

# Clinical Supervision Requirements

AUTHORITY & QUALITY IMPROVEMENT SERVICES

# Who does it involve?

2

- ▶ All registered/waivered employees, interns and volunteers of Adult and Older Adult Behavioral Health Services (AOABH), Children and Youth Prevention Behavioral Health Services (CYPBH), and Drug Medi-Cal Organized Delivery System (DMC-ODS)
- ▶ All Licensed Mental Health Professionals (LMHP) providing the required clinical supervision



# What are the requirements?

- ▶ Mandated clinical supervision shall be provided and documented for **ALL** registered/waivered staff
- ▶ Any registered/waivered employee, intern or volunteer not receiving the required clinical supervision on the date of service is **prohibited** from providing and billing for services
- ▶ Any interns or trainees under the supervision of a registered/waivered employee, intern or volunteer who is not receiving the required clinical supervision on the date of service is **prohibited** from providing and billing for services
- ▶ Clinical supervisors must understand and accept the full responsibility as outlined by the board per the governing authorities

# Why?

- ▶ Per MHSUDS Information Notice No.: 17-040
  - ▶ Registered/waivered mental health professionals may only direct services under the supervision of a Licensed Mental Health Professional (LMHP) in accordance with applicable laws and regulations governing the registration or waiver (Cal. Code Regs., tit. 9 section 1840.314 (e)(1)(F))



# Why? continued

- ▶ Per MHSUDS Information Notice No.: 17-040
  - ▶ 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.
  - ▶ The following activities may be provided by a registered/waivered staff only when under the clinical supervision of a Licensed Mental Health Professional (LMHP), regardless of whether or not the registered/waivered staff has completed the collection of supervised hours required to sit for the licensing exam:
    - ▶ Provide services
    - ▶ Approve care plans
    - ▶ Act as clinical team leader
    - ▶ Diagnose
    - ▶ Conduct an MSE
    - ▶ Capture medication history
    - ▶ Assess relevant conditions and psychosocial factors affecting the client's physical and mental health



# Why? continued

- ▶ Per MHSUDS Information Notice No.: 17-040
  - ▶ The licensed professional directing service assumes ultimate responsibility for the SMHS provided (State Plan, Section 3, Supplement 3 to Attachment 3.1-A, page 2b; Cal. Code Regs., tit. 9 Section 1840.314 (e)(2))
- ▶ Per the California Board of Behavioral Sciences (BBS)
  - ▶ Clinical supervisor “shall ensure that the extent, kind, and quality of clinical social work/counseling performed is consistent with the education, training, and experience of the associate/trainee.”
  - ▶ Clinical supervisor attests that he/she “understands the responsibilities regarding clinical supervision, including the supervisor’s responsibility to perform ongoing assessments of the supervisee” upon commencing clinical supervision.

# Why? continued

7

| License type   | While accruing hours  | After required hours have been accrued   |
|----------------|---|--|
| LCSW/LMFT/LPCC | At least 1 hour of direct supervisor contact each week for which experience is credited in each setting. 1 additional hour of direct supervisor contact is required for 10+ hours of direct clinical counseling in a week in any setting. | A minimum of 1 hour of direct supervisor contact per week for each work setting. |
| Psychologist   | At least 1 hour of direct individual supervision each week. Must be provided with supervision for 10% of the total time worked each week.   | Supervision is still required until licensed.                                    |

\*For more detailed requirements, please refer to respective licensing boards.

- Termination of clinical supervision should be upon supervisee getting licensed



# What to Submit to AQIS

8

- ▶ Upon commencement
  - ▶ Clinical Supervision Reporting Form
  - ▶ A copy of the BBS Responsibility Statement for Supervisors
- ▶ Upon termination
  - ▶ Clinical Supervision Reporting Form

\*Please contact AQIS for the current version of the Clinical Supervision Reporting Form.



