

## Information for Requesting Certification as a Qualifying Clinical Supervision Agency to Bill for Non-independent Licensed Behavioral Health Practitioners

Effective October 01, 2015, the New Mexico Human Services Department Behavioral Health Services Division will begin accepting requests for certification from existing Behavioral Health Agencies (BHA), provider type 432 to request certification for status as an agency that can provide clinical supervision and bill for non-independently licensed clinicians (NILs) who will then be rendering additional services not currently covered by Medicaid for NILs.

The provider licensure types that will qualify are master's level only at this time; specifically:

- Licensed Mental Health Counselor (LMHC), provider type 445, specialty 122
- Licensed LMSW, LAMFT, and LADAC.

The services within their scope of practice are specifically:

- 90791 – psychiatric diagnostic evaluation
- 90832, 90833, 90834, 90836, 90837, 90838 - psychotherapy
- 90846, 90847, 90849, 90853 - family and group psychotherapy

This is a temporary measure that will allow for additional workforce to provide clinical treatment services within behavioral health programs across the state. This will be in effect until the final allowance under the 8.321.2.9 NMAC is revised with a more permanent solution. Any certification acquired through this process will remain valid post rule revision. There will be no need to re-certify once your agency is approved and NILs are rostered with an MCO.

The request for certification will need to demonstrate that the agency is in alignment with the clinical supervision requirements as outlined below. If an agency was previously approved under the OptumHealth Supervisory Protocol that agency will remain on the grandfathered list until the official NMAC rule change. Once the rule change is in place, those who were grandfathered will need to become certified as well in order to continue to render services by NILs. All BHA-432s can apply for certification at any time.

Once the request has been approved, a **letter of certification** will be issued by BHSD to the BHA-432 which can then be provided to their relevant payer(s). The timeline for processing should be no more than 60 days from time of receipt. It is the responsibility of the provider organization (BHA-432) to notify the MCO(s) with which they are contracted of the certification status and provide a copy of that letter.



## I. CERTIFICATION FOR BH CLINICAL SUPERVISION BY BHA-432

The BHA will send a letter of request for Clinical Supervision status to the Behavioral Health Services Division addressed to: **Clinical Prevention, Treatment, and Recovery Bureau/ BHSD, Po Box 2348, Santa Fe, NM 87504** or fax to: **505-476-9272**.

Or electronically to: **HSD.csmbhsd@state.nm.us**

Please include the following documentation:

- The agency's BHA-432 enrollment status with Xerox. Your agency must already be enrolled as a BHA-432 at the time this letter is issued to be considered for certification.
- An electronic copy (in ONE "PDF" file) of the agency's policies and procedures manual that demonstrate how the agency's Clinical Supervision program meets minimum requirements as outlined in Section *II. PROVIDER / SUPERVISOR QUALIFICATIONS* and *III. CLINICAL SUPERVISION POLICY* of this document.
- A complete roster of NILs including who each of their designated Supervisor(s) are. Please be sure to include this information in your request for certification in the below format:

Once the BHA's request has been approved a letter of certification will be issued by the BHSD to the BHA-432 which can then be provided to the relevant payer(s). The timeline for processing should be no more than 60 days from time of receipt.

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## II. PROVIDER / SUPERVISOR QUALIFICATIONS

### Supervisor

Acquiring supervision status with any of the appropriate licensing boards is not automatic with the change from a non-independent to independent licensure type. For instance, if an LMHC receives his or her LPCC it does not allow for supervision until that LPCC has completed the necessary requirements for supervision status. The BHA will have consulted the respective board as to the criteria for acquiring Clinical Supervision status. A supervisor must be able to demonstrate that they have acquired the necessary training, licensure type, should not have any active pending legal, criminal, or otherwise adverse history that may prevent them from practice as outlined by a licensing board or other legal statute, have completed the appropriate number of hours, and has experience as a supervisor as defined by each respective board and the BH Clinical Supervision Policy (Bil4Nils). Some agencies and programs may require background checks on persons rendering services.

### Supervisee

Those who are under supervision must have completed all necessary requirements for their licensure type, not have any active criminal charges pending or a history that may prevent them from practice as outlined by a licensing board or other legal statute, and be able to demonstrate their qualifications in alignment with NM Statutes for Scope of Practice criteria in their field of practice. Some agencies and programs may require background checks on persons rendering services.

In order to demonstrate appropriate licensure and qualifications of both the rendering NIL and the respective Clinical Supervisor, the below components will need to be available for review by the state, MCO, or third-party payer upon request only:

1. Names and supporting documentation of personnel providing Clinical Supervision within the agency and the criteria used for hiring both supervisors and NILs.  
Supporting documentation must include:
  - i. example of hiring criteria or copies of relevant posted positions.
  - ii. if the agency contracts with its providers a copy of that agreement for each NIL and supervisor.
  - iii. a copy of the Supervisor's license (must be current for upcoming year).
  - iv. proof of Supervisor's attendance in Clinical Supervision training or completed hours as an independently licensed clinician (this should include a copy of board certificate).
  - v. a copy of Supervisor's resume and references to demonstrate supervisory experience.
  - vi. staffing organization that does not exceed the number of NILs allowed by the respective licensees board per one supervisor.
2. Documented dates and duration of Clinical Supervision for each NIL staff at the agency for the past 90 days or most recent depending on date of hire or contract.



