



Health Care Agency Mental Health and Recovery Services Policies and Procedures	Section Name:	Medi-Cal Managed Care
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	SIGNATURE	DATE APPROVED
Director of Operations Mental Health and Recovery Services	<u>Signature on File</u>	<u>8/11/2023</u>

SUBJECT: Clinical Supervision Requirements

PURPOSE:

To establish procedures for ensuring the required clinical supervision as regulated by the respective governing boards (e.g., Board of Behavioral Sciences; Board of Psychology, etc.) takes place for all Mental Health and Recovery Services (MHRS) County and County Contracted registered/waivered employees, interns and volunteers that deliver direct clinical services that require licensure and/or supervision within the Mental Health Plan (MHP); the Drug Medi-Cal Organized Delivery System (DMC-ODS) and other applicable clinical programs. Direction may include, but is not limited to, being the person directly providing the service, acting as a clinical team leader, direct or functional supervision of service delivery, or approval of client plans.

POLICY:

Clinical supervision is required and shall be provided and documented for all registered or waived MHRS County and County Contracted employees, interns, and volunteers per the regulations of the licensing boards. Clinical supervision shall be obtained from Licensed Mental Health Professionals (LMHP) within the same legal entity. Alcohol and Other Drug (AOD) registered counselors shall be subject to the supervision requirements of their certifying organization. Health Care Agency (HCA) Quality Management Services (QMS) shall track, monitor, audit and instruct the disallowance of claims to ensure compliance with the requirements of clinical supervision.

County LMHP Employees, under qualifying classifications, as specified in section VIII A, whose license is used to authorize the performance of duties and who are designated by the department to provide supervised clinical hours for those classification that are obtaining clinical hours, shall be paid Clinical or Mental Health Supervision Pay as provided for in the applicable Memorandum of Understanding (MOU).

SCOPE:

This policy applies to MHRS County and County Contracted employees, interns and volunteers providing SMHS, DMC-ODS and other applicable clinical services and to the Licensed Mental Health Professionals (LMHP) providing the required clinical supervision for those providers.

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REFERENCES:

[MHSUDS Information Notice No.: 17-040 - Chart Documentation Requirement Clarification](#)

[BHS Clinical Supervision Practice Guidelines](#)

Title 16, California Code of Regulation (CCR) §§ 1870, 1833, 1821, 1387 and 1822

Business and Professions code (BPC) §§ 4996.20(b), 4999.12(m)

FORMS:

MHRS QMS Clinical Supervision Reporting Form (CSRF) (Available from MHRS QMS 714-834-5601)

MHRS Behavioral Health Training Services (BHTS) Clinical Supervisor Agreement (CSA) (Available from BHTS and QMS MCST)

DEFINITIONS:

Registered - an unlicensed person who has completed a master's or doctoral degree program and is registered with the respective licensing board and is accruing hours of supervised professional experience toward licensure.

Registered AOD counselor – an individual who has met the requirements for registration as an AOD counselor by an approved certifying organization (CO) and who is accruing experience toward certification.

Waivered - an unlicensed person or a licensed person recruited from outside California who is issued a waiver by the Department of Health Care Services (DHCS) to provide services requiring a license within specialty Medi-Cal programs.

Supervisee – any pre-licensed registered/waivered, intern or volunteer employed with or providing services to MHRS County or County Contracted program who requires supervision to perform clinical activities per professional board, agency, and/or school regulations.

Legal entity - each MHP and each of the corporations, partnerships, agencies, or individuals providing specialty mental health services under contract with the MHP, except that legal entity does not include individual or group providers, Fee-For-Service/Medi-Cal hospitals or psychiatric nursing facilities (CCR, Title 9, §1840.100). For DMC-ODS, legal entity means each county alcohol and drug department or agency and each of the corporations, sole proprietors, partnerships, agencies, or individual practitioners providing alcohol and drug treatment services under contract with the county alcohol and drug department or agency or with DHCS.

Clinical Supervision - responsibility for, and control of, the quality of mental health and related services provided by the supervisee (Business and Professions Code Sections 4996.20(b), 4999.12(m)). Clinical supervision must be provided by a LMHP who meets all elements of the requirements set forth by the respective licensing boards. Please see Title 16, California Code

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of Regulation (CCR) Sections 1870, 1833, 1821, 1387 and 1822 for specific requirements. It is a planned regular meeting that provides for critical reflection on the clinical issues raised by the supervisee(s).

