

Medicaid Requirements for Behavioral Health Services

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SCOPE OF THESE REQUIREMENTS

Please note: The requirements outlined in this document apply to all Medicaid Service Definitions regarding substance use disorder services and applied behavior analysis. Further guidance regarding mental health services will be released alongside the Medicaid Service Definitions for mental health services.

SERVICE REQUIREMENTS

TREATMENT PLANNING

INITIAL TREATMENT PLAN

The Initial Treatment, Rehabilitation, and Recovery Plan is an individualized, preliminary plan that addresses the short term goals the program plans to achieve during the period from admission to completion of the Individualized Treatment, Rehabilitation, and Recovery Plan. The initial treatment plan shall be in effect until the Individualized Treatment, Rehabilitation, and Recovery Plan has been developed.

INDIVIDUALIZED TREATMENT, REHABILITATION, AND RECOVERY PLAN

The Individualized Treatment, Rehabilitation, and Recovery Plan must be developed with the individual and must include family, guardians, other supports as authorized by the individual. Each record must contain an individualized treatment, rehabilitation, and recovery plan that is recovery-oriented for all services provided based on the individualized and person-centered assessment of the individual and the requirements of the Medicaid Service Definition. This plan must:

1. Be oriented to and apply the principles of recovery including but not limited to inclusion, direct and active participation, and a meaningful life in the community of one's choosing
2. Incorporate and be consistent with best practices
3. Include the individual's individualized goals and expected outcomes in their own words if possible
4. Contain prioritized objectives that are measurable and time-limited
5. Describe therapeutic interventions that are trauma-informed, person-centered, strength-based, and recovery-oriented
6. Identify staff responsible for implementing the therapeutic interventions
7. Specify the planned amount, frequency, and duration of each therapeutic intervention
8. Delineate the specific criteria to be met for discharge or transition to a lower level of care
9. Include a component to avoid crises or admission to a higher level of care using principles of recovery and wellness
10. Document that the individual treatment, rehabilitation, and recovery plan is completed within the time frame specified in policies and Medicaid Service Definitions
11. Document that the plan has been developed, reviewed, updated, and revised with the direct and active involvement of the individual. If documentation shows that the individual is not achieving his/her goals, timely revision of the plan must be documented
12. Include the signature of the individual and/or guardian to indicate agreement with the plan. If the individual served is under the age of 19, the plan must be signed by a parent or guardian.
13. Be approved and signed by the licensed clinician or supervisor if provisionally licensed.

PROGRESS NOTES

Each record must contain progress notes that document implementation of the individual's treatment, rehabilitation, and recovery plan. Progress notes must be completed within the time frame specified in the program's policies and procedures and document the unit(s) provided to the individual. Progress notes must document:

- All services provided;
- How services provided relate specifically to goals and priorities identified in the individual's treatment, rehabilitation, and recovery plan;
- Individual's participation in the service and revision of goals and treatment activities as needed
- Individual's opinion of progress being made (in individual's own words if possible)

DISCHARGE PLANNING AND DISCHARGE SUMMARY

Discharge planning is an ongoing process that occurs through the duration of service. The discharge plan must be strengths-based, recovery-oriented, and trauma-informed. The discharge plan must be documented in the individual's record. The discharge plan must:

- Begin on admission and be updated on an ongoing basis with the direct and active participation of the individual, as well as family, guardians, or other supports, as authorized by the individual.
- Be a component of the Individualized Treatment, Rehabilitation, and Recovery plan and be consistent with the goals and objectives identified with the direct and active participation of the individual, family, or legal guardian as appropriate

DISCHARGE SUMMARY

The discharge summary must be developed with the input of the individual, and must include family, guardians, or other supports, if appropriate and authorized by the individual. The discharge summary must be documented in the individual's record and contain the signature of the supervising clinician and date of signature. The discharge summary must:

1. Be provided within the time frame specified in the program's policies and procedures which considers the prompt transfer of clinical records and information to ensure continuity of care
2. Provide a summary of service provided
3. Document the individual's progress in relation to the individual's treatment, rehabilitation, and recovery plan, addressing recovery-oriented goals identified by the individual and how strengths have been utilized
4. Describe the reason(s) for discharge
5. Document referral information, and
6. Include recommendations and/or arrangements not limited to:
 - a. Any ongoing treatment and rehabilitative service needs
 - b. Accessing and using medication

- c. Accessing physical health care
- d. Employment
- e. Transportation
- f. Social connectedness – formal and informal support systems
- g. Financial resources.

