



## CCS Clinical Supervision Expectations

### In This Packet:

- What is Clinical Supervision within the CCS Program?
- Who Needs to Participate in Clinical Supervision?
- What Documentation is Needed to Report Clinical Supervision?
  
- Please complete the last page of this document and return to [hsinvoice@lacrossecounty.org](mailto:hsinvoice@lacrossecounty.org) with your specific agency clinical supervisor/means of obtaining clinical supervision



**LA CROSSE COUNTY (Lead County)**

**HUMAN SERVICES DEPARTMENT**

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## **What is Clinical Supervision within the CCS Program?**

The Human Services field is often referred to as a practice. This is because no one is truly an expert in the field. As research evolves, as the people we work alongside grow and change, we as professionals are constantly learning and adapting how we interact and serve others. As such we are constantly *practicing* at getting better in serving others. To assist in our growth as professionals in a mental health and substance use services program, there are requirements both for ongoing training to expand our knowledge, and clinical supervision to assist with our understanding and integration of training materials into direct care practice.

Purposes of Clinical Supervision:

- Ensures the quality of services provided to clients and program participants
- Develops staff's clinical knowledge, theoretical framework, and clinical skills
- Assists staff with their own self-awareness, personal and professional development
- Assists with bridging the gap between policies to daily practice
- Consults and Evaluates a staff's job performance to provide quality and ethical services

What Clinical Supervision is **not**:

- Training or an Education Program
  - Clinical supervision is meant to be fluid to daily practice and individual needs, not solely based on a set standard curriculum. Trainings or Education programs are focused on gaining knowledge. Clinical supervision involves a performance evaluation of a staff's ability to use and integrate their knowledge to provide quality services. While education and training may be one part of clinical supervision, the focus of the training in clinical supervision is based around individual strengths and needs, and application to unique cases of each supervisee.
- Personal Counseling
  - A boundary exists between the professional workplace ability to provide services, and personal needs for therapeutic supports. A clinical supervisor may recommend a staff seek out personal counseling if it impacts their ability to meet workplace expectations.

*For more information review the Substance Abuse and Mental Health Services Administration's (SAMHSA) treatment improvement protocols for clinical supervision [TIP 52](#)*

## **Supervision Requirements within the CCS Program:**

1. *Non-Clinician Staff:* Each staff member described below under qualifications 9-22 shall receive day-to-day supervision and consultation from a provider qualified as listed under 1-8. Clinical supervision and consultation must occur at least 1 hour of supervision per week or for every 30 clock hours of face-to-face CCS psychosocial rehabilitative services the staff member provides
2. *Clinician Staff:* Each staff member described below under qualifications 1-8 shall participate in at least 1 hour of supervision or clinical peer collaboration per month or for every 120 clock hours of face-to-face CCS psychosocial rehabilitative services they provide
3. Clinical supervision records shall be dated and documented with a signature of the person providing the clinical supervision. It is the responsibility of each staff member and/or agency to ensure that clinical supervision sessions are documented and submitted.
4. The CCS Clinical Service Director may direct a staff person to participate in additional hours of supervision beyond the minimum requirements in order to ensure that consumers of the program receive appropriate services.
5. Each staff member is responsible for ensuring and maintaining supervision and consultation to meet the requirements for the CCS program and for any other licensing or credential requirements by state and federal laws and professional associations. Clinical supervision may be used for multiple purposes if all criteria are met (*e.g. DSPS required supervision for a QTT may also be considered for CCS clinical supervision requirements*)
  - If needed, the WRIC CCS Directors have a list of area providers who are willing to contract with agencies or individuals for clinical supervision requirements.
6. Approved Methods of Clinical Supervision:
  - a. Individual Sessions between a clinical supervisor and staff member to review cases, assess staff performance, and provide feedback
  - b. Individual Side-by-Side sessions in which the clinical supervisor is present while the staff provides assessment, service planning team meetings, or direct care psychosocial rehabilitative services during which the supervisors assesses, teaches, and gives advice regarding the staff member's performance
  - c. Group Sessions to review and assess staff performance and provide the staff member advice or direction regarding specific situations or strategies
  - d. Other professional recognized methods of supervision designed to provide sufficient guidance to assure the delivery of effective services to consumers

