

CAMHD SUPERVISING MHP EXCEPTION REQUEST

CURRENT PRACTITIONER INFORMATION

ALL FIELDS REQUIRED

Date of Request		Agency Name	
Practitioner Current Legal First Name		Practitioner Current Legal Last Name	
Current Credentialing Code		Current NPI	
Current Position Title		Servicing Location (Island(s))	

EXCEPTION REQUEST TYPE

A CAMHD Contracted Provider Agency must apply for a Supervising MHP Exception, which will permit the MHP to provide clinical supervision to other MHPs and Paraprofessionals. A Supervising MHP on exception status SHALL NOT function as the Qualified Mental Health Professional (QMHP) responsible for the entire program. Medicaid billing requirements mandate that all programs must be overseen by a QMHP.

Reason for Request	<input type="checkbox"/> Hawaii Licensure Pending (Time limited; not to exceed 2 years)	Anticipated Test Date:		
		<i>Must attach supporting documents A, B, and C below</i>		
	<input type="checkbox"/> Temporary/Unexpected QMHP Vacancy (Time limited with option to extend)	Anticipated Vacancy Duration:		
		<i>Must attach supporting documents A, B, and C below</i>		
	<input type="checkbox"/> Experience Allowance* (Renewable every 2 years upon recredentialing)	<i>Must attach supporting documents A, B, C, and D below</i>		
	*Practitioner has a Master's degree from a nationally accredited university but documentation of supervised clinical practice does not meet current Hawaii licensing requirements.			
	<input type="checkbox"/> Extension	<i>Must attach supporting document E below</i>		
	<input type="checkbox"/> Other	<i>Must attach supporting document A, B, C, and F below</i>		
Supporting Documentation Requirements	A. Document 5 years experience (minimum) in mental health treatment with children/adolescents (can include practicum).			
	B. Provide 3 written references from QMHP level individuals who can attest to the MHPs ability to supervise. This must include a letter from the program QMHP who will provide on-going supervision.			
	C. Documentation and description of the supervisory training received. This may include formal coursework, continuing education workshops/webinars, informal mentoring, etc.			
	D. Practitioner explanation and supporting educational documentation.			
	E. Agency extension explanation letter including updated timelines.			
	F. Explanation of request including reason(s) and anticipated duration of the exception status.			

REQUESTOR

Requested By		Signature	
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1. Once approved by CAMHD, the Supervising MHP must continue to meet the MHP supervision requirements described in the CAMHPS. All supervision shall be documented in the Supervising MHPs supervision file.
2. Submit completed form and supporting documentation to the CAMHD Credentialing Specialist Kat Moratin via email at christina.moratin@doh.hawaii.gov