OTHER REQUIRED SERVICE ELEMENTS

Crisis assistance must be available to all individuals served 24 hours a day, 7 days a week

All services must be trauma-informed and provided with cultural competence. Provider cultural competency is defined as the ability of providers to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients.

The individual's family, guardians, or other supports must be offered the opportunity to participate in the individual's treatment (assessment, treatment/recovery planning, psychotherapy and discharge planning), if appropriate and authorized by the individual. This participation or lack of participation must be documented in the individual's clinical record.

NURSING ASSESSMENT

A Nursing Assessment should include the following elements and must be documented in the individual's record and contain the signature of the nurse and date of signature.

Summary Nursing Admission Assessment

1. Past medical history: Prior hospitalizations, major illnesses, and surgeries
2. Assess pain: Location, severity, and use of a pain scale
3. Allergies: Medications, foods, and environmental; nature of the reaction and seriousness; intolerances to medications.
4. Medications: Confirm accuracy of the list, names, and dosages of medications include supplements and over-the-counter medications.
5. Activities: Check functional abilities (ADLs) and need for assistive equipment.
6. Falls and general risk assessment.
7. Psychosocial: Identify any signs of agitation, restlessness, hallucinations, depression, suicidal ideations, or substance abuse- may require a more focused assessment.
8. Nutrition: Appetite, changes in body weight, any nutritional needs.

9. Vital signs: Temperature, heart rate, respiratory rate, blood pressure, pain level on admission, oxygen saturation.
10. Any handoff information from other departments or agencies.

Physical Exam

11. Cardiovascular: Heart sounds; pulse regularity, presence of swelling, edema, or cyanosis.
12. Respiratory: Breath sounds, breathing pattern, cough, dyspnea on exertion.
13. Gastrointestinal: Bowel sounds, abdominal tenderness, any masses, bowel movements, nausea, vomiting, abdominal pain.
14. Genitourinary: Identify any voiding issues, for females any menstrual issues (if applicable).
15. Neuromuscular: Level of consciousness; speech clarity; pupil reactivity and appearance; extremity movement equal or unequal; steady gait; trouble swallowing.
16. Integument: general skin condition, any signs of skin breakdown, acute or chronic wounds.

STAFFING REQUIREMENTS

All licensed individuals must have current licensure in Nebraska and be enrolled with Nebraska Medicaid.

All providers billing Medicaid services must ensure that their staff meet the requirements outlined in this document.

All licensed individuals and non-licensed staff must:

1. Work within their scope of practice to provide mental health and/or substance use disorder treatment.
2. Have training in rehabilitation, recovery principles and trauma informed care.
3. If providing treatment for individuals diagnosed with substance use disorder, must be knowledgeable about the biopsychosocial dimensions of substance use disorder.

SUPERVISION:

Supervision is a process in which the supervisor participates with supervisees to ensure quality of clinical care. Supervision is not a billable service.

All licensed and non-licensed staff who are not eligible to practice independently under Nebraska state law must be supervised. The supervising provider must be:

1. Currently licensed and eligible to practice independently under Nebraska state law
2. Currently enrolled with Nebraska Medicaid and eligible to provide Medicaid services
3. Eligible to provide supervision to the supervisee under Nebraska state law
4. Within their scope of practice to prescribe and oversee the service being provided

Supervision entails:

1. Critical oversight of treatment activity and course of action
2. Review of each individual's treatment plan and progress notes
3. Individual-specific case discussion
4. Periodic assessments of the individual
5. Diagnosis, treatment intervention or issue-specific discussion

Involvement of the supervisor must be reflected in the Initial Diagnostic Interview, the treatment plan and the documentation of interventions provided.

CLINICAL DIRECTOR RESPONSIBILITIES:

Clinical Directors must provide consultation and support to care staff and the individuals served and are responsible for all clinical decisions. The Clinical Director must continually incorporate new clinical information into the program to assure program effectiveness and viability, and assure quality organization and management of clinical records, and other program documentation.

Clinical Directors must have experience and education in the treatment of mental health disorders, substance use disorders, or both, as appropriate to the treatment provided by the facility.

GLOSSARY OF TERMS

Adult Services: Services provided to individuals aged 21 or older

ABA Assessment: An assessment to determine the need for Applied Behavior Analysis treatment, as defined in the Medicaid Service Definition titled *Applied Behavior Analysis Behavior Identification Assessment*

Youth Services: Services provided to individuals aged 0 - 20

LICENSED STAFF

All licensed providers must have current licensure in Nebraska and be enrolled with Nebraska Medicaid.