## 7. Telehealth in Clinical Supervision

- Supervision requirements and respective telehealth allowances vary depending on service and provider type. Some supervision requirements necessitate the physical presence of the supervising provider to meet the requirements of appropriate delivery of supervision.
- For behavioral health services the supervising provider is present through audio-visual means or in-person. Supervision requirements cannot be met through audio-only means.
- Providers are reminded to review the requirements of their licensing and/or certifying authorities to determine if supervision can be met via telehealth.
- Providers who supervise paraprofessionals are responsible for confirming if the required components of supervision can be met through telehealth delivery or if the supervision must occur in-person. Supervision via telehealth must be functionally equivalent to in-person sessions, that is they must be of the same quality and level of service interaction.

Please Note: The Medicaid Office of Inspector General (OIG) has recouped funds from service providers/agencies who have not met the clinical supervision requirements during program audits. Wisconsin Division of Quality Assurance (DQA) has reflected they will be paying additional attention to this during state program audit reviews and may issue citations for programs not in compliance with clinical supervision requirements.

*Sources: [DHS Chapter 36.11 – Supervision and Clinical Collaboration for CCS](#)  
[Wisconsin Forward Health Topic# 22737 Behavioral Health Telehealth Services](#)*

## Who Can Provide Clinical Supervision?

**\*\*note: staff with these credentials must also document 1 hour of peer consultation with another provider on this list for every 120 hours of supervision or direct service provided related to CCS**

- 1. Psychiatrists** shall be physicians licensed under ch. 448, Stats., to practice medicine and surgery and shall have completed 3 years of residency training in psychiatry, child or adolescent psychiatry, or geriatric psychiatry in a program approved by the accreditation council for graduate medical education and be either board-certified or eligible for certification by the American board of psychiatry and neurology.
- 2. Physicians** shall be persons licensed under ch. 448, Stats., to practice medicine and surgery who have knowledge and experience related to mental disorders of adults or children; or, who are certified in addiction medicine by the American society of addiction medicine, certified in addiction psychiatry by the American board of psychiatry and neurology or otherwise knowledgeable in the practice of addiction medicine.
- 3. Psychiatric residents shall hold a doctoral degree in medicine** as a medical doctor or doctor of osteopathy and shall have successfully completed 1500 hours of supervised clinical experience as documented by the program director of a psychiatric residency program accredited by the accreditation council for graduate medical education.
- 4. Psychologists** shall be licensed under ch. 455, Stats., and shall be listed or meet the requirements for listing with the national register of health service providers in psychology or have a minimum of one year of supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disorders or substance-use disorders.
- 5. Licensed independent clinical social workers (LCSW, LICSW)** shall meet the qualifications established in ch. 457, Stats., and be licensed by the examining board of social workers, marriage and family therapists and professional counselors with 3000 hours of supervised clinical experience where the majority of clients are children or adults with mental disorders or substance-use disorders.
- 6. Professional counselors and marriage and family therapists (LPC, LMFT)** shall meet the qualifications required established in ch. 457, Stats., and be licensed by the examining board of social workers, marriage and family therapists and professional counselors with 3000 hours of supervised clinical experience where the majority of clients are children or adults with mental disorders or substance-use disorders.
- 7. Adult psychiatric and mental health nurse practitioners (AP/MHN), family psychiatric and mental health nurse practitioners** or clinical specialists in adult psychiatric and mental health nursing shall be board certified by the American Nurses Credentialing Center, hold a current license as a registered nurse under ch. 441, Stats., have completed 3000 hours of supervised clinical experience; hold a master's degree from a national league for nursing accredited graduate school of nursing; have the ability to apply theoretical principles of advanced practice psychiatric mental health nursing practice consistent with American Nurses Association scope and standards for advanced psychiatric nursing practice in mental health nursing from a graduate school of nursing accredited by the national league for nursing.
- 8. Advanced practice nurse prescribers (APNP)** shall be adult psychiatric and mental health nurse practitioners, family psychiatric and mental health nurse practitioners or clinical specialists in adult psychiatric and mental health nursing who are board certified by the American Nurses Credentialing Center; hold a current license as a registered nurse under ch. 441, Stats.; have completed 1500 hours of supervised clinical experience in a mental health environment; have completed 650 hours of supervised prescribing experience with clients with mental illness and the ability to apply relevant theoretical principles of advanced psychiatric or mental health nursing practice; and hold a master's degree in mental health nursing from a graduate school of nursing from an approved college or university. Advanced practice nurses are not qualified to provide psychotherapy unless they also have completed 3000 hours of supervised clinical psychotherapy experience.

