



CENTER FOR
INTEGRATIVE NEUROSCIENCE

The Career Path Guide

*A different clinical path inside integrated
medical care.*

MICHIGAN • 2026

01 THE ROLE 02 THE LICENSURE PATH 03 SUPERVISION 04 FINDING THE WORK
05 THE WORK ITSELF PRIMARY SOURCES

Written from the primary sources and the Behavioral Health Workforce
Observatory's records. CMS booklet MLN909432 and the Michigan
Administrative Code, checked August 2026. Free, ungated, and yours
either way.

What is this role, and how does it relate to my licensure path?

Many clinicians first encounter the behavioral health care manager role in a job posting with an unfamiliar title, or through someone already working in integrated care. Its absence from a familiar career map does not make the role marginal.

This Guide describes the role as the published model defines it, sets it beside the Michigan licensure path you are probably already on, and is honest about the one question that would matter most to you and that the state has not answered.

WHO THIS IS FOR

- A student or new graduate deciding what to aim at.
- A limited-license clinician accruing hours and weighing a job offer.
- A clinician who saw the title in a posting and could not tell what it was.
- Anyone advising the three people above.

YOU WILL LEAVE KNOWING

- What the role is, and what it is not.
- Where it sits against the Michigan licensure path.
- Which supervision question to settle before you accept anything.
- How to read a posting that uses the title loosely.
- What the work is actually like, on a Tuesday.

HOW TO READ THIS DOCUMENT

Three kinds of line, and the difference is the whole method.

The key first, then what this particular document covers. This Guide is about your career, so where the record is silent it says so rather than reassuring you.

SOLID LINE

A cited public source establishes this.

The source is named where the claim is made, and dated. If you want to check it, you can.

DASHED LINE

This describes what happens today.

Current practice, or your own situation. True as a description, and not asserted as a rule.

DOTTED LINE, ENDING IN ?

The record does not tell us this yet.

Nobody has measured it, or the state has not answered it. A question mark is printed rather than a confident-sounding phrase.

AND WHAT IT COVERS

THIS GUIDE CAN ANSWER

What the role is under the published model, and what the licensure path requires alongside it.

Written from CMS booklet MLN909432 and the Michigan Administrative Code.

THIS GUIDE CANNOT ANSWER

Whether a particular job will count toward your hours, or pay what you need.

The first is unresolved in Michigan, and this Guide says so plainly in section 03. The second is not in any public dataset.

A caseload you follow, not a schedule you fill.

The behavioral health care manager works inside a medical practice, following a panel of patients between their medical visits. The unit of work is the month rather than the session, and the point of the role is that nobody falls out of view.

FIGURE 01

What the role is, and what it is not.

The distinction matters. A posting that mixes these jobs is worth a question.

IT IS

- Following a panel of patients over months.
- Measuring symptoms with a validated tool, and watching the trend.
- Brief interventions appropriate to your role and scope.
- Reaching people who did not come back.
- Bringing the ones who are not improving to the caseload review.

IT IS NOT

- A weekly therapy caseload with a different name.
- Prescribing, or making the medical decisions.
- The psychiatric consultant's job.
- Purely administrative, though it carries real administrative work.
- A role you can do without a registry.

The patient stays with the medical practice. You are part of their team, not the place they were sent.

CENTER FOR INTEGRATIVE NEUROSCIENCE • ROLE PER CMS BOOKLET MLN909432 • CHECKED AUGUST 2026 • [INTEGRATIVE-NEUROSCIENCE.COM/GUIDES/CAREER](https://www.integrative-neuroscience.com/guides/career)

The path you are on, and where this role meets it.

Michigan’s counseling path runs from the degree under R 338.1765, through a limited license under R 338.1772 held while you accrue the supervised practice R 338.1774 requires, to full licensure. The role sits alongside that path rather than inside it, which is exactly why the question in section 03 matters so much.

FIGURE 02

The path, and one unresolved junction.

Solid steps are established by the rules. The dotted junction is the one the state has not answered.

