

DIVISION OF HEALTH CARE FINANCING AND POLICY

Section:

403

MEDICAID SERVICES MANUAL

Subject:

POLICY

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 provides or contracts with an entity that provides/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 all-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) rehabilitation providers.

B. Independent Behavioral Health Professionals ~~State of Nevada~~ are licensed in the State of Nevada as: psychiatrists, psychologists, advanced practice registered nurses (APRN), physician assistants, eClinical social Social workers/Workers (LCSW), mMarriage and family Family therapists Therapists (LMFT), and \_clinical Clinical professional Professional counselors 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, and expertise, and enrollment with Nevada Medicaid.

C. Behavioral Health Individual Rehabilitative Mental Health (RMH) Treatment providers must meet the provider qualifications for the specific behavioral health service. These individual Rehabilitative Mental Health (RMH) providers ~~If they cannot independently provide Clinical and Direct Supervision, they must arrange for Clinical and Direct Supervision through a contractual agreement with~~ an Independent Behavioral Health Professional A BHCN or qualified Independent Professional enrolled with Nevada

DIVISION OF HEALTH CARE FINANCING AND POLICY

Section:

403

MEDICAID SERVICES MANUAL

Subject:

POLICY

Medicaid. These Individual RMH providers may not be directly bill-reimbursed by Nevada Medicaid or may and must contract with a BHCN, Behavioral Health Rehabilitative Treatment, or other behavioral health provider in order to deliver services.

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 ~~—OUTPATIENT MENTAL HEALTH SERVICES~~

- A. Qualified Behavioral Aide (QBA) – A person who has an educational background of a high school diploma of 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 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
- 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

DIVISION OF HEALTH CARE FINANCING AND POLICY

Section:

403

MEDICAID SERVICES MANUAL

Subject:

POLICY

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

DIVISION OF HEALTH CARE FINANCING AND POLICY

Section:

403

MEDICAID SERVICES MANUAL

Subject:

POLICY

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.

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.

DIVISION OF HEALTH CARE FINANCING AND POLICY

Section:

403

MEDICAID SERVICES MANUAL

Subject:

POLICY

A.B. QMHA - A person who meets the following documented minimum qualifications:

1. Professional Licensure as a RN-Registered Nurse issued in the State of Nevada Board of Nursing; and/or
- ~~1.2.~~ or holds a bOfficial documentation of a Bachelor's degree from an accredited college or university in a human, social services or behavioral field Social Work, Counseling, or Human Services with additional understanding of outpatient and RMH-rehabilitative Mental Health treatment services and case file documentation requirements; or
- ~~2.3.~~ Holds an Official documentation of an Associate's degree from an accredited college or university in Social Work, Counseling, or Human Services with in a human, social services or behavioral field with additional understanding of RMH outpatient and rehabilitative treatment services and, and case file documentation requirements, and has four (4) years of relevant professional experience of providing direct services to individuals with mental-behavioral health disorders by proof of past or current enrollment as a Medicaid provider; or [CHI]
- ~~3.~~ An equivalent combination of education and experience as listed in Section 403.3.A.1-2 above; and
4. Whose Equivalent combination of education and experience demonstrate 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.

8-

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

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.[CH2]

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.

DIVISION OF HEALTH CARE FINANCING AND POLICY

Section:

403

MEDICAID SERVICES MANUAL

Subject:

POLICY

5.9. 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. 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) - A ~~Physician, Physician's Assistant or a person~~ 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

a.c. Doctorate Degree in psychology and Licensed Psychologist (~~Doctorate degree in psychology and license~~ Assistants, Interns, and Trainees are not able to deliver services under a psychologist enrolled as a QMHP); or

b.d. Bachelor's degree in nursing and ~~an~~ Advanced Practitioners of Nursing (APN) Practice Registered Nurse (APRN) with a focus in psychiatry-mental health; or ~~CH3~~(psychiatry);

[CH4]:

e. Independent Nurse Practitioner (NP) with a focus in psychiatric-mental health; or ~~CH5~~

e.f. Graduate degree in social work and ~~clinical license~~ Licensed Clinical Social Worker; or

d.g. Graduate degree in counseling and ~~Licensed as a marriage~~ Marriage and & family Family therapist Therapist or Licensed ~~clinical~~ Clinical professional Professional counselor Counselor; ~~or and~~

DIVISION OF HEALTH CARE FINANCING AND POLICY

Section:

403

MEDICAID SERVICES MANUAL

Subject:

POLICY

2. ~~Who is employed and determined by a state mental health agency to meet established class specification qualifications of a Mental Health Counselor; and~~
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/~~Psychological Assistants~~ 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.

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 ~~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's 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 ((NAC) 641A).
- C.D. Licensed Psychologists – An individual ~~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 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.

DIVISION OF HEALTH CARE FINANCING AND POLICY

Section:

403

MEDICAID SERVICES MANUAL

Subject:

POLICY

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<sub>[CH6]</sub>

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

1. Respite.

~~403.6 PROVIDER QUALIFICATIONS~~

~~403.6A~~ REHABILITATION MENTAL HEALTH (RMH) SERVICES<sub>[CH7]</sub> RESERVED

~~RMH services may be provided by specific providers who meet the following qualifications for an authorized service:~~

- ~~1. QBA Is 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 BHCN or Independent RMH provider. A QBA must have the documented competencies to assist in the provision of individual and group rehabilitative services under the Clinical Supervision of a QMHP and the Direct Supervision of a QMHP or QMHA.~~
  - ~~a. QBAs must also have experience and/or training in service provision to people~~

DIVISION OF HEALTH CARE FINANCING AND POLICY

Section:

403

MEDICAID SERVICES MANUAL

Subject:

POLICY

~~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 QBAs 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;~~
- ~~e. 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.~~

~~2. QBAs 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:~~

DIVISION OF HEALTH CARE FINANCING AND POLICY

Section:

403

MEDICAID SERVICES MANUAL

Subject:

POLICY

- ~~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 Nevada Medicaid as QBAs. Applicants must submit the results of their criminal background checks to the overseeing BHCN and/or the Individual RMH provider~~

DIVISION OF HEALTH CARE FINANCING AND POLICY

Section:

403

MEDICAID SERVICES MANUAL

Subject:

POLICY

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



DIVISION OF HEALTH CARE FINANCING AND POLICY

Section: 403

MEDICAID SERVICES MANUAL

Subject: POLICY

~~verification to the QBA training requirements.~~

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

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

~~403.6B~~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

~~403.6B~~ RESERVED

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