IV. CREDENTIALING AND STAFF QUALIFICATION REQUIREMENTS

Michigan Department of Health & Human Services

Behavioral Health and Developmental Disabilities Administration

Bureau of Community Mental Health Services

Credentialing and Staff Qualification Requirements for the Prepaid Inpatient Health Plan Provider Network

This contract attachment outlines requirements for credentialing and staff qualifications throughout the substance abuse PIHP provider network. This document is organized as follows:

I. PIHP Credentialing Requirements
II. Provider Staff Certification Requirements
III. Staff Qualifications for Substance Use Disorder Prevention Services
IV. Staff Qualifications for Substance Use Disorder Treatment Services
V. Other Staff-Related Definitions

I. PIHP CREDENTIALING REQUIREMENTS

In implementing staff qualifications requirements, the PIHP must:

1) Adopt and disseminate policy with respect to required professional qualifications for prevention and treatment direct service personnel in the PIHP network, applicable both to salaried and contractual personnel. In general, the requirements contained herein are expected to represent the minimum standards for substance use disorder (SUD) prevention and treatment services. However, it is recognized that specialized services may require enhanced staff qualifications.

   When establishing requirements for qualifications or training, for staff that do not require certification, PIHPs are expected to:

   a) Recognize and utilize training and education that is specific or related to the needed knowledge and skills necessary to perform the required tasks.

   b) Recognize in-service and provider new staff orientation.

   c) Recognize and provide reciprocity for training provided through PIHPs that address relevant topic and content areas.

2) Assure that staff qualifications are met throughout the provider panel through PIHP policy and procedures.

PIHPs must consider the use of deemed status, reciprocity and delegation provisions when permissible, in order to establish a single credentialing and associated monitoring requirements for the provider, and reduce administrative burden on both the provider and the PIHP. Whenever possible, it is preferable that PIHPs permit deemed status or reciprocity, and that a single responsible PIHP be identified when multiple PIHPs contract with a single provider.

3) Assure that criminal background checks are conducted as a condition of employment for its own potential employees and for network provider employees. Although criminal background checks are required, it is not intended to imply that a criminal record should necessarily bar employment. The verification of these checks and a justification for the decisions that are made should be documented in the employee personnel or interview file. The decisions must be consistent with state and federal rules and regulations regarding individuals with a criminal history. PIHPs may also establish criteria for the frequency of criminal background checks for individuals during employment episodes. At a minimum, checks should take place every other year from when the initial check was made.

   Criminal background checks must be completed by an organization, service, or agency that specializes in gathering the appropriate information to review the complete history of an individual. Use of the state of Michigan Offender Tracking Information System (OTIS) or a county level service that provides information on individuals involved with the court system are not appropriate resources to use for criminal background checks.

4) Recognize and comply with state health care licensing professional scope of practice and supervision requirements.

Credentialing Responsibilities

Primary responsibility for assurance that staff qualification requirements are met rests with the individual and the provider agency that directly employs or contracts with the individual to provide prevention or treatment services.

Responsibilities of the individual, provider agency and the PIHP are generally as follows:

1) The individual is responsible for achieving and maintaining his or her certification.
2) The provider agency that directly employs or contracts with the individual to provide prevention or treatment services is responsible for verifying the ongoing certification status of the employee. This includes verification of the credential(s), monitoring staff, development plans, and compliance with continuing education requirements.
3) The PIHP is responsible for establishing certification-related contractual obligations with their provider network consistent with these requirements. With the intended locus of responsibility resting with the individual and the provider agency, the PIHP has responsibility for provider agency performance monitoring to assure these

obligations have been met.

Although it is not intended that PIHPs maintain primary source verification functions or individual certification or credentialing files on behalf of their provider network, it is recognized that this may represent a prudent or necessary business practice of the PIHP. PIHPs maintaining primary source verification files may be asked to provide their justification for doing so.

Compatibility with PIHP Requirements

PIHP policy and procedures with regard to credentialing should be compatible with PIHP credentialing and re-credentialing business processes. MDHHS has issued a PIHP Credentialing policy entitled *Credentialing and Re-Credentialing Processes* (Attachment of the MDHHS PIHP contract). This policy defines organizational providers as entities that directly employ and/or contract with individuals to provide health care services. These services include treatment of substance use disorders. In this regard, PIHPs are considered to be organizational providers.