ADVANCED PRACTICE REGISTERED NURSE (APRN)

Supervision required: no supervision required after completion of a transition-to-practice agreement as required by Nebraska state law

	Minimum Requirements:
All Services	Psychiatric experience

ANESTHESIOLOGIST

Supervision required: If provided by a CRNA: no supervision required, except for a temporarily licensed nurse anesthetist as required by Nebraska state law

	Minimum Requirements:
All Services	Must be licensed as an MD, DO, or CRNA

CERTIFIED SOCIAL WORKER (CSW)

Supervision required: No

	Minimum Requirements:
All Services	No additional requirements beyond licensure

LICENSED ALCOHOL AND DRUG COUNSELOR (LADC)

Supervision required: No

	Minimum Requirements:
All Services	<ul style="list-style-type: none">• May provide services for substance use disorders only• Dual licensure as an LMHP or LIMHP is preferred
Youth Services	<ul style="list-style-type: none">• Equivalent of one year of full-time work experience or graduate studies in direct child or adolescent services, ASD or DD services

PROVISIONALLY LICENSED ALCOHOL AND DRUG COUNSELOR (PLADC)

Supervision required: Must be supervised by a Physician, or LADC

	Minimum Requirements:
All Services	<ul style="list-style-type: none">• May provide services for substance use disorders only• Dual licensure as an LMHP or LIMHP is preferred
Youth Services	<ul style="list-style-type: none">• Equivalent of one year of full-time work experience or graduate studies in direct child or adolescent services, ASD or DD services

LICENSED BEHAVIOR ANALYST (LBA)

Supervision required: No

	Minimum Requirements:
All services	No additional requirements beyond licensure

LICENSED ASSISTANT BEHAVIORAL ANALYST (LaBA)

Supervision required: Must be supervised by an LBA

	Minimum Requirements:
All Services	No additional requirements beyond licensure

LICENSED INDEPENDENT MENTAL HEALTH PRACTITIONER (LIMHP)

Supervision required: No

	Minimum Requirements:
All Services	If providing treatment for individuals diagnosed with substance use disorder, dual licensure as an LADC is preferred
Youth Services	Equivalent of one year of full-time work experience or graduate studies in direct child or adolescent services, ASD or DD services

LICENSED MENTAL HEALTH PRACTITIONER (LMHP)

Supervision required: No

	Minimum Requirements:
All Services	If providing treatment for individuals diagnosed with substance use disorder, dual licensure as an LADC is preferred
Youth Services	Equivalent of one year of full-time work experience or graduate studies in direct child or adolescent services, ASD or DD services

PROVISIONALLY LICENSED MENTAL HEALTH PRACTITIONER (PLMHP)

Supervision required: Must be supervised by a Physician, Psychologist, LIMHP, or LMHP

	Minimum Requirements:
All Services	If providing treatment for individuals diagnosed with substance use disorder, dual licensure as an LADC is preferred
Youth Services	Equivalent of one year of full-time work experience or graduate studies in direct child or adolescent services, ASD or DD services

LICENSED PRACTICAL NURSE (LPN)

Supervision required: Must be supervised by a Physician, APRN, or RN

	Minimum Requirements:
All Services	Experience or education in the treatment of mental health disorders preferred

PHYSICIAN (MD OR DO)

Supervision required: No

	Minimum Requirements:
All Services	Board certified or board eligible psychiatrist preferred
ABA Assessment	Must have specific training and expertise in Applied Behavior Analysis

PHYSICIAN ASSISTANT (PA)

Supervision required: Must be supervised by a Physician

	Minimum Requirements:
All Services	Experience or education in the treatment of mental health disorders preferred

PSYCHOLOGIST

Supervision required: No

	Minimum Requirements:
All Services	No requirements beyond licensure
ABA Assessment	Must have specific training and expertise in Applied Behavior Analysis

PROVISIONALLY LICENSED PSYCHOLOGIST:

Supervision required: Must be supervised by a Psychologist

	Minimum Requirements:
All Services	One year of supervised professional experience

PSYCHOLOGIST ASSOCIATE, PSYCHOLOGIST ASSISTANT, SPECIALLY LICENSED PSYCHOLOGIST

Supervision required: Must be supervised by a Psychologist

	Minimum Requirements:
All Services	Must be registered with the Nebraska Department of Health and Human Services, Division of Public Health

SPECIALLY LICENSED PSYCHOLOGIST

Supervision required: Must be supervised by a Psychologist

	Minimum Requirements:
All Services	No requirements beyond licensure

PSYCHIATRIST

Supervision required: No

	Minimum Requirements:
All Services	Physician (MD or DO) who is a board certified or board eligible psychiatrist
ABA Assessment	Must have specific training and expertise in Applied Behavior Analysis

