



July 13, 2022

Web Announcement 2842

**Attention Provider Type 14 (Behavioral Health Outpatient Treatment) and 82 (Behavioral Health Rehabilitative Treatment):**

**Initial 16-Hour Competency Training Program Requirements for Qualified Mental Health Associates and Qualified Behavioral Aides**

Update to [Web Announcement 2305](#): The Division of Health Care Financing and Policy (DHCFP) and the Nevada Medicaid Provider Training team would like to remind providers who wish to enroll as a Qualified Mental Health Associate (QMHA) specialty 301 or Qualified Behavioral Aide (QBA) specialty 302 under provider type 14 (Behavioral Health Outpatient Treatment) or provider type 82 (Behavioral Health Rehabilitative Treatment) that they must successfully complete an initial 16-hour training program prior to submitting an enrollment application to Nevada Medicaid.

Providers can find additional information related to the initial competency training requirements, including the list of Core Competencies to be included in training, in the [Medicaid Services Manual \(MSM\) Chapter 400, Mental Health and Alcohol and Substance Abuse Services](#), Section 403.6A, and the QMHA or QBA [provider enrollment checklists](#) under both PT 14 and PT 82.

For additional information regarding the Core Competencies required, please refer to the relevant MSM Chapter 100 and Chapter 400 Sections listed next to each topic below.

- Case file documentation - Refer to **Section 403.2B**
- Recipient's rights - Refer to **Chapter 400 Introduction**
- Client confidentiality pursuant to state and federal regulations - Refer to **Section 100.2 Confidential Information**
- Communication skills - Refer to **Section 403.6A(1)(a)**
- Problem solving and conflict resolution skills - Refer to **Section 403.6A(1)(a)**
- Communication techniques for individuals with communication or sensory impairments - Refer to **Chapter 400 Introduction**
- Understanding the components of a Rehabilitation Plan (known as the treatment plan) - Refer to **Section 403.2B**

Please note: A Cardiopulmonary Resuscitation (CPR) certification card signed by a certified instructor is required for enrollment. Certification may be obtained outside the Behavioral Health Community Network (BHCN) agency. Please ensure CPR training is listed in the 16-hour competency training program and a copy of the CPR card is attached to the enrollment application.

Forthcoming updates to MSM Chapter 400 will further clarify the requirements and supporting documentation needed for the QMHA and QBA specialties to enroll as a provider with Nevada Medicaid.

Please note: Nevada Medicaid does not provide the initial 16-hour competency training. Training may be provided by the BHCN Agency's Clinical Supervisor, outside agency, or other qualified individual.

Please direct questions to the DHCFP Behavioral Health Unit (BHU) email inbox at: [BehavioralHealth@dhcpf.nv.gov](mailto:BehavioralHealth@dhcpf.nv.gov).

An example template to reflect the initial 16-hour competency training program completion is attached below. All provider training information must be documented in compliance with Supervision Standards (MSM Chapter 400 Section 403.2A).

## Initial 16-hour Competency Training Program Completion Form QBA & QMHA Providers

BHCN Group/Agency Name/ Training Agency Name	
BHCN Clinical Supervisor Name/ Agency Instructors Name	
QBA or QMHA Enrolling Provider Name	
QBA or QMHA Provider NPI Number	
Date Completed <b>**Note:</b> Date must be within 365 days from date of enrollment application submission	

EXAMPLE

### **CORE COMPETENCY TRAINING COURSE OUTLINE/SUMMARY:**

**Case File Documentation**      Total hours \_\_\_\_\_

**Course Outline:**

- Navigation of (*Agency Name*) EHR program
- Treatment plan, progress notes, documentation criteria and requirements
- Identifying goals and objectives for individual clients. Services needed to meet goals and objectives
- Discharge plan criteria
- Required signatures, credentials, and dates for all clinical documentation
- Mock treatment group/individual treatment sessions to understand session structure and outcomes
- Peer review of documentation
- Review billing and prior authorization responsibilities

**Recipient Rights**      Total hours \_\_\_\_\_

**Course Outline:**

- Person-centered and/or family-driven behavioral health services
- Recipient engagement in treatment to follow through with scheduled appointments
- Recipient right to file a grievance or complaint
- Parent and guardian consent for treatment
- Peer review discussion

**Client Confidentiality Pursuant to State and Federal Regulations** Total hours \_\_\_\_\_

**Course Outline:**

- HIPAA Privacy Standards and how this applies to the organization, the patient/client, and individual provider
- Review of statutes related to confidentiality and privacy, including what information can be shared with others
- Mandated reporting responsibilities and intervention on behalf of patient at risk of harm to self or others
- Release of Information (ROI) policy and procedure
- What to do if you mistakenly share information and/or violate HIPAA (self-disclosure)

**Communication Skills** Total hours \_\_\_\_\_

**Course Outline:**

- Basics of communication, including verbal and non-verbal forms
- Effectively provide verbal and written communication on behalf of the recipient to all involved parties
- How to interact with recipients and expectations of a paraprofessional

EXAMPLE

**Problem Solving and Conflict Resolution Skills** Total hours \_\_\_\_\_

**Course Outline:**

- Understanding mediation and identifying potential crisis situations
- Applying intervention techniques
- Role playing

**Communication Techniques for Individuals with Communication or Sensory Impairments** Total hours \_\_\_\_\_

**Course Outline:**

- Identifying ways to meet developmental needs
- Understanding how and when communication techniques would need to be modified
- Role playing

**Understanding the Components of a Rehabilitation Plan** Total hours \_\_\_\_\_

**Course Outline:**

- Documentation requirements
- Establishing goals and objectives and plans to achieve them
- Determining what evidence-based services are appropriate for each goal and/or objective
- Required signatures and dates

**Cardiopulmonary Resuscitation (CPR) Certification** (certification may be obtained outside the agency)

Total hours \_\_\_\_\_ **Up to two (2) hours of initial competency training may be used for CPR certification.**

**Course Outline:**

- First Aid/CPR/AED Training course provided on-site at (Agency Name) through American Red Cross

**Attestation Statements**

*I attest that I received the Initial 16-hour Competency required training, per MSM Chapter 400, prior to enrolling as a provider with Nevada Medicaid.*

\_\_\_\_\_  
**QMHA/QBA Provider Name (printed)**

\_\_\_\_\_  
**QMHA/QBA Provider Signature**

\_\_\_\_\_  
**Date**

EXAMPLE

*I attest that I delivered the Initial 16-hour Competency training requirements per MSM Chapter 400.*

\_\_\_\_\_  
**Individual Trainer Name (printed)**

\_\_\_\_\_  
**Individual Trainer Signature / Title**

\_\_\_\_\_  
**Date**

*I attest that I supervised the Initial 16-hour Competency training requirements per MSM Chapter 400.*

\_\_\_\_\_  
**Clinical Supervisor Name (printed)**

\_\_\_\_\_  
**Clinical Supervisor Signature / Credentials**

\_\_\_\_\_  
**Date**