



## Provider Enrollment Checklist

### Provider Type 82: Behavioral Health Rehabilitative Treatment Specialty 301: Qualified Mental Health Associate (QMHA)

Please refer to the Provider Enrollment Information Booklet for enrollment guidance and to the applicable Medicaid Services Manual (MSM) Chapter for your provider type and enrollment requirements. In addition, the following are required for your provider type and specialty. For any attachment that is not integrated into the application, please upload the required documentation to the Miscellaneous Attachments section of the application.

If you have any questions, please call the Gainwell Technologies Contact Center at (877) 638-3472 from 8:00 a.m. to 5:00 p.m. Pacific Time Monday through Friday.

#### Attachments

- ☐ 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

- ☐ 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:



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☐ **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.