



Children's Habilitation Intervention Services Frequently Asked Questions on Supervision for Providers

Question	Answer
Who can provide supervision?	The individual supervising an Evidence Informed intervention specialist must have an equal or higher qualification (an intervention specialist or intervention professional). The individual supervising an Evidence-Based Model intervention specialist must meet the requirements in accordance with their model. This is outlined in each individual provider qualification in rule.
Can anyone meet the requirements of an intervention specialist or intervention professional provide supervision without being an independent provider or employed at a Developmental Disability Agency (DDA)?	Yes. If an individual meets the rule requirements for an intervention specialist or intervention professional, they can provide supervision. Evidence-based Model intervention specialists must ensure they meet the requirements of their model prior to providing supervision. * Providers must document that their supervisor meets the minimum rule requirements to provide supervision.
If an intervention specialist is completing the assessment & clinical treatment plan (ACTP) and implementation plans, does their supervisor also have to meet the requirements of having 10 hours of training and 5 hours of supervised experience?	Yes, rule identifies that the individual who is completing supervision for these staff must ensure that they meet the minimum requirements to also complete assessment and clinical treatment plans and implementation plans.
If an intervention specialist is just completing assessment and clinical treatment plans, do they have to be supervised?	An intervention specialist must be supervised if they are providing any Medicaid reimbursable services. In this situation, since the individual is completing assessment and clinical treatment plans (which is a Medicaid reimbursable service), they must be supervised.
If an intervention specialist is just supervising other staff, do they have to be supervised?	Because this individual is not providing a Medicaid reimbursable service, according to the Children's Habilitation Intervention Services rules, they would not need to be supervised.

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Supervision consists of observation and delivery of directions to the staff. Is providing directions considered training and can that time also count towards the individual's continuing training requirements?	No. Staff need to receive supervision as well as continuing training. These are two separate requirements.
Rule states that supervision is "face to face observation." Does this mean that the child must be present for at least part of the supervision?	Yes. For face-to-face observation to occur, the child must be present.
Because the rule states, "supervision includes both face to face observation and direction..." would this require both of those components to occur back-to-back for supervision to count?	No, observation and direction to the staff can occur separately, at any time, if both occur within the same calendar month.
Does the supervisor have to do everything listed in rule to meet the requirements for supervision? For example, give directions to the staff on developmental and behavioral techniques; and progress measurement; and data collection; and functions of behavior; and generalization of skills?	Supervision must include giving directions to the staff on one or more of the areas that are identified in rule.
If an intervention specialist only provides direct service once a month, do they have to be supervised?	Yes. Rule identifies that individuals who meet the qualification of an intervention specialist or an Evidence-Based Model intervention specialist must be supervised monthly if they are providing a Medicaid reimbursable service.
Can a clinical supervisor with a bachelor's degree who is currently supervising a master's level professional continue to supervise them with the new rules?	Intervention professionals (master's level) do not require supervision under the Children's Habilitation Intervention Services rules.
Can supervision be done remotely?	The method of how supervision can be provided is not identified in rule. Guidelines for supervision are outlined in the Medicaid Handbook. The supervisor and supervisee must ensure that HIPAA compliance is maintained regardless of the supervision delivery method.
Can the direction to the staff component of supervision be done over the phone?	Rules do not prohibit components of supervision from being completed over the phone. If the direction to the staff needs to be provided includes activities such as modeling, those activities must be completed in person. The observation component of supervision must be done in person.
Would there be any situations in which it would be allowable for a child not to be present for supervision?	Yes, when the supervisor is providing directions to the staff. When face-to-face observation occurs, the child must be present.
Does the independent provider have to have a release of information for their supervisor?	Independent providers must follow their Medicaid Provider Agreement which includes ensuring HIPAA requirements.
Can supervision be taped for the observation and then sent to the supervisor for review and then given directions?	Yes, if the format is HIPAA compliant.

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Is the supervisor of an independent intervention specialist only responsible for providing supervision? Or is the supervisor responsible for all the work that the intervention specialist does?	For Evidence-Based Model intervention specialists, the supervisor must ensure they meet their credential/certification requirements with regards to the provision of direct services provided and supervision. For Evidence Informed providers, the independent intervention specialist must ensure that their supervisor meets the minimum rule requirements to provide supervision, that supervision is occurring monthly as required, and that all supporting documentation of supervision is maintained.