The PIHP credentialing policy outlines two requirements associated with credentialing of organizational providers:

1) Each PIHP must validate, and re-validate at least every 2 years that the organizational provider is licensed or certified as necessary to operate in the state and has not been excluded from Medicaid or Medicare participation.
2) The PIHP must ensure that the contract between the PIHP and any organizational provider requires that the organizational provider credential and re-credential their directly employed and subcontracted direct service providers in accordance with the PIHP's policies and procedures (which must conform to MDHHS's credentialing process).

Added clarification for CAs that are not PIHPs: The intention of this policy is to assure that credentialing responsibilities are carried out, and associated records are maintained at the provider organization level. If a PIHP employs individual practitioners for the purposes of providing treatment or prevention services, the CA is an organizational provider. The PIHP is not required by the MDHHS with providers that meet the organizational provider definition, then the PIHP must:

1) Ensure that the contract between the PIHP and their organizational provider requires that the provider credential and re-credential their directly employed and subcontracted providers in accordance with the policy.
2) Ensure that the provider has not been excluded from Medicaid or Medicare participation.

II. PROVIDER STAFF CERTIFICATION REQUIREMENTS

The following provides detailed information regarding the certification requirements for the PIHP provider network.

General

These certification requirements represent the standards for individual PIHP provider network requirements. Special consideration can be made for both special population needs (such as those of adolescents) and for specialty services (such as provision of methadone to women that are pregnant).

Also, it is expected that reimbursement rates reasonably acknowledge the cost implications of certification requirements and recognize workforce development obligations already incorporated in provider accreditation requirements. PIHPs may consider rate incentives for enhanced staffing requirements for specialty services.

Application

Certification requirements apply to the entire PIHP provider network for services directed to the prevention and treatment of substance use disorders. This includes staff working for or within local governmental units such as intermediate school districts, local health departments, or community mental health service board programs when these are under contract to the PIHP as a provider and/or funded through the MDHHS/PIHP master agreement, depending on the scope of their work, as described in this document.

Certification requirements do not apply to staff solely engaged in:

1) Synar tobacco compliance checks or vender education.
2) Provision of communicable disease prevention and education services.

Refer to revised Prevention Policy #02-*Addressing Communicable Disease Issues in the Substance Abuse Service Network* for information about communicable disease staff training requirements.

Certification requirements apply on the basis of staff role and responsibility regardless of employment status or type. Examples of employment status include: direct employee, contractual, or volunteer. Examples of type include: full-time, part-time, intermittent, or seasonal.

An individual's certification requirements are determined on the basis of each of their job responsibilities. That is, situations in which an individual's responsibilities cross roles and responsibilities as outlined below, and each role category independently determines the associated certification requirement. For example, an individual functioning as a case manager (certification not required) and as a treatment clinician would be required to be certified even though their responsibilities include functions for which certification is not required. Unless an exception is specified below under the various staff types, individuals who are timely in the process of completing their registered development plan for the specified credential are considered to meet certification requirements. For example, a recent MSW graduate working in a position providing treatment to persons with substance use disorders with an approved development plan would be considered to meet certification requirements.

Development plans are required to include time frames, milestones, be date-specific and appropriate to the experience requirements associated with the certification credential. For example, a development plan must recognize hours of experience requirements in the context of the employee's status (full, part time). However, development plans must contain prompt and reasonable timeframes for completion. In general, a clinical staff person employed full-time will have up to a three-year development plan, and those working part-time will have up to a six-year plan. It is the responsibility of the individual to make the necessary changes to their plan, through MCBAP, if there is a change in work status. A six-year plan for an individual working full-time would not be considered to have reasonable timeframes for completion.

Timely completion of a development plan refers to the completion of the plan in the established timeframe based on work status. Timely in the process of completion refers to the yearly progress being made with the goals of the plan. At minimum, this should reflect an appropriate proportion of the work being completed in each year of the plan.
An individual who does no work on a three-year plan during years one and two and then seeks to complete everything during year three would not be seen as being timely in the process of completion and would not meet the credentialing requirements that have been established.

