

# **SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER**

## **POLICY AND PROCEDURE MANUAL**

**Date of Issue: 1/7/92**

**Section Number 251**

**Date Revised: 2/26/92; 6/1/92; 10/26/92; 7/26/95; 12/15/99; 4/22/04; 7/15/04; 11/3/05;  
7/1/08; 8/22/08; 11/20/08; 6/17/09; 1/21/10; 12/16/10; 3/16/11; 3/31/16;  
10/18/18; 12/11/18; 5/20/19; 6/10/20, 9/9/2021**

### **Policy 251 – Credentialing and Privileging**

#### **I. POLICY**

It is the policy of Southern Highlands Community Mental Health Center to hire and maintain professionally trained and/or licensed/certified professionals to provide services to all consumers.

#### **II. OVERVIEW**

Southern Highlands Community Mental Health Center, using Medicaid manuals as a guideline, has established the minimum requirements for staff to become professionally trained and/or licensed/certified professionals. License holders requiring additional supervision will be responsible for meeting the requirements of their licensing board. License supervisors will be assigned by the Credentials Committee. The Credentials Committee will monitor the active/inactive status of the licensee.

To ensure professionally trained and/or licensed/certified professionals are hired by Southern Highlands, a credentialing committee will review the qualifications of each selected applicant to verify experience and educational requirements and to determine which service the applicant is eligible to provide. The Chief Executive Officer will appoint the credentialing committee composed of the clinical supervisor and/or certified staff representative of the disciplines or practitioners within the agency. After the credentialing committee has verified the qualifications of an applicant, a recommendation is made to the Chief Executive Officer.

In general, clinical supervision must be provided for all professional staff as per the direction of the manual that is used for reimbursement of services, unless otherwise specified in this policy. The clinical supervisor should have an equal or higher degree, credential, or clinical experience than those they supervise. If a clinical supervisor is responsible for a Medicaid funded program, the supervisor should be able to demonstrate familiarity with Medicaid requirements and relevant manuals.

Administrative supervision is defined as overseeing the day-to-day operation, such as PTO requests, making recommendations for hiring and firing, assigning schedules/duties, and other such duties related to the operation of the agency.

When the program/clinical supervisor and the administrative supervisor are not the same person, it is imperative that effective communication occurs. Below is an overall description of the division of responsibilities.

#### Administrative Supervisor

- A. Interviews and recommends staff for hire.
- B. Provides day-to-day supervision within program guidelines.
- C. Approves PTO leave requests.
- D. Handles employee's disciplinary actions.
- E. Completes employee performance evaluations with input of clinical supervisor.
- F. Approves all staff development requests with co-signature of program/clinical supervisor.
- G. Ensures initial training curriculum is completed along with annual required trainings.

#### Program/Clinical Supervisor

- A. Assists in interview and selection process.
- B. Develops programs standards and insures compliance with funding and licensure regulations. Insures quality of program is consistent in all counties.
- C. Provides input and signs performance evaluations prior to discussion with employee about evaluation.
- D. Recommends to administrative supervisor disciplinary action and co-signs such action. If there is disagreement between supervisors, it will be handled by conflict resolution.
- E. Directs staff on program issues.
- F. Provides clinical supervisions according to the privileging status of the employee. Will ensure review and documentation sign off for those staff assigned to them.
- G. Determines mandatory internal and external training needs of the employee.
- H. Signs off on documentation as required for all non-licensed personnel.

#### Conflict Resolution

The employee will not be torn between two supervisors. Supervisors will meet and discuss all problem areas. If supervisors are unable to agree, the Chief Executive Officer will meet with both supervisors. All programs will be operated by the same standards and guidelines in all three counties.

In order to be hired as a credentialed staff with full privileges, each new employee would need to meet the following minimum qualifications for each program area:

**Case Managers; CES Staff:** Direct experience with population; experience with documentation; demonstrate knowledge of case management responsibilities. Experience can be pre or post degree.