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3. Roster for the NILs who will provide services and their designated Supervisor along with;
    - i. Copy of license.
    - ii. Copy of liability insurance for each NIL.
    - iii. Demonstrate that the provider (Supervisor and NIL) has an active NPI (National Provider Identifier) number through the National Plan & Provider Enumeration System (NPPES).
  4. Demonstrate that appropriate services are provided by the NIL in accordance with Service Definitions, CPT code allowances, agency designated fee schedules and contracts with payers, and the relevant NM Statute Scope of Practice criteria.

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### III. BH CLINICAL SUPERVISION POLICY (Bil4Nils)

#### **Ethical and Legal Obligations**

BH Clinical Supervision practices must follow the appropriate guidelines for each licensure type as set forth by the respective New Mexico behavioral health licensing board, NM Statute Scope of Practice, and respective national ethics standards, including the American Psychological Association (APA), American Counseling Association (ACA), and the National Association of Social Workers (NASW).

#### **Scopes of Practice (SoP)**

Those who are providing clinical supervision must do so within their scope of practice and level of training and education both in terms of their practice and the practice of those they are supervising. Those who are rendering services must also be practicing within their licensure type's legal scope of practice standards as outlined by the respective board and New Mexico statutes and regulations.

NIL SoP include: rendering social work and/or counseling related services, which may include evaluation, assessment, consultation, diagnosing, development of treatment plans, client-centered advocacy, case management and referral, appraisal, crisis intervention education, reporting and record keeping for individuals, couples, families or groups as defined by rule and New Mexico Statutes: Counselors Scope of Practice 61-9A-5, Social workers Scope of Practice 61-31-6. Additional guidelines or rules may exist by the respective professional licensing board which must be followed.

It is the responsibility of an agency to be able to demonstrate that the basic standards of BH Clinical Supervision are met. As a part of ensuring appropriateness of services being delivered by provider networks, the relevant state agency, MCO, or third-party payer, will be monitoring practices of Clinical Supervision per this document's guidelines.

#### **Policies and Procedures Manual**

Clinical Supervision is a way to educate and train those coming into the field or provide guidance to those who are providing services under specific certification or specialized behavioral health service definitions. This includes providing information on appropriate clinical practice as well as system components that influence billing and reimbursement practices.

Clinical Supervision programs must include the below components in a policy and procedures manual. The components must clearly articulate how Clinical Supervision practices are operationalized on a day-to-day basis. Ethical codes of conduct must be incorporated in accordance with relevant guidelines by APA, ACA, and the NASW. Standards of BH Clinical Supervision practices, whether employed or contracted, should address the areas noted below and be available for review:



- a. Informed consent and disclosure guidelines.
- b. Consumer safety.
- c. Privacy and confidentiality.
- d. Record keeping and fees.
- e. Clinical roles and relationships, including patient-therapist relationships and boundaries.
- f. Professional growth and development planning.
- g. Professional competence: training, cultural awareness in practice, self-care, consultation.
- h. Treatment safety and transition planning: termination and referral, end of life care, advanced directives or psychiatric advanced directives (PAD), crisis and safety planning, care coordination, continuity of care.
- i. Assessment and trauma informed clinical practice.
- j. Ethical and legal issues.
- k. Critical incident reporting.
- l. A section on state and other relevant resources for attending to crisis situations including: New Mexico Crisis and Access Line information, Suicide hotlines, and how to call and utilize local CIT (Crisis Intervention Team) services as well as what the agency's procedures are in the event of an emergency.
- m. Population specific: Any provider organization service array applicable training and/or certification requirements/guidelines including child development, trauma informed care, family support, peer recovery, domestic violence, sexual assault, assessments and screening.



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#### IV. BILLING FOR SERVICES

Once the BHA has presented the Supervisory Certification letter from BHSD to Xerox and the relevant MCO, and the rostering has been completed, they may utilize the NIL's name and NPI in the rendering field on the claim *without* the use of the U7 modifier and the supervisor's name.

##### **Medicaid ID and NPI**

All providers who will be rendering services for Medicaid eligible recipients must have acquired their own Medicaid ID through the Xerox/MAD enrollment process. An individual must have an active NPI (*National Provider Identifier*) number through the *National Plan & Provider Enumeration System* (NPPES). This is required for all providers independent of the agency NPI. All providers must be registered for their own individual Medicaid ID number using their individual NPI.

##### **Credentialing**

In accordance with roster practices, all agencies who qualify and that are designated to bill for NIL provided services must maintain an up-to-date BH Clinical Supervision and NIL roster. Any changes in status of a NIL or respective Supervisor must be reported within seven (7) days as outlined by either the relevant state agency, the MCO's, and third-party payers as appropriate. Credentialing of licensed practitioners is generally done through CAQH (Council for Affordable Quality Healthcare) but other requirements may be in place depending on a provider's credentials and licensure type. Each MCO or third-party payer will be able to provide their specific requirements.