

IV. CREDENTIALING AND STAFF QUALIFICATION REQUIREMENTS

Michigan Department of Community Health
Credentialing and Staff Qualification Requirements
For
the CA Provider Network

This contract attachment outlines requirements for credentialing and staff qualifications throughout the CA provider network. It is organized as follows:

- I. CA Credentialing Requirements
- II. Provider Staff Certification Requirements
- III. Staff Qualifications for Substance Use Disorder Prevention Services
- IV. Staff Qualifications for Substance Use Disorder Treatment Services
- V. Other Staff-Related Definitions

I. CA CREDENTIALING REQUIREMENTS

In implementing staff qualifications requirements, the CA must:

- 1) Adopt and disseminate policy with respect to required professional qualifications for prevention and treatment direct service personnel in the CA network, applicable both to salaried and contractual personnel. In general, the requirements contained herein are expected to represent the minimum standards for substance use disorder prevention and treatment services. However it is recognized that specialized services may require enhanced staff qualifications. When establishing requirements for qualifications or training for staff that do not require certification, CAs are expected to:
 - a) Recognize and utilize credible web-based training for fundamentals in addiction treatment and prevention
 - b) Recognize in-service and provider new staff orientation
 - c) Recognize **and provide reciprocity for** training provided through other CAs or PIHPs that address relevant topic and content areas.
- 2) Assure that staff qualifications are met throughout the provider panel through CA policy and procedures.

CAs must consider use of deemed status, reciprocity and delegation provisions when permissible in order to establish a single credentialing and associated monitoring requirements for the provider and reduce administrative burden on both the provider and the CA. Whenever possible, it is preferable that CAs permit deemed status or reciprocity and that a single responsible CA be identified when multiple CAs contract with a single provider.

- 3) Assure that criminal background checks are conducted as a condition of employment for its own potential employees and for network provider employees. Although criminal background checks are required, it is not intended to imply that a criminal record should necessarily bar employment. The verification of these checks and a justification for the decisions that are made should be documented in the employee personnel or interview file. CAs may also establish criteria for criminal background checks for individuals during employment episodes.
- 4) Recognize and comply with state health care licensing professional scope of practice and supervision requirements.

Credentialing Responsibilities

Primary responsibility for assurance that **staff qualification** requirements are met rests with the individual and the provider agency that directly employs or contracts with the individual to provide prevention or treatment services.

Responsibilities of the individual, provider agency and the CA are generally as follows:

- 1) The individual is responsible for achieving and maintaining his or her certification.
- 2) The provider agency that directly employs or contracts with the individual to provide prevention or treatment services is responsible for verifying the ongoing certification status of the employee. This includes verification of the credential(s), monitoring staff development plans and compliance with continuing education requirements.
- 3) The CA is responsible for establishing certification-related contractual obligations with their provider network consistent with these requirements. With the intended locus of responsibility resting with the provider agency, the CA has responsibility for provider agency performance monitoring to assure these obligations have been met.

Although it is not intended that CAs maintain primary source verification functions or individual certification or credentialing files on behalf of their provider network, it is recognized that this may represent a prudent or necessary business practice of the CA. CAs maintaining **primary source verification** files may be asked to provide their justification for doing so.

Compatibility with PIHP Requirements

CA policy and procedures with regard to credentialing should be compatible with PIHP credentialing and re-credentialing business processes. MDCH has issued a PIHP credentialing policy entitled *Credentialing and Re-Credentialing Processes* (Attachment P.6.4.3.1 of the MDCH PIHP contract). This policy defines organizational providers as entities that directly employ and/or contract with individuals to provide health care

services. These services include treatment of substance use disorders. In this regard, CAs are considered to be organizational providers.

The PIHP credentialing policy outlines two requirements associated with credentialing of organizational providers:

- 1) Each PIHP must validate, and re-validate at least every 2 years that the organizational provider is licensed or certified as necessary to operate in the state and has not been excluded from Medicaid or Medicare participation.
- 2) The PIHP must ensure that the contract between the PIHP and any organizational provider requires that the organizational provider credential and re-credential their directly employed and subcontracted direct service providers in accordance with the PIHP's policies and procedures (which must conform to MDCH's credentialing process).