# How?

9

## The workflow - Clinic

A registered/waivered staff or intern hired & assigned to a clinical supervisor

Clinical supervisor completes a Clinical Supervision Reporting Form

Clinical supervisor submits form and a copy of BBS Responsibility Statement for Supervisors to AQIS

When clinical supervision terminates, clinical supervisor completes another Clinical Supervision Reporting Form


Clinical supervisor submits form to AQIS via email or fax

# How?

## The workflow - Clinic

1. Form Type
  - a) Select "New" or "Information Update"
2. Registered/Waivered Supervisee Information
  - a) Select County or Contract
  - b) Select AOABH or CYPBH
  - c) Select DMC-ODC, if applicable
  - d) Complete the rest in full
3. Clinical Supervisor Information
  - a) Complete the section in full
4. Supervision Term
  - a) Start Date: enter the date supervision commenced
  - b) End Date: enter the date supervision terminated \*End Date is to be completed only if supervision terminated. Otherwise, please leave blank.
  - c) Reason for Termination: Select reason and provide additional info as appropriate

10

 Behavioral Health Services  
Authority and Quality Improvement Services

### Clinical Supervision Reporting Form

**Form Type**  
☐ NEW ☐ INFORMATION UPDATE \*Any changes (e.g., name, registration #, supervision status, etc.) must be immediately reported to AQIS.

**Registered/Waivered Supervisee Information** (select all that apply)  
☐ County Employee ☐ Adult and Older Adult Behavioral Health Services [AOABH]  
or ☐ Children and Youth Prevention Behavioral Health Services [CYPBH]  
☐ Contract Employee ☐ Drug Medi-Cal Organized Delivery System [DMC-ODS]

Name: \_\_\_\_\_  
Registration Type:  Select Registration Type Registration #: \_\_\_\_\_  
DHCS Professional Licensing Waiver (Registered/Waivered Psychologist ONLY) ☐ YES ☐ NO  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Program/Clinic: \_\_\_\_\_  
Service Chief/Program Director: \_\_\_\_\_

**Clinical Supervisor Information**  
Name: \_\_\_\_\_  
License Type:  Select License Type License #: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Program/Clinic: \_\_\_\_\_  
Service Chief/Program Director: \_\_\_\_\_

**Supervision Term**  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
If terminating clinical supervision, complete this section:  
Reason for termination:  Select From Dropdown  
• If changing clinical supervisor, additionally submit required document(s) for new clinical supervisor  
• If licensed, date of promotion per HR: \_\_\_\_\_  
• If terminating employment, date of termination: \_\_\_\_\_  
• If other, please specify: \_\_\_\_\_

| License type   | While accruing hours  | After required hours have been accrued   |
|----------------|---|--|
| LCSW/LMFT/LPCC | At least 1 hour of direct supervisor contact each week for which experience is credited in each setting. 1 additional hour of direct supervisor contact is required for 10+ hours of direct clinical counseling in a week in any setting. | A minimum of 1 hour of direct supervisor contact per week for each work setting. |
| PSYCHOLOGIST   | At least 1 hour of direct individual supervision each week. Must be provided with supervision for 10% of the total time worked each week.   | Supervision is still required until licensed.                                    |

\*For more detailed requirements, please refer to respective Boards.

I certify that I understand the responsibilities regarding clinical supervision and that the clinical supervision provided meets the requirements as specified by the Board. I attest that the information submitted on this form is true and correct:

Registered/Waivered Supervisee Signature \_\_\_\_\_ Date \_\_\_\_\_  
Licensed Clinical Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Please complete in full and submit to: [AQISManagedCare@oehhs.com](mailto:AQISManagedCare@oehhs.com). For questions, please contact AQIS main line: 714-834-5601.  
AQIS AOABH Support Team (Revised 9.25.19)




# How?

## The workflow - Clinic

5. Signatures
  - a) Both supervisee and supervisor must sign and date
6. Once completed in full, submit the form to [AQISManagedCare@ochca.com](mailto:AQISManagedCare@ochca.com)

11



Behavioral Health Services  
Authority and Quality Improvement Services

Clinical Supervision Reporting Form

**Form Type**  
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**Registered/Waivered Supervisee Information** (select all that apply)  
☐ County Employee ☐ Adult and Older Adult Behavioral Health Services [AOABH]  
or ☐ Children and Youth Prevention Behavioral Health Services [CYPBH]  
☐ Contract Employee ☐ Drug Medi-Cal Organized Delivery System [DMC-ODS]

