



Grow Our Behavioral Health Workforce Consortium

Medicaid Reimbursement and Non-licensed Behavioral Health Professionals

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I. Overview and Purpose

This report identifies and addresses four key questions related to Medicaid billing and reimbursement for certified and credentialed behavioral health professionals, also referred to as non-licensed providers. These areas include

1. What behavioral health services that can be provided by non-licensed certified behavioral health professionals and reimbursed through Medicaid?
2. What conditions do employers have to meet to receive Medicaid reimbursement for services provided by non-licensed certified behavioral health professionals.
3. What items in current regulations, statutes and manual need further clarification to maximize Medicaid reimbursement for organizations that employ certified non-licensed behavioral health workers?
4. What gaps exist in the current Medicaid reimbursement system for non-licensed workers and what are recommendations to address those gaps?

This report was written on behalf of the Grow Our Behavioral Health Workforce Consortium (the Consortium), a multi-sector group with a goal to “develop and sustain an infrastructure for New Mexico’s behavioral health workforce that is implemented and valued by individuals and the organizations it supports.”

The Consortium recognizes that behavioral health services are often driven by the healthcare financing system. Therefore, one of the focus areas of the Consortium is to optimize Medicaid reimbursement for substance use disorder (SUD) across the continuum of care (i.e. prevention, harm reduction, treatment and recovery). The effective use of federal Medicaid funds also allows the state greater opportunity to devote its own funds to other New Mexico priorities which are not supported by Medicaid.

A primary strategy to strengthen New Mexico’s behavioral health workforce infrastructure is to support behavioral health services provided by non-licensed certified and credentialed behavioral health professionals, such as certified peer support workers, community health workers, community support workers, wraparound facilitators and others. The Consortium has identified nine state certifications as being behavioral health-related (see II. Background).

We use the term “certified or credentialed behavioral health professionals” throughout this report to include all individuals who receive state certification, through agencies and/or state boards, confirming that they have the knowledge, skills and competencies to perform certain behavioral health functions, practices and services within a stated scope of practice. Certified or credentialed behavioral health professionals are often referred to in agency key agency documents and regulations as non-licensed workers, non-licensed workers, paraprofessionals or peer workers.

Key recommendations are summarized here and described in detail in the “Recommendations” section of this report. Recommendations are listed below, not in any priority.

- A. Provide sufficient resources and implement financing mechanisms to employ, supervise and sustain certified behavioral health workers.
- B. If a behavioral health service or function is recognized as falling within the scope of practice of a certification, individuals with that certification should be recognized as authorized service providers.

- C. In state Medicaid guides, statutes, manuals and regulations, name all authorized worker credentials that could fall under the three main service provider types (independently licensed, non-independently licensed, and non-licensed). As the list of potential certifications grow, the state might consider using a term that is more inclusive of certifications rather than exclusive.
- D. Clarify whether non-licensed staff need NPI numbers.
- E. Clarify which organizational services/types qualify for and must have Supervisory Certification or are exempt from Supervisory Certification.
- F. State support for the development and dissemination of supervisory training, tools and evidence-based practices specific to behavioral health certified professionals to improve quality of care and worker retention.
- G. Continue state support of integrated team care which includes non-licensed workers and provide organizations with needed technical assistance and other support to ensure positive outcomes for the organization, staff and clients.
- H. We encourage HSD to continue to develop training and provide technical assistance on Medicaid billing, particularly on issues specific to certified behavioral health workers and other non-licensed staff.
- I. Behavioral health initiatives funded by federal grants, state general funds or other grant funding should consider in the planning and program/service design phase how staffing and services can be aligned with Medicaid requirements so that services can be sustained over time once the funding has ended.
- J. HSD has been a leader in identifying and addressing barriers to the behavioral health system. We encourage HSD to continue to monitor for obstacles at both the organizational and service provider levels and to continue to address top challenges, especially for Medicaid providers.
- K. Provide training and information on value based care to diverse stakeholders to facilitate better planning, implementation and assessment of this system change.