Added clarification for CAs that are not PIHPs: This policy intends that credentialing responsibilities are carried out and associated records are maintained at the provider organization level. If a CA employs individual practitioners for the purposes of providing treatment or prevention services, the CA is an organizational provider. The CA is not required by the MDCH policy to perform the credentialing functions on behalf of its providers. When CAs contract with providers that meet the organizational provider definition, then the CA must:

- 1) Ensure that the contract between the CA and their organizational provider requires that the provider credential and re-credential their directly employed and subcontracted providers in accordance with the policy, and
- 2) Ensure that the provider has not been excluded from Medicaid or Medicare participation.

II. PROVIDER STAFF CERTIFICATION REQUIREMENTS

The following provides detailed information regarding the certification requirements for the CA provider network.

General

These certification requirements represent the standards for individual CA provider network requirements. Special consideration can be made for both special population needs (such as those of adolescents) and for specialty services (such as provision of methadone to women that are pregnant).

Also, it is expected that reimbursement rates reasonably acknowledge the cost implications of certification requirements and recognize workforce development obligations already incorporated in provider accreditation requirements. CAs may consider rate incentives for enhanced staffing requirements for specialty services.

Application

Certification requirements apply to the entire CA provider network for services directed to the prevention and treatment of substance use disorders. This includes staff working for or within local governmental units such as intermediate school districts, local health departments or community mental health service board programs when these are under contract to the CA as a provider and/or funded through the DCH/CA master agreement, depending on the scope of their work, as described in this document.

Certification requirements do not apply to staff solely engaged in:

- 1) Synar tobacco compliance checks or venter education or
- 2) Provision of communicable disease prevention and education services.

Refer to Prevention Policy #2-*Addressing Communicable Disease Issues in the Substance Abuse Network* for information about communicable disease staff training requirements.

Certification requirements apply on the basis of staff role and responsibility regardless of employee status or type. Examples of employee status include: direct employee, contractual, or volunteer. Examples of type include: full time, part time, intermittent or seasonal.

An individual's certification requirements are determined on the basis of each of their job responsibilities. That is, situations in which an individual's responsibilities cross roles and responsibilities as outlined below, and each role category independently determines the associated certification requirement. For example, an individual functioning as a case manager (certification not required) and as a treatment clinician would be required to be certified even though their responsibilities include functions for which certification is not required.

Unless an exception is specified below under the various staff types, individuals who are timely in the process of completing their registered development plan for the specified credential are considered to meet certification requirements. For example, a recent MSW graduate working in a position providing treatment to persons with substance use disorders with an approved development plan would be considered to meet certification requirements. Development plans are required to include time frames, milestones, be date-specific and appropriate to the experience requirements associated with the certification credential. For example, a development plan must recognize hours of experience requirements in the context of the employees status (full, part time). However, development plans must contain prompt and reasonable time frames for completion.

As of June 2007, the accepted equivalent credentials to the Michigan Certification Board for Addiction Professionals (MCBAP) certification are as follows:

- For prevention: Certified Health Education Specialist (CHES) through the National Commission for Health Education Credentialing
- For treatment: Certification through the Upper Midwest Indian Council on Addiction Disorders (UMICAD)
- For medical doctors: American Society of Addiction Medicine (ASAM) (Some physicians, depending on the scope of their work performed at the agency, will function in the category of Specifically Focused Staff as described in this document)
- For psychologists: American Psychological Association (APA) specialty in addiction

This listing will be updated, and CAs notified in writing, should additional equivalent credentials be identified.

Should a situation arise with an established provider where there are no longer employees available that meet the credentialing requirements, the provider and the CA are responsible for developing a “time-limited exception plan” appropriate to the situation to ensure that the established clients with the provider continue to receive services. An example of such a situation would be a provider that has one or more credentialed clinicians leave resulting in the remaining staff not being able to provide services to the clients. The CA and provider could then enter into an exception plan agreement where a qualified but non-credentialed person can provide services to those clients until credentialed staff are hired, return from leave, etc. The length of the plan should be adequate to serve the immediate need of the affected clients but should not exceed 120 days in an initial agreement. For administrative efficiency, when providers participate in multiple CA provider panels, the affected CAs should jointly determine an appropriate exception plan.

MCBAP Staff Certification Requirements – By Staff Function

As of October 1, 2008, all individuals performing staff functions outlined below must:

- 1) Be certified appropriate to their job responsibilities under one of the credentialing categories or an approved alternative credential; or
- 2) Must have a registered development plan and be timely in its implementation; or
- 3) Be functioning under a time limited exception plan approved by the CA as described earlier in this document.

