at the same location.

A. PROVIDER REQUIREMENTS

To receive reimbursement day treatment programs must be separately enrolled with the DHCFP.

1. Program Criteria:

   a. Services not to exceed six hours per day, five days per week;

   b. Parental/caregiver involvement and participation in the day treatment program;

   c. Ongoing participation in individual therapy (not reimbursed under day treatment model);

   d. Minimum staff to recipient ratio is 1:5;

   e. Maximum group size is 10;

f. Therapeutic milieu design;

g. Services must be provided by a QMHP or by a QMHA under the ~~direct~~ Direct ~~and clinical supervision~~ Supervision of an onsite QMHP;

h. Evidence based programmatic model with established curriculum and schedule;

i. Program admission, service continuation and discharge criteria; and

j. Policies and procedures specific to the day treatment program which at a minimum address the following:

1. ~~Medical, c~~Clinical, and ~~direct~~ Direct ~~supervision~~Supervision;

2. HIPAA and client's rights;

3. Service provision and documentation; and

4. Admission and discharge criteria and process.

For individual provider requirements see MSM Chapter 400.

For enrollment, prior authorization and billing instructions please refer to the QIO-like vendor website.

ATTACHMENT A

POLICY #4-03	DAY TREATMENT AGES 19 AND OLDER	

A. PRIOR AUTHORIZATION IS REQUIRED

B. COVERAGE AND LIMITATIONS

1. COVERED SERVICES

Clinical documentation must demonstrate that the recipient meets all of the following criteria:

a. Must have Level of Care Utilization System for Adults (LOCUS) score of IV, V or VI;

b. A primary covered, current ICD diagnosis;

c. Determined as Serious Mental Illness (SMI);

d. Requires and benefits from opportunities to test their acquired emotional, cognitive and behavioral skills in settings that emulate their normal home and community based environments;

e. The recipient's condition requires a structured program with treatment that cannot be provided in a less intensive outpatient setting;

f. An adequate social support system is available to provide the stability necessary for maintenance in the program; and

g. Recipient's emotional, cognitive and behavioral issues which:

1. require intensive, coordinated, multifaceted interventions within a therapeutic milieu; and

2. are incapacitating, interfere with daily activities or place others in danger to the point that it causes anguish or suffering.

Service Limitations	Ages 19 and older: LOCUS
Levels I & II	No Services Authorized
Level III	No Services Authorized
Level IV	Maximum of five hours per day
Levels V & VI	Maximum of six hours per day

2. NON COVERED SERVICES

a. Transportation or services in transit.

b. Facilities licensed as adult daycare may not provide day treatment services.
c. Recreational, mentorship or club house programs.

d. Services in a home based or home like settings, including campus/institutions that furnish in single or multiple areas, food, shelter and some treatment/services to four or more persons unrelated to the proprietor.

e. Non-evidenced based models.

f. Non milieu models.

g. Programs restricted to only those recipients residing at the same location.

C. PROVIDER REQUIREMENTS

1. Program Criteria:

a. Day Treatment services must be provided by a QMHP or by a QMHA under the ~~direct~~ Direct ~~supervision~~ Supervision of an onsite QMHP;

b. Services not to exceed a maximum of six hours a day, five days a week;

c. Must involve the recipient and family or other individuals, as appropriate in the day treatment program and family counseling/therapy;

d. Minimum staff to recipient ratio is 1:5;

e. Maximum group size is 10;

f. Therapeutic milieu design;

g. Evidence based programmatic model with established curriculum and schedule;

h. Program admission, service continuation and discharge criteria in place; and

i. Policies and procedures specific to the day treatment program which as a minimum address the following:

1. ~~Medical, c~~Clinical and ~~direct~~ Direct ~~supervision~~Supervision;

2. HIPAA and clients rights;

3. Service provision and documentation; and

4. Admission and discharge criteria and process

Day treatment services will only be reimbursable to those programs which have been approved and enrolled to serve as Day Treatment Program service providers