Clinical Supervisor – is a departmentally designated staff member meeting educational and professional requirements who monitors, evaluates, mentors, and develops specific clinical competencies of the supervisee. In MHRS this is a Licensed Mental Health Professional (LMHP) who is approved to provide clinical supervision as noted in the Procedure section and includes the classifications of Clinical Psychologist II and Behavioral Health Clinician II (7495HP and 7067HP- Healthcare Professional Unit MOU), HCA Service Chief I, HCA Service Chief II and Senior Social Services Supervisor (7130SM, 7131SM and 7068SM-Supervisory Management Unit).

PROCEDURE:

- I. LMHP County employee who meet all elements of the requirements set forth by the respective licensing boards and are eligible to provide clinical supervision as part of their department duties, shall complete a Clinical Supervisor Agreement (CSA) that must be submitted to QMS and Behavioral Health Training Services (BHTS) prior to commencing supervision.
 - A. Requirements to become a new clinical supervisor for county operated programs include:
 1. LMHP completes the CSA.
 2. LMHP obtains two-step approval by their direct supervisor/Service Chief and Program Manager.
 3. LMHP submits the CSA to QMS and BHTS.
- II. Every time a county or contracted LMHP assumes the clinical supervision responsibility of a supervisee, the LMHP shall complete a Clinical Supervision Reporting Form (CSRF) and submit it to the HCA QMS. The LMHP should date and list out the number of supervisees to whom they are providing clinical supervision. The LMHP shall submit a copy of the completed documentation as required by their licensing boards to QMS (e.g., Board of Behavioral Services (BBS) Supervisory Responsibility Statement, Supervision Agreement, Supervisor Self-Assessment Report, etc.).
 - A. The Clinical Supervision Reporting Form (CSRF) shall include:
 1. The name of the registered/waivered supervisee.
 2. The registration type and number of the registered/waivered supervisee.
 3. The date the clinical supervision **began or terminated.**
 4. The name, including degree, of the clinical supervisor.

5. The license type and number of the clinical supervisor.
 6. The signatures of the registered/waivered supervisee and the clinical supervisor.
- B. This form or an abridged version of the form should be submitted any time there is a status change (i.e., separation, name change, change in clinical supervisor, etc.) to maintain accurate record keeping of all clinical supervisors and supervisees.
- III. The following activities may be provided by a supervisee within their scope of practice **only** when under the clinical supervision of a LMHP or eligible AOD supervisor, regardless of whether the registered or waived staff has completed the collection of supervised hours required to sit for the licensing or certification exam:
- A. Provide services
 - B. Approve care or treatment plans
 - C. Act as clinical team leader
 - D. Diagnose a mental health condition
 - E. Conduct a Mental Status Exam (MSE)
 - F. Document medication history
 - G. Assess relevant conditions and psychosocial factors affecting the client's physical and mental health.
- IV. Should any of the services described in III A-G above be provided by a supervisee who is not receiving the required clinical supervision, the provision of the services shall cease immediately, and the situation shall be reported to MHRS QMS (714-834-5601) and to HCA Office of Compliance (714-568-5614) for further evaluation to determine whether services may be subject to recoupment or further actions.
- V. Clinical supervisors (LMHP) must acknowledge they can manage their direct service assignments in addition to providing clinical supervision and may not continue to add supervisees beyond the maximum number agreed upon by their program management.
- VI. The minimum requirements for clinical supervision for the purpose of this Policy and Procedure (not for the purposes of the supervisee collecting the supervision hours required to sit for the licensing or certification exam) are as follows. For detailed requirements specific to each discipline, please refer to the respective board or Certifying Organization.

A. Per the Board of Behavioral Sciences:

1. For registered Associate Clinical Social Worker (ASW): At least one unit of supervision for the first 10 hours of psychotherapy/counseling in any week. One additional unit of supervision required for 10+ hours of psychotherapy/counseling in a given week. After required hours have been accrued, a minimum of one unit of supervision per week for each work setting.
2. For registered Associate Marriage and Family Therapist (AMFT): At least one unit of supervision for the first 10 hours of psychotherapy/counseling in any week. One additional unit of supervision required for 10+ hours of psychotherapy/counseling in a given week. After required hours have been accrued, must be under supervision at all times until issued a license.
3. For registered Associate Professional Clinical Counselors (APCC): At least one unit of supervision for the first 10 hours of psychotherapy/counseling in any week. One additional unit of supervision required for 10+ hours of psychotherapy/counseling in a given week. After required hours have been accrued, must be under supervision at all times until issued a license.