Individuals under any of these three categories will be considered to meet MCBAP certification requirements. Note that a development plan is timely when there is evidence that steps or activities included in the development plan are being implemented and can be expected to be completed within a reasonable period of time. The supervisor of the individual is responsible for regularly monitoring the status of the development plan. MCBAP maintains a list of individuals who have active development plans and this can be accessed through their website at mcbap.com.

Staff functions for which these requirements apply are Prevention Professionals, Prevention Supervisors, Treatment Specialists, Treatment Practitioners and Treatment Supervisors. The following chart outlines certification, supervision and licensure requirements. It is intended to assist in the determination of MCBAP certification requirements in the provider network, licensing requirements may still apply depending on the nature of the work duties and scope of practice.

Job Function and Description	MCBAP Certification Required for the Job Function	Supervision Required for the Job Function
<p>Treatment Supervisors</p> <p>Commonly described as Supervisors, Managers or Clinical Supervisors. This represents individuals directly supervising staff, including all levels (first, second line, etc) of clinical services.</p>	<p>Certified Clinical Supervisor – Michigan (CCS-M)</p> <p>Certified Clinical Supervisor – IC&RC (CCS-R)</p>	<p>Professional Licensure requirements may apply, depending on the nature of the work duties and scope of practice.</p>
<p>Treatment Specialists</p> <p>Commonly described as clinicians, therapists, or counselors. This represents direct clinical treatment service provider staff not identified as specifically focused.</p>	<p>Certified Addictions Counselor – Michigan (CAC-M)</p> <p>Certified Addictions Counselor – IC&RC (CAC-R)</p> <p>Certified Advanced Addiction Counselor – IC&RC (CAAC)</p> <p>Certified Criminal Justice Professional – IC&RC – (CCJP-R)</p> <p>Certified Co-Occurring Disorders Professional – IC&RC – (CCDP) – Bachelors level only</p> <p>Certified Co-Occurring Disorders Professional Diplomat – IC&RC – (CCDP-D) – Masters level only</p>	<p>MCBAP supervisory credential – CCS-M or CCS-R, an approved alternative certification or a registered development plan to obtain the MCBAP credential</p>
<p>Treatment Practitioners</p> <p>Commonly described as treatment staff providing direct service to clients like education and support; or they may be new to the field.</p>	<p>A registered development plan that is timely in its implementation</p>	<p>MCBAP supervisory credential – CCS-M or CCS-R, an approved alternative certification or a registered development plan to obtain the MCBAP credential</p>

Job Function and Description	MCBAP Certification Required for the Job Function	Supervision Required for the Job Function
<p>Prevention Supervisors</p> <p>Commonly described as prevention program supervisors and represent individuals responsible for overseeing prevention staff and/or prevention services.</p>	<p>Certified Prevention Consultant – Michigan (CPC-M) Certified Prevention Consultant – IC&RC (CPC-R) Certified Prevention Specialist – Michigan (CPS-M) Certified Prevention Specialist – IC&RC (CPS-R) – only if credential effective prior to 10-01-2008</p>	<p>No state requirements specified</p>
<p>Prevention Professionals</p> <p>Commonly described as Program or Prevention Coordinator, Prevention Specialist or Consultant, or Community Organizer and have responsibility for implementing a range of prevention plans, programs and services.</p>	<p>Certified Prevention Specialist – Michigan (CPS-M) Certified Prevention Consultant – Michigan (CPC-M) Certified Prevention Specialist – IC&RC (CPS-R) Certified Prevention Consultant – IC&RC (CPC-R)</p>	<p>Supervision by MCBAP prevention credentialed staff or an approved alternative certification</p>

Supervision Requirements for Non-Certified Staff

Individuals with staff functions outlined below are not required to be MCBAP certified, but are required to be supervised by MCBAP certified staff.

Specifically Focused Treatment Staff

This category includes Case Managers, Recovery Support Staff as well as staff who provide ancillary health care services such as nurses, occupational therapists, psychiatrists and children’s services staff in women’s specialty programs. Licensing requirements may apply depending on the nature of the work duties and scope of practice.