Since June 2007, the accepted equivalent credentials to the Michigan Certification Board for Addiction Professionals (MCBAP) certification are as follows:

- For prevention: Certified Health Education Specialist (CHES) through the *National Commission for Health Education Credentialing*
- For treatment: Certification through the *Upper Midwest Indian Council on Addiction Disorders (UMICAD)*
- For medical doctors: *American Society of Addiction Medicine (ASAM)* (Some physicians, depending on the scope of their work performed at the agency, will function in the category of "Specifically Focused Staff, " as described in this

document)

- For psychologists: *American Psychological Association (APA) specialty in addiction*

This listing will be updated, and PIHPs notified in writing, should additional equivalent credentials be identified.

Should a situation arise with an established provider where there are no longer employees available that meet the credentialing requirements, the provider and the PIHP are responsible for developing a "time-limited exception plan" appropriate to the situation to ensure that the established clients with the provider continue to receive services. An example of such a situation would be a provider that has one or more credentialed clinicians leave resulting in the remaining staff not being able to provide services to the clients. The PIHP and provider could then enter into an exception plan agreement where a qualified but non-credentialed person can provide services to those clients until credentialed staff are hired, return from leave, etc.

The length of the plan should be adequate to serve the immediate need of the affected clients but should not exceed 120 days in an initial agreement. For administrative efficiency, when providers participate in multiple PIHP provider panels, the affected PIHPs should jointly determine an appropriate exception plan. Once a plan is initiated, the PIHP must notify the department in writing specifying the situation and the action being taken to resolve it.

MCBAP Staff Certification Requirements – By Staff Function

Since October 1, 2008, all individuals performing staff functions outlined below must:

1) Be certified appropriate to their job responsibilities under one of the credentialing categories or an approved alternative credential; or
2) Have a registered development plan and be timely in its implementation; or
3) Be functioning under a time-limited exception plan approved by the PIHPas described earlier in this document.

Individuals under any of these three categories will be considered to meet MCBAP certification requirements. Note that a development plan is timely when there is evidence that steps or activities included in the development plan are being implemented and can be expected to be completed within a reasonable period of time. The supervisor of the individual is responsible for regularly monitoring the status of the development plan. MCBAP maintains a list of individuals who have active development plans and this can be accessed through their website at mcbap.com. All individuals who have an

active development plan and are working toward completion are considered to meet the staff certification requirements for providing substance use disorder services in Michigan.

Staff functions for which these requirements apply are Prevention Professionals, Prevention Supervisors, Treatment Specialists, Treatment Practitioners, and Treatment Supervisors. The following chart outlines certification, supervision, and licensure requirements. It is intended to assist in the determination of MCBAP certification requirements in the provider network, licensing requirements may still apply depending on the nature of the work duties and scope of practice.

Job Function and Description	MCBAP Certification Required for the Job Function	Supervision Required for the Job Function
Treatment Supervisors Commonly described as Supervisors, Managers, or Clinical Supervisors. This represents individuals directly supervising staff, including all levels (first, second line, etc) of clinical services.	• Certified Clinical Supervisor – Michigan (CCS-M) • Certified Clinical Supervisor – IC&RC (CCS) • Development Plan – Supervisor (DP-S) – approved development plan in place	Professional licensure requirements may apply, depending on the nature of the work duties and scope of practice.

Job Function and Description	MCBAP Certification Required for the Job Function	Supervision Required for the Job Function

Treatment Specialists Commonly described as clinicians, therapists, or counselors. This represents direct clinical treatment service provider staff not identified as specifically focused.	• Certified Alcohol and Drug Counselor – Michigan (CADC-M) • Certified Alcohol and Drug Counselor (CADC) • Certified Advanced Alcohol and Drug Counselor (CAADC) • Development Plan – Counselor (DP-C) – approved development plan in place • Certified Criminal Justice Professional – IC&RC – (CCJP) • Certified Co-Occurring Disorders Professional – IC&RC – (CCDP) – Bachelors level only • Certified Co-Occurring Disorders Professional Diplomat – IC&RC – (CCDP-D) – Masters level only	MCBAP supervisory credential – CCS-M or CCS, an approved alternative certification or a registered development plan to obtain the MCBAP credential.
Treatment Practitioners Commonly described as treatment staff providing direct service to clients like education and support; or they may be new to the field.	• A registered development plan that is timely in its implementation • Development Plan – Counselor (DP-C) – approved development plan in place	MCBAP supervisory credential – CCS-M or CCS, an approved alternative certification or a registered development plan to obtain the MCBAP credential.
Prevention Supervisors Commonly described as prevention program supervisors and represent individuals responsible for overseeing prevention staff and/or prevention services.	• Certified Prevention Consultant – Michigan (CPC-M) • Certified Prevention Consultant – IC&RC (CPC-R) • Certified Prevention Specialist – Michigan (CPS-M) • Certified Prevention Specialist – IC&RC (CPS) – only if credential effective for three (3) years	No state requirements specified.
Prevention Professionals Commonly described as Program or Prevention Coordinator, Prevention Specialist or Consultant, or Community Organizer and have responsibility for implementing a range of prevention plans, programs, and services.	• Certified Prevention Specialist – Michigan (CPS-M) • Certified Prevention Consultant – Michigan (CPC-M) • Certified Prevention Specialist – IC&RC (CPS) • Certified Prevention Consultant – IC&RC (CPC-R) • Development Plan – Prevention (DP-P) – approved development plan in place	Supervision by MCBAP prevention credentialed staff or an approved alternative certification.

Supervision Requirements for Non-Certified Staff

Individuals with staff functions outlined below are not required to be MCBAP certified, but are required to be supervised by MCBAP certified staff. Individuals with a development plan for counseling (DP-C) or prevention (DP-P) cannot function in the role of supervisor for non-certified staff.

Specifically Focused Treatment Staff This category includes Case Managers, Recovery Support Staff, as well as staff who provide ancillary health care services such as nurses, occupational therapists, psychiatrists, and children's services staff in women's specialty programs. Licensing requirements may apply depending on the nature of the work duties and scope of practice.
Specifically Focused Prevention Staff Staff that consistently provide a specific type of prevention service. They do not have responsibilities for implementing a range of prevention plans, programs, or services.
Treatment Adjunct Staff Commonly described as: Resident Aide, Pharmacy Techs or Child Care Aides or program aides/techs. Adjunct staff are involved with the client but not at a clinical treatment services level. It is recognized that some treatment adjunct staff provide didactic or skill development services. Licensing requirements may apply to adjunct staff depending on the nature of the work duties and scope of practice; they may also work under the direction of appropriately licensed and/or credentialed staff.
Interns for the Provision of Services Interns are individuals who, as part of an educational curriculum while in the process of obtaining a degree related to the substance use disorder field, provide prevention or treatment services to clients. These services must be provided under the supervision of a MCBAP treatment credentialed staff (or an approved alternative certification) and any specific licensing requirements for the degree being sought. All services provided by interns may be allowable and billable as long as the intern is being appropriately supervised.

The MCBAP certification requirements *do not replace or supersede state licensure scope of practice and supervision requirements* for health care professionals such as social workers, counselors, or psychologists.

Supervision Requirements for Clinical Staff

Individual/Clinical Supervision – Refers to the intervention that is provided by a senior member of a profession to a junior member, or members, of the same profession.

This service is focused on enhancing the professional functioning of the junior member(s) and monitoring the quality of the professional services offered to clients by the junior member(s).

Supervision can be provided by a variety of methods like individual, group, live and recorded observation, and should include a review of documentation. Supervision activities are recorded outside of client records and are generally reflected in a log. Supervision activities that are recorded in client records involve the review and co- signing of progress notes, assessments, and treatment plans, only of those individuals who are providing clinical services as part of an internship placement through an institution of higher learning.

In Michigan, to provide supervision in the substance use disorder prevention and treatment fields, an individual must have one of the following MCBAP credentials or an established development plan leading to certification in one of the credentials:

- Certified Prevention Consultant – Michigan (CPC-M)
- Certified Prevention Consultant – IC&RC (CPC-R)
- Certified Prevention Specialist – Michigan (CPS-M)
- Certified Prevention Specialist – IC&RC (CPS) – only if credential effective for three (3) years
- Certified Health Education Specialist (CHES) through the National Commission for Health Education Credentialing (NCHEC)
- Certified Clinical Supervisor – Michigan (CCS-M)
- Certified Clinical Supervisor – IC&RC (CCS)
- Development Plan – Supervisor (DP-S) – approved development plan in place
- For medical doctors: *American Society of Addiction Medicine (ASAM)*
- For psychologists: *American Psychological Association (APA)*

Due to the variety of professional services that are provided within the substance use disorder treatment field, a clinical supervisor may in fact, not have what is viewed as a "clinical background" in terms of education and training. This could result in a situation where a CCS, with no formal education in clinical work, is supervising the work of clinical staff (Master's prepared) providing psychotherapy. It is recommended that the supervisor have the appropriate education in the area where clinical supervision is being provided. In situations where this is not possible, due to staffing levels or the general staffing make up of an organization, the CA needs to approve the supervision process of the provider or enter into a plan with the provider that is outlined in the "Considerations Due To Availability of Certified Supervisory Staff" section below.

<u>Certification Requirements for Temporary or Supervisory Assignments</u>

Cross-over work assignments occur in those situations when an individual staff's roles and responsibilities have different MCBAP certification requirements on a temporary, time-limited basis (less than 120 days). Temporary work assignments include, for example, working out of class, temporary assignments to a higher or different position during the time required to fill a vacancy, providing coverage for a staff person on leave status, or similar situations. Examples of temporary work assignments are: assignment of a treatment clinician to clinical supervisory responsibilities, or a prevention professional assigned to supervisory prevention activities due to a vacant position or employee leave of absence.

During the temporary work assignment period, the individual performing the duties of the absent/vacant staff position will not be required to meet the MCBAP certification requirement for that temporary position. However, the individual with the temporary work assignment must have the certification or development plan appropriate to their current roles and responsibilities. For example, an individual temporarily assigned to clinical supervision would be required to be treatment-certified and an individual assigned to prevention supervisory responsibilities would be expected to be prevention- certified.

When the provider does not have any suitable employee available, or does not have the capacity to meet these requirements, the provider and the PIHP are responsible for developing and implementing a "time-limited exception plan." The PIHP and provider should enter into an exception plan agreement where a qualified but non-credentialed person can provide adequate and appropriate supervision services to those credentialed staff currently providing services to clients. The length of the plan should be adequate to serve the immediate need of the provider and clients but should not exceed 120 days in an initial agreement.

Supervisory exception plans may include purchase of supervisory services on a short- term basis, cross-PIHP or provider staff support or other actions appropriate to the situation and health care professional licensure requirements. For administrative efficiency, when providers participate in multiple PIHP provider panels, the affected PIHP s should jointly determine an appropriate plan. Once a plan is initiated, the PIHP must notify the department in writing specifying the situation in detail and the action being taken to resolve it.

Considerations Due To Availability of Certified Supervisory Staff

It is expected that certified supervisory staff may not be available during the implementation period, or the size/scope of some providers (i.e. single provider in a rural setting) result in shared supervision of either prevention and treatment programs or other unique arrangements. In these situations, the responsible PIHP and provider must develop a plan that recognizes that general supervisory responsibilities (such as approval of time off, etc) are at the discretion of the provider. However, a plan addressing how "content specialty" and clinical supervision will be provided must be developed and implemented. The plan as feasible and appropriate to the

situation may consider hiring qualifications for new staff, supervised practical training, use of mentors or consultants, use of regional/other resources, development of a regional cadre for the content area or continuing education. Once a plan is initiated, the PIHP must notify the department in writing specifying the situation in detail and the action being taken to resolve it.

Diversity and Workforce Development

The development of a diverse pool of candidates and a workforce that is representative of the community and service population is valued and encouraged as is the development of career ladders that assist individuals in gaining the knowledge and skills that enable career advancement. The development of opportunities for peers as mentors and recovery specialists is also encouraged.

III. STAFF QUALIFICATIONS FOR SUD PREVENTION SERVICES

The staff qualifications that follow reflect changes that went into effect October 1, 2008.

