



Provider Enrollment Checklist for Behavioral Health Direct Service Provider

**Provider Type 14:
Qualified Behavioral Aide (QBA), Specialty 302**

This checklist must be completed and submitted with the attachments listed below. If you have any questions, please contact the Nevada Medicaid Provider Enrollment Unit at (877) 638-3472 from 8:00 a.m. to 5:00 p.m. Monday through Friday.

Provider Name: _____ Date: _____

National Provider Identifier (NPI): _____

Attachments

Initial the applicable item(s) below to signify that a copy of the specified item is attached.

_____ Copy of active Peer Recovery Support Specialist (PRSS) certification issued by the Nevada Certification Board (NCB). PRSS certification is required for any QBA receiving Nevada Medicaid compensation for delivering peer-to-peer support. NOTE: PRSS certification is required for the compensation of peer recovery support services per NRS 433.627 and effective August 1, 2023, per Senate Bill (SB) 69 (2021 Nevada Legislative Session). *Provide this certification ONLY IF applicable.*

_____ High School Diploma or General Education Development (GED) equivalent; and

_____ Documentation and/or certificates proving completion of required training as described in Nevada Medicaid Services Manual (MSM) Chapter 400. Submissions shall include:

_____ **New Enrollment:** Applicant’s completion of the Initial Competency training (16-hour) including all of the following components:

- Case file documentation
- Recipient’s rights
- Client confidentiality pursuant to state and federal regulations
- Communication skills
- Problem solving and conflict resolution skills
- Communication techniques for individuals with communication or sensory impairments
- Cardiopulmonary Resuscitation (CPR) certification (may be obtained from outside agency). **NOTE: Submitted copy of official and current CPR certification card is required. Submission of card satisfies required component for training; however, applicant may use up to two (2) hours of initial competency training for CPR certification with explanation in the outline of course content.**
- Understanding the components of a Rehabilitation Plan

OR

_____ **Revalidation:** Provider’s completion of previous year of In-Service training including any single competency or combination of the following competencies:

- Basic living and self-care skills
- Social skills
- Communication skills
- Parental training
- Organization and time management skills
- Transitional living skills



Provider Enrollment Checklist for Behavioral Health Direct Service Provider

**Provider Type 14:
Qualified Behavioral Aide (QBA), Specialty 302**

_____ All applicants are required to include the following on all training documents and/or certificates:

- Name and signature of the enrolling Qualified Behavioral Aide (QBA) provider who received training; **and**
- Name and signature of the individual trainer who provided the training; **and**
- Name and signature of responsible Clinical Supervisor for the agency/entity/group; **and**
- Date of training shall not be more than 365 days prior to the requested effective date of the submitted application for enrollment; and
- Outline of all course content as indicated by the core competencies above. **NOTE: Amount of time assigned to each competency must be identified separately and must add up to at least 16 hours (for New Enrollment) or 8 hours (for Revalidation).**

Trainings may be delivered in-house by the agency to which the applicant is linked.

Original documents and original signatures/initials required.

Policy Declaration

I hereby declare that I have read the current MSM Chapters 100, 400 and 3300 as of the date below and understand the policies and how they apply to my scope of service. I acknowledge that, as a Nevada Medicaid-contracted provider, I am responsible for complying with the MSM, and with any updates that may occur to these policies as applicable by state and federal laws.

Based on this understanding, I will abide by the scope of service, provider qualifications, service limitations and admission criteria detailed in MSM Chapter 400 and the applicable Rehabilitative Mental Health (RMH) services.

I meet all provider qualifications outlined in MSM Chapters 100 and 400.

QBA Signature: _____ **Date:** _____

Policy Acknowledgement

By initialing each of the four bolded items below, I agree to conform to these policy requirements.

_____ **Service Delivery Models (MSM Chapter 400)**

Individual Rehabilitative Mental Health (RMH) providers must meet the provider qualifications for the specific service. Individual RMH providers arrange for supervision with an independently licensed Behavioral Health Professional under an agency/entity/group enrolled with Nevada Medicaid. Individual RMH providers are not directly reimbursed by Nevada Medicaid and must contract with a Behavioral Health Community Network (BHCN), Behavioral Health Rehabilitative Treatment, or other behavioral health provider to deliver services.