Specifically Focused Prevention Staff

Staff that consistently provide a specific type of prevention service. They do not have responsibilities for implementing a range of prevention plans, programs or services.

Treatment Adjunct Staff

Commonly described as: Resident Aide, Pharmacy Techs or Child Care Aides or program aides/techs. Adjunct staffs are involved with the client but not at a clinical treatment services level. It is recognized that some treatment adjunct staff provide didactic or skill development services. Licensing requirements may apply to adjunct staff depending on the nature of the work duties and scope of practice; they may also work under the direction of appropriately licensed and/or credentialed staff.

Interns for the Provision of Services

Interns are individuals who, as part of an educational curriculum while in the process of obtaining a degree related to the substance use disorder field, provide prevention or treatment services to clients. These services must be provided under the supervision of a MCBAP treatment credentialed staff (or an approved alternative certification) and any specific licensing requirements for the degree being sought. All services provided by interns may be allowable and billable as long as the intern is being appropriately supervised.

The MCBAP certification requirements ***do not replace or supersede state licensure scope of practice and supervision requirements*** for health care professionals such as social workers, counselors or psychologists

Certification Requirements for Temporary or Supervisory Assignments

Cross-over work assignments occur in those situations when an individual staff's roles and responsibilities have different MCBAP certification requirements on a temporary, time-limited basis (less than 120 days). Temporary work assignments include, for example, working out of class, temporary assignments to a higher or different position during the time required to fill a vacancy, providing coverage for a staff person on leave status or similar situations. Examples of temporary work assignments are: assignment of a treatment clinician to clinical supervisory responsibilities or a prevention professional assigned to supervisory prevention activities due to a vacant position or employee leave of absence.

During the temporary work assignment period, the individual performing the duties of the absent/vacant staff position will not be required to meet the MCBAP certification requirement for that temporary position. However, the individual with the temporary work assignment must have the certification or development plan appropriate to their current roles and responsibilities. For example, an individual temporarily assigned to clinical supervision would be required to be treatment-certified and an individual assigned to prevention supervisory responsibilities would be expected to be prevention-certified.

When the provider does not have any suitable employee available, or does not have the capacity to meet these requirements, the provider and the CA are responsible for developing and implementing a "time-limited exception plan". The CA and provider should enter into an exception plan agreement where a qualified but non-credentialed

person can provide adequate and appropriate supervision services to those credentialed staff currently providing services to clients. The length of the plan should be adequate to serve the immediate need of the provider and clients but should not exceed 120 days in an initial agreement.

Supervisory exception plans may include purchase of supervisory services on a short-term basis, cross-CA or provider staff support or other actions appropriate to the situation **and health care professional licensure requirements**. For administrative efficiency, when providers participate in multiple CA provider panels, the affected CAs should jointly determine an appropriate plan.

Considerations Due To Availability of Certified Supervisory Staff

It is expected that certified supervisory staff may not be available during the implementation period, or the size/scope of some providers (i.e. single provider in a rural setting) result in shared supervision of either prevention and treatment programs or other unique arrangements. In these situations, the responsible CA and provider must develop a plan that recognizes that general supervisory responsibilities (such as approval of time off, etc) are at the discretion of the provider. However, a plan addressing how "content specialty" supervision will be provided must be developed and implemented. The plan as feasible and appropriate to the situation may consider hiring qualifications for new staff, supervised practical training, use of mentors or consultants, use of regional/other resources, development of a regional cadre for the content area or continuing education.

Diversity and Workforce Development

The development of a diverse pool of candidates and a workforce that is representative of the community and service population is valued and encouraged as is the development of career ladders that assist individuals in gaining the knowledge and skills that enable career advancement. The development of opportunities for peers as mentors and recovery specialists is also encouraged.

III. STAFF QUALIFICATIONS FOR SUBSTANCE USE DISORDER PREVENTION SERVICES

The staff qualifications that follow reflect changes that went into effect October 1, 2008.

Definitions

Prevention Professional:

An individual who has one of the following Michigan specific (MCBAP) or International Certification & Reciprocity Consortium (IC&RC) credentials:

- Certified Prevention Specialist – Michigan (CPS-M)
- Certified Prevention Consultant – Michigan (CPC-M)
- Certified Prevention Specialist – IC&RC (CPS-R)
- Certified Prevention Consultant – IC&RC (CPC-R)

OR – An individual who has an approved Alternative Certification:

- Certified Health Education Specialist (CHES) through the National Commission for Health Education Credentialing (NCHEC)

OR – An individual who has a registered development plan, for a CPS credential, and is timely in its implementation leading to certification.

