	DIVISION OF CHILD AND FAMILY SERVICES Children's Mental Health
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REFERENCES:	**FEDERAL STATUTES AND REGULATIONS** 42 CFR § 431.51 (Freedom of Choice) 45 CFR 164.508 (HIPAA) **NEVADA REVISED STATUTES (NRS)** NRS 432B NRS 433 NRS 433A NRS 433B NRS 629 **NEVADA ADMINISTRATIVE CODE (NAC)** NAC 284 NAC 641 NAC 641 A NAC 641 B **RELATED POLICY AND RESEARCH DOCUMENTS** DCFS CMH Targeted Case Management Policy DCFS CMH Documentation Policy DCFS CMH Intake Policy DCFS CMH Client's Rights and Responsibilities Policy DCFS CMH Consent to Treatment Policy DCFS CMH False Claims Act Policy DCFS CMH Confidentiality Policy DCFS CMH Child and Family Teams Policy DCFS Avatar Code Guide **DHCFP MEDICAID SERVICES MANUAL** MSM 100 MSM 400 MSM 2500

	MSM 3300 **JOINT COMMISSION ACCREDITATION STANDARD** SUPERVISION HRM.01.04.01 **COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES STANDARDS** PROGRAM/SERVICE STRUCTURE STANDARDS 2.A **DCFS GLOSSARY OF TERMS**

I. POLICY

The Division of Child and Family Services (DCFS) provides quality supervision that promotes positive mental health outcomes for children, youth, and families, while fostering a well-trained, motivated, and stable workforce. Supervision focuses on upholding best practice standards and System of Care Core Values and Principles, monitoring adherence to policy and regulations, and guaranteeing safe, high-quality care.

II. PURPOSE

This policy establishes a shared framework, understanding, and application for DCFS staff supervision. Supervision is designed to cultivate professional growth and development, protect the well-being of children, youth, and families served by DCFS, and advance the Division's mission. Supervision includes supporting and evaluating staff performance and empowering supervisees to develop self-monitoring skills and recognize their professional strengths and needs. Effective supervision will lead to enhanced practice and service delivery, greater fidelity to best practice standards, and the consistent identification of learning and workforce development requirements for all DCFS Children's Mental Health staff.

III. PRACTICE GUIDELINES AND PROCEDURES

A. DCFS Children's Mental Health staff will participate in regularly scheduled supervision with their DCFS supervisor. Supervision meetings shall occur:

- At a minimum of one time per month for non-clinical staff that have attained permanent status in their current position;
- At a minimum of one time per month for DCFS clinical staff that are fully licensed;
- Weekly for any DCFS staff that have not yet attained permanent status in their current position, regardless of role or licensure status;
- Weekly for clinical interns. This supervision must be provided by the intern's board-approved supervisor(s), in accordance with supervision guidelines and standards prescribed by the intern's board; and,
- At least biweekly for clinical interns with their DCFS administrative supervisor, if they are not their clinical supervisor, even after obtaining permanent status in their current position until fully licensed.

Supervision may occur more frequently than the minimum standard, at the discretion of the supervisor and/or the request of the supervisee.

A. Types of Supervision

1. Clinical supervision

Quality clinical supervision is an essential part of all clinical programs that enhances the quality of care for youth and families and supports professional development and growth.

The clinical supervisor oversees the activities of DCFS staff providing clinical behavioral health services and clinical supervision is intended to be rendered on-site. Clinical supervisors have specific education, experience, training, credentials and licensure to coordinate and oversee an array of behavioral health services.

Clinical supervisors are accountable for all services delivered and must be available to consult with clinical staff related to delivery of service, at the time the service is delivered.

Licensed Clinical Social Workers (LCSW), Licensed Marriage and Family Therapist (LMFT), Licensed Clinical Professional Counselors (LCPC), and Licensed Psychologists, operating within the scope of their practice under state law, may function as clinical supervisors in DCFS.

Documented oversight by a clinical supervisor is necessary to ensure the behavioral health services provided are medically necessary and clinically appropriate.

Clinical supervision includes the ongoing evaluation and monitoring of the quality and effectiveness of the services provided in adherence to ethical standards and professional values set forth by state licensure, certification, and best practice.

Clinical Supervisors must ensure:

- 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 in the original hard copy are scanned into the record.
- A comprehensive mental and/or behavioral health assessment and diagnosis is completed prior to providing mental and/or behavioral health services (except for crisis intervention and residential treatment services).
- The plan(s) 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 Documentation Policy.
- Goals and objectives are time specific, measurable (observable), achievable, realistic, time-limited, outcome driven, individualized, progressive and age and developmentally appropriate.