II. Background

The Consortium was formed in 2019 to serve as an advisory committee for the HRSA-funded Rural Communities Opioid Response Planning (RCORP) grant, which was awarded that year to the Center for Health Innovation (CHI). The planning phase included a comprehensive needs assessment of substance use disorder services in 16 southern rural New Mexico counties. The results of the needs assessment informed a workforce development plan, strategic plan and sustainability plan, all of which were products of the RCORP planning grant. The one-year planning grant laid the foundation for prioritizing strategies to strengthen New Mexico's behavioral health workforce, leading to the application and awards of three additional HRSA grants to the CHI. Two of the awards will implement strategies to increase the behavioral health workforce by strengthening the workforce pipeline with a focus on behavioral health certifications. The third grant is a planning grant to assess the role and scope of New Mexico County governments to address behavioral health needs of county residents in collaboration with local behavioral health providers.

Additionally, in 2019 the Behavioral Health Services Division (BHSD) of the NM Human Services Department, a member of the Consortium's steering committee, received a federally funded assessment grant, known as the New Mexico Recovery Project. The project began in 2020 and is planned to conclude in 2022. In alignment with the Consortium's purpose to improve the behavioral

health infrastructure and workforce in New Mexico, a goal of the Recovery Project is to develop a statewide workforce to ensure long-term and sustainable Medicaid provider networks that offer the full array of SUD treatment and increase the workforce capacity to provide Medicaid-funded SUD treatment and recovery services.¹

To improve career development opportunities for behavioral health workers, CHI in partnership with BHSD and the Pacific Institute for Research and Evaluation (PIRE), did a comprehensive review of behavioral health certifications recognized by state agencies and certification boards. This work led to a crosswalk of competencies identified for the following 10 behavioral health related state certifications.

- Peer Support Worker (CPSW)
- Peer Family Support Worker (CFSW)
- Community Support Worker (CSW)
- Community Health Worker/ Representative (CHW)
- Prevention Specialist Intern (CPS-I)
- Prevention Specialist (CPS)
- Senior Prevention Specialist (S-CPS)
- Wraparound Facilitator
- Wraparound Supervisor Coach

The crosswalk of core competencies for all 9 certifications identified several competency areas shared by multiple certifications. The development and promotion of training in competency areas shared by multiple certifications can help to improve access to initial and continuing education and help to fulfill educational requirements for one or more certifications, which is often useful in rural areas and with multi-lingual services providers.












Figure A illustrates how the scope of practice for each certification falls across the continuum of care (also see Appendix A). Understanding the requirements and scope of practice for various state certifications informs us about who has completed the minimum training and field experience to provide certain services.

Figure A: Scope of Practice for Certified Professionals Across the Continuum of Care

PREVENTION						HARM REDUCTION		TREATMENT						RECOVERY			
Advocacy & Policy	Environmental Strategies/ Prevention Programming	Community Assessment and Program Evaluation	Community Organizing, Coalitions, Outreach	Universal Education/ Media Campaigns	Linkage to resources & Navigation	Needle Exchange/ Naloxon & other services	Education and Information	Screening	Discharge & Transition planning	Crisis Intervention	Care Plan	Care Coord	Assessment & Diagnosis	Counseling	Individual & Family Recovery Support	Recovery Groups	Recovery Coaching
CPI	CPI	CPI	CPI	CPI	CPI	CPI	CPI										
CPS	CPS	CPS	CPS	CPS	CPS	CPS	CPS										
SCPS	SCPS	SCPS	SCPS	SCPS	SCPS	SCPS	SCPS										
CHW	CHW	CHW	CHW	CHW	CHW			CHW	CHW	CHW	CHW	CHW					
					CPSW			CPSW	CPSW		CPSW	CPSW			CPSW	CPSW	CPSW
					CFPSW					CFPSW	CFPSW	CFPSW			CFPSW	CFPSW	CFPSW
					CSW			CSW	CSW	CSW	CSW	CSW			CSW		
					CWF			CWF	CWF	CWF	CWF	CWF					
					WS			WS	WS	WS	WS	WS					
					LSAA*	LSAA*	LSAA*	LSAA*	LSAA*	LSAA*	LSAA*	LSAA*	LSAA*	LSAA*	LSAA*	LSAA*	
					LADAC	LADAC	LADAC	LADAC	LADAC	LADAC	LADAC	LADAC	LADAC	LADAC	LADAC	LADAC	

