

**Partners in Recovery**  
**POLICIES & PROCEDURES MANUAL**

**Subject:** Clinical Supervision

**Policy Number:** HR - 0006

**Section:** Human Resources

**Policy Date:**

**Approved By:** \_\_\_\_\_

***Applicable Arizona Department of Health Services Behavioral Health Licensing Rule(s):***  
*R9-20-205 A Clinical Supervision*

***Cross Reference(s)***

*DCC Program Descriptions;*

***Policy Statement***

Partners in Recovery promotes the importance of clinical supervision of staff members in order to improve the delivery of services to behavioral health recipients.

***Purpose***

The purpose of supervision is to provide feedback to staff regarding their performance and the process of service delivery at the DCCs in order to increase their knowledge and improve their skills in planning, providing and documenting excellent behavior health services to recipients

***Scope***

Partners in Recovery Direct Care Clinics.

***Key Terms***

Policy Terms & Definitions are available should the reader need to inquire as to the definition of a term used in this policy.

## **Standards**

- I. Supervision Requirements:
  - A. All clinical staff shall receive a minimum of four (4) hours of documented supervision each month. Supervision may be in a group or individual format, in accordance with the following:
    1. Clinical Coordinators provide one hour of individual supervision per week to Case Managers/Clinical Liaisons.
    2. Clinical Directors provide one hour of individual supervision per week to Connective Team Field Clinical Liaisons and Clinical Coordinators.
    3. Clinical Directors, as long as they are licensed at the independent level as a Behavioral Health Professional (BHP), are not required to have clinical supervision.
  - B. Supervision shall be provided by a person who has the requisite skills and knowledge in working with individuals with mental illness and is considered to be a:
    1. Behavioral Health Professional; or
    2. Behavioral Health Technician (BHT) determined to have a combination of education and experience in the behavioral health field totaling at least six (6) years, and the requisite skills and knowledge to provide supervision as determined by a Behavioral Health Professional.
- II. Competency Determination for Supervisors
  - A. Within the first 14 days of a BHT assuming a supervisory function, Partners in Recovery verifies that the BHT has the skills and knowledge in providing clinical supervision that are verified:
    1. Before the BHT provides clinical supervision;
    2. By the BHP who provides direct clinical supervision; and
    3. According to the following:
      - a) Visual observation of the behavioral health technician interacting with another individual, such as through role playing exercises.
  - B. If the supervising BHP deems the supervised visual observations to be inadequate, the supervisor shall arrange for training necessary to remediate the skill deficit(s). Clinical supervision observations shall take place weekly until it is documented that the supervision provided by the BHT is considered satisfactory.
  - C. The *Verification of Skills and Knowledge for Providing Clinical Supervision* form is completed before the BHT provides clinical supervision and the form is filed in the staff member's personnel record. In addition, an observation or a role-play of two supervision sessions must occur prior to a BHT providing clinical supervision.
- III. Providing Supervision
  - A. Case Managers, Field/Clinical Liaisons, RN nurses with less than one year experience, practical nurses with more than 2 years experience and Clinical Coordinators and other

staff members who qualify as BHTs or paraprofessionals shall receive a minimum of four hours of clinical supervision per month, as outlined below.

- B. Case Managers and Field/Clinical Liaisons shall receive at least 4 hours of supervision per month. At least 3 hours of individual supervision per month is required out of the 4 hours provided.
  1. The clinical supervision shall be provided by the staff member's supervisor or the supervisor's designee in which the following occurs:
    - a) Reviewing and discussing recipient case presentations to ensure that each Case Manager and Field/Clinical Liaison's entire caseload is reviewed once every three (3) months. Form Clinical Supervision Log, Part One and Two, should be completed and reviewed to determine whether each recipient's medical record is complete and accurate; the assessment and service plan meets the recipient's treatment needs and is accepted by the recipient; and that treatment interventions are implemented in accordance with the assessment and service plan;
    - b) Recognizing and meeting the unique treatment needs of the recipients served by Magellan Direct Services, including individuals:
      - i. Age 65 or older;
      - ii. Who have substance abuse problems;
      - iii. Who are seriously mentally ill; and
      - iv. Who have co-occurring disorders.
    - c) Reviewing and discussing other topics that enhance the skills and knowledge of staff members;
    - d) Supervisors shall document other performance issues, such as, attendance, punctuality, professionalism, data management tasks, required reporting and job performance, as a part of supervision.
    - e) Clinical Coordinators shall receive at least 4 hours of supervision per month.
    - f) The clinical supervision shall be provided by the Clinical Director or designee (must be a BHP) in which the following occurs:
      - i) Reviewing and discussing the supervision sessions the Clinical Coordinator has conducted with Case Managers and Field/Clinical Liaisons during the previous weeks.
      - ii) Reviewing and discussing the process for ensuring the Individual Service Plans and Assessments are completed in accordance with the requirements of Appendix C.
      - iii) Standards III.B.1.b.through III.B.1.e.above, shall also be reviewed.
  3. Training needs identified for all BHT and paraprofessional level staff members shall be discussed during supervision at least monthly. Actions plans shall be developed

