

	DIVISION OF CHILD AND FAMILY SERVICES Children's Mental Health
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	<p>RELATED POLICY AND RESEARCH DOCUMENTS</p> <p>DCFS CMH SP-5 Targeted Case Management Policy DCFS CMH SP-4 Documentation Policy DCFS CMH SP-7 Intake Policy DCFS CMH CRR-2 Client’s Rights and Responsibilities Policy DCFS CMH CRR-3 Consent to Treatment Policy DCFS CMH A-4 False Claims Act Policy DCFS CMH CRR-4 Confidentiality Policy DCFS CMH 10.40 Child and Family Teams Policy DCFS Avatar Code Guide</p> <p>DHCFP MEDICAID SERVICES MANUAL</p> <p>MSM 100 MSM 400 MSM 2500 MSM 3300</p> <p>JOINT COMMISSION ACCREDITATION STANDARD SUPERVISION HRM.01.04.01</p> <p>DCFS GLOSSARY OF TERMS: http://dcfs.nv.gov/Policies/CMH/CMH_Policies_and_Procedures/</p>
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I. POLICY

It is the policy of the Division of Child and Family Services (DCFS) to provide quality supervision to ensure high quality mental health services with positive outcomes for children and families, a well-trained, highly skilled and supported workforce, and to develop retention and motivation for the workforce.

The focus of supervision at DCFS is to support best practice standards and system of care values and principles, to monitor compliance with agency policy and applicable regulations and statutes, and to ensure high quality and safe care for children, youth and families.

II. PURPOSE

The purpose of this policy is to provide DCFS staff with a shared framework for understanding and using supervision. The goals of supervision are to promote professional growth and development, protect the welfare of youth and families served by DCFS, support the Division mission, monitor and evaluate DCFS staff performance as well as to help the supervisee develop the ability to self-monitor and be aware of the limits of his or her competence and scope of practice.

DCFS expects supervisory outcomes will include improved practice and service delivery, increased fidelity to best practice standards, and the consistent identification of learning and workforce development needs for DCFS staff, including supervisors and managers.

III. PRACTICE GUIDELINES AND PROCEDURES

A. DCFS staff that provide care and treatment to children, youth and families will participate in regularly scheduled supervision with their supervisor. Supervisorial meetings shall occur at a minimum of one time per month for DCFS staff that have attained permanent State of Nevada employee status and licensure (for direct clinical service providers) and weekly for DCFS staff that have not yet attained permanent employee status or are currently in an approved internship for licensure. At the discretion of the supervisor and/or the request of the DCFS staff, supervision may occur more frequently than the minimum standard.

B. Types of Supervision

1. Clinical Supervision

Clinical supervision is provided by a clinician who is fully licensed in the State of Nevada. The clinical supervisor oversees the activities of DCFS staff providing clinical mental health services pursuant to the Medicaid Services Manual (MSM) 400 regulations and this policy.

Clinical Supervisors have the specific education, experience, training, credentials and licensure to coordinate and oversee an array of mental and behavioral health services. Clinical Supervisors must assure that the mental and/or behavioral health services provided are medically necessary and clinically appropriate. Clinical Supervisors assume professional responsibility for the mental and/or behavioral health services provided. Clinical Supervisors can supervise QMHPs, Qualified Mental Health Associates (QMHA) and Qualified Behavioral Aides (QBA). Clinical Supervisors may also function as Direct Supervisors.

Clinical supervision within DCFS allows for clinical staff to assess, diagnose, counsel, and provide psychotherapeutic, rehabilitation, and care coordination/case management, treatment and/or intervention for youth with serious emotional disturbance (SED) and non-SED youth. The scope of practice for a person qualified in the field of psychiatric mental health also allows DCFS clinical staff to provide educational and consultation services to other community agencies and the public, and to perform related duties and responsibilities as required, including developing, approving, evaluating, and revising a treatment plan, rehabilitation services plan, case management plan, and/or comprehensive treatment plan (all of which are hereinafter referred to as “plan”).

Clinical supervision, as directed by MSM 400, is required for all unlicensed QMHP, QMHP with intern status, QMHA and QBAs. It is not required for fully licensed DCFS staff.