¹ NM Human Services Department, Behavioral Health Services Division. Retrieved 3/18/2022 from: <https://nmrecovery.org/>

Key

	CPI – Certified Prevention Intern		CSW – Community Support Worker
	CPS – Certified Prevention Specialist		CWF – Certified Wraparound Facilitator
	SCPS – Senior Certified Prevention Specialist		WS – Wraparound Supervisor (Coach)
	CHW – Community Health Worker		LSAA – Licensed Substance Abuse Associate
	CPSW – Certified Peer Support Worker		LADAC - Licensed Alcohol & Drug Abuse Counselor
	CFPSW – Certified Family Peer Support Worker		

The collaborative work of BHSD, CHI and PIRE also resulted in the development and dissemination of resource handbooks for current and potential behavioral health certified and credentialed professionals and their employers . The [handbooks](#) are available on the [New Mexico Recovery Project website](#) .

III. Approach

Key regulatory documents and related manuals were analyzed to assess the extent to which organizations can be and are being reimbursed by Medicaid for providing behavioral health services rendered by non-licensed certified behavioral health workers when all conditions for providing services are met. The primary documents reviewed included:

- HSD/BHSD Behavioral Health Policy and Billing Manual 2019
- Appendices to HSD/BHSD Behavioral Health Policy and Billing Manual 2019
- HSD Medical Assistance Division- Managed Care Policy Manual, October 1, 2020
- CareLink NM Health Homes Policy Manual 2021
- State of New Mexico Medical Assistance Program Manual Supplement 19-04, January 14, 2029
- BHSD New Mexico Recovery Project final report (PENDING)

Documents were reviewed to determine:

1. What behavioral health services that can be provided by non-licensed certified behavioral health professionals and reimbursed through Medicaid?
2. What conditions do employers have to meet to receive Medicaid reimbursement for services provided by non-licensed certified behavioral health professionals.
3. What items in current regulations, statutes and manual need further clarification to maximize Medicaid reimbursement for organizations that employ certified non-licensed behavioral health workers?
4. What gaps exist in the current Medicaid reimbursement system for non-licensed workers and what are recommendations to address those gaps?

IV. State Requirements at Organizational and Individual Provider Levels

Part of the complexity of Medicaid billing for non-licensed staff is to understand the requirements at both the organizational level and the individual provider level (i.e. certified behavioral health worker). The 2020 New Mexico Administrative Code (NMAC) 8.321.2 Specialized Behavioral Health Services and the Behavioral Health Policy and Billing Manual list the entity types (i.e. organizations) which are eligible to provide behavioral health professional services in New Mexico. Each provider type must meet certain conditions as explained in the code and manual. As of March 2022, 13 provider organization types were

identified, which include entities such as FQHCs, Indian Health Service clinics and hospitals, Behavioral Health Agencies, political subdivisions of the state and others. Depending on the provider organization type, approval by a New Mexico state agency is required to deliver specified behavioral health service(s). Depending on the organization provider type, the authorizing agency will be the Human Services Department (BHSD or MAD), the Department of Health or the Children, Youth and Families Department.

Each organization must then be approved to provide certain types of behavioral health services. There are about 25 different Medicaid behavioral health services identified that span the continuum of care, ranging from screening (e.g. Screening, Brief Intervention and Referral to Treatment) to crisis intervention (e.g. Crisis Triage Centers) to treatment (e.g. Residential Treatment Centers and Medication Assisted Treatment) and recovery (e.g. Recovery Support Services).

