



**Connecticut Medical Assistance Program**  
**Policy Transmittal 2019-##**

Roderick L. Bremby, Commissioner

IB 2018-40  
February 2019

Effective Date: February 1, 2019  
Contact: William Halsey

TO: Behavioral Health Clinics, Enhanced Care Clinics, Outpatient Hospital and Behavioral Health Federally Qualified Health Centers (FQHCs)

RE: Supervision of Individuals Not Licensed to Practice Independently When Providing Behavioral Health Services in Clinic Settings

This bulletin is to clarify the Connecticut's Medical Assistance Program (CMAP's) policy regarding supervision requirements for individuals not licensed to practice independently in accordance with their scope of practice under state law and under CMAP requirements. This guidance applies to the following settings: freestanding behavioral health clinics, Behavioral Health FQHCs and outpatient hospital behavioral health clinics.

**Important Note:** This bulletin does not apply to individuals in independent or group practice. Please see section titled "Independent/Group Practice" for further information.

The following categories of practitioners are not licensed to practice independently, but may provide behavioral health (BH) services in freestanding BH clinics, Behavioral Health FQHCs and outpatient BH clinic settings under CMAP when there is appropriate professional supervision:

- Licensed Master Social Workers (LMSWs);
- Individuals certified in BH field – but not licensed;
- Licensed-eligible individuals (individuals who have met all the requirements for a license to practice except for passing the applicable licensure exam; and
- Individuals who do not have any applicable BH license or certification and are not in training for such profession.

**Please note:** the above categories are considered "Non-Independent Behavioral Health Practitioners".

**Supervision and Documentation Requirements of Non-Independent BH Practitioners**

Freestanding BH Clinics, BH FQHCs and Outpatient hospital BH Clinics must ensure that a licensed behavioral health practitioner operating within their scope of practice supervises the non-independent BH practitioner in accordance with the regulations referenced below. Any services rendered by a non-independent BH practitioner that are not properly supervised and documented are not eligible for reimbursement.

**Supervision Requirements for BH FQHCs**

Per section 17b-262-1004(b) of the Regulations of Connecticut State Agencies:

"For services performed by an LMSW, an unlicensed individual, a non-certified individual or an individual in training, progress notes shall be co-signed by the supervisor at least weekly for each client in care and shall contain the name, credentials and the date of such signature. For services provided by a certified individual, evidence of clinical supervision for each client in care shall be documented in the client's chart and shall contain the name, credentials and the date of such signature. The supervisor's signature means that the supervisor attests to have reviewed the documentation.

Based on the definition of "under direct supervision" as defined in Section 17b-262-995 of the Regulations of Connecticut State Agencies, supervision must be documented in the manner described above at least monthly for certified staff.

**Supervision Requirements for Freestanding Behavioral Health Clinics**

The behavioral health clinic regulation at section 17b-262-828(g) of the Regulations of Connecticut State Agencies states the following:

For services performed by an unlicensed individual, or a non-certified individual, an LMSW or an individual in training, progress notes entered pursuant to subsection (b) of this section shall be cosigned by the supervisor at least evidence of weekly supervision for each client in care and shall contain the name, credentials and the date of such signature. For services provided by a certified individual, evidence of clinical supervision for each client in care shall be documented in the client's chart and shall contain the name, credentials and the date of such signature. The supervisor's signature means that the supervisor attests to having reviewed the documentation.

Based on the definition of "under direct supervision" as defined in Section 17b-262-818 of the Regulations of Connecticut State Agencies, supervision must be documented in the manner described above at least monthly for certified staff.

#### Supervision Requirements for Outpatient Hospital Behavioral Health Clinics

The Department's outpatient hospital services operational policy, section 17b-262-971(d)(2) which has the force of regulation pending adoption pursuant to 17b-239 of the Connecticut General Statutes states the following:

An appropriate qualified physician, APRN, physician assistant or licensed behavioral health clinician shall supervise each LMSW, non-licensed clinical staff, non-certified staff, individual in training and licensed-eligible staff not less than weekly and shall supervise certified staff not less than monthly. The supervising physician, APRN, physician assistant or licensed behavioral health clinician shall accept primary responsibility for services performed by LMSWs, unlicensed, noncertified, license-eligible and certified staff; and shall supervise all staff in accordance with applicable scope of practice requirements.

Further, section 17b-262-971(i) of the Department's outpatient hospital services

operational policy requires the hospital to comply with, among other provisions section 17b-262-828(g) of the Regulations of Connecticut State Agencies (the Department's behavioral health clinic regulation, quoted above).

In order to ensure consistency with the FQHC regulation and outpatient hospital services operational policy, the Department's interpretation of the applicability of the behavioral health clinic regulation is that progress notes of services provided by LMSWs shall be cosigned by the qualified supervisor at least weekly (or less frequently if services are provided less than weekly) because the scope of an LMSW license does not authorize independent practice.

#### Compliance with Licensure and Scope of Practice Requirements, Including LMSWs

All CMAP providers must ensure compliance with all scope of practice requirements, including all applicable licensing, accreditation and certification requirements, which includes compliance with scope of practice, as required in Conn. Agencies Regs: Section 17b-262-524(a)(1).

Accordingly, FQHCs, BH clinics and hospitals must ensure that all individuals employed by or under contract to the entity must comply with scope of practice requirements, including appropriate supervision of all categories of non-independent practitioners and also the documentation requirements quoted above and any other documentation of compliance with scope of practice requirements to the extent required by applicable statutes and Department of Public Health (DPH) requirements.

#### LMSWs

The scope of practice for the LMSW license does not include independent practice, therefore; as described in this bulletin LMSWs and all other non-independent practitioners must be supervised by a qualified behavioral health practitioner. An LMSW's scope of practice is set forth in section 20-915s(a) of the Connecticut General Statutes, which states that an LMSW may:

- (1) Practice clinical social work under professional supervision; and (2) offer a mental health diagnosis provided such diagnosis is offered in consultation with a physician licensed pursuant to chapter 370, an advanced practice registered nurse (APRN) licensed pursuant to chapter 378, a psychologist licensed pursuant to chapter 383, a marital and family therapist licensed pursuant to chapter 383a, a professional counselor licensed pursuant to chapter 383c or a clinical social worker licensed pursuant to this chapter. Except as provided in subsection (c) of section 20-195q, a licensed master social worker may not engage in independent practice.

### **Independent/Group Practice**

As required by section 17b-262-918(9) of the Regulations of Connecticut State Agencies, licensed independent behavioral health practitioners (i.e., those providing services not in a clinic setting) may only bill for services that they personally provided. Solo and group behavioral health practitioners may **not** bill for services provided by individuals not licensed to practice independently. Relatedly, non-independent practitioners may not enroll as CMAP providers because they are not authorized under their scope of practice to provide or bill for services provided in an independent setting.

**If you have any questions regarding this transmittal or claims submission, please contact the Provider Assistance Center, Monday through Friday from 8:00a.m. to 5:00 p.m. at 1-800-842-8440.**

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**Responsible Unit:** DSS, Division of Health Services, Medical Policy and Regulations, William Halsey, Integrated Care at (860) 424-5077.

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