

# 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.

Treatment plan recommendations must be in accordance with the results of diagnostic interviews, testing and assessments performed. Regular, thorough reviews of the individual's progress, including documentation of progress and revision of goals as needed must occur on a regular schedule, as outlined in each Medicaid Service Definition. These reviews do not require a full reassessment of an individual, and must occur regardless of insurance authorization period.

The individual's involvement with treatment planning should be appropriate to their age and ability, and providers may need to adapt their communication strategies to meet the individual's needs, including visual aids, clear and concise language, or alternative communication methods for those with speech and language difficulties.

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, including 24/7 crisis resources
10. Document that the individual treatment, rehabilitation, and recovery plan is completed within the time frame specified in regulations 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 and their parents or guardians, as appropriate and authorized by the individual. If documentation shows that the individual is not achieving their goals, timely revision of the plan must be documented
12. Include the signature of the individual or guardian, or both, 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 clinical 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:

- Substantiate each service provided through narrative description, including a summary of activities and interventions delivered during the service
- Include an accurate start and end time for the service.
- Indicate how services provided relate specifically to goals and priorities identified in the individual's treatment, rehabilitation, and recovery plan;
- Document the individual's participation in the service, and revision of goals and treatment activities as needed
- Document the individual's response to the session. Include the individual's opinion of progress being made in the individual's own words if possible, if age and developmentally appropriate.

## 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

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## 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 individual's involvement with treatment planning should be appropriate to their age and ability, and providers may need to adapt their communication strategies to meet the individual's needs, including visual aids, clear and concise language, or alternative communication methods for those with speech and language difficulties

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 narrative 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. If a provider is not able to provide access to crisis services, they may refer individuals to telephonic, text, and chat crisis intervention call centers that meet 988 Suicide & Crisis Lifeline standards for risk assessment and engagement of individuals at imminent risk of suicide. The resources provided and a plan for access must be included in the individual's Individualized Treatment, Rehabilitation and Recovery Plan. 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.

Treatment environments and procedures should be adjusted and adapted to account for symptoms or sensory sensitivities as needed, such as lighting, sound, and touch preferences.

## NURSING ASSESSMENT

Nursing assessments are not required unless indicated in the Medicaid Service Definition for the service being provided. If required, a Nursing Assessment should include the following elements and must be documented in the individual's clinical record and contain the signature of the nurse and date of signature.

### **Nursing Admission Assessment Summary**

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 use- 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 non-licensed individuals except for direct care staff and recreational therapists must 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 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 for mental health and substance use disorder services. For Applied Behavior Analysis, supervision during direct patient care in accordance with ABA billing guidelines may be a billable service, and must follow the requirements described in the Applied Behavior Analysis Medicaid Service Definitions.

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, ensure accurate organization and management of clinical records, and other program documentation.

Clinical Directors in mental health or substance use treatment centers 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. Clinical directors in programs working with ASD or IDD treatment must have experience and education in the treatment of ASD or IDD, or both.

#### GLOSSARY OF TERMS

**Adult Services:** Services provided to individuals aged 21 or older

**ABA: Applied Behavior Analysis**

**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*

**ASD: Autism Spectrum Disorder**

**IDD: Intellectual or Developmental Disability**

**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.

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### ADVANCED PRACTICE REGISTERED NURSE (APRN)

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

	<b>Minimum Requirements:</b>
<b>All Services</b>	Psychiatric experience

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### ANESTHESIOLOGIST

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

	<b>Minimum Requirements:</b>
<b>All Services</b>	Must be licensed as an MD, DO, or CRNA

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### CERTIFIED SOCIAL WORKER (CSW)

*Supervision required: No*

	<b>Minimum Requirements:</b>
<b>All Services</b>	No additional requirements beyond licensure

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### LICENSED ALCOHOL AND DRUG COUNSELOR (LADC)

*Supervision required: No*

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

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PROVISIONALLY LICENSED ALCOHOL AND DRUG COUNSELOR (PLADC)

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

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

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LICENSED BEHAVIOR ANALYST (LBA)

*Supervision required: No*

	<b>Minimum Requirements:</b>
<b>All services</b>	No additional requirements beyond licensure

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LICENSED ASSISTANT BEHAVIOR ANALYST (LaBA)

*Supervision required: Must be supervised by an LBA*

	<b>Minimum Requirements:</b>
<b>All Services</b>	No additional requirements beyond licensure

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LICENSED INDEPENDENT MENTAL HEALTH PRACTITIONER (LIMHP)

*Supervision required: No*

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

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LICENSED MENTAL HEALTH PRACTITIONER (LMHP)

*Supervision required: No*

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

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PROVISIONALLY LICENSED MENTAL HEALTH PRACTITIONER (PLMHP)

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

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

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LICENSED PRACTICAL NURSE (LPN)

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

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

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PHYSICIAN (MD OR DO)

*Supervision required: No*

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

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PHYSICIAN ASSISTANT (PA)

*Supervision required: Must be supervised by a Physician*

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

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PSYCHOLOGIST

*Supervision required: No*

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

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PROVISIONALLY LICENSED PSYCHOLOGIST:

*Supervision required: Must be supervised by a Psychologist*

	<b>Minimum Requirements:</b>
<b>All Services</b>	One year of supervised professional experience

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PSYCHOLOGIST ASSOCIATE, PSYCHOLOGIST ASSISTANT, SPECIALLY LICENSED PSYCHOLOGIST

*Supervision required: Must be supervised by a Psychologist*

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

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SPECIALLY LICENSED PSYCHOLOGIST

*Supervision required: Must be supervised by a Psychologist*

	<b>Minimum Requirements:</b>
<b>All Services</b>	No requirements beyond licensure

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PSYCHIATRIST

*Supervision required: No*

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

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REGISTERED NURSE (RN)

*Supervision required: No*

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

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MASTER SOCIAL WORKER (MSW)

*Supervision required: No*

	<b>Minimum Requirements:</b>
<b>All Services</b>	No additional requirements beyond licensure

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PROVISIONALLY CERTIFIED MASTER SOCIAL WORKER (PCMSW)

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

	<b>Minimum Requirements:</b>
<b>All Services</b>	No additional requirements beyond licensure

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OCCUPATIONAL THERAPIST (OT)

*Supervision required: No*

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

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OCCUPATIONAL THERAPIST ASSISTANT (OTA)

*Supervision required: Must be supervised by a Licensed Occupational Therapist*

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

## NON-LICENSED STAFF

### REGISTERED BEHAVIOR TECHNICIAN (RBT)

*Supervision required: Must be supervised by an LBA or a Psychologist with training in ABA*

	<b>Minimum Requirements:</b>
<b>All Services</b>	Current certification as a Registered Behavior Technician by the Behavior Analyst Certification Board.

### 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*

	<b>Minimum Requirements:</b>
<b>All Services</b>	<ul style="list-style-type: none"> <li>• Must be 21 years of age or older, and at least two years older than individuals served under the age of 20</li> <li>• 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</li> <li>• 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</li> <li>• 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 least one of the following:             <ul style="list-style-type: none"> <li>○ Bachelor’s degree or higher in psychology, sociology, or a related field (preferred), or</li> <li>○ Two years coursework in the human services field, or</li> <li>○ Two years of recovery experience with demonstrated competencies and skills in treatment of individuals with mental health diagnosis</li> </ul> </li> <li>• Pass a criminal background check and have no active registry on the abuse and neglect or sex offender registry</li> <li>• 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</li> </ul>

	<ul style="list-style-type: none"> <li>• 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</li> </ul>
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**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*

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

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**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*

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

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RECREATIONAL THERAPIST

*Supervision required: No*

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