**Mental Health:** Work directly (face-to-face) with the mental health population. This experience may be obtained by working in a clinical setting before and after graduating from college.

**Substance Abuse:** Working directly with/face-to-face with the substance abuse population. This experience may be prior to or after degree.

**IDD Waiver Service Provider:** Direct experience with population; experience with documentation, demonstrate knowledge of service provision responsibilities. Experience can be pre or post degree.

**LPN Service Provider:** Direct experience with population; experience with documentation, demonstrate knowledge of service provision responsibilities. Experience can be pre or post degree.

**Paraprofessional Staff:** Experience should be in direct service provision to individuals to remediate functional deficits and/or strengthen performance of activities of daily living. Experience may be pre or post degree.

### III. STAFF ELIGIBILITY

To attain credentialed status, a person must meet the following requirements. **Credentialed professional staff must have a minimum of Bachelor's degree in a human services field and one-year experience in working with the specific population under the supervision of professionally trained and/or licensed/certified staff.** Both pre and post degree experience may be considered for each individual employee. (Human Services field is defined as: social work, counseling/therapy, psychology, nursing, teacher/education, sociology, criminal justice, behavioral health and other degrees approved by the West Virginia Board of Social Work. (Board of Regents degree is acceptable with a minimum of 24 college credit hours, 12 hours of which must be concentrated in a specific human services field. Bachelor or Masters level education may be considered when calculating the 24-hour minimum).

RN's with a valid WV license with one (1) year of experience will require six (6) months of direct supervision and may be fully credentialed if recommended by their supervisor and approved by the Credentials Committee. RN's without one (1) of experience will require six (6) months of supervision and may be moved to quarterly supervision thereafter for at least six (6) months. At that time, the RN may be fully credentialed if recommended by their supervisor and approved by the Credentials Committee.

All other newly hired professional staff will complete a 180 day probationary period prior to consideration for credentialing with full privileges. Staff changing positions by transferring from one department to another department must complete a 90 day probationary period to ensure the necessary training is completed prior to obtaining credentialing with full privileges in their new position. The 90 day probationary period may be waived by the Credentialing Committee based on previous performance in other positions at the Center.

Credentialed professional staff are classified under three categories:

1. Credentialed with full privileges
  2. Credentialed with restricted privileges
  3. Credentialed with temporary restricted privileges
- A. Professional Staff Credentialed with Full Privileges: To be credentialed with full privileges, a professional staff member must have a Master's Degree with one year experience working with the population, be independently licensed in the area of their expertise (such as LCSW, LICSW or LPC), have completed all center-required training and have completed satisfactorily three months of the six month probationary period. (See Attachment A through M for training module descriptions). During the first three months of the probationary period, monthly supervision will be required with record review (excluding sign off of progress notes). Once credentialed, face-to-face clinical supervision is not required for professional staff credentialed with full privileges nor is review of documentation.
- B. Professional Staff Credentialed with Restricted Privileges: If a professional staff member does not meet all criteria for full privileges such as LGSW, temporary or provisional LPC, Master Level counseling positions not requiring licensure, and all Bachelor level positions, he/she will be considered credentialed with restricted privileges. Face-to-face clinical supervision (individual or group) must be completed and documented by the 10th working day of the month following the supervision for 12 of the preceding 15 months, and submitted to personnel by the 15th day of the month for the preceding month. (Temporary or provisional LPCs, and LGSWs, will follow supervision requirements for licensure.) Documentation received after the 15th of the month will not be approved. At a minimum, this face-to-face conference must include a review of one clinical record and a discussion of the quality/appropriateness of treatment and services provided. This review must include disciplinary actions and any substantiated allegations or training issues documented on Adverse Incident Reports, if applicable. Direct observation of a supervisee providing face-to-face services must be completed and documented at least twice per year. (Supervisors must complete SH-367-A Permission for Observation of Session form when observing staff providing direct services.)