## Who is Required to Receive Clinical Supervision?

**\*\*Note: Staff with these credentials must document 1 hour of clinical supervision with a licensed mental health provider on the previous list for every 30 hours of direct service related to CCS; or 1 hour each week if they provide more than 30 hours of direct service during a work week**

9. Certified social workers (CSW), certified advance practice social workers (CAPSW) and certified independent social workers (CISW) shall meet the qualifications established in ch. 457, Stats., and related administrative rules, and have received certification by the examining board of social workers, marriage and family therapists and professional counselors.
10. Psychology residents shall hold a doctoral degree in psychology meeting the requirements of s. 455.04 (1) (c), Stats., and shall have successfully completed 1500 hours of supervised clinical experience as documented by the Wisconsin psychology examining board.
11. Physician assistants (PA) shall be certified and registered pursuant to ss. 448.05 and 448.07, Stats., and chs. Med 8 and 14.
12. Registered nurses (RN) shall be licensed under ch. 441, Stats.,
13. Occupational therapists (OT) shall be licensed and shall meet the requirements of s. 448.963 (2), Stats.
14. Master's level clinicians (QTT II: LPC-IT, PC-IT, MFT-T, CISW, CAPSW) shall have a master's degree and coursework in areas directly related to providing mental health services including master's in clinical psychology, psychology, school or educational psychology, rehabilitation psychology, counseling and guidance, counseling psychology or social work.
15. Other professionals shall have at least a bachelor's degree in a relevant area of education or human services.
16. Alcohol and drug abuse counselors (CSAC, SAC, SAC-IT) shall be certified by the department of safety and professional services.
17. Specialists in specific areas of therapeutic assistance, such as recreational and music therapists, shall have complied with the appropriate certification or registration procedures for their profession as required by state statute or administrative rule or the governing body regulating their profession.
18. Certified occupational therapy assistants shall be licensed and meet the requirements of s. 448.963 (3), Stats.
19. Licensed practical nurses (LPN) shall be licensed under ch. 441, Stats..
20. A peer specialist (PS, CPS), meaning a staff person who is at least 18 years old, shall have successfully completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, consumer confidentiality, a demonstrated aptitude for working with peers, and a self-identified mental disorder or substance use disorder.
21. A rehabilitation worker (RW), meaning a staff person working under the direction of a licensed mental health professional or substance abuse professional in the implementation of rehabilitative mental health, substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have successfully completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, and consumer confidentiality.
22. Clinical students (QTT I: Master's level clinical interns) shall be currently enrolled in an accredited academic institution and working toward a degree in a professional area identified in this subsection and providing services to the CCS under the supervision of a staff member who meets the qualifications under this subsection for that staff member's professional area.

## Appendix: Staff Qualifications Expanded Definitions

(15) Other professionals shall have at least a bachelor's degree in a relevant area of education or human services

Generally Accepted Human Service Fields:

Child Development	Gerontology	Pastoral Counseling
Community Mental Health	Health Administration	Psychology
Chemical Dependence	Health Education	Sociology
Criminal Justice	Nursing	Special Education
Education	Nutrition	Vocational Counseling

\*Note: review additional qualifying professions and credentials included under descriptions 1-22

