

400 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 provide or contracts with an entity that delivers:

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 outpatient 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) providers.

B. Independent Behavioral Health Professionals are licensed in the State of Nevada as psychiatrists, psychologists, advanced practice registered nurses (APRN), physician assistants, Clinical Social Workers (LCSW), Marriage and Family Therapists (LMFT), and Clinical Professional Counselors (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, expertise, and enrollment with Nevada Medicaid.

C. Behavioral Health Rehabilitative Treatment providers must meet the provider qualifications for the specific behavioral health service. These individual Rehabilitative Mental Health (RMH) providers arrange for Supervision with an Independent Behavioral Health Professional enrolled with Nevada Medicaid. Individual RMH providers may not be directly reimbursed by Nevada Medicaid and must contract with a BHCN, Behavioral Health Rehabilitative Treatment, or other behavioral health provider in order to deliver services.

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## 403.2 PROVIDER STANDARDS

- A. All providers must:
1. 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

- 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 under the Clinical Supervision of a Qualified Mental Health Professional (QMHP) and the Direct Supervision of a QMHP or Qualified Mental Health Assistant (QMHA).
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
    - c. identify emergency situations and respond accordingly; 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

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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 is provided and documented at least monthly.

- 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 may be delivered by the agency/entity/group providing supervision over the QBA. At a minimum, this training must include the following core competencies:
  - Case file documentation (including Chapter 400 Documentation requirements for Progress Notes); and
  - Recipient rights (including rights of parents and guardians, as appropriate); and
  - Client confidentiality pursuant to state and federal regulations (including releases of information); and
  - Communication skills (verbal, non-verbal, written with children and adults); and
  - Problem solving and conflict resolution skills (including mediation, de-escalation, crisis, suicidality, and mandated reporting); and
  - Communication techniques for individuals with communication or sensory impairments (citing evidence-based practice); and
  - Understanding the components of a rehabilitative treatment plan; and
  - Cardiopulmonary resuscitation (CPR) certification (verification with certification card is necessary to fulfill requirement).
- b. Certificates of competency must include all of the following information:
  - Name of the enrolling QBA provider who received training; and
  - Name and original signature (or electronic signature, date- and time-stamped) of the individual who provided the training; also include the name of the training agency if not delivered by the agency/entity/group providing supervision over the QBA; and
  - Date of training must be within one (1) year from the requested effective date of the submitted application for enrollment; and

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- 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.

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.

#### 4. In-Service Training

- a. QBAs require two (2) hours of in-service training per quarter. The purpose of the in-service 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 initial competency training. Consideration must be given to topics suggested by recipients. Training requirements may be waived if the QBA 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. This training must include any single competency or combination of the following competencies:

- 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
- 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
- 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
- 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
- Organization and time management skills – assisting recipients to regain skills to manage and prioritize their daily activities; and/or
- Transitional living skills – assisting recipients to regain necessary skills to establish partially-independent and fully-independent lives, as appropriate.

- b. Documentation of the completed training and achieved competencies shall

be maintained by the agency/entity/group providing supervision over the QBA. Training may be delivered by the agency/entity/group providing supervision over the QBA. 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 of the following information:

- Name of the enrolling QBA provider who received training; and
- Name and original signature of the individual who provided the training; also include the name of the training agency if not delivered by the agency/entity/group providing supervision over the QBA; and
- Date of training must be within one (1) year from the requested effective date of the submitted application for enrollment; and
- Outline of course content related to the core 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.

c. Peer Supporters must complete the 16-hour initial competency training and the two (2) hours of in-service training per quarter, as listed above. Quarterly in-service training for Peer Supporters must also include any single competency or combination of the following competencies:

- Helping to stabilize the recipient; and/or
- Helping the recipient access community-based mental and/or behavioral services; and/or
- Assisting during crisis situations and with crisis interventions; and/or
- Providing preventative care assistance; and/or
- 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

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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:

- Conduct or practice detrimental to the health or safety of the occupants or employees of the facility or agency;
- 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 **OR WOULD LIKE TO APPEAL THEIR EMPLOYMENT AND ENROLLMENT DENIAL**, they must immediately inform the BHCN, Behavioral Health Rehabilitative Treatment, or other behavioral health entity in writing the incorrect information **or A WISH TO APPEAL**. The BHCN, Behavioral Health Rehabilitative Treatment, or other behavioral health entity must inform DHCFP within five (5) days of the discovery of the incorrect information **OR WISH TO APPEAL**; DHCFP shall give the QBA provider not more than 60 days from the date of discovery to provide corrected information **OR A COMPREHENSIVE STATEMENT OF APPEAL before DENYING THE ENROLLMENT OR terminating the EXISTING** 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. QMHA - A person who meets the following documented minimum qualifications:

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1. Professional licensure as a Registered Nurse issued by State of Nevada Board of Nursing; and/or
2. Official documentation of a Bachelor's degree from an accredited college or university in Social Work, Counseling, or Human Services with additional understanding of outpatient and rehabilitative Mental Health treatment services and case file documentation requirements; or
3. Official documentation of an Associate's degree from an accredited college or university in Social Work, Counseling, or Human Services with additional understanding of outpatient and rehabilitative treatment services and case file documentation requirements, and four (4) years of relevant professional experience providing direct services to individuals with behavioral health disorders by proof of past or current enrollment as a Medicaid provider; or
4. Equivalent combination of education and experience demonstrating the competency under clinical supervision 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
  - g. Effectively provide verbal and written communication on behalf of the recipient to all involved parties.