Finally, the individuals providing the treatment, referred to as service providers, must also be authorized through Medicaid. Certain services require licensed clinicians while other services are best provided by non-licensed service providers, usually under supervision of an experienced provider or licensed professional.

Every Medicaid approved and enrolled agency and/or provider will have a provider type number and in most cases a specialty number. Provider types and specialties defined in the Behavioral Health Policy and Billing Manual are available on the HSD website at:

<https://www.hsd.state.nm.us/lookingforinformation/behavioral-health-policy-and-billingmanual/>.

Moreover, HSD/Medicaid may require a state approved Supervisory Certification if a non-licensed individual provides a service. Supervisory Certification may be required by certain provider organization types in order to be eligible for Medicaid reimbursement for services delivered by non-independently licensed providers or student interns.

V. Findings

Below are some of the main findings that relate to the four key questions stated in the Overview and Purpose section of this document and repeated in the Approach section.

Medicaid Reimbursable Behavioral Health Services. Three of the state's primary Medicaid billing documents were reviewed: 1) the 2021 BHSD Toolkit for Providers; 2) the State of New Mexico Medical Assistance Program Manual Supplement 19-04; and 3) the HSD/BHSD Behavioral Health Policy and Billing Manual 2019. There are slight discrepancies in the types of behavioral health services listed that are currently reimbursed by Medicaid. Table 1 shows the Medicaid reimbursable services listed in each of the three documents. While each document captures most of the service types, certain services are not listed. Services which do not appear listed in all three documents are indicated in bold in Table 1. Consistency among all three documents would be helpful to the public and avoid confusion.

Table 1: Medicaid Billable Behavioral Health Services

	Medicaid Billable Behavioral Health Services	BHSD Toolkit 2021	NM Supplement 19-04	BH Policy & Billing Manual 2019
1	Accredited Residential Treatment Centers for Substance Use Disorders (AARTC)	X	X	X
2	Applied Behavior Analysis (ABA)	X	X	X
3	Assertive Community Treatment Services (ACT)	X	X	X
4	Behavioral Health Respite	X	X	X
5	Behavioral Health Screening, Assessment and Therapy	NO	X	X
6	Behavioral Health Pharmacology	NO	NO	X
7	Behavior Management Services (BMS)	NO	X	X
8	Cognitive Enhancement Therapy (CET)	X	X	X
9	Comprehensive Community Support Services (CCSS)	X	X	X
10	Crisis Intervention Services	X	X	X
11	Crisis Triage Centers (CTC)	X	X	X
12	Day Treatment (DT)	X	X	X
13	Family Support Services (FSS) (MCO members only)	X	X	X
14	Family Peer Support Services (FPSS)	X	NO	X
15	Group Home Services	NO	NO	X
16	SUD Ambulatory Withdrawal Management (ASAM Level 3.2-WM)	X	NO	X
17	Inpatient Psychiatric Services	NO	X	NO
18	Institutions for Mental Diseases (IMD)	NO	X	X
19	Intensive Outpatient Program for Substance Use Disorders (ASAM 2.1) (IOP)	X	X	X
20	Intensive Outpatient Program for Mental Health Conditions (IOP)	X	X	X
21	Interdisciplinary Teaming	X	X	X
22	Medication Assisted Treatment for Buprenorphine (MAT)	X	X	X
23	Multi Systemic Therapy (MST)	X	NO	X
24	Opioid Treatment Program (OTP)	X	X	X
25	Partial Hospitalization Services in Acute Care or Psychiatric Hospital	X	X	X
26	Peer Support Services	X	NO	X
27	Psychosocial Rehabilitation Services (PSR)	X	X	X
28	Recovery Support Services	X	X	X
29	Screening - Brief Intervention – Referral to Treatment (SBIRT)	X	X	X
30	Smoking Cessation Counseling	X	NO	X
31	Supportive Housing	X	NO	NO
32	Treat First Clinical Modal	NO	X	X

33	Treatment Foster Care	NO	X	X
34	Psychiatric Evaluations, Counseling, Therapy, Peer Support, Activity Therapy, and Medication Management	NO	NO	X
	TOTAL	25	25	32

BOLD = Behavioral health services which are not listed in all 3 sources.

