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Date: February 6, 2004

DDES-BQA-04-005

To: Area Administrators/Assistant Area Administrators
Bureau Directors
County Department of Human Services Directors
County Mental Health Coordinators
Tribal Chairpersons/Human Services Facilitators
Certified Outpatient Psychotherapy Clinics
Community Substance Abuse Service Providers
Hospitals

HOSP 04

From: Dan Zimmerman, Contract Administrator
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Variance for Supervision Requirements for Certified Outpatient Psychotherapy Clinics

Wisconsin Act 80 was published May 1, 2002 and enacted November 1, 2002. The Wisconsin Legislature passed WI Act 80, granting independent, non-supervised license status to individuals practicing psychotherapy who possessed the appropriate credentials. These included: Master's level Social Workers, Professional Counselors, Marriage and Family Therapists, and select Music, Art and Dance Therapists.

Wisconsin Administrative Code HFS 61 governs Wisconsin certified outpatient mental health clinics. Currently s.HFS 61.97 (3) requires psychotherapist staff to be supervised either by a physician (psychiatrist) or a licensed clinical psychologist. The intent of this supervisory requirement is to utilize this form of quality assurance as a means to ensure that clients receive appropriate mental health treatment. Quality improvement systems are essential for achieving this outcome.

The Department hereby grants a statewide variance to s. HFS 61.97(3) in recognition of Act 80 licensure for psychotherapists and to address concerns related to the existing supervision requirements being costly and burdensome for providers. This variance permits “clinical collaboration” in certified outpatient mental health clinic settings. Clinical collaboration is another means to provide a quality improvement system.

Providers electing clinical collaboration in lieu of or in addition to M.D./Ph.D. supervision must demonstrate to the Bureau of Quality Assurance (BQA) surveyor, during site review or other unannounced focused visits, that they have developed and implemented a written policy for clinical collaboration for their licensed psychotherapist staff. Certified outpatient mental health clinics that intend to implement clinical collaboration must notify their program certification specialist in writing to document the timetable for transition. Providers may choose to continue meeting the supervision requirement established in HFS 61.97(3) by utilizing a psychiatrist or licensed clinical psychologist. Providers may also choose to utilize both supervision options in order to meet the unique needs of their various licensed psychotherapist staff members.

The Department has the authority to revoke any variance if, for example, the Department determines that the needs of the patients of a clinic are not being met with continued approval of this variance; or, if the health, safety, or welfare of any patient is jeopardized.

Note: Granting this variance does not constitute granting a variance of a Medical Assistance (Title XIX) requirement. The Bureau of Quality Assurance does not have authority to grant waivers or variances for Medical Assistance rules. Please contact Christine Wolf at (608) 266-9195 for further information about requirements for Medical Assistance.

If you have questions about this variance, please contact your Program Certification Specialist. [Contact phone numbers are attached.](#)

Conditions of Variance to s. HFS 61.97 (3)

1. DEFINITION.

“Clinical collaboration” means clinical staff working together using consultation, supervision, mentoring or peer review by one or more mental health professionals who meet the qualifications listed in section 3. The certified clinic will demonstrate utilization of quality improvement methods to improve the quality of care and treatment. Expected client outcomes include a decrease of psychiatric symptoms and an increase in the client’s level of independent functioning.

2. IMPLEMENTATION OF CLINICAL COLLABORATION (a) Written policy. Each clinic shall develop and implement a written policy for clinical collaboration.

(b) Clinical collaboration between individual clinic staff shall include direct review, assessment and discussion with the staff person about the staff person's delivery of outpatient mental health services.

(c) Clinical collaboration shall be accomplished by one or more of the following means:

1. Individual, face-to-face meetings with staff to review cases, assess performance and give advice;
2. Group staff meetings to review the services being provided to clients, discuss alternative approaches or provide teaching opportunities;
3. Any other professionally recognized method of collaboration, such as review using videotaped sessions or peer review, designed to provide sufficient guidance to ensure that effective services are delivered to the clinic's clients by that staff person.