Prevention Supervisor:

An individual who has one of the following Michigan specific (MCBAP) or International Certification & Reciprocity Consortium (IC&RC) credentials:

- Certified Prevention Consultant – Michigan (CPC-M)
- Certified Prevention Consultant – IC&RC (CPC-R)
- Certified Prevention Specialist – Michigan (CPS-M)
- Certified Prevention Specialist – IC&RC (CPS-R) – **only if credential effective prior to 10-01-2008**

OR – An individual who has an approved Alternative Certification:

- Certified Health Education Specialist (CHES) through the National Commission for Health Education Credentialing (NCHEC)

IV. STAFF QUALIFICATIONS FOR SUBSTANCE USE DISORDER TREATMENT SERVICES

The staff qualifications that follow reflect changes that went into effect October 1, 2008.

Definitions

Substance Abuse Treatment Specialist (SATS):

An individual who has licensure in one of the following areas **AND** is working within his or her licensure-specified scope of practice:

Physician (MD/DO), Physician Assistant (PA), Nurse Practitioner (NP), Registered Nurse (RN), Licensed Practical Nurse (LPN), Licensed Psychologist (LP), Limited Licensed Psychologist (LLP), Temporary Limited Licensed Psychologist (TLLP), Licensed Professional Counselor (LPC), Limited Licensed Counselor (LLC), Licensed

Marriage and Family Therapist (LMFT), Limited Licensed Marriage and Family Therapist (LLMFT), Licensed Masters Social Worker (LMSW), Limited Licensed Masters Social Worker (LLMSW), Licensed Bachelor's Social Worker (LBSW), or Limited Licensed Bachelor's Social Worker (LLBSW); **AND** they have a registered development plan and are timely in its implementation leading to certification **OR** they are functioning under a time limited exception plan approved by the CA as detailed in this document.

OR – An individual who has one of the following Michigan specific (MCBAP) or International Certification & Reciprocity Consortium (IC&RC) credentials:

- Certified Addictions Counselor – Michigan (CAC-M)
- Certified Addictions Counselor – IC&RC (CAC-R)
- Certified Advanced Addiction Counselor – IC&RC (CAAC)
- Certified Criminal Justice Professional – IC&RC (CCJP-R)
- Certified Co-Occurring Disorders Professional – IC&RC (CCDP) – Bachelors level only
- Certified Co-Occurring Disorders Professional Diplomat – IC&RC (CCDP-D) – Masters level only

OR – An individual who has an approved Alternative Certification:

- For medical doctors: American Society of Addiction Medicine (ASAM)
- For psychologists: American Psychological Association (APA)
- Certification through the Upper Midwest Indian Council on Addiction Disorders (UMICAD)

A Physician (MD/DO), Physician Assistant (PA), Nurse Practitioner (NP), Registered Nurse (RN) or Licensed Practical Nurse (LPN) who is not providing treatment services to clients beyond the scope of practice of their licensure are considered to be Specifically Focused Treatment Staff and are not required to obtain the MCBAP credentials. If one of these individuals wanted to provide substance use disorder treatment services to clients, outside the scope of their licensure, then the MCBAP certification requirements would apply.

Substance Abuse Treatment Practitioner (SATP):

An individual who has a registered MCBAP certification development plan that is timely in its implementation **AND** is supervised by an individual with a CCS-M, CCS-R or a registered development plan to obtain the supervisory credential, while completing the requirements of the plan (6000 hours).

Treatment Supervisor:

An individual who has one of the following Michigan specific (MCBAP) or International Certification & Reciprocity Consortium (IC&RC) credentials:

- Certified Clinical Supervisor – Michigan (CCS-M)
- Certified Clinical Supervisor – IC&RC (CCS-R)

OR – An individual who has an approved Alternative Certification:

- For medical doctors: American Society of Addiction Medicine (ASAM)
- For psychologists: American Psychological Association (APA)

OR – An individual who has a registered development plan, for the supervisory credential and is timely in its implementation leading to certification.