At the end of the clinical supervision period, the supervisor will petition the Credentials Committee to move the monthly supervision requirement to quarterly. Included in the petition must be a summary of the staff's proven competency. Hand written signatures on supervision forms must have a hand written date by staff and supervisor and never typed. Staff must date their own signature, supervisors cannot date staff's signature. Staff in this category will require documentation review and sign off by a supervisor on all clinical evaluations. Review and sign off for progress notes including individual/group counseling, TCM, etc., will be determined based on supervision status (quarterly supervision status does not require sign-off and review of notes). Supervisors eligible for review and sign-off of documentation must be approved by the Credentials Committee.

Based on the IDD Waiver Home and Community Based Services Manual, staff with one (1) year's experience with the IDD Waiver population who is hired as a Waiver Service Coordinator will require a minimum of six (6) months clinical supervision under the service coordinator supervisor. Face-to-face clinical supervision must be completed and includes at minimum a review of clinical activities, case notes and treatment plans. This must be documented monthly by the 10th working day of the month following the supervision for six (6) of the preceding nine (9) months and submitted to personnel by the 15th day of the month for the preceding month for the employee's supervision file. Documentation received after the 15th of the month will not be approved. All state mandated forms will be completed and placed in the employee's personnel record with a copy sent to the State Waiver Office for registration purposes. This review must include disciplinary actions and any substantiated allegations or training issues documented on Adverse Incident Reports, if applicable. At the end of the clinical supervision period, the supervisor will petition the Credentials Committee to remove the monthly supervision requirement. Included in the petition must be a summary of the staff's proven competency. Hand written signatures on supervision forms must have a hand written date by staff and supervisor and never typed. Staff must date their own signature, supervisors cannot date staff's signature.

Based on the IDD Waiver Home and Community Based Services Manual, staff that do not have one (1) year's experience with the IDD Waiver population and are hired as a Waiver Service Coordinator will require a minimum of one (1) year clinical supervision under the service coordinator supervisor. Face-to-face clinical supervision must be completed and includes at a minimum a review of clinical activities, case notes and treatment plans. This must be documented monthly by the 10th working day of the month following the supervision for 12 of the preceding 15 months and submitted to personnel by the 15th day of the month for the preceding month for the employee's supervision file. Documentation received after the 15th of the month will not be approved. All state mandated forms will be completed and placed in the employee's personnel record with a copy went to the State Waiver Office for registration purposes.

This review must include disciplinary actions and any substantiated allegations or training issues documented on Adverse Incident Reports, if applicable. At the end of the clinical supervision period, the supervisor will petition the Credentials Committee to remove the monthly supervision requirement. Included in the petition must be a summary of the staff's proven competency. Hand written signatures on supervision forms must have a hand written date by staff and supervisor and never typed. Staff must date their own signature, supervisors cannot date staff's signature.

Bachelor's and Master's level staff without a license / certification will be considered for positions for which they qualify.

- C. Privileges for professional staff **will** be revoked if the employee:
1. Fails to perform duties in an ethical or competent manner.
  2. Does not maintain appropriate licensure or required certifications.
  3. Does not maintain agency requirements.

If during supervision or observation of performance of clinical duties, it is apparent to the clinical supervisor that a professional staff member with full or restricted privileges is not providing quality services as per required standards, the clinical supervisor must place the employee on temporary restricted privileges status. The clinical supervisor will meet with the employee for supervision at least weekly. However, by the discretion of the clinical supervisor and approval of the Credentialing Committee, frequency of supervision may be adjusted based on improved work performance. Section III B of this policy describes the guidelines to follow for submission of documentation of clinical supervision.

The clinical supervisor will write a corrective action plan within one week after placing the employee on temporary restricted privileges status and notify Human Resources in writing of the employee's change of status. Human Resources will notify the Credentials Committee at the next scheduled meeting. After three consecutive months of satisfactory clinical supervision sessions, the employee, at the recommendation of the clinical supervisor, may regain full or restricted privileged status. An employee will be given six months from the date of the corrective action plan to regain full or restricted privileges or be recommended for position transfer or termination by the clinical supervisor.

