



COLORADO

Department of Health Care
Policy & Financing

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Frequently Asked Questions Regarding Rendering Provider Oversight of Medicaid Billable Services

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Who can be a Rendering Provider and what is their role?

- A Rendering Provider is a licensed practitioner of the healing arts (i.e. Licensed Psychologist, Licensed Behavioral Health Clinician, Physician, Osteopath, Physician Assistant, or Nurse Practitioner) with a valid active license in the State of Colorado in good standing and enrolled with Health First Colorado (Colorado's Medicaid program).
- A Rendering Provider is responsible for overseeing the member's course of treatment, and this includes oversight of the behavioral health services delivered to a member by a pre-licensed clinician or unlicensed professional.
- The standards for Medicaid billing compliance of a Rendering Provider include:
 - Ensuring that services delivered are medically necessary and appropriate for the member's diagnosis and treatment plan
 - Making level of care and length of stay determinations
 - Supporting transitions of care and care coordination, including connecting members to care coordination services through their Regional Accountable Entity (RAE)
- The role of a Rendering Provider is to provide oversight of Medicaid billable behavioral health services delivered to members in accordance with all Medicaid rules and requirements. The National Provider Identifier (NPI) number of the overseeing clinician is listed on the claim form as the Rendering Provider.

Who is considered a pre-licensed clinician?

- Pre-licensed clinicians are individuals working towards becoming a licensed behavioral health clinician in the state of Colorado. This includes the following:
 - Interns completing service hours as part of their Masters or Doctoral educational program
 - Licensed Social Worker Candidate (LSW)
 - Licensed Professional Counselor Candidate (LPCC)
 - Clinical Social Work Candidate (SWC)
 - Addiction Counselor Candidate (ADDC)
 - Marriage and Family Therapist Candidate (MFTC)



- Psychologist Candidate (PSYC)

Who is considered an unlicensed professional?

- Unlicensed professionals are individuals working in a professional scope of practice that is not licensed by Department of Regulatory Agencies (DORA). Unlicensed professionals can range from certified professionals (including those in the process of completing certification hours) through graduate-prepared professionals and perform a range of supportive services, commensurate with their certification or degree. This includes:
 - Behavioral Health Peer Support Professionals
 - Qualified Behavioral Health Assistants (QBHA)
 - Certified Addiction Technicians (CAT)
 - Certified Addiction Specialists (CAS)
 - Bachelor's level behavioral health professionals
 - Bachelor's degree in social work, counseling, psychology, or related field from an accredited institution. Providers with a bachelor's degree or higher in a non-related field may perform the functions of a bachelor's degree level staff person if they have one year in the behavioral health field.
 - Master's level unlicensed behavioral health professionals
 - Master's degree in a mental health field from an accredited college or university.

Can unlicensed professionals and/or pre-licensed clinicians submit claims to Medicaid?

- No, only a provider enrolled with Medicaid can submit a claim for behavioral health services. Behavioral health services delivered by service providers not enrolled with Medicaid (i.e. unlicensed professionals and pre-licensed clinicians) must be billed under the NPI number of the Rendering Provider responsible for oversight.

Are there any changes to the Licensed Provider Claiming Under a Supervisor policy?

- No, there are no changes to the [Licensed Provider Claiming Under a Supervisor policy](#). Practitioners who are enrolled with Medicaid and have applied for credentials with a RAE may submit claims under a supervising provider for a maximum of 90 days while completing contracting with a RAE. This is outside the scope of the Rendering Provider Oversight (RPO) policy which pertains only to unlicensed professionals and pre-licensed clinicians delivering behavioral health services.

Does an agency need to have a Behavioral Health Entity (BHE) license from the Behavioral Health Administration (BHA) in order to deliver and be reimbursed for services provided by a pre-licensed clinician or unlicensed professional?



- No, a BHE license is not required to deliver and be reimbursed for Medicaid billable behavioral health services provided by a pre-licensed clinician or unlicensed professional.

Does the RPO Policy only apply to agencies licensed by the BHA or does this apply to all agencies billing Medicaid?

- All Medicaid enrolled providers who are responsible for the delivery of behavioral health services by pre-licensed clinicians and/or unlicensed professionals and contracted with one or more RAE(s), or providing certain 1115 Waiver services, must develop policies and procedures regarding Rendering Provider Oversight (RPO) of billable behavioral health services.
- Since Comprehensive Safety Net Providers (CSNP) are required by the BHA to adopt equivalent or more rigorous policies to maintain credentialing, and the BHA audits to these standards, CSNPs are exempt from submitting an attestation for this policy.

Why are CSNPs not required to attest to this policy but other agencies with a BHE license are required to attest?

- CSNPs are required by the BHA to have explicit policies describing roles, responsibilities, and oversight which the BHA audits annually. The Department of Health Care Policy and Financing (HCPF) has accepted these existing policy requirements under BHA rule as sufficient to meet RPO policy requirements.

Why is oversight by a Rendering Provider required for Medicaid billable services?

- Under federal Medicaid policies, pre-licensed clinicians and unlicensed professionals are not able to independently deliver Medicaid reimbursable behavioral health services because they do not hold a valid active license in Colorado. In order to reimburse for care delivered by these individuals, their services must be billed under a Rendering Provider.

Does the RPO policy direct what clinical supervision should look like?