DCFS Clinical Supervisors must assure:

- a. An up to date (within 30 days) case record is maintained on the recipient, using DCFS electronic medical record. This includes ensuring that necessary documents that are in original hard copy are scanned into the record;

- b. A comprehensive mental and/or behavioral health assessment and diagnosis is completed prior to providing mental and/or behavioral health services (with the exception of Crisis Intervention services);
- c. A comprehensive treatment plan and/or rehabilitation plan (Plan) is developed and approved by the clinical supervisor and/or a direct supervisor, who is a QMHP (excluding interns) and follows guidelines set in DCFS CMH SP-4 Documentation Policy (January 2015, update revisions in progress).
- d. Goals and objectives are time specific, measurable (observable), achievable, realistic, time-limited, outcome driven, individualized, progressive and age and developmentally appropriate;
- e. The recipient and their family/person legally responsible or legally responsible individual participate in all aspects of care planning, that the recipient and their family/person legally responsible or legally responsible individual sign the treatment and/or rehabilitation plan(s) and that the recipient and their family/person legally responsible or legally responsible individual receive a copy of the treatment and/or rehabilitation plan(s);
- f. The recipient and their family/ person legally responsible or legally responsible individual acknowledge in writing that they understand their right to select a qualified provider of their choosing;
- g. Only qualified providers provide prescribed services within scope of their practice under state law
- h. Recipients receive mental and/or behavioral health services in a safe and efficient manner.
- i. Ensure the mental and/or behavioral health services provided are medically necessary and clinically appropriate
- j. Ensure DCFS staff has obtained informed consent from the family/person legally responsible or legally responsible individual prior to implementing the plan or prior to implementing any revisions of the plan.
- k. Comply with all Supervision Standards pursuant to MSM 403.2a.

2. Direct Supervision

QMHP or QMHA may function as direct supervisors. Direct supervisors must have the practice specific education, experience, training, credentials, and/or licensure to coordinate an array of mental and/or behavioral health services. Direct supervisors assure servicing providers provide services in compliance with the established treatment/rehabilitation plan(s). Direct supervision is limited to the delivery of services

and does not include treatment and/or rehabilitation plan(s) modification and/or approval. If qualified, direct supervisors may also function as clinical supervisors. Direct supervisors must document the following activities:

- a. Their face-to-face and/or telephonic meetings with clinical supervisors.
 - i. These meetings must occur before treatment begins and periodically thereafter;
 - ii. The documentation regarding this supervision must reflect the content of the training and/or clinical guidance; and
 - iii. This supervision may occur in a group and/or individual settings.
 - b. Their face-to-face and/or telephonic meetings with the servicing provider(s).
 - i. These meetings must occur before treatment/rehabilitation begins and, at a minimum, every 30 days thereafter;
 - ii. The documentation regarding this supervision must reflect the content of the training and/or clinical guidance; and
 - iii. This supervision may occur in group and/or individual settings;
 - c. Assist the clinical supervisor with treatment and/or rehabilitation plan(s) reviews and evaluations.
3. DCFS Clinical Supervisors and Non-DCFS Clinical Supervisors for licensure.

DCFS Children’s Mental Health strives to have clinical staff that is approved as clinical internship supervisors by the various State of Nevada licensing authorities in order to support DCFS staff working to complete their licensure internship hours. It is always the preference of DCFS that approved DCFS clinical internship supervisors are used for this purpose. If a board requires both a primary and a secondary supervisor, DCFS will strive to provide one of those levels, preferably primary. Upon hire, a DCFS staff who is a clinical intern and is seeking clinical supervision hours for purposes of licensure from an approved DCFS clinical internship supervisor must execute a clinical supervision agreement with the approved DCFS clinical supervisor as required by the applicable licensing board and will both supervisor and supervisee will maintain copies for their records.

A clinical supervisor outside DCFS may be permissible in the event there is no approved DCFS clinical internship supervisor available, for secondary supervision when required by the applicable board or when there are extenuating circumstances such as a newly hired DCFS staff that has an ongoing relationship with a non-DCFS clinical internship supervisor with whom they are working to complete his/her clinical licensure internship

hours. In such situations, the DCFS staff shall make this relationship immediately known to his/her DCFS clinical supervisor if he/she wishes to continue this professional relationship. The DCFS clinical supervisor will notify the Clinical Program Manager II of this arrangement and the CPM II will have final approval.

The authority and scope of the non-DCFS clinical supervisor shall not supersede that of the assigned DCFS clinical supervisor who is ultimately responsible for oversight of the DCFS staff member's work with children and families, including all casework and administrative activities, as well as any additional duties as assigned.