Supervisory Certification Requirements for Non-licensed Service Providers. In response to the growing need for behavioral health services throughout New Mexico and the state’s chronic workforce shortages, in 2019 BHSD modified regulations to expand the number of non-licensed providers who can provide behavioral health services, which according to the definition in the regulations, primarily includes Certified Peer Support Workers.. The updates were published in the State of New Mexico Medical Assistance Program Manual Supplement 19-04 and are referenced in other key documents, such as the Provider Toolkit and HSD/BHSD Behavioral Health Policy and Billing Manual.

The regulations state that if a provider organization uses non-licensed service providers it must demonstrate it has adequate supervision of those workers. Some organizations must apply for a Supervisory Certification through BHSD. According to the Provider Toolkit, Supervisory Certification is a major component of a wider workforce development strategy for New Mexico’s behavioral health service delivery system. Supervisory Certification allows organizations to demonstrate that there is ongoing education, learning and oversight of clinical supervisors and non-independently licensed (NIL) practitioners. Supervisory certification is required for reimbursement for services from Medicaid delivered by non-independently licensed providers.

To support providers with the certification process, BHSD created the Clinical Supervision Implementation Guide in 2018 and provided web-based learning videos. Although the support materials are extremely useful, they are aimed at supervision of clinical staff who are non-independently *licensed* . The Guide lacks supervision models that are appropriate for non-clinical non-licensed staff, including certified behavioral health professionals. Moreover, each behavioral health certification has different supervision requirements which is important for employers and site supervisors to be aware of.

There is some confusion about which provider organizations qualify for or must complete the Supervisory Certification. The 2019 HSD/BHSD Behavioral Health Policy and Billing Manual (page 19) states that “Behavior Health Agencies and Opioid Treatment Programs qualify for Supervisory Certification”. The Provider Toolkit states that in addition to Behavioral Health Agencies and Opioid Treatment Programs, Adult Accredited Residential Treatment Centers (AARTC 216/261), and non-FQHC School Based Health Centers (321) also qualify for Supervisory Certification.² It was also unclear from reviewing the documents as to which organizations may be exempt from Supervisory Certification.

Agency and Provider NPI Numbers. As part of the Supervisory Certification process, provider organizations must hold an agency NPI and Medicaid number and each rendering provider, whether independently licensed or non-independently licensed, must also hold their own NPI and Medicaid

² Bowen, N. and Pittenger, B. Provider Toolkit 2021 (page 9) New Mexico Human Services Department – Behavioral Health Services Division and New Mexico Behavioral Health Collaborative

number. It is assumed but not clearly stated that non-licensed service providers do NOT need an NPI number.

Approval from BHSD requires all organizational providers to submit rosters to the MCOs for contracting their non-independently licensed clinicians.³ Each time the provider brings on a new non-independently licensed provider, or changes supervisors, they will need to submit an updated roster. The system for submitting rosters was improved by BHSD in 2021 where it is now web-based and fully automated, making it easier and more efficient for providers to submit and update rosters.

Non-licensed Staff Definition. The HSD Behavioral Health Policy and Billing Manual (page 19) defines non-licensed behavioral health practitioners as follows: “a master’s level behavioral health intern, psychology intern, pre-licensure; psychology post doctorate student; certified peer support worker; provisional or temporary licensures, or certified family peer support worker.”⁴ Provider Toolkit (page 9) states: “It [Supervisory Certification] is required in order to be eligible for reimbursement for services from Medicaid delivered by a non-independently licensed provider, CPSW, or student intern” ; and (page 10) states: “Also allowed under Supervisory Certification is approval for non-licensed behavioral health staff such as master’s level behavioral health interns, psychology post doctorate students, and Certified Peer Support Workers.”⁵ All these definitions only mention CPSW or CFPSW without mentioning other behavioral health related certifications.