- No, RPO relates to Medicaid billing oversight and does not override BHA or DORA supervision rules regarding clinical supervision.

How does oversight by a Rendering Provider differ from other types of supervision?

- The role of a Rendering Provider is to provide oversight of Medicaid billable behavioral health services delivered to members in accordance with all Medicaid rules and requirements. This oversight is narrower in scope and responsibility than other types of supervision required by BHA and DORA. While these roles may be aligned (and may be served by the same person), the scope of this policy is specifically limited to expectations for the oversight of Medicaid billable behavioral health services.



What counts as RPO time? Does reviewing notes and auditing paperwork count as RPO time? Do team meetings count?

- RPO is an interactive encounter between the Rendering Provider and the service provider. At a minimum, RPO time should include review of services delivered, level of care evaluation, progress toward treatment plan goals, and transition of care support needed for each member served by the pre-licensed clinician or unlicensed professional whose work is being submitted under the Rendering Provider.

If the Rendering Provider is also the clinical supervisor for DORA licensure requirements, does the time spent in clinical supervision count as RPO time or would there need to be two separate meetings?

- RPO requirements, as described above, can be met as part of clinical supervision time. It is an expectation that discussion occurs for each member served by the pre-licensed clinician or unlicensed professional to ensure that services delivered are medically necessary and appropriate for the member's diagnosis and treatment plan.

Does RPO time need to be in addition to supervision requirements for Peer Support Professionals as described in BHA rule?

- No, as described above, RPO time can concur with other forms of supervision as long as RPO requirements are met.
- BHA rule ([2 CCR 502-1-3.4](#)) requires that Peer Support Professionals be supervised “by a licensee or authorized practitioner in good standing with their credentialing body and/or an experienced peer support professional.” Agencies can choose to encourage or require other types of supervision, in addition to RPO, depending on the needs of the professional.

Are there parameters for the format of how RPO needs to be delivered?

- No, it is the responsibility of each billing provider agency to develop policies and procedures regarding the format of RPO (ex: individual, group, and telehealth oversight) to ensure appropriate oversight is provided, taking into account the experience level of the service provider and other relevant factors.

Is RPO time billable to Medicaid?

- No, RPO time is not billable to Medicaid.

If a Rendering Provider is out of the office, can another licensed clinician provide oversight in their place? How do we track when another clinician is providing RPO in their place?

- Yes, another licensed clinician that meets all the requirements of a Rendering Provider, and is familiar with the member's treatment plan, may provide RPO.



- Please note that the NPI number of the licensed clinician that provided RPO over the billable Medicaid services must be listed on the claim form in the Rendering Provider field for those services.
- It is the responsibility of each billing agency to address how RPO is covered by personnel with comparable credentials when the usual Rendering Provider is not available along with all other procedures in agency policies.

Under the RPO policy, is there a maximum number of service providers that a Rendering Provider can oversee?

- No, the RPO policy does not define a maximum number of service providers that a Rendering Provider can oversee.

Why does the RPO policy set different requirements regarding the frequency of RPO for pre-licensed clinicians and unlicensed professionals?

- The RPO time minimum requirements differ because pre-licensed clinicians and unlicensed professionals differ in the amount of required education and experience. Pre-licensed clinicians have completed graduate education programs and are in the process of gaining experience hours within a clinical scope to become fully licensed. Unlicensed professionals can range from certified professionals (including those in the process of completing certification hours) through graduate-prepared professionals and perform a range of supportive services within their designated role.

Why did HCPF not establish a weekly requirement for RPO?

- HCPF strives to be as flexible as possible and only provide minimum expectations. If a provider or a RAE chooses to create more specificity or require increased points of contact, they can choose to do so.

What are the documentation requirements for a Rendering Provider? Do all notes need to be co-signed?

- It is not, and never has been, a Medicaid requirement that all notes be countersigned by a licensed clinician. Minimum requirements for documentation requirements can be found on HCPF's [Behavioral Health Policies, Standards, and Billing References webpage](#) under Service Documentation Standards.
- The expectation is that the Rendering Provider is responsible for all work and documentation of work performed by the services provider(s) they oversee. That can be accomplished in a variety of ways, and each agency has flexibility to set policies that ensure oversight is appropriate for each staff member.

Do Medicaid billing providers need to have insurance covering the pre-licensed clinicians and/or unlicensed support professionals who deliver behavioral health services?

- Yes, Medicaid billing providers must maintain insurance in accordance with standard Medicaid policy.



Please clarify the requirement to “Have no restrictions, conditions, or stipulations from DORA (or other state licensing agency) in the last two years”. Does this mean two years from the date of completion of the stipulation?

- Yes, this requirement means two years from the completion of the stipulation.

Does the RPO policy apply to providers delivering services covered through the 1915(c) Home and Community-Based Services (HCBS) waivers?

- No, the RPO policy only applies to behavioral health providers contracted with a Health First Colorado RAE and providers delivering services covered under the 1115 Waiver.

How does the State plan to effectively track these requirements?

- Medicaid billing providers are responsible for submitting an annual attestation to each RAE they are contracted with. RAEs are responsible for ensuring compliance with the RPO Policy.
- Providers delivering 1115 Waiver services that are billed fee-for-service should submit the attestation to HCPF via email: hcpf_bhbenefits@state.co.us

For more information contact

hcpf_bhbenefits@state.co.us