B. Per the Board of Psychology:

1. For registered Psychological Associates or waived psychologists (DHCS Professional Licensing Waiver): At least one (1) hour of direct individual, face-to-face supervision each week. Supervisee must be provided with supervision for 10% of the total time worked each week in order for the hours to meet the licensing requirements. After required hours have been accrued, supervision is still required until licensed.

C. Per DHCS AOD Certifying Organization:

1. Registered AOD counselors shall receive at least the minimum supervision required by the registrant's certifying organization.

VII. Any supervisee shall immediately cease all provision, billing and claiming of services in the event the following occurs.

- A. A supervisee is not receiving the clinical supervision described above on the date of service and there is no properly documented clinical supervision in place.
- B. A supervisee's registration or waiver credential is delinquent and/or has expired.
- C. The LMPH and/or supervisee are required to report the above information to MHRS QMS (714-834-5601) and/or to HCA Office of Compliance (714-568-5614).

VIII. Clinical Supervisor Notes

- A. Supervision must be documented and maintained by the Clinical Supervisor at all times. As part of the County requirement, clinical supervision notes, weekly logs and/or records are subject to review/audit upon request (i.e., Human Resources, QMS, Auditor Controller, Program, etc.). The supervisee must be in clinical/counselor supervision until they become fully licensed/certified.
- B. In the event the County LMHP leaves the position as supervisor prior to the supervisee becoming licensed, the LMHP shall make the supervision notes/records available to the new supervisor as needed for continuity and to account for the proper number of hours gained under each supervisor.
- C. The LMHP supervisor must reference the BHS clinical supervision practice guidelines and adhere to the standards for proper documentation of clinical supervision.

IX. Problem Resolution

- A. A supervisee shall have the opportunity to receive on-going quality clinical/counselor supervision and support until they are licensed/certified. If disagreements between the supervisor and supervisee or complaints about the supervision process arise, the supervisee shall have the option to:
 - 1. Discuss clinical/counselor supervisory concerns directly with the LMHP for a resolution.
 - 2. Contact their direct supervisor, Program Manager, Director, Human Resources, MHRS QMS (714-834-5601) and/or HCA Office of Compliance (714-568-5614) to address their concerns and determine the proper course of action.
 - 3. File a complaint against the LMHP supervisor with the specific discipline, respective board or Certifying Organization.

X. Clinical or Mental Health Supervision Pay Requirements (County Employees ONLY)

- A. County Employees in the classifications of Clinical Psychologist II and Behavioral Health Clinician II (7495HP and 7067HP), HCA Service Chief I, HCA Service Chief II and Senior Social Services Supervisor (7130SM, 7131SM and 7068SM whose license is used to authorize the performance of duties and who are designated by the department to provide supervised clinical hours for those classifications that are obtaining clinical hours, shall be paid *Clinical or Mental Health Supervision Pay*. The LMHP shall code such hours using the Clinical License Services (CLS) pay code. The CLS pay code shall only be coded for the hours dedicated to clinical supervision and that a Clinical Supervisor is certifying as Clinical Supervision Hours for a supervisee. Chart review, consultation, preparation, documentation

review or other activities outside of the regularly scheduled individual and/or group supervision is not eligible to be claimed and coded to CLS. Clinical supervision of interns and volunteers is not eligible for CLS.

- B. Clinical supervision with the supervisee strictly entails the responsibility for, and control of, the quality of mental health and related services provided by the supervisee (Business and Professions code Sections 4996.20(b), 4999.12(m)) and must not account for any administrative and/or operational supervision conducted with the supervisee's direct supervisor (e.g., documentation standards, training, disciplinary, coaching, etc.).
- C. It is also the responsibility of the clinical supervisors' direct supervisor to ensure the LMHP is properly coding claimed hours for clinical supervision on the County timecard accurately. County timecards are subject to periodic audit reviews conducted by the Auditor Controller to ensure coding and payments are appropriate.