4. Targeted Case Management (TCM) Supervision

Supervision for providers of targeted case management services is provided by either a Licensed Clinician, a Qualified Mental Health Professional (QMHP) or a Qualified Mental Health Associate (QMHA) who oversees the activities of DCFS staff providing TCM services pursuant to the Medicaid Services Manual (MSM) 2500 regulations and the DCFS CMH SP-5 Targeted Case Management Policy (January 2015). Although a TCM provider in DCFS may be receiving direct supervision from a QMHA, the QMHA and the program is supervised by a QMHP or Licensed Clinician.

TCM supervisors shall:

- a. Ensure a recommendation for TCM has been made by a QMHP or licensed clinician;
- b. Ensure the TCM services provided are medically necessary and appropriate;
- c. Ensure the Targeted Case Management Assessment (TCMA) has been completed before a plan is developed;
- d. Ensure a plan is developed and approved before services are provided;
- e. Ensure goals and objectives on the plan are time specific, measurable, achievable, realistic, time-limited, outcome driven, individualized, progressive, and age and developmentally appropriate;
- f. Ensure that informed consent from the family/person legally responsible or legally responsible individual prior to implementing the plan and/or prior to implementing any revisions of the plan (Please refer to the DCFS CMH CRR-3 Consent to Treatment Policy, January 2015);
- g. Ensure referrals and linkages are appropriate to address the youth's service needs and are related to goals on the service plan;
- h. Ensure services are monitored for their effectiveness;
- i. Ensure the youth, if developmentally appropriate, and family/person legally responsible or legally responsible individual participate in all aspects of care planning; ensure that the plan of care adheres to system of care values and principles; and ensure that the family/person legally responsible or legally responsible individual and youth sign the plan, and receive a copy of the plan;
- j. Ensure that progress notes are written according DCFS CMH SP-5 TCM Policy (January 2015) and DCFS CMH SP-4 Documentation Policy (January 2015) and are tied to the goals in the plan;

- k. Ensure the child, youth and families receive services in a safe, efficient, and ethical manner.

5. Supervision of licensed DCFS clinicians

Licensed DCFS clinicians providing direct services will participate in individual supervision with their DCFS supervisor at twice a month.

6. Administrative supervision

Administrative supervision is typically focused on adherence to policies and procedures, federal and state regulations, various applicable statutes, attendance, work allocation, and workplace issues for the purpose of ensuring public accountability. Frequently, administrative supervision occurs during staff meetings facilitated by the supervisor but is also likely to occur during individual supervision meetings.

Administrative supervision includes:

- a. Guiding and educating DCFS staff with regard to work related issues that frame the Division's mission and work with children and families;
- b. Monitoring DCFS staff record keeping, documentation, policy and regulatory compliance, caseload management, and resolution of ethical issues and dilemmas;
- c. Guiding and supporting DCFS staff in professional and collegial team building and collaboration across all CMH programs and functions;
- d. Ensuring that mandatory and program directed trainings are completed and up to date.
- e. Per the Division's federally approved Cost Allocation Plan (CAP) verify accuracy of reports and time sheets submitted by DCFS staff and sign the 100% time sheet confirming all hours worked have been entered into the electronic record and that the time study balances with the time sheet showing total hours work;
- f. Timely and accurate dissemination of information to DCFS staff regarding Division directives, policies and procedures, Avatar Business Processes, state and federal regulations and statutory requirements and any other relevant information which impacts the services DCFS staff provides;
- g. Review Employee Development Reports (i.e., Performance Evaluations) pursuant to NAC 284.470, § 474, and § 478;
- h. Review all requests for release of confidential information regarding court proceedings pursuant to the DCFS CMH CRR-4 Confidentiality Policy (January 2015), Section III, B, 4, e.;
- i. Ensuring all DCFS CMH staff under the supervisor's authority, complies with the requirements of mandated reporting pursuant NRS 432B.220 and DCFS policy.

There are several methods by which supervision may occur. They include:

- a. Individual Supervision

Individual supervision is provided in regularly scheduled supervisory meetings between the supervisor and the supervisee. These meetings may be conducted face-to-face, through videoconferencing, or telephonically between a supervisor and supervisee. Individual supervision focuses on the professional development, and competency of the supervisee. Although individual supervision focuses on issues related to practice and staff development, some administrative functions may be addressed as well.

Individual supervision also includes ad hoc meetings such as when DCFS staff must consult with a supervisor for direction, guidance, or feedback regarding an unanticipated youth event outside of a regularly scheduled individual supervision meeting.