- The recipient and legal guardian participate in all aspects of care planning, sign the plan(s), and receive a copy of the plan(s).
- The recipient and legal guardian acknowledge in writing that they understand their right to select a qualified provider of their choosing.
- Only qualified providers provide prescribed services within the scope of their practice under state law.
- Recipients receive mental and/or behavioral health services in a safe and efficient manner.
- The mental and/or behavioral health services provided are medically necessary and clinically appropriate.
- DCFS staff has obtained informed consent from the legal guardian prior to implementing the plan or prior to implementing any revisions of the plan.
- Comply with all Supervision Standards pursuant to MSM 400.

2. Clinical supervision of interns for licensure
   Clinical intern supervisors may be either DCFS staff or individuals outside of DCFS approved to supervise interns through their licensing board in Nevada. DCFS staff are not required to hold a supervisor or manager position in DCFS to serve this role if they are approved by their board to do so.

   DCFS Children's Mental Health strives to have clinical staff that are approved as clinical intern supervisors by the various State of Nevada licensing boards to support staff working to complete their licensure internship hours. DCFS will maintain a current list of board-approved intern supervisors per discipline and will provide a complete list to any staff that need to obtain a clinical supervisor. Cross-program supervision is available and encouraged as it can provide an intern with a range of clinical perspectives, approaches, and opportunities. Cross-program supervision supports DCFS' ability to provide supervision to interns in programs that may not have an approved clinical supervisor available in a discipline required for an intern in that program.

   It is the responsibility of the staff seeking licensure to secure and maintain a clinical supervisor and their internship status with their respective board.

   The contractual relationship between the clinical intern supervisor and the clinical intern is governed by the individual licensing boards, in accordance with NRS and independent of DCFS. DCFS will comply with board requirements allowing for access to documentation, on-site access, and supervision as required by the licensing board, when the clinical intern supervisor is at a different DCFS location or is outside of DCFS. The clinical intern supervisor and the DCFS clinical supervisor will work collaboratively and discuss clinical concerns as they arise to best support the clinical intern.

DCFS staff serving as the clinical intern supervisor within their work duties and hours cannot charge a fee, barter an exchange, or have any financial gain from this activity.

It is the responsibility of both the clinical intern supervisor and the intern to notify one another if there are changes that are needed to their contract agreement. If a DCFS clinical intern supervisor leaves DCFS employment, the clinical intern supervisor and the intern will decide if they will continue the supervisory relationship, making any necessary changes with their licensing board. Should the determination be made to continue the supervisory relationship, contract agreements will be adjusted to reflect the role of a supervisor outside of DCFS as described above.

It is the responsibility of the clinical intern to notify their DCFS supervisor of any changes in their supervision or intern status within 72 hours of the change. The Deputy Administrator over Children's Mental Health must be notified should changes impact the intern's ability to provide behavioral health services.

3. Direct Supervision
   Qualified Mental Health Professional (QMHP) or Qualified Mental Health Associate (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 ensure servicing providers provide services in compliance with the established plan(s). Direct supervision is limited to the delivery of services and does not include plan(s) modification and/or approval. If qualified, direct supervisors may also function as clinical supervisors.

   Direct supervisors must document the following activities:
   - Face-to-face and/or telephonic meetings with clinical supervisors;
   - The content of the training and/or clinical guidance; and
   - Face-to-face and/or telephonic meetings with the servicing provider(s).

   These meetings must occur before treatment/rehabilitation begins and, at a minimum, every 30 days thereafter.

   The documentation regarding this supervision must reflect the content of the training and/or clinical guidance.

   This supervision may occur in group and/or individual settings.

   The direct supervisor will assist the clinical supervisor with treatment plan(s) reviews and evaluations.

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

   TCM supervisors shall ensure the following:
   - A recommendation for TCM has been made by a QMHP or Licensed Clinician;
   - Determination of eligibility;
   - The TCM services provided are medically necessary and appropriate;
   - A care plan is developed and approved before services are provided;
   - Goals and objectives on the plan are time specific, measurable, achievable, realistic, time-limited, outcome driven, individualized, progressive, and age and developmentally appropriate;
   - Informed consent from the legal guardian has been obtained prior to implementing the plan and/or prior to implementing any revisions of the plan (Please refer to the DCFS Consent to Treatment Policy);
   - Referrals and linkages are appropriate to address the child or youth's service needs and are related to goals on the plan;
   - Services are monitored for their effectiveness;
   - The child or youth, if developmentally appropriate, and legal guardian participate in all aspects of care planning;
   - The plan of care adheres to System of Care Core Values and Principles;
   - The legal guardian and youth sign the plan, and receive a copy of the plan;
   - Progress notes are written according to DCFS CMH Targeted Case Management Policy and DCFS CMH Documentation Policy and are tied to the goals in the plan; and,
   - The child, youth and families receive services in a safe, efficient, and ethical manner.

