



COLORADO

Department of Health Care
Policy & Financing

Attestation to the Supervision Policy for Medicaid Billable Behavioral Health Services

In accordance with the ***Supervision Policy for Medicaid Billable Behavioral Health Services***, providers with licensed clinicians intending to supervise unlicensed professionals and/or pre-licensed clinicians that fall under the guidelines of this policy must submit this attestation to each contracted Regional Accountable Entity (RAE) to engage in supervision practices outlined by this policy. Subsequent to the submission of the initial attestation, this attestation must be submitted to each contracted RAE annually, no later than January 1 of each calendar year supervision may be rendered by the attesting organization. Organizations, groups, and facilities only need to submit one attestation for their entity; individual attestations for each licensed supervising clinician are not required.

By completing and returning this attestation to the RAE, you acknowledge the following:

- You have read and understand the requirements and standards for both the licensed supervising clinician and the organization set forth in the ***Supervision Policy for Medicaid Billable Behavioral Health Services***.
- You agree to maintain records of all documents required under the ***Supervision Policy for Medicaid Billable Behavioral Health Services***.
- You agree to provide any documents or records outlined under the policy upon request to the requesting RAE within seven (7) business days of the request.
- You agree to hold the RAE and Health First Colorado members harmless for nonadherence to this policy in any form, including but not limited to disputes between the attesting organization and any employees and/or contractors of the attesting organization.
- The RAE maintains the right to report any malfeasance impacting member care and/or licensure status to the appropriate state agencies, including the Department of Health Care Policy and Financing (HCPF) and the Department of Regulatory Agencies (DORA), in addition to internal actions the RAE may take to monitor and ensure quality of care.
- Failure to abide by the guidelines of this policy and/or any document requests from the RAE may result in the inability of your organization to supervise unlicensed or pre-licensed professionals indefinitely.
- You agree to implement any updates made to the ***Supervision Policy for Medicaid Billable Behavioral Health Services*** within the timelines dictated by the update.
- You have signatory authority and approval to submit this attestation for your organization.

Completed attestations can be sent to each RAE's contact on the policy document. Confirmation and approval of the attestation will be provided within sixty (60) calendar days of receipt by the RAE.

Signature: _____ Date: _____

Printed Name: _____

Organization or Provider Name/TIN: _____

Organization or Provider Contact Information: _____



Submission Contacts

Please submit a completed and signed copy of the above attestation to each RAE you and/or your organization are contracted with via the following contacts:

RAE 1: Rocky Mountain Health Plans	RMHPrae_bh_pr@uhc.com
RAE 2: NHP	NHPrae_bh_pr@uhc.com
RAE 3: Colorado Community Health Alliance	CCHA@anthem.com
RAE 4: Colorado Access	Provider.contracting@coaccess.com