REGISTERED NURSE (RN)

Supervision required: No

	Minimum Requirements:
All Services	Experience or education in the treatment of mental health disorders preferred

MASTER SOCIAL WORKER (MSW)

Supervision required: No

	Minimum Requirements:
All Services	No additional requirements beyond licensure

PROVISIONALLY CERTIFIED MASTER SOCIAL WORKER (PCMSW)

Supervision required: Must be supervised by a Certified Master Social Worker

	Minimum Requirements:
All Services	No additional requirements beyond licensure

OCCUPATIONAL THERAPIST (OT)

Supervision required: No

	Minimum Requirements:
All Services	Experience or education in the treatment of mental health disorders preferred

OCCUPATIONAL THERAPIST ASSISTANT (OTA)

Supervision required: Must be supervised by a Licensed Occupational Therapist

	Minimum Requirements:
All Services	Experience or education in the treatment of mental health disorders preferred

NON-LICENSED STAFF

REGISTERED BEHAVIOR TECHNICIAN (RBT)

Supervision required: Must be supervised by a BCBA or BCBA-D

	Minimum Requirements:
All Services	<ul style="list-style-type: none">• Current certification as a Registered Behavior Technician by the Behavior Analyst Certification Board• Bachelor's degree in psychology, social work, child development or related field, and• Equivalent of one year of full-time work experience in direct child or adolescent services, ASD or DD services, or• One year of graduate studies in direct child or adolescent services, ASD or DD services

CERTIFIED PEER SUPPORT PROVIDER

Supervision required: Must be supervised by a Physician, Psychologist, APRN, PA, LIMHP, or LMHP. May be supervised by a LADC if providing substance use services only

	Minimum Requirements:
All Services	<ul style="list-style-type: none">• Must be 21 years of age or older, and at least two years older than individuals served under the age of 20• Self-identify as having lived experience as an individual diagnosed with a mental health or substance use disorder, or as a parent to a child with a mental health or substance use disorder• Be able to demonstrate, via attestation, one year navigating a personal recovery and resiliency journey using relevant indicators such as ongoing use of illicit drugs or alcohol, or avoidance of frequent inpatient levels of care• Have a high school diploma or equivalent, and have demonstrated skills and competencies in treatment of individuals with a behavioral health diagnosis, demonstrated by at the one of the following:<ul style="list-style-type: none">○ Bachelor’s degree or higher in psychology, sociology, or a related field (preferred), or○ Two years coursework in the human services field, or○ Two years of recovery experience with demonstrated competencies and skills in treatment of individuals with mental health diagnosis• Pass a criminal background check and have no active registry on the abuse and neglect or sex offender registry• Complete a Nebraska training program, with 60 hours or more training, and pass the certification exam to obtain Nebraska certification as a Certified Peer Support provider• Maintain Nebraska certification by completing continuing education requirements as identified by the certifying organization. The supervising practitioner assumes professional responsibility for the services provided by the Certified Peer Support provider

COMMUNITY SUPPORT WORKER

Supervision required: Must be supervised by a Physician, Psychologist, APRN, PA, LIMHP, or LMHP. May be supervised by a LADC if providing substance use services only

	Minimum Requirements:
All Services	<ul style="list-style-type: none">• Bachelor's degree or higher in psychology, sociology, or a related human services field is preferred, or• Two years of coursework in a human service field, or• Two years of experience or training in a human service field, and• Two years of lived recovery experience with demonstrated skills in treatment of individuals with a behavioral health diagnosis

DIRECT CARE STAFF

Supervision required: Must be supervised by a Physician, Psychologist, APRN, PA, LIMHP, or LMHP. May be supervised by a LADC if providing substance use services only

	Minimum Requirements:
All Services	<ul style="list-style-type: none">• Direct care staff must be 20 years of age or older and at least two years older than the oldest resident under the age of 20• Must have a high school diploma or equivalent, and must have demonstrated skills and competencies in treatment with individuals with a behavioral health diagnosis, demonstrated by at least one of the following:<ul style="list-style-type: none">• Bachelor's degree or higher in psychology, sociology, or a related field (preferred), or• One year of coursework in the human services field, or• Two years of recovery experience with demonstrated competencies and skills in the treatment of individuals with a behavioral health diagnosis
Youth Services	Direct care staff must be 20 years of age or older, and at least two years older than the oldest resident

RECREATIONAL THERAPIST

Supervision required: No

	Minimum Requirements:
All Services	Medicaid does not define specific licensure or qualification requirements for Recreational Therapists