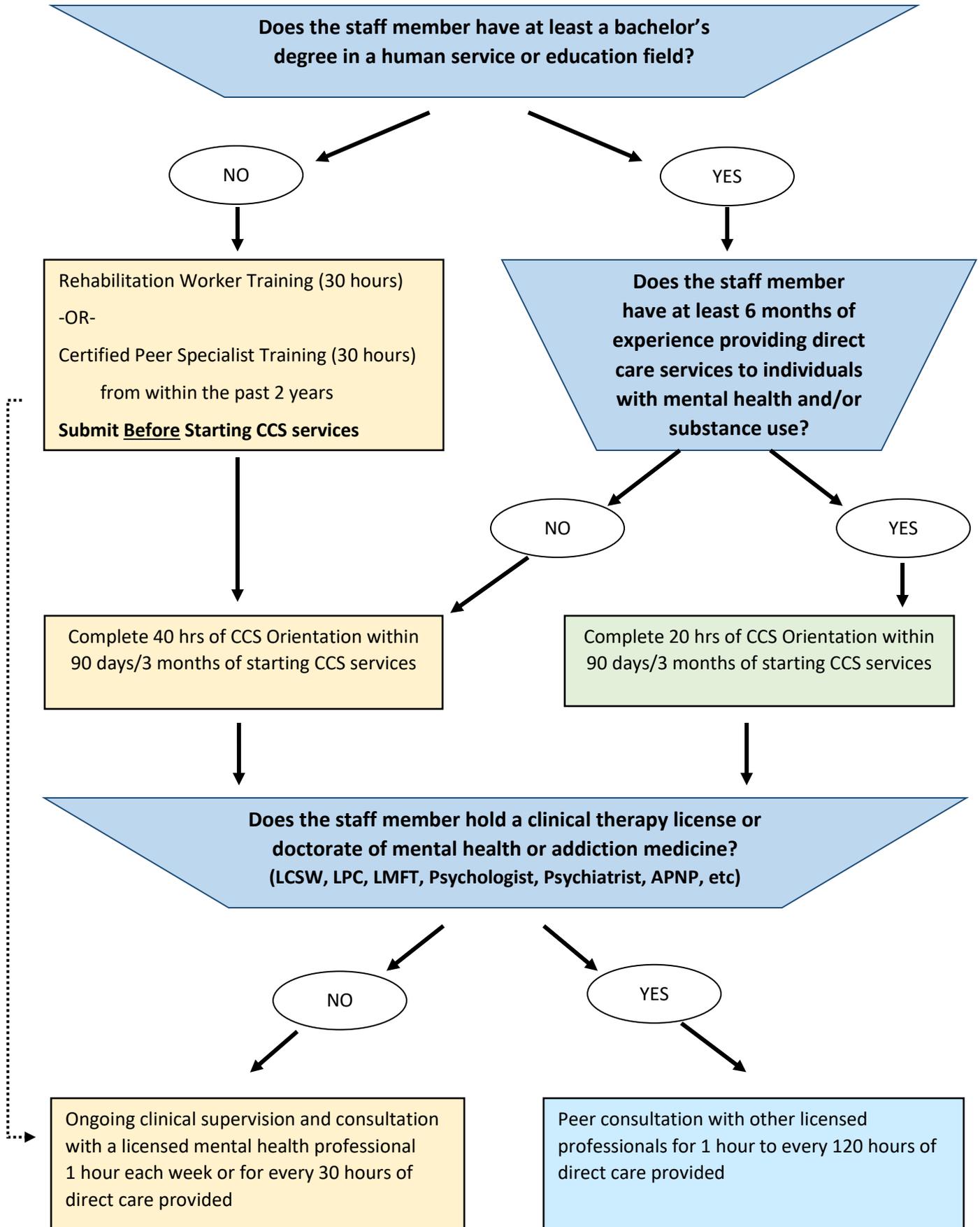
(17) Specialists in specific areas of therapeutic assistance, such as recreational and music therapists, shall have complied with the appropriate certification or registration procedures for their profession as required by state statute or administrative rule or the governing body regulating their profession.

