



Provider Enrollment Checklist for Behavioral Health Direct Service Provider

Provider Type 82:
Qualified Mental Health Associate (QMHA), Specialty 301

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 QMHA 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.*

_____ Copy of Professional licensure as a Registered Nurse (RN) issued by the State of Nevada Board of Nursing.

_____ Copy of **official conferred Bachelor’s degree** in Human Services from an accredited college or university. Accepted Human Service degrees include the following fields of study: **Behavioral Science, Child Development, Child and Family Studies/Services, Community Mental Health, Counseling (mental health, vocational, rehabilitative, pastoral), Early Childhood Development, Early Childhood Education, Family Development/Relations, Marriage and Family Therapy, Occupational Therapy, Psychiatric Rehabilitation, Psychology, Social Work, Sociology, Special Education, Speech and Language Therapy, Therapeutic Recreation**. An acceptable substitution for a copy of a degree is an **official transcript** including statement of conferred degree **with** Registrar signature/stamp, institution watermark and/or embossed seal.

_____ Copy of **official conferred Associate’s degree from an accredited college or university in the field of Human Services** (as indicated above), **and** additional understanding of outpatient treatment services, rehabilitative treatment services, and case file documentation requirements, demonstrated through a minimum four (4) years **verified* relevant professional** experience as a Qualified Behavioral Aide (QBA) delivering direct services to individuals with behavioral health disorders. An acceptable substitution for a copy of a degree is an **official transcript** including statement of conferred degree **with** Registrar signature/stamp, institution watermark and/or embossed seal.

***For verified experience, the applicant must be or have been a Nevada Medicaid-enrolled QBA. For QBAs delivering services under a group enrollment, verification shall be provided through group enrollment.**

_____ Copy of **official conferred Bachelor’s degree from an accredited college or university in a field other than Human Services; and** additional understanding of outpatient treatment services, rehabilitative treatment services, and case file documentation requirements, demonstrated through four years of relevant professional experience by proof of resume. An acceptable substitution for a copy of a degree is an **official transcript** including statement of conferred degree **with** Registrar signature/stamp, institution watermark and/or embossed seal.

AND



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

_____ **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

_____ **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

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

- Name and signature of the enrolling Qualified Mental Health Associate (QMHA) 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 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 practice. 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 agree to abide by the scope of service, provider qualifications, service limitations and admission criteria detailed in sections:



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- Outpatient Mental Health (OMH) Services and
Rehabilitative Mental Health (RMH) Services.

QMHA Signature: Date:

Policy Acknowledgement

By initialing each of the six 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 Qualifications (MSM Chapter 400)

A QMHA with experience and training will demonstrate the ability 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.

A QMHA 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. Before QMHAs 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 QMHA will be able to interact appropriately with individuals with behavioral health disorders and their support systems. QMHAs require two (2) hours of in-service training per quarter for continued enrollment.



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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 QMHA. 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 must 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.

Outpatient Mental Health Services (MSM Chapter 400)

Assessments are covered for problem identification (diagnosis) and to establish measurable treatment goals and objectives by a Qualified Mental Health Professional (QMHP) or designated QMHA in the case of a Mental Health Screen.

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). QMHAs may provide Basic Skills Training (BST) services under the Clinical Supervision of a 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.

Supervision Standards (MSM Chapter 400)

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

Direct Supervisors must document the following activities:

1. Their [the Direct Supervisor's] face-to-face and/or telephonic meetings with Clinical Supervisors.
 - a. These meetings must occur before treatment begins and periodically thereafter;
 - b. The documentation regarding this supervision must reflect the content of the training and/or clinical guidance; and
 - c. This supervision may occur in a group and/or individual setting.
2. Their [the Direct Supervisor's] face-to-face and/or telephonic meetings with the servicing providers.
 - a. These meetings must occur before treatment/rehabilitation begins and, at a minimum, every 30 days thereafter;
 - b. The documentation regarding this supervision must reflect the content of the training and/or clinical guidance; and
 - c. This supervision may occur in group and/or individual settings.
3. Assist the Clinical Supervisor with Treatment and/or Rehabilitation Plan(s), reviews and evaluations.



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Supervisors

I understand that I must have Clinical and Direct Supervision when providing services to Nevada Medicaid recipients. I have read, understand and meet the qualifications as outlined in MSM Chapter 400, Provider Qualifications for a QMHP. 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):
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:

QMHA 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:

QMHA Signature: Date: