

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

Med-QUEST Division
Health Care Services Branch
P. O. Box 700190
Kapolei, Hawaii 96709-0190


December 29, 2021

MEMORANDUM

MEMO NO.

QI-2131 [Replaces ADM-1201]

TO: QUEST Integration (QI) Health Plans

FROM: Judy Mohr Peterson, PhD 
Med-QUEST Division Administrator

SUBJECT: SUPERVISION REQUIREMENTS FOR BEHAVIORAL HEALTH PROVIDERS IN
FQHCs AND RHCs

The purpose of this memorandum is to notify the health plans that this memo replaces ADM-1201, which was previously issued on January 5, 2011. The following updated content will apply under the QI contract RFP-MQD-2021-008.

The Med-QUEST Division (MQD) is issuing this memorandum to provide guidance regarding reimbursement for unlicensed behavioral health providers who are under the supervision of a licensed behavioral health provider in FQHCs and RHCs. In addition, supervisory requirements are being established to not only promote access to care, but to ensure that care is provided in a high quality manner. The use of unlicensed behavioral health providers is permissible in order to increase access to behavioral health services, especially in rural communities that have limited access. Health plans are not required to cover services provided by unlicensed behavioral health providers as long as their provider networks are sufficient to assure member access to necessary behavioral health services.

Qualifications

- The supervising provider is either the provider who is contracted with the health plan or the employee of a contracted provider if the contracted provider is not an individual. The

supervising provider must be either a psychologist or a psychiatrist who is an active Hawaii Medicaid provider;

- The supervising provider must be licensed in Hawaii and supervise no more than ten (10) unlicensed behavioral health providers in the State.
- The supervising provider must have policies and procedures to select and monitor the behavioral health providers he/she is supervising that must include but not limited to:
 - Accurate, legible therapy notes that reflect the treatment goals of the member; and
 - Understanding and implementing State and Federal privacy, confidentiality, and security requirements and laws.

Supervisory Requirements

Since unlicensed behavioral health providers are providing care, the supervising requirements identified below **must** be met in order to assure quality of care.

- The supervising provider complies with applicable State and Federal laws and regulations relating to supervision of unlicensed providers, including but not limited to Hawaii Administrative Rules §16-98-4 (Direction of an individual by a psychologist).
- The supervising provider and the unlicensed provider must work in the same physical setting or location. However, if the licensed supervising provider is not on the same location, use of an alternate method of communication that has been approved by the supervising provider's specialty board (e.g., telehealth or video teleconference) is permitted provided the other requirements are met.
 - During utilization of an alternate method of communication (i.e., telehealth or video teleconference), the supervising provider must be readily available to the unlicensed behavioral health provider at all times. In addition, the licensed provider must conduct one face-to-face/in-person supervision session of the unlicensed behavioral health provider at least once every thirty (30) days.
- Supervision must be performed at a minimum frequency of weekly for the therapy the unlicensed behavioral health provider is providing to each individual patient. The supervision of each unlicensed behavioral health provider must be performed individually. Due to privacy and security requirements, it is not acceptable for therapy supervision to be conducted with a group of behavioral health providers. This supervision shall be documented in a supervisory note.
- The supervising provider must develop each member's plan of care with the unlicensed behavioral health provider. The plan of care must include all pertinent diagnoses and have appropriate short-term and long-term goals. The therapy that is provided must be directed towards the established goals.

- The unlicensed behavioral health provider being supervised must have at a minimum a Master's degree in psychology or a human services related field of study and have a minimum of three (3) years of experience in behavioral health that may include their practicum.
- At a minimum, the supervision must be documented as follows:
 - All of the documents must be legible and kept in the individual member's record.
 - The plan of care (including diagnoses and goals) must be signed by both the supervising behavioral health provider and the unlicensed behavioral health provider.
 - A reassessment of the plan of care must be performed by the supervising behavioral health provider and the unlicensed behavioral health provider at a minimum of every six months. The reassessment should include any changes in diagnoses, short-term or long-term goals.
 - Therapy notes must be signed by both the unlicensed behavioral health provider and the supervising behavioral health provider.
 - All supervisory notes must be signed and dated by the supervising provider and included in the patient's record.
 - Upon request, the supervising provider must make all individual members' clinical records available to the MQD and the Centers for Medicare & Medicaid Services (CMS) and their authorized agents.

Reimbursement to FQHC/RHCs

Services provided by an unlicensed behavioral health provider located at an FQHC/RHC or under the supervision of a supervisory provider located at an FQHC/RHC are not eligible for PPS reimbursement. Services are eligible for reimbursement at 50% of the Medicaid fee-for-service (FFS) rate, consistent with reimbursement for "incident to" services, for eligible individuals enrolled in the FFS program in the following circumstances:

- The supervising provider is the provider of record of the service and must submit the FFS claims for therapy services with the modifier "HO." Reimbursement will be at 50% of the Medicaid rate for the code;
- The supervising provider and/or the FQHC/RHC must provide the MQD with a listing of the unlicensed behavioral health providers and a copy of their master's degree. This listing must be updated when any change is made;
- The therapy services covered will be limited to individual therapy in the clinic setting; and
- Only the HCPCS codes listed below will be covered.

Code	Description
90832 HO	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient.
90834 HO	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient.
90837 HO	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient.

Services that are specifically excluded from being eligible for provision by an unlicensed behavioral health provider include but are not limited to the following:

- Psychiatric evaluations;
- Group therapy;
- Family therapy with/without the patient present; and
- Conjoint therapy.

If the service provider is not able to prescribe and medication is needed, care should be coordinated to get the patient seen by a provider who can prescribe. If the patient is seen at a FQHC/RHC by a provider who is unable to prescribe and on the same day is seen by a provider who can prescribe to treat the behavioral health condition, the FQHC/RHC shall submit a PPS claim for a behavioral health visit and the unlicensed behavioral health provider and supervising behavioral health provider shall not submit either a FFS or PPS claim.

In addition, a face-to-face encounter with the member by the licensed supervising provider is eligible for PPS reimbursement even if an unlicensed behavioral health provider or other health care team member provided information to support the face-to-face encounter so long as the licensed supervising provider was present for the key portions of the encounter and documents such. Any support work provided by the unlicensed behavioral health provider or other health care team member would then be considered included in the billing by the supervising provider and no separate claim should be submitted.

Please contact Jon Fujii via e-mail at jfujii@dhs.hawaii.gov if you have any questions.