Definitions

Prevention Professional:

An individual who has one of the following Michigan specific (MCBAP) or International Certification & Reciprocity Consortium (IC&RC) credentials:

- Certified Prevention Specialist – Michigan (CPS-M)
- Certified Prevention Consultant – Michigan (CPC-M)
- Certified Prevention Specialist – IC&RC (CPS)
- Certified Prevention Consultant – IC&RC (CPC-R)

OR – An individual who has an approved alternative certification:

- Certified Health Education Specialist (CHES) through the National Commission for Health Education Credentialing (NCHEC)

OR – An individual who has a registered development plan for a prevention credential, and is timely in its implementation leading to certification. Individuals with a prevention development plan will utilize the following to identify their credential status:

- Development Plan – Prevention (DP-P)

Prevention Supervisor:

An individual who has one of the following Michigan specific (MCBAP) or International Certification & Reciprocity Consortium (IC&RC) credentials:

- Certified Prevention Consultant – Michigan (CPC-M)
- Certified Prevention Consultant – IC&RC (CPC-R)
- Certified Prevention Specialist – Michigan (CPS-M)
- Certified Prevention Specialist – IC&RC (CPS) – only if credential effective for three (3) years

OR – An individual who has an approved alternative certification:

- Certified Health Education Specialist (CHES) through the National Commission for Health Education Credentialing (NCHEC)

Individuals must utilize the appropriate credential acronym designated in this document when applying signatures for any required billable services.

IV. STAFF QUALIFICATIONS FOR SUD TREATMENT SERVICES

The staff qualifications that follow reflect changes that went into effect October 1, 2008.

Definitions

Substance Abuse Treatment Specialist (SATS):

An individual who has licensure in one of the following areas, AND is working within his or her licensure-specified scope of practice:

Physician (MD/DO), Physician Assistant (PA), Nurse Practitioner (NP), Registered Nurse (RN), Licensed Practical Nurse (LPN), Licensed Psychologist (LP), Limited Licensed Psychologist (LLP), Temporary Limited Licensed Psychologist (TLLP), Licensed Professional Counselor (LPC), Limited Licensed Counselor (LLC), Licensed Marriage and Family Therapist (LMFT), Limited Licensed Marriage and Family Therapist (LLMFT), Licensed Masters Social Worker (LMSW), Limited Licensed Masters Social Worker (LLMSW), Licensed Bachelor's Social Worker (LBSW), or Limited Licensed Bachelor's Social Worker (LLBSW);

AND they have a registered development plan and are timely in its implementation leading

to certification. Individuals with a counselor development plan will utilize the following to identify their credential status:

- Development Plan – Counselor (DP-C)

OR – they are functioning under a time limited exception plan approved by the PIHP, as detailed in this document.

OR – An individual who has one of the following Michigan specific (MCBAP) or International Certification & Reciprocity Consortium (IC&RC) credentials:

- Certified Alcohol and Drug Counselor – Michigan (CADC-M)
- Certified Alcohol and Drug Counselor – IC&RC (CADC)
- Certified Advanced Alcohol and Drug Counselor – IC&RC (CAADC)
- Certified Criminal Justice Professional – IC&RC (CCJP)
- Certified Co-Occurring Disorders Professional – IC&RC (CCDP) – Bachelors level only
- Certified Co-Occurring Disorders Professional Diplomat – IC&RC (CCDP-D) – Masters level only

OR – An individual who has an approved alternative certification:

- For medical doctors: *American Society of Addiction Medicine (ASAM)*
- For psychologists: *American Psychological Association (APA)*
- Certification through the *Upper Midwest Indian Council on Addiction Disorders (UMICAD)*

A Physician (MD/DO), Physician Assistant (PA), Nurse Practitioner (NP), Registered Nurse (RN) or Licensed Practical Nurse (LPN) who is not providing treatment services to clients beyond the scope of practice of their licensure are considered to be Specifically Focused Treatment Staff and are not required to obtain the MCBAP credentials. If one of these individuals wants to provide substance use disorder treatment services to clients, outside the scope of their licensure, then the MCBAP certification requirements apply.