Individual supervision may also include direct observation of the supervisee's practice methods by the supervisor during which or after which the supervisor provides feedback regarding skills, performance and expectations directly related to the supervisee's job duties. Direct observation may include the supervisor reviewing videotaped staff/youth helping interactions or observing the live staff/youth interactions through a one-way mirror or by joining the session or meeting between the DCFS staff member and the youth and/or direct observation of the staff's work processes and conduct and method in completing these tasks.

Typical and expected supervisory issues that are explored and discussed during individual supervision meetings between professional children's mental health staff include assessment and diagnosis and/or methods of assessment and diagnosis of a youth and family and/or assessment of service needs, activities related to referral, linkage and monitoring of services and/or treatments and interventions, transference and countertransference, helping strategies and practice frameworks, etc. Progress notes and/or case management documentation should be reviewed regularly by the supervisor and discussed in supervisory meetings, including outcomes and corrective actions as a result of youth record reviews/audits.

Individual supervision sessions shall occur at least twice a month but may occur more frequently based on the education and licensing status of supervisee, at the discretion of the supervisor to support and address staff development needs, monitor high risk cases, to ensure child safety, and to monitor projects and work deliverables of high priority in the Division, or at the request of the supervisee. Probationary employees and clinical interns shall participate in individual supervision meetings at least weekly or at a higher frequency directed by the applicable licensing board.

b. Group Supervision

Group supervision may be used as a complement to individual supervision. Group supervision provides many advantages to both the supervisee and supervisor, including:

- i. Vicarious learning about a broader range of youth and situations than the supervisee could gain in individual supervision meetings;
- ii. Efficient use of organizational time, fiscal resources, and expertise;
- iii. Providing the supervisor with a more comprehensive picture of the supervisee for evaluation; and,
- iv. Provision of diverse feedback for the supervisee from their peers and from the supervisor.

c. Peer Supervision

Peer supervision is facilitated by peer colleagues, although the supervisor is typically present functioning as a peer. Peer supervision consists of members taking turns presenting a case or topic, written summaries with suggested questions or issues for exploration, diagnostic exercises and discussions, video clips, etc. while the remaining members become peer consultants, modeling mutual respect and support for the presenter.

7. Documentation of Supervision

Supervision should be documented. Supervisors and supervisees shall document supervision meetings using codes outlined in the Avatar code guide. The supervisor will also keep an individual file for each supervisee in order to document and confirm the supervision session using the following method:

- a. Written supervision notes, accessible to both the supervisor and supervisee
- b. Written supervision notes shall reflect one or more of the following:
 - 1) Date
 - 2) Employee strengths and needs, including areas for further development;
 - 3) Content of supervisory guidance and directives on specific cases or issues;
 - 4) Supervisor and supervisee feedback;
 - 5) Updates on projects and training; and,
 - 6) Review and assessment of time management, caseload assignments and/or tasks, and productivity standards.

All individual supervision files kept by the supervisor are available to the supervisee for review upon request. It is the responsibility of the supervisor to ensure these files are kept locked and secure at all times. At no time will the checklists or other personnel information be shared with auditors or other external reviewers.

8. Supervisory Quality Assurance and Quality Improvement:

Supervisory and quality oversight and monitoring of services is required to confirm compliance with this policy and to ensure improved child and family

outcomes and well-being. Supervisors are responsible for providing oversight of DCFS staff to ensure competency-based practice and compliance with all DCFS practice standards at all times. This is accomplished by:

- a. Youth Record Reviews (applicable to all direct service/care supervisors)
 - 1) The supervisors of direct service/care staff will ensure that youth records are consistent with current Medicaid documentation standards.
 - 2) Supervisors should participate in the regularly scheduled chart audits completed by PEU and review the findings with their supervisee. The supervisor is responsible for ensuring all corrective action directed is completed accurately and timely.

- b. Oversight of programs by the Planning and Evaluation Unit (PEU)
 - 1) PEU shall develop quality assurance (QA) protocols and tools with which to routinely review children's mental health records in order to confirm documentation and service standards are met as set forth in this policy (pursuant to Children's Mental Health, Performance and Quality Improvement Policy A-7).
 - 2) Utilizing criteria set forth by MSM 400, MSM 2500, and supervisors, PEU shall analyze the data from youth record reviews in order to identify strengths and areas for improvement. PEU will provide a summary of findings and recommendations annually in a written format to the DCFS Deputy Administrators and Administrator.