01	The degree	A master’s or doctoral counseling program satisfying R 338.1765.
02	The limited license	R 338.1772. Your professional disclosure statement names your supervising licensed professional counselor, and a separate statement tells the department how that person satisfies R 338.1781(1) and (2).
03	Supervised practice	R 338.1774(1)(c). For a master’s degree, not less than 3,000 hours over not less than two years, with not less than 100 hours of regularly scheduled supervision. For a doctoral degree, 1,500 hours over not less than one year, with 50. Supervision begins on issuance of the limited license and continues until the full license is issued.
04	Examination and full licensure	R 338.1774(1)(d), a passing score on an examination adopted under R 338.1773, then the professional counselor license.
?	Does care-manager work count toward those hours	Unresolved. The Center has found no published guidance answering it in either direction, and section 03 explains what to do about that.

CENTER FOR INTEGRATIVE NEUROSCIENCE • PATH PER MICHIGAN ADMINISTRATIVE CODE R 338.1765, R 338.1772, R 338.1773, AND R 338.1774 • CHECKED AUGUST 2026 • INTEGRATIVE-NEUROSCIENCE.COM/GUIDES/CAREER

Requirements change. Read the current rule and any applicable transition provisions before relying on an earlier version, and read the exact rule that applies to your own step rather than a summary of it, including this one.

03 • SUPERVISION

Settle this before you accept anything.

A limited-license clinician working as a behavioral health care manager may perform counseling-related, care-management, coordination, and administrative work. Whether any of that work counts toward Michigan's required supervised experience remains unresolved.

This is the single most consequential open question in these six documents, because it lands on you rather than on an institution. If you take the job assuming the hours count and they do not, the cost is months of your licensure timeline, and you will find out late.

TWO KINDS OF OVERSIGHT

The psychiatric consultant advises the medical team about the caseload. Your licensure supervisor oversees your professional practice under Michigan requirements. A practice may offer you the first and describe it as supervision.

WHAT TO DO ABOUT IT

Put the question to the Bureau in writing, describing the actual work rather than the job title, and keep the answer with its date. Do not accept a verbal assurance from an employer instead.

If the Bureau declines to interpret the rule, the question stays unresolved. That is not the same as a no, and it is not permission either. It means you decide with the risk visible rather than hidden.

The Center has a legal review of this question underway. When it returns, this section will be updated and the update dated. Until the question is resolved, do not build a licensure timeline that depends on those hours being accepted.

The title is used loosely. Read the duties instead.

Postings say care manager, care coordinator, integrated behavioral health clinician, and half a dozen other things, sometimes for this role and sometimes for work that has nothing to do with it. The duties tell you what it is. So does the answer to a short list of questions.

WORKSHEET

Ten questions before you accept

Ask them in the interview, not after. If an employer cannot answer the first four, the model may not yet be operationally defined, which is worth knowing while you still have a choice.

☐ Is this the Collaborative Care model, or something the practice calls integrated care?

☐ Who is the psychiatric consultant, and how often does the caseload review happen?

☐ What registry do you use, and who maintains it?

☐ Which validated measure, and who is trained on it?

☐ How many patients will be on my panel, and who decides when it grows?

☐ Who is my licensure supervisor, and is that person separate from the psychiatric consultant?

☐ Will you put the supervision arrangement in writing, including who signs for my hours?

☐ Have you asked the Bureau whether this work counts toward supervised experience?

☐ How much of the week is care-management time, and how much is documentation?

☐ Who has done this role here before, and may I speak with them?

Get the supervision answer in writing before you sign, not after you start.

TEN QUESTIONS BEFORE YOU ACCEPT · CENTER FOR INTEGRATIVE NEUROSCIENCE · SOURCES
CHECKED AUGUST 2026

05 · THE WORK ITSELF

What a Tuesday looks like.

The rhythm is unlike a therapy schedule, and people who love one often do not love the other. Knowing which you are is worth more than any salary comparison.

WHAT SUITS THE ROLE

- Short contacts, many of them, across a whole panel.
- Comfort with a measure that tells you the work is not working.
- Persistence with people who do not call back.
- Working inside a medical team's pace and vocabulary.

WHAT PEOPLE FIND HARD

- Less depth per patient than therapy offers.
- Registry and documentation work that never quite ends.
- Being the only mental health voice in a medical room.
- Caseload sizes that can grow faster than the staffing.

It is a distinct role with a skill of its own: seeing a whole population and refusing to lose anyone in it.

What it pays, how large the caseloads run, and how long people stay in the role are not in any public dataset the Center has found. That is the next page.

THE OPEN QUESTION

The public record does not show what this career looks like from the inside.

WHAT IS ESTABLISHED

The role, the model, and the licensure path are published, and this Guide cites them.