5. Commission on Accreditation of Rehabilitation Facilities (CARF) and Joint Commission accredited program supervision
   Supervision must be ongoing and documented; including the provision of feedback that enhances knowledge and/or skills in appropriate areas as defined by the standards. A supervision form will be utilized for this purpose.

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 and/or manager(s) but is also likely to occur during individual supervision meetings.

Administrative supervision includes:

- Guiding and educating DCFS staff about work related issues that frame the Division's mission and work with children, youth and families;
- Monitoring DCFS staff record keeping, documentation, policy and regulatory compliance, caseload management, and resolution of ethical issues and dilemmas;
- Guiding and supporting DCFS staff in professional and collegial team building and collaboration across all CMH programs and functions;
- Ensuring that mandatory and program directed trainings are completed and up to date.
- Per the Division's federally approved Cost Allocation Plan (CAP), verifying accuracy of reports and time sheets submitted by DCFS staff and signing 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;
- 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;
- Reviewing Employee Development Reports (i.e., Performance Evaluations) pursuant to NAC 284.470, § 474, and § 478;
- Reviewing all requests for release of confidential information regarding court proceedings pursuant to the DCFS CMH CRR-4 Confidentiality Policy, Section III, B, 4, e.; and,
- Ensuring all DCFS CMH staff under the supervisor's authority complies with the requirements of mandated reporting pursuant NRS 432B.220 and DCFS policy.

B. Methods by which supervision may occur.

1. 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 child/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 video or audio recordings staff/youth/family interactions or observing the live staff/youth/family 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 supervisorial 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 TCM documentation should be reviewed regularly by the supervisor and discussed in supervisory meetings, including outcomes and corrective actions because of child/youth record reviews/audits.

Individual supervision sessions shall occur at least once 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, ensure child safety, and 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.

2. <u>Group Supervision</u>
   Group supervision may be used as a complement to individual supervision. Group supervision provides many advantages to both the supervisee and supervisor, including:
   - Vicarious learning about a broader range of youth and situations than the supervisee could gain in individual supervision meetings;
   - Efficient use of organizational time, fiscal resources, and expertise;
   - Providing the supervisor with a more comprehensive picture of the supervisee for evaluation; and,

- Provision of diverse feedback for the supervisee from their peers and from the supervisor.

3. 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.

C. Documentation of Supervision
   Supervision shall be documented. Supervisors and supervisees documenting supervision in DCFS electronic medical record shall utilize applicable codes listed in the DCFS electronic medical record code guide. Supervisors will keep an individual file for each supervisee to document and confirm the supervision session using written supervision notes, accessible to both the supervisor and supervisee. Written supervision notes shall reflect one or more of the following:
   - Date;
   - Employee strengths and needs, including areas for further development;
   - Content of supervisory guidance and directives on specific cases or issues;
   - Supervisor and supervisee feedback;
   - Updates on projects and training; and,
   - 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 always kept locked and secure. At no time will the checklists or other personnel information be shared with auditors or other external reviewers except when mandated by accrediting bodies and/or licensing agencies for residential services.

D. Supervisory Quality Assurance and Quality Improvement:
   Supervisorial 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 always ensure competency-based practice and compliance with all DCFS practice standards. This is accomplished by:
   - Youth Record Reviews (applicable to all direct service/care supervisors)
     - The supervisors of direct service/care staff will ensure that youth records are consistent with current Medicaid documentation standards.
     - 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.
     - Programs that are covered by accrediting bodies and/or overseen by external licensing/oversight agencies (e.g., CARF, Bureau of

Healthcare Quality and Compliance (BHCQC), Legislative Counsel Bureau (LCB), Joint Commission) will adhere to youth record review standards set forth by those entities.

- Oversight of programs by the Planning and Evaluation Unit (PEU)
  - PEU shall develop quality assurance (QA) protocols and tools with which to routinely review children's mental health records 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).
  - Utilizing criteria set forth by MSM 400, MSM 2500, accrediting bodies (e.g., CARF, Joint Commission) and supervisors, PEU shall analyze the data from youth record reviews 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.