Name:

Registration Type:  Select Registration Type Registration #:

DHCS Professional Licensing Waiver (Registered/Waivered Psychologist ONLY) ☐ YES ☐ NO

Phone:  Email:

Program/Clinic:

Service Chief/Program Director:

**Clinical Supervisor Information**

Name:

License Type:  Select License Type License #:

Phone:  Email:

Program/Clinic:

Service Chief/Program Director:

**Supervision Term**

Start Date:  End Date:

**If terminating clinical supervision, complete this section:**

Reason for termination:  Select From Dropdown

- If changing clinical supervisor, additionally submit required document(s) for new clinical supervisor
- If licensed, date of promotion per HR:
- If terminating employment, date of termination:
- If other, please specify:

| License type   | While accruing hours  | After required hours have been accrued   |
|----------------|---|--|
| LCSW/LMFT/LPCC | At least 1 hour of direct supervisor contact each week for which experience is credited in each setting. 1 additional hour of direct supervisor contact is required for 10+ hours of direct clinical counseling in a week in any setting. | A minimum of 1 hour of direct supervisor contact per week for each work setting. |
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\*For more detailed requirements, please refer to respective Boards.

I certify that I understand the responsibilities regarding clinical supervision and that the clinical supervision provided meets the requirements as specified by the Board. I attest that the information submitted on this form is true and correct:

Registered/Waivered Supervisee Signature

Date

Licensed Clinical Supervisor Signature

Date

\*Please complete in full and submit to: [AQISManagedCare@ochca.com](mailto:AQISManagedCare@ochca.com). For questions, please contact AQIS main line: 714-834-5601.

AQIS AOABH Support Team (Revised 9.25.19)

# How?

12

## The workflow - AQIS

AQIS receives via email or fax the Clinical Supervision Reporting Form and a copy of the BBS Responsibility Statement for Supervisors

AQIS saves and tracks clinical supervision status for all registered/waivered staff

AQIS conducts periodic reviews to verify clinical supervision status and follow up as needed

AQIS Audit Team identifies and verifies clinical supervision status of providers in each audit

If provider is found to be NOT receiving required clinical supervision on the date of service: AQIS further investigates and follows up to ensure compliance and accurate billing



# P&P

13

- ▶ Available on HCA website

<http://www.ocalthinfo.com/civicax/filebank/blobdload.aspx?BlobID=89535>

# Important Reminders

14

- ▶ Clinical supervision does not end when the registered/waivered staff has collected all their required clinical supervision hours – clinical supervision is ongoing for as long as the individual is functioning in the registered/waivered role
- ▶ Clinical Supervisor is out of the office – the expectation is that all efforts are made to provide Clinical Supervision to the supervisee. If this cannot occur, the supervisee can continue to provide and bill for services. However, the supervisee should not record that they had supervision for their BBS hours
- ▶ AQIS Clinical Supervision Reporting Form
  - ▶ All fields are to be completed
  - ▶ Start and End Date should NOT be future dated
  - ▶ To be submitted any time there is a change to clinical supervision status



# Questions?

15

- ▶ AQIS Main Line
  - ▶ 714-834-5601
- ▶ AQIS Quality Assurance & Quality Improvement Division
  - ▶ Division Manager: Kelly K. Sabet, LCSW, CHC
  - ▶ AOABH: Kelly K. Sabet, LCSW, CHC covering
  - ▶ CYPBH: BlancaRosa Craig, LMFT, AMII
  - ▶ DMC-ODS: Azahar Lopez, PsyD., AMII
- ▶ AQIS Clinical Supervision Requirements Lead:
  - ▶ Elaine Estrada, LCSW Managed Care Support Team
  - ▶ Email: [EEstrada@ochca.com](mailto:EEstrada@ochca.com)

\*Helpful resources also available at:

<http://www.ochhealthinfo.com/bhs/about/aqis/aoabh/downloads>