Competencies demonstrated by the submission of official documentation of education credits, official certifications and licensures, proof of past or current enrollment as a Medicaid provider, and a written statement of qualification for enrollment with Nevada Medicaid under this policy.

5. A QMHA delivers services under the Clinical and/or Direct supervision of a licensed clinician appropriate to the clinician's scope of work; this supervising clinician assumes responsibility for their unlicensed supervisees.
6. Initial Competency Training

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- a. Before QMHAs can enroll as Medicaid providers, they are required to successfully complete an initial 16-hour initial 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 may be delivered by the agency/entity/group providing supervision over the QMHA. At a minimum, this training must include the following core competencies:
- Case file documentation (including Chapter 400 Documentation requirements for Progress Notes); and
  - Recipient rights (including rights of parents and guardians, as appropriate); and
  - Client confidentiality pursuant to state and federal regulations (including releases of information); and
  - Communication skills (verbal, non-verbal, written with children and adults); and
  - Problem solving and conflict resolution skills (including mediation, crisis, suicidality, and mandated reporting); and
  - Communication techniques for individuals with communication or sensory impairments (citing evidence-based practice); and
  - Understanding the components of a rehabilitative treatment plan; and
  - Cardiopulmonary resuscitation (CPR) certification (verification with certification card is necessary to fulfill requirement).
- b. Certificates of competency must include all of the following information:
- Name of the enrolling QMHA provider who received training; and
  - Name and original signature of the individual who provided the training; also include the name of the training agency if not delivered by the agency/entity/group providing supervision over the QMHA; and
  - Date of training must be within one (1) year from the requested effective date of the submitted application for enrollment; and
  - 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 (2) hours of in-service training per quarter. The



purpose of the in-service 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 initial competency training. Consideration must be given to topics suggested by recipients. Training requirements may be waived if the QMHA 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. This training must include any single competency or combination of the following competencies:

- 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
- 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
- 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
- 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
- Organization and time management skills – assisting recipients to regain skills to manage and prioritize their daily activities; and/or
- Transitional living skills – assisting recipients to regain necessary skills to establish partially-independent and fully-independent lives, as appropriate.

b. Documentation of the completed training and achieved competencies shall be maintained by the agency/entity/group providing supervision over the QMHA. Training may be delivered by the agency/entity/group providing supervision over 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 of the following information:

- Name of the enrolling QMHA provider who received training; and
- Name and original signature of the individual who provided the training; also include the name of the training agency if not delivered by the

agency/entity/group providing supervision over the QMHA; and

- Date of training must be within one (1) year from the requested effective date of the submitted application for enrollment; and
- Outline of course content related to the core 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.

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 Behavioral Health Community Network (BHCN) or Behavioral Health Rehabilitative Treatment agency/entity/group providing supervision over the QMHA. The BHCN and/or Behavioral Health Rehabilitative Treatment providers must maintain both the requests and the results of the FBI criminal background check with the applicant’s personnel records. Upon request, the BHCN and/or Behavioral Health Rehabilitative Treatment provider 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:
    - Conduct or practice detrimental to the health or safety of the occupants or employees of the facility or agency;
    - Any other offense determined by the DHCFP to be inconsistent with the best interest of all recipients.
  - b. The BHCN or Behavioral Health Rehabilitative Treatment, 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.

9. Have had tuberculosis (TB) screening or testing with negative results documented or medical clearance documented, as outlined in NAC 441A.375 and Centers for Disease Control and Prevention (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 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.

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- C. Qualified Mental Health Professional (QMHP) - A individual who meets the definition of a QMHA and also meets the following documented minimum qualifications:
1. Holds any of the following educational degrees and licensure:
    - 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 (Assistants, Interns, and Trainees are not able to deliver services under a psychologist enrolled as a QMHP); or
    - d. ~~an~~ Advanced Practice Registered Nurse (APRN) with a focus in psychiatry-mental health; or
    - e. Independent Nurse Practitioner (NP) with a focus in psychiatric-mental health; or
    - f. Graduate degree in social work and Licensed Clinical Social Worker; or
    - g. Graduate degree in counseling and Licensed Marriage & Family Therapist or Licensed Clinical Professional Counselor; and
  - 2.
  3. 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, establish measurable goals, objectives and discharge criteria, write and supervise a treatment plan and provide direct therapeutic treatment within the scope and limits of their expertise.
  4. Interns

Reimbursement for clinical Interns is based upon the rate of a QMHP, which includes the Clinical and Direct supervision of services by a licensed supervisor of the entity to which the QMHP is enrolling; **this supervising clinician assumes responsibility for their licensed intern supervisees.**

Interns are excluded from functioning as a clinical supervisor.

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The following are also considered QMHPs:

- a. LCSW Interns are licensed as a Master's level interns and meet the requirements under a program of internship 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's level interns and meet the requirements under a program of internship pursuant to the State of Nevada Board of Examiners for Marriage and Family Therapists & Clinical Professional Counselors ((NAC) 641A).
- D. Licensed Psychologists – An individual 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 461. A Supervising Psychologist, as defined by NRS and NAC 461, 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 must be linked to their designated Supervisor.
  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 461.
  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 461.
  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 461.

#### 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

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and intensive outpatient), 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 Services not authorized by the QIO-like vendor if an authorization is required according to policy; and

1. Respite.

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403.6 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

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