

Summary of Stakeholder Feedback on the Supervision Policy for Medicaid Billable Behavioral Health Services October 1, 2025

Since 2023, Health First Colorado (Colorado's Medicaid program), through the contracted Regional Accountable Entities (RAEs), have collectively published and enforced a policy document titled [Colorado Medicaid Standards for Unlicensed Practitioners](#). The purpose of this policy was to improve workforce and allow for pre-licensed clinicians to serve Medicaid clients and be reimbursed while completing their licensure hours. This also standardizes the practice of supervisory billing for unlicensed professionals and team members that are providing care under the oversight of a rendering licensed provider. Below is an overview of the feedback we received. HCPF will post a revised policy DRAFT and FAQs document on the [Behavioral Health Initiatives and Coverage Office website](#) in the coming weeks.

In July 2025, HCPF published an updated DRAFT version of this policy document titled [Supervision Policy for Medicaid Billable Behavioral Health Services](#). The updated draft described the responsibilities of a Rendering Provider performing oversight of Medicaid billable behavioral health services delivered by a pre-licensed clinician or unlicensed professional. Following immediate feedback from the provider community, noting lack of opportunity for stakeholder input, HCPF delayed implementation and has spent two months collecting feedback from a wide variety of stakeholders.

Feedback was gathered through an online form and two live stakeholder forum sessions. In addition, HCPF held small group listening sessions with a variety of provider groups representing different sizes and types of organizations. Small group listening sessions were held with representatives from the following organizations for the purpose of collecting recommendations on how to modify the draft policy:

- Colorado Providers Association
- Colorado Counseling Association
- Colorado Association of Addiction Professionals
- Colorado Psychological Association
- COMBINE Colorado
- Colorado Behavioral Healthcare Council
- National Association of Social Workers Colorado Chapter

Suggestions, observations and recommendations were shared by over 600 people, and the majority of recommendations fall into the following six categories:

- The State should clarify the difference between this Medicaid billing oversight policy and DORA's requirements for supervision.
- The State should differentiate between oversight requirements for pre-licensed clinicians and unlicensed professionals.

- The State should consider using ratios for hours of oversight to hours of service as opposed to a maximum number of supervisees per clinician. This would also account for supervisory billing practices for professionals that work part time or have a limited schedule.
- The State should modify the time requirement for weekly supervision.
- The State should reconsider the requirement for the Rendering Provider to be licensed in Colorado for 2 years.
- The State should consider allowing agencies with a BHE license or CSNP designation to be exempt from this policy.

HCPF appreciates all of the feedback that was provided and is working to integrate recommendations from each category into the revised policy draft that will be posted in October 2025.

Additional details of feedback received in each category is summarized as follows:

- The State should clarify the difference between this Medicaid billing oversight policy and DORA's requirements for supervision.
 - Clarify definitions for Clinical Supervisor, Administrative Supervisor, and Rendering Provider.
 - Align with existing policies from other agencies.
- The State should differentiate between oversight requirements for pre-licensed clinicians and unlicensed professionals.
 - Identify differing levels of oversight required for unlicensed professionals as compared to pre-licensed clinicians due to differences in training and scope of practice.
 - Clearly define the roles of unlicensed professionals and pre-licensed clinicians and include acceptable credentials for both categories.
- The State should consider using ratios for hours of oversight to hours of billable service, as opposed to a maximum number of supervisees per clinician.
 - Provide some distinction between different levels of acuity, environments, and size of member caseload when determining a maximum ratio.
 - Make distinctions between supervisors that carry their own caseload and supervisors who solely supervise.
 - Restrict the number of overall clients instead of supervisees.
 - Mandate a training regarding medical necessity determination, level of care determination, etc. as an alternative way to address this need.
- The State should modify the time requirement for weekly supervision.

- Differences in caseloads, member acuity level, as well as training and experience of the service provider can necessitate differing frequency and level of oversight required, so there's no "one size fits all" for this.
- The State should reconsider the requirement for the Rendering Provider to be licensed in Colorado for 2 years.
 - Modify this requirement to be more inclusive of clinicians that are newly licensed or licensed in other states.
- The State should consider allowing agencies with a BHE license and/or CSNP designation to be exempt from this policy.
 - Through BHA licensing requirements, some providers already provide much of the information outlined in this policy.