Substance Abuse Treatment Practitioner (SATP):

An individual who has a registered MCBAP certification development plan that is timely in its implementation AND is supervised by an individual with a CCS-M, CCS, or a DP-S. Individuals with a counselor development plan will utilize the following to identify their credential status:

- Development Plan – Counselor (DP-C)

Treatment Supervisor:

An individual who has one of the following Michigan specific (MCBAP) or International Certification & Reciprocity Consortium (IC&RC) credentials:

- Certified Clinical Supervisor – Michigan (CCS-M)
- Certified Clinical Supervisor – IC&RC (CCS)

OR – An individual who has an approved alternative certification:

- For medical doctors: American Society of Addiction Medicine (ASAM)
- For psychologists: American Psychological Association (APA)

OR – An individual who has a registered development plan, for the supervisory credential and is timely in its implementation leading to certification. Individuals with a supervisor development plan will utilize the following to identify their credential status:

- Development Plan – Supervisor (DP-S)

Individuals must utilize the appropriate credentials acronym designated in this document when applying signatures for any required billable services.

V. Other Staff-Related Definitions

Individual Licensure Requirements – Refers to the requirements set forth in the public health code for each category of licensed professions. The licensed individual is responsible for ensuring that he/she is functioning within the designated scopes of service and is involved in the appropriate supervision as designated by the licensing rules of his/her profession.

Clinical Addiction Services – The services in substance use disorder treatment that involve individual or group interventions, that focus on providing education, assisting with developing insight into behaviors and teaching skills to understanding and change those behaviors.

Individual Therapy – The actions involved in assessment, diagnosis, or treatment of mental, emotional, or behavioral disorders, conditions, addictions, or other bio- psychosocial problems; and may include the involvement of the intra-psychic, intra- personal, or psychosocial dynamics of individuals. This requires specially trained and educated clinicians to perform these functions.

Other Services – Those services in substance use disorder treatment that involve directing, assisting, and teaching client skills necessary for recovery from substance use disorders. Specially focused staff or recovery coaches generally provide these services.

Program Supervision – An administrative function that ensures agency compliance with laws, rules, regulations, policies, and procedures that have been established for the provision of substance use disorder prevention and treatment services.

Treatment Billing Codes Based on Qualifications

All services provided by a SATS or SATP must be performed under appropriate supervision for billing to occur. Prevention billing is maintained by a statewide agreement and data system.

Billing Code	Code Description	Substance Abuse Treatment Specialist (SATS)	Substance Abuse Treatment Practitioner (SATP)
H0001	Alcohol and/or drug assessment face-to-face service for the purpose of identifying functional and treatment needs and to formulate the basis for the Individualized Treatment Plan	**X**	**X**
H0004	Behavioral health counseling and therapy, per 15 minutes	**X**	**X**

Billing Code	Code Description	Substance Abuse Treatment Specialist (SATS)	Substance Abuse Treatment Practitioner (SATP)
H0005	Alcohol and/or drug services; group counseling by a clinician	**X**	**X**
H0010	Alcohol and/or drug services; sub-acute detoxification; medically monitored residential detox (ASAM Level III.7-D)	**X**	**X**
H0012	Alcohol and/or drug services; sub-acute detoxification; clinically monitored residential detox; non-medical or social detox setting (ASAM Level III.2-D)	**X**	**X**
H0014	Alcohol and/or drug services; ambulatory detoxification without extended on-site monitoring (ASAM Level I-D)	**X**	**X**

H0015	Alcohol and/or drug services; intensive outpatient (from 9 to 19 hours of structured programming per week based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education	**X**	**X**
H0018	Alcohol and/or drug services; short term residential (non-hospital residential treatment program)	**X**	**X**
H0019	Alcohol and/or drug services; long-term residential (non-medical, non-acute care in residential treatment program where stay is typically longer than 30 days)	**X**	**X**
H0022	Early Intervention	**X**	**X**
H2035	Substance abuse treatment services, per hour	**X**	**X**
H2036	Substance abuse treatment services, per diem	**X**	**X**
T1012	Peer recovery and recovery support *	**X**	**X**
90804 - 90815	Psychotherapy (individual) **	**X**	
90826	Interactive individual psychotherapy **	**X**	
90847	Family psychotherapy **	**X**	
90853	Group psychotherapy **	**X**	
90857	Interactive group psychotherapy **	**X**	
0906	Intensive Outpatient Services – Chemical dependency	**X**	**X**

***** *Specially focused treatment staff may also provide and bill for this service.*
****** *Appropriate licensure may still apply.*