Art Therapy	Drama Therapy	Prevention Specialist
Dance Therapy	Music Therapy	Physical Therapy
Dietician	Occupational Therapy	Recreational Therapy

\*Note: degrees/specialties listed are regulated by Wisconsin Department of Safety & Professional Services [dsps.wi.gov](http://dsps.wi.gov)

\*\*Note: review additional qualifying professions and credentials included under descriptions 1-22

# CCS New Staff Training and Clinical Supports Flowchart



## **Documenting Clinical Supervision:**

Clinical supervision and clinical collaborations need to be documented and contain the date of supervision, documentation of the supervision, a signature of the person providing clinical supervision. Approved methods of documentation can be done via:

- A Master Log
- Supervisor Records
- Staff Records of each staff member who attends the session or review
- Consumer Records

Visual examples of the supervision log types are below. Electronic copies of the starting templates are available on [WRIC Sharepoint](#). For access to WRIC sharepoint, email [CCSups@lacrossecounty.org](mailto:CCSups@lacrossecounty.org) with the information of the person to be granted access: staff member's name, agency, staff role, email address.

The WRIC Consortium requires submission of clinical supervision logs at least every 3 months (March, June, September, December), however clinical supervision logs may also be submitted more frequently such as with monthly submission of notes and invoices.

Clinical Supervision logs can be submitted to [HSInvoices@lacrossecounty.org](mailto:HSInvoices@lacrossecounty.org) along with any notes and billing. For ease of making sure the supervision logs get to the right people and place it is asked that files are submitted in a saved format of "Supervision Log – Agency Name – Staff Name" (e.g. "*Supervision Log – Acme Skills Training – Sam Doe*").

Missing or outstanding clinical supervision logs may result in held or denied payment for services from WRIC.

## Master Log Example:

*Suggested Use: for agencies with multiple staff that has a clinical supervisor facilitating regular supervision meetings (individual and/or groups)*

Date	Supervision Hours	Notes	Staff Able to Provide Clinical Supervision or Require Clinical Collaboration				Staff Requiring Clinical Supervision						
			Prof. Hinkle PHD				Gillingan	Skipper	Mary Ann	Ginger	Thurston	Loyle	
	788.5	Total Direct Hours Worked	0.0	0.0	0.0	0.0	255.0	235.0	128.0	115.5	45.0	10.0	0.0
		January - March					120.0	115.0	63.0	52.0	22.0	1.0	
		April-June					135.0	120.0	65.0	63.5	23.0	9.0	
		July-September											
		October-December											
		Total Supervision Hours	9.0	0.0	0.0	0.0	9.0	9.0	7.0	3.0	3.0	2.0	0.0
10	9.0	Supervision Hours Required	0.0	0.0	0.0	0.0	8.5	7.8	4.3	3.9	1.5	0.3	0.0
01/15/19	1.0	Case Consult: DX, LT, JS	X				X	X					
01/30/19	1.0	Trauma Informed Practices	X				X	X	X	X	X	X	
02/15/19	1.0	Case Consult: TJ, BJ, RJ	X				X	X	X				
02/28/19	1.0	Case Consult: DX, TJ, RB	X				X	X	X	X	X		
03/15/19	1.0	Case Consult: LB, JF, FD	X				X	X	X				
03/30/19	1.0	Mandated Reporting scenarios	X				X	X		X	X	X	
04/15/19	1.0	Case Consult: TX, JD, BK	X				X	X	X				
04/30/19	1.0	Case Consult: PT, RJ, DX	X				X	X	X				
05/15/19		*Professor out sick*											
05/30/19	1.0	Case Consult: LT, JS, TJ	X				X	X	X				