(d) Minimum hours of clinical collaboration. (1). A staff member providing mental health services who does not have 3,000 hours of supervised clinical experience in the provision of mental health services or who is not qualified under sub. 3.(b) 1. to 4. (see below), shall receive a minimum of one hour of direct, individual clinical consultation for every 30-clock hours of face-to-face mental health services provided.

(2) A staff member who has completed 3,000 hours of supervised clinical experience in the provision of mental health services and who is qualified under sub. 3.(b) 1. to 4. (see below), shall participate in ongoing consultation and collaboration for a minimum of one hour of clinical consultation per month or for every 120 clock hours of face-to-face mental health services provided, whichever is greater.

(e) Additional required hours of clinical collaboration. The clinical director may direct a staff person to participate in additional hours of clinical collaboration beyond the minimum identified in par. (d) in order to ensure that clients of the clinic receive appropriate mental health services. (The clinical director may also direct a staff person be supervised by an M.D. or Ph.D. in addition to their required hours of clinical collaboration.)

(f) Providers of clinical collaboration. Clinical collaboration for individual clinic staff shall be provided by Act 80 licensed psychotherapists. Mental health professionals qualified under sub. 3 (b) 1. to 6 (see below) may also participate.

(g) Documentation. Staff shall document the collaboration by signature and date in regularly maintained clinic records. The names of the persons who participate in the collaboration and the time they spend on collaboration are documented in one or more of the following: the master log, supervisory records, personnel records of staff members who attend the session or review, and patient records.

3. **QUALIFICATIONS OF PROFESSIONAL STAFF.** (a) 1. In this subsection, “supervised clinical experience,” means the professional (master’s prepared) has received one hour of supervision or collaboration per thirty (30) hours of clinical practice. Mental health professionals qualified under par. (b) 1. to 6. that provide collaboration or supervision shall have evidence of 3,000 hours of clinical experience under qualified collaboration or supervision prior to the initiation of collaboration/supervisory functions with other clinical staff.

2. Professional staff identified in par. (b) shall provide clinical services within the limits of their discipline’s scope of practice as defined through state licensure or certification.

(b) A person employed or retained by contract to fill any of the following professional positions shall meet the minimum qualifications listed for that position:

1. Psychiatrists shall be physicians licensed under ch. 448, Stats., to practice medicine and surgery and shall have completed 3 years of residency training in psychiatry in a program approved by the accreditation council for graduate medical education and be either certified or eligible for certification by the American board of psychiatry and neurology.

2. Psychiatric residents shall hold a doctoral degree in medicine and shall have successfully completed 1500 hours of supervised clinical experience, the acceptable completion of which has been documented by the program director of a psychiatric residency program accredited by the accreditation council for graduate medical education.

3. Psychologists shall be licensed under ch. 455, Stats., and shall be listed with the national register of health service providers in psychology, meet the requirements for listing with the national register of health services providers in psychology or have a minimum of one year of supervised post-doctoral clinical experience related directly to the assessment and treatment of clients with mental disorders.

4. Psychology residents shall hold a doctoral degree in psychology meeting the requirements of s. 455.04 (1) (c), Stats., and shall have successfully completed 1500 hours of supervised clinical experience as documented by the Wisconsin psychology examining board.

5. Master’s level clinicians shall be persons with a master's degree and course work in areas directly related to providing mental health services, including clinical psychology, psychology, school or educational psychology, rehabilitation psychology, counseling and guidance, clinical social work, psychiatric nursing, professional counselors, marriage and family therapy, or counseling psychology.

6. Registered nurses, including advanced practice nurse prescribers (APNPs), shall be licensed under ch. 441, Stats., as a registered nurse and shall have had training in psychiatric nursing and at least one year of experience working in a clinical mental health facility.

[Enclosure](#)