Allowable Services Provided by Non-licensed Workers. Among the 34 behavioral health services reviewed, only eight specifically mention a peer worker certification. Table 2 lists the types of behavioral health services referencing certified providers and the certification mentioned. Of the behavioral health services listed, CPSW is stated most frequently. Community Support Worker (CSW) is referred to only under CCSS. CareLink New Mexico Health Homes is authorized by BHSD but is not listed as a behavioral health service in the Billing Policy Manual. CareLink recognizes certified peer workers as essential staff to conduct services. According to the CareLink New Mexico Policy Manual, each CareLink provider must employ specific staff positions to meet CLNM requirements, including CPSWs, CFPSWs, a Wraparound Facilitator and a Wraparound Supervisor-Coach.⁶

Table 2: Certified Providers Identified by Medicaid-Reimbursable Service

Behavioral Health Service Type	CSW	CPSW	CFPSW	Wraparound Facilitator (WF)	WF - Coach
Comprehensive Community Support Services (CCSS)	X	X			
Crisis Intervention Services		X			
Family Peer Support Services (FPSS)			X		
Partial Hospitalization Services in Acute Care or Psychiatric Hospital		X	X		
Peer Support Services		X	X		

³ HSD/BHSD Behavioral Health Policy and Billing Manual 2019. Retrieved April 2022 at: https://www.hsd.state.nm.us/wp-content/uploads/2020/12/BH-POLICY-AND-BILLING-MASTER_.pdf

⁴ HSD/BHSD Behavioral Health Policy and Billing Manual 2019 (page 19)

⁵ 2021 Provider Toolkit (pages 9 and 10). Retrieved April 2022 at <https://www.hsd.state.nm.us/wp-content/uploads/Behavioral-Health-Provider-Toolkit-REVISED-5.5.2021-1.pdf>

⁶ CareLink NM Policy Manual 2021. Retrieved April 2022 at: <https://www.hsd.state.nm.us/wp-content/uploads/CLNM-POLICY-MANUAL-1.pdf>

Recovery Support Services		X			
Screening - Brief Intervention – Referral to Treatment (SBIRT)		X	X		
Psychiatric Evaluations, Counseling, Therapy, Peer Support, Activity Therapy, and Medication Management (Policy and Billing Manual, page 49)		X			
CareLink New Mexico Health Homes		X	X	X	X

Sources:

- HSD/BHSD Behavioral Health Policy and Billing Manual 2019
- HSD Medical Assistance Division- Managed Care Policy Manual
- CareLink NM Health Homes Policy Manual 2021
- State of New Mexico Medical Assistance Program Manual Supplement 19-04

Other State Requirements for Provider Organizations or Peer Service Providers

In addition to Supervisory Certification, some provider organizations may be subject to providing or attesting that additional training requirements are met:

- All CCSS organizations must attest that its Community Support Workers receive the BHSD required 20 hours of training within 90 days of hire and annually thereafter.
- A CPSW or other certified behavioral health worker serving as a Community Support Worker must complete the BHSD required 20 hours of CCSS training.
- SBIRT training is required prior to a certified peer administering a validated screening tool.
- For non-licensed peer workers, employers must demonstrate they meet all supervision requirements of the certification boards.

In addition to all the state requirements for organizational providers and individual services providers cited above, certified peer workers often must meet other employer requirements which often present obstacles to peer worker employment. These include:

- Background checks
- No felony charges or convictions
- Position requirements – degrees and/or experience in the field or with the target population

Certified Peer Support Workers, or Certified Family Peer Support Workers are required to show 3 years of sobriety or mental health stability before they can be certified. If an individual relapses, he/she will lose their certification and will have to start over with 3 years sobriety or stability before they can reapply. Other states, such as Pennsylvania, have created model policies for substance use recurrence or “relapse” considerations for the substance use services peer support workforce.