## Supervisory Record Example:

*Suggested Use: for individual staff members to track supervision sessions.*

Clinical Supervision/Collaboration Log					
Name of Agency:		Happy Junction		Requirements: Non-Clinical Staff 1 hr supervision with a clinician for every 30 hrs of services	
Staff Name:		Samantha Tate		Clinical Staff (LPC, LCSW, LMFT, PsyD) 1 hr peer collaboration every 120 hrs of services	
Months/Year:		January-March 2019		Total Staff Hours Worked this Period (CCS services only): 63 hr	
Date:	Supervisor/ Credentials:	Supervision Method: (Individual, Group, Side-by-Side Session, Other (specify))	Cases Reviewed: (Initials only; Progress Note should be completed and placed in consumer file)	Clinical Supervisor Suggestions: (focus area, strengths, barriers, objectives, progress toward objectives, and recommendations)	Total Time Spent in Supervision:
01/12/19	Ryan Ross, LCSW	Group	General	Vendor Group: CCS updates, documentation best practices, client confidentiality issues	1 hr
01/13/19	Lisa Miller, LPC	Group	JT	JT team meeting. Methods to support youth and family in the home.	1 hr
01/28/19	Ellen Daubert, LPC	Group	DS	DS team meeting. Coordination with school re: coping strategies and skills	1.5 hr
02/01/19	Dr. Mauricio Infante	Individual	GG	Consult with individual regarding change in medications and side effects to watch for	0.25 hr

**Staff Member Attendance Record Example:**

*Suggested Use: for a clinical supervisor to track group supervision. Includes both a list of attendees and notes of supervision.*

WRIC CCS SUPERVISION & TRAINING LOG

Location: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Topic: \_\_\_\_\_  
 Facilitator(s): \_\_\_\_\_



/

	<b>Print Name</b>	<b>Signature</b>	<b>Notes</b>
1			
2			
3			
4			

MEETING AGENDA				
	<b>MEETING:</b> CCS Clinical Support			
	<b>PURPOSE:</b> CCS clinical supervision, program updates, and training to ensure collaboration and quality of services is provided			
<b>Meeting Date</b>	<b>Facilitator/Lead</b>	<b>Start Time</b>	<b>End Time</b>	
Thursday 7/11/19	Ryan Ross, LCSW	1:30pm	2:30pm	
<b>Location(s)</b>		<b>Teleconference Lync:</b>		
La Crosse Administration Conf. #1107		<a href="https://meet.lync.com/lacrossecounty.org/rross/JOC06K3A">https://meet.lync.com/lacrossecounty.org/rross/JOC06K3A</a>		
<b>Materials/Preparation Required</b>				
Agenda				
<b>Meeting Attendees</b>				
See Sign-in Sheet (attached)				
Summary: ___ persons in attendance		Note Taker: _____		
___ agencies/entities represented				
<b>Agenda Items</b>	<b>Time</b>	<b>Outcome/Notes</b>		
<b>Introductions:</b> <ul style="list-style-type: none"> <li>• Mission &amp; Purpose of Meeting</li> <li>• Persons Present &amp; Agencies Representing                             <ul style="list-style-type: none"> <li>○ Roles</li> <li>○ Goals for this Support Group</li> </ul> </li> </ul>		(see sign in sheet)		
<b>Successes &amp; Accomplishments:</b> <ul style="list-style-type: none"> <li>•</li> </ul>				
<b>Program Updates:</b> <ul style="list-style-type: none"> <li>• Business Skype                             <ul style="list-style-type: none"> <li>○ New opportunities for clinical supervision and/or training</li> </ul> </li> </ul>				



**Western Region Integrated Care  
Comprehensive Community Services**

## Clinical Supervision Agreement

**Staff Member's Name:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

I acknowledge that I have received and reviewed a copy of the WRIC Clinical Supervision Expectations.

My signature below indicates that I understand the information enclosed within the WRIC Clinical Supervision Expectations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Primary Clinical Supervisor:

Staff member listed above will receive and participate in clinical supervision related to the provision of community based mental health and/or substance use recovery services within the CCS program by:

Supervisor's Name: \_\_\_\_\_

Supervisor's License Credentials:

<input type="checkbox"/> LCSW	<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> APNP
<input type="checkbox"/> LFMT	<input type="checkbox"/> Psychologist	<input type="checkbox"/> AP-MHN
<input type="checkbox"/> LPC	<input type="checkbox"/> MD	<input type="checkbox"/> Other: _____

Signature of Supervisor: \_\_\_\_\_

License Number: \_\_\_\_\_

Signature Date: \_\_\_\_\_