WHAT IS NOT MEASURED

Everything a person deciding whether to take the job would most want to know.

What the role pays in Michigan	?
Typical panel size per care manager	?
How long people stay in the role	?
How many limited licensees are doing this work	?
Whether their hours were accepted	?

You may know one of the numbers nobody has.

If you work in this role, left it, trained for it and could not find it, or took it and found the hours did not count, your experience belongs in the record above. The people deciding next year will read it.

Put your experience in the record.

About six minutes. What this career is actually like becomes part of what the field can finally measure.

TELL THE OBSERVATORY WHAT HAPPENED →

integrative-neuroscience.com/research/career

Findings return to respondents before broader publication.
Participation is optional. The Guide is yours whether you answer or not.

NEXT MOVE

You have the role. What comes next depends on where you are.

- | | | |
|---|--|--|
| → | I have an offer in front of me | Work the ten questions, and get the supervision answer in writing before you sign. Section 03 is the one that cannot wait. |
| → | I am already practicing and considering the move | The BHCM Pivot Playbook covers the same role from the other direction: what changes, what it means for your caseload, and what to ask your employer. |
| → | I need a supervisor, or I am being offered one | The Supervisor Eligibility Checker sets out what Michigan requires of a supervisor, which is also your question list for anyone offering. |
| → | I am also considering independent Medicare practice | The Medicare Enrollment Cheat-Sheet covers that separate federal path. It is a different career question, and not a prerequisite for this role. |

PRIMARY SOURCES

Everything above comes from these, and each carries a date.

Public sources only. No agency correspondence appears in this document.
Where the record is silent, this Guide says so rather than filling the gap.

SOURCE	USED FOR	CHECKED
CMS booklet MLN909432	The behavioral health care manager role, the three-role model, and the monthly structure	August 2026
Michigan Administrative Code R 338.1774, Application requirements; licensure by examination law.cornell.edu/regulations/michigan/Mich-Admin-Code-R-338-1774	Steps 03 and 04 of Figure 02: the 3,000 hours over two years with 100 supervision hours, the doctoral alternative, that supervision runs from issuance of the limited license until the full license, and the examination requirement	August 2026
Michigan Administrative Code R 338.1772, Application requirements; limited licenses; disclosure of supervision requirement law.cornell.edu/regulations/michigan/Mich-Admin-Code-R-338-1772	Step 02 of Figure 02, including the statement identifying your supervisor and how that person satisfies R 338.1781(1) and (2)	August 2026
Michigan Administrative Code R 338.1765, Counselor educational training requirements law.cornell.edu/regulations/michigan/Mich-Admin-Code-R-338-1765	Step 01 of Figure 02, the degree requirement	August 2026
Michigan Administrative Code R 338.1781, Requirements to provide counseling supervision law.cornell.edu/regulations/michigan/Mich-Admin-Code-R-338-1781	What a supervisor must satisfy, which is the question list in section 03	August 2026

Requirements change. Read the current rule text and confirm your own position with the Bureau of Professional Licensing before making a career decision on anything here. Found something stale? Write to the correction address below. We will correct the record and date the correction.

COLOPHON

*Independent educational research
and practice guidance, grounded in
primary sources.*

Educational information, not medical, legal, billing, or licensure advice.

Payer and regulatory requirements change; confirm what applies to you with the relevant payer, agency, and compliance advisor. Each publication carries the date its sources were last checked. Do not send protected health information.

AUTHORSHIP

Co-authored by the co-founders of the Center for Integrative Neuroscience, from the primary sources and the Behavioral Health Workforce Observatory's records.

CORRECTIONS

info@integrative-neuroscience.com
integrative-neuroscience.com/sources

FOUR NAMES, FOUR JOBS

Center for Integrative Neuroscience · what the public rules say

Kedge · guided enrollment, in build. A separate company

Behavioral Health Workforce Observatory · what the record cannot show. The Center's research arm

Integral Neuroscience Initiative · evidence carried into public-interest work. A separate nonprofit

CENTER FOR INTEGRATIVE NEUROSCIENCE™ · KEDGE™ IS A MARK OF KEDGE SOFTWARE LLC, A SEPARATE COMPANY ·
INTEGRAL NEUROSCIENCE INITIATIVE IS A SEPARATE NONPROFIT ORGANIZATION · SOURCES CHECKED AUGUST 2026