Non-Medicaid Funded Services

State initiatives that are started with discretionary state and/or federal grants are often expected to transition to Medicaid or other insurance billing to sustain services after the grant or start-up funding

ends. The 2021 BHSD Provider Toolkit lists 13 state initiatives funded through state general funds or federal grants.⁷ These include the following:

- Career Readiness
- Transitional Housing
- Jail Diversion
- Justice Involved services
- LGBTQ+ services
- Native American services
- Office of Peers, Recovery and Engagement (OPRE)
- Prevention programs
- Sexual Assault services
- Wellness Centers
- Workforce Development
- Women’s Programs – Sexual Assault
- Veterans services

Programs such as these target high risk and/or underserved populations and often employ peer workers. If these services can be sustained through Medicaid or other insurance after state or grant funding ends will prolong the employment and retention of certified peer professionals.

VI. RECOMMENDATIONS

Certified behavioral health workers are essential to New Mexico’s behavioral health system; and are a part of a larger strategy to increase the number and diversity of behavioral health workforce. The primary policies, manuals and regulations reviewed in this report often do not acknowledge non-licensed, certified workers that are essential to the behavioral health sector and key to building a workforce pipeline. Below are recommendations, not listed by priority, which could help to improve the behavioral health system and increase access to services by Medicaid eligible recipients.

- A. Provide sufficient resources and implement financing mechanisms to employ, supervise and sustain certified behavioral health workers.
- B. If a behavioral health service or function is recognized as falling within the scope of practice of a certification, individuals with that certification should be recognized as authorized service providers. For example, a CPSW, CFPSW, CHW, certified Wraparound Facilitator and CPS could administer most screening tools. Yet only one or two certified non-licensed workers are recognized as able to provide this service.

⁷ The Provider Toolkit provides the following stipulation: *“This is not an exhaustive list. Opportunities for funding are announced on the New Mexico Network of Care website: <https://newmexico.networkofcare.org/mh/> However, even if some of your clients or services may be non-Medicaid, if you will be providing any Medicaid covered services to any Medicaid clients you will need to be enrolled with Medicaid before you will be able to receive state general fund or grant funding”*

- C. In state Medicaid guides, statutes, manuals and regulations, name all authorized worker credentials that could fall under the three main service provider types (independently licensed, non-independently licensed, and non-licensed). As the list of potential certifications grow, the state might consider using a term that is more inclusive of certifications rather than exclusive.
- D. Clarify whether non-licensed staff need NPI numbers.
- E. Clarify which organizational services/types qualify for and must have Supervisory Certification or are exempt from Supervisory Certification.
- F. Supervision of certified behavioral health workers is unique and different from clinical supervision. We would like to see the state support the development and dissemination of supervisory training, tools and evidence-based practices specific to behavioral health certified professionals improve quality of care and worker retention.
- G. Continue state support of integrated team care which includes non-licensed workers and provide organizations with needed technical assistance and other support to ensure positive outcomes for the organization, staff and clients.
- H. We encourage HSD to continue to develop training and provide technical assistance on Medicaid billing, particularly on issues specific to certified behavioral health workers and other non-licensed staff.
- I. Behavioral health initiatives funded by federal grants, state general funds or other grant funding should consider in the planning and program/service design phase how staffing and services can be aligned with Medicaid requirements so that services can be sustained over time once the funding has ended.
- J. HSD has been a leader in identifying and addressing barriers to the behavioral health system. We encourage HSD to continue to monitor for obstacles at both the organizational and service provider levels and to continue to address top challenges, especially for Medicaid providers.
- K. Provide training and information on value based care to diverse stakeholders so there is improved knowledge and uniform understanding of this system. With increased knowledge and training on value based care, organizations and educational entities can better plan, implement and assess system change.