_____ **Provider Standards (MSM Chapter 400)**

All providers must:

1. Provide medically necessary services;
2. Adhere to the regulations prescribed in Chapter 400 and all applicable Division chapters;
3. Provide only those services within the scope of their [the provider’s] 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 Quality Improvement Organization (QIO)-like vendor [Nevada Medicaid’s fiscal agent];
8. Ensure client’s [recipient’s] rights; and
9. Cooperate with Division of Health Care Financing and Policy’s (DHCFP’s) review process.



Provider Enrollment Checklist for Behavioral Health Direct Service Provider

**Provider Type 14:
Qualified Behavioral Aide (QBA), Specialty 302**

Provider Qualifications (MSM Chapter 400)

Qualified Behavioral Aides (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 appropriately; 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.

A QBA delivers services under the Clinical and Direct Supervision of a mental health provider(s) within the appropriate scope of practice; the Supervisor(s) assume(s) responsibility for their supervisees and shall maintain documentation on supervision in accordance with MSM 403.2A Supervision Standards. 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, LMFT, or LCPC. 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. QBAs require two (2) hours of in-service training per quarter for continued enrollment.

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. If an applicant believes that the information provided as a result of the FBI criminal background check is incorrect, they must immediately inform the BHCN, Behavioral Health Rehabilitative Treatment, or other behavioral health entity in writing with the incorrect information. All applicants shall 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.

Rehabilitative Mental Health Services (MSM Chapter 400)

Providers must assure that the RMH services they provide are coordinated with other servicing providers. Case records must be maintained on recipients receiving RMH services. Inclusive Services: RMH services include Basic Skills Training (BST), Day Treatment, Peer-to-Peer Support, Psychosocial Rehabilitation (PSR) and Crisis Intervention (CI). QBAs may provide Basic Skills Training (BST) services under the Clinical Supervision of a Qualified Mental Health Professional (QMHP) and the Direct Supervision of a QMHP or a Qualified Mental Health Associate (QMHA). Peer-to-peer support services must be provided under Clinical and Direct Supervision. RMH services must be recommended by a QMHP within the scope of their practice under state law. RMH services are adjunct (enhancing) interventions designed to complement more intensive mental health therapies and interventions.

Clinical and Direct Supervisors

I understand that I must have Clinical and Direct Supervision when providing services to Nevada Medicaid recipients. The name, title, contact phone and signature of my current Clinical and Direct Supervisors are provided below:

Clinical Supervisor Name: _____

Professional Title (attach a copy of credentials/license): _____



Provider Enrollment Checklist for Behavioral Health Direct Service Provider

**Provider Type 14:
Qualified Behavioral Aide (QBA), Specialty 302**

NPI: _____ Contact Phone: _____

Clinical Supervisor Signature: _____

Direct Supervisor Name: _____

Professional Title (attach a copy of credentials/license): _____

NPI: _____ Contact Phone: _____

Direct Supervisor Signature: _____

Changes to Medicaid Information

If your Direct Supervisor, Clinical Supervisor or employer change or any other pertinent information changes from what is presented above and on your enrollment application, you are required to notify Nevada Medicaid within five working days. All changes must be reported by using the Provider Web Portal at <https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx>. After logging in, click on the “Revalidate – Update Provider” link under Provider Services. The Online Provider Enrollment User Manual Chapter 3 Revalidation and Updates on the Provider Enrollment webpage at <https://www.medicaid.nv.gov> provides instructions on navigating the Update Provider tool.

Per MSM Chapter 100 Medicaid providers, and any pending contract approval, are required to report, in writing within five working days, **any change in ownership, address, or addition or removal of practitioners, or any other information pertinent to the receipt of Medicaid funds**. Failure to do so may result in termination of the contract at the time of discovery.

I hereby accept Nevada Medicaid’s change notification requirements:

QBA Provider Signature: _____ **Date:** _____

Reporting Fraud

I understand that Nevada Medicaid payments are made from federal and state funds and that any falsification, or concealment of a material fact, may be prosecuted under federal and state laws.

Providers have an obligation to report to the Division of Health Care Financing and Policy (DHCFP) any suspicion of fraud or abuse in DHCFP programs, including fraud or abuse associated with recipients or other providers (MSM Chapter 3300). Examples of fraudulent acts, false claims and abusive billing practices are listed in MSM Chapter 3300. Alleged fraud, abuse or improper payment may be reported by calling (775) 687-8405.

I hereby agree to abide by Nevada Medicaid’s fraud reporting requirements:

QBA Provider Signature: _____ **Date:** _____