V. Other Staff-Related Definitions

Individual Licensure Requirements – Refers to the supervision requirements set forth in the public health code for each category of licensed professions. The licensed individual is responsible for ensuring that he/she is involved in the appropriate supervision as designated by the licensing rules of his/her profession.

Clinical Addiction Services – Those counseling services in substance use disorder treatment that involve individual or group interventions, that have a focus on developing insight into behaviors and developing skills in understanding and changing those behaviors, and that require specially trained and educated clinicians to conduct them. The therapy process is defined as the actions involved in assessment, diagnosis, or treatment of mental, emotional, or behavioral disorders, conditions, addictions, or other bio-psychosocial problems; and may include the involvement of the intra-psychic, intra-personal, or psychosocial dynamics of individuals.

Other Services – Those services in substance use disorder treatment that involve directing, assisting, and teaching skills necessary for recovery from substance use disorders to clients.

Individual/Clinical Supervision – Refers to the intervention that is provided by a senior member of a profession to a junior member or members of the same profession. This service is focused on enhancing the professional functioning of the junior member(s) and monitoring the quality of the professional services offered to clients by the junior member(s).

In Michigan, to provide supervision in the substance use disorder prevention and treatment fields, an individual must have one of the following MCBAP credentials or an established development plan leading to certification in one of the credentials:

- Certified Prevention Consultant – Michigan (CPC-M)
- Certified Prevention Consultant – IC&RC (CPC-R)
- Certified Prevention Specialist – Michigan (CPS-M)

- Certified Prevention Specialist – IC&RC (CPS-R) – **only if credential effective prior to 10-01-2008**
- Certified Health Education Specialist (CHES) through the National Commission for Health Education Credentialing (NCHCEC)
- Certified Clinical Supervisor – Michigan (CCS-M)
- Certified Clinical Supervisor – IC&RC (CCS-R)
- For medical doctors: American Society of Addiction Medicine (ASAM)
- For psychologists: American Psychological Association (APA)

Program Supervision – An administrative function that ensures agency compliance with laws, rules, regulations, policies and procedures that have been established for the provision of substance use disorder prevention and treatment services.

Treatment Billing Codes Based on Qualifications

Prevention billing is maintained by a statewide agreement and data system. All services provided by a SATS or SATP must be performed under appropriate supervision for billing to occur.

Billing Code	Code Description	Substance Abuse Treatment Specialist (SATS)	Substance Abuse Treatment Practitioner (SATP)
H0001	Alcohol and/or drug assessment face-to-face service for the purpose of identifying functional and treatment needs and to formulate the basis for the Individualized Treatment Plan	X	X
H0004	Behavioral health counseling and therapy, per 15 minutes	X	X
H0005	Alcohol and/or drug services; group counseling by a clinician	X	X
H0010	Alcohol and/or drug services; sub-acute detoxification; medically monitored residential detox (ASAM Level III.7-D)	X	X
H0012	Alcohol and/or drug services; sub-acute detoxification; clinically monitored residential detox; non-medical or social detox setting (ASAM Level III.2-D)	X	X
H0014	Alcohol and/or drug services; ambulatory detoxification without extended on-site monitoring (ASAM Level I-D)	X	X
H0015	Alcohol and/or drug services; intensive outpatient (from 9 to 19 hours of structured programming per week based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education	X	X
H0018	Alcohol and/or drug services; short term residential (non-hospital residential treatment program)	X	X
H0019	Alcohol and/or drug services; long-term residential (non-medical, non-acute care in residential treatment program where stay is typically longer than 30 days)	X	X
H0022	Early Intervention	X	X
H2035	Substance abuse treatment services, per hour	X	X
H2036	Substance abuse treatment services, per diem	X	X
T1012	Peer recovery and recovery support *	X	X
90804-	Psychotherapy (individual)	X	

Billing Code	Code Description	Substance Abuse Treatment Specialist (SATS)	Substance Abuse Treatment Practitioner (SATP)
90815		Appropriate licensure may still apply	
90826	Interactive individual psychotherapy	X Appropriate licensure may still apply	
90847	Family psychotherapy	X Appropriate licensure may still apply	
90853	Group psychotherapy	X Appropriate licensure may still apply	
90857	Interactive group psychotherapy	X Appropriate licensure may still apply	
0906	Intensive Outpatient Services – Chemical dependency	X	X

* Specially focused treatment staff may also provide and bill for this service