

COLORADO MEDICAID STANDARDS FOR UNLICENSED PRACTITIONERS

FREQUENTLY ASKED QUESTIONS

1. Why did the RAEs implement standards for unlicensed practitioners?

These standards are intended to safeguard the public while also maintaining the integrity of the healthcare profession. The RAEs' greatest priority is maintaining a higher clinical standard of care for our members. The new aligned standards will help ensure that unlicensed providers within mental health organizations and integrated care settings are receiving appropriate supervision and oversight, with the goal of quality member care that also supports expanding the workforce pipeline.

2. Are unlicensed professionals providing care coordination and collateral services (such as a behavioral health navigator) included in this process?

Yes. All unlicensed/pre-licensed staff rendering clinical services are included.

3. Does this policy require monthly background checks of the people being supervised?

The Office of Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE) includes healthcare workers from around the country who have been excluded from providing services to Medicare, Medicaid, or any other government funded healthcare service. The OIG updates their list daily, therefore, healthcare facilities must be vigilant through a monthly OIG compliance checks. The LEIE list is not limited to those individuals who interact with patients. In fact, anyone who works in the healthcare industry, from volunteers, board members, providers, billers, front desk staff should be screened.

If you employ or bill services by someone on the LEIE list, your facility can suffer from a number of monetary repercussions. Firstly, individuals on the LEIE list cannot have their services covered by Medicaid, Medicare, or any other government healthcare program. This means that your excluded employee or contractor will be unable to work with many of your patients.

Additionally, the OIG can fine facilities that employ excluded individuals. Facilities can be fined up to \$10,000 PER SERVICE PROVIDED by an excluded medical worker, and may be removed from all federal medical programs permanently.

The RAEs are also required by our contract to check the LEIE monthly. RAEs are contractually required to deny payment for any services rendered by any individual or entity on the list. We therefore require this of providers who are supervising individuals providing services to our members.

Checking the LEIE list is free, and is not a "background check". Rather, it is a way to ensure that we are in compliance with federal regulations regarding excluded individuals. The LEIE list can be searched here: <https://exclusions.oig.hhs.gov/>

4. Does this policy apply to CMHC's or facilities that have been licensed through the BHA?

No. This new policy applies to independent providers who are not otherwise licensed by the BHA.

5. Does this policy override or supersede any DORA requirements for clinical supervision?

No. The intention of this policy is to align with DORA requirements.

6. Does this policy require the Supervisor to sign each note of the person being supervised?

No. HCPF has clarified that notes are not required to have a supervisor co-sign as long as the standards for supervision set forth by this policy are being met.

7. How does this policy define “supervisor”?

A supervisor under this policy is responsible for clinical oversight of the unlicensed, pre-licensed, or licensed practitioner pending a RAE contract, practitioner. This is not required to be a clinical supervisor as defined by DORA.

8. How does this policy impact employees who are defined as “contractors” within my agency?

This supervision policy does not impact or necessitate the employment status of a supervisee with a provider. This policy is setting standards for a licensed supervisor that engages unlicensed, pre-licensed, or licensed practitioners pending a RAE contract, individuals to serve members for whom the licensed provider has responsibility."

9. How do I submit the attestation? Do I also need to submit my corresponding policies and procedures for review?

A signed copy of the attestation must be submitted to each contracted RAE. An organization, group, or facility with multiple providers needs to only submit one copy of the attestation to cover the entire organization. An associate with signatory authority for the provider should complete and sign the attestation. Further instructions are outlined on the attestation itself.

Submission of the attestation confirms that the provider/organization has applicable policies and procedures on file demonstrating compliance with this policy. Submission of these policies and procedures is not required at the time of attestation submission; however, the RAEs maintain the right to request these policies and procedures for review at any time. The provider agrees to supply the requested policies, procedures, documents, and/or records within seven (7) business days of request by a RAE.