to provide the training experience required. Follow up on previous action plans shall occur.

- a) Attendance at Grand Rounds may be counted as supervision or as a training experience in addition to the four hours of required individual supervision.
- b) All supervisors shall review completed Incident/Accident reports. As appropriate, the supervisor may review general instructions related to the Incident/Accident during supervision.
- c) Clinical Directors may provide group clinical supervision to Clinical Coordinators to discuss challenging clinical cases and review supervision techniques.

IV. Documentation of *Clinical* and *Administrative* Supervision Sessions for DCCs

**Comment [B1]:** Not applicable to PNOs

- A. Clinical supervision provided to Case Managers and Field/Clinical Liaisons shall be documented on the *Clinical Supervision Log, Part One and Two*. Administrative supervision sessions for non-direct care activities such as billing encounters, units of service provided, or documenting performance issues will be documented on *Administrative Supervision Log – Part Three* form. Administrative supervision sessions for non-direct care activities do not count toward the 4 hours per month of clinical supervision required for a BHT or BHPP.
- B. Clinical supervision provided to Clinical Coordinators shall be documented on the Clinical Supervision Log, Part One and the Clinical Supervision Log, Part Two. Administrative supervision sessions for non-direct care activities such as billing encounters, units of service provided, or documenting performance issues will be documented on *Administrative Supervision Log – Part Three* form. Administrative supervision sessions for non-direct care activities do not count toward the 4 hours per month of clinical supervision required for a BHT or BHPP.
- C. Supervision sessions must be documented separately (one session to a form). Each documented clinical supervision session shall contain:
  1. The date(s) supervision was provided;
  2. The name, signature, and professional credential or job title of the person receiving supervision;
  3. The signature and professional credential or job title of the individual providing supervision and the date signed;
  4. The duration of the supervision;
  5. A description of the topic or topics addressed in supervision;
  6. Whether supervision occurred on a group or individual basis; and
  7. Recommendations for additional training to enhance the staff member's skills and knowledge.
  8. Review of action/ follow up items from previous supervision sessions.

- D. Part two of the Clinical Supervision Log shall be completed for all individual Case Manager and Field/Clinical Liaison supervisions.
- V. ACT Supervision Process
- A. ACT team Clinical Coordinators shall incorporate the review of team member specialty responsibilities.
  - B. All individuals receiving specialized services from team members shall be reviewed at least once per quarter.
- VI. Supervision Follow-up
- During the next individual supervision, the supervisor shall review the action items listed in the previous supervision to ensure that staff member remains on track.
- VII. Storage of Supervision Documentation
- A. Every supervisor shall maintain a separate Supervision Notebook (or separate section within a notebook) for each supervisee, which shall be stored securely by the supervisor. The original Clinical Supervision Log – Part One and the Administrative Supervision Log - Part Three is submitted to HR for inclusion into each staff member’s personnel record.
    1. Copies of the *Clinical Supervision Log – Part One*, and the *Administrative Supervision Log - Part Three* shall be kept in the Supervision Notebook on site along with the original *Clinical Supervision Log – Part II* which contains patient health information (PHI) and is not maintained in the staff member’s HR record.
  - B. Within 5 working days following the last business day of the month, copies of all clinical supervision documentation shall be submitted to the Site Administrator in alphabetical descending order.
    1. The Clinical Director or designee shall ensure that the supervision meets the standards outlined in this policy.
    2. The Site Administrator or designee shall track that adequate clinical supervision has been provided.

***Associated Partners in Recovery Direct Care Clinic Forms & Attachments***

*Clinical Supervision Log - Part One*  
*Clinical Supervision Log – Part Two*  
*Administrative Supervision Log – Part Three*  
*Verification of Skills and Knowledge for Providing Clinical Supervision*