When a staff member regains full or restricted privileges, the clinical supervisor will document this decision on the appropriate Clinical Supervision Form and submit this information at the next scheduled Credentials Committee meeting.

- D. Re-certification of Credentialed Professional Staff: The training record will be reviewed at the time of the hire date anniversary. The credentialing committee will document re-privileging and re-credentialing of all staff. For professional

staff credentialed with full privileges, an Annual Review of Credentialing Status Form will be sent to the administrative supervisor of the staff member at least two weeks prior to the scheduled Credentials Committee meeting. The administrative supervisor will complete the form noting the staff member's experience, continuing education relevant to their area of practice, internal provider training, clinical supervision (when necessary), consumer satisfaction, supervision of documentation and outcomes. The completed form must be returned to the Chairperson of the Credentials Committee by 5:00 p.m. on the day prior to the scheduled Credentials Committee meeting.

- E. Paraprofessional Staff Credentialed With Full Privileges: To be credentialed with full privileges, a paraprofessional staff member must have one-year experience working with the population, have completed all center-required training and have completed their probationary period of three months. (See Attachments A through M for training module description). Face-to-face clinical supervision (individual or group) must be completed and documented by the 10th working day of the month following the supervision at least quarterly for 4 quarters of the preceding 15 months and submitted to personnel by the 15th day of the month following the preceding quarter. Documentation received after the 15th of the month will not be approved. At a minimum, this face-to-face conference must include a review of one clinical record, a discussion of the quality/appropriateness of treatment and services provided, and a discussion of significant problem areas for the quarterly time period they are reviewing. This review must include disciplinary actions and any substantiated allegations or training issues documented on Adverse Incident Reports, if applicable. Direct observation of a supervisee providing face-to-face services must be completed and documented at least once per year. (Supervisors must complete SH-367-A Permission for Observation of Session form when observing staff providing direct services.) If providing supportive counseling services, documentation review and sign off on progress notes will be required for three months upon implementing supportive counseling services.

LPN's and Medical Assistants are considered paraprofessional staff and require supervision. LPN's and Medical Assistants with one year of experience, have completed all center-required training, and have completed their probationary period (see Attachments A through M for training module descriptions) require six (6) months of direct supervision. They may be moved to quarterly supervision or fully credentialed after six months if recommended by their supervisor and the Chief Nursing Officer, and approved by the Credentials Committee. LPN's and Medical Assistants without one year of experience entering the role will require six (6) months of supervision and may be moved to quarterly supervision thereafter for at least six (6) months. At that time the LPN or Medical Assistant may be fully credentialed if recommended by their supervisor and Chief Nursing Officer and approved by the Credentials Committee. Face-to-face clinical supervision (individual or group) must be completed and documented by the 10th working day of the month following the

supervision at least quarterly for 4 quarters of the preceding 15 months and submitted to personnel by the 15th day of the month following the preceding quarter. Documentation received after the 15th of the month will not be approved. At a minimum, this face-to-face conference must include a review of one clinical record, a discussion of the quality/appropriateness of treatment and services provided, and a discussion of significant problem areas for the monthly time period they are reviewing. This review must include disciplinary actions and any substantiated allegations or training issues documented on Adverse Incident Reports, if applicable. Direct observation of a supervisee providing face-to-face services must be completed and documented at least once per year. (Supervisors must complete SH-367-A Permission for Observation of Session form when observing staff providing direct services.)

LPN with a temporary license are eligible for employment based on the following conditions:

1. The LPN has an active temporary license upon hire that is verified on the LPN board website.
  2. The LPN is required to schedule a date to take the board exam within 5 weeks of start date. The testing date has to be within the timeline that the license will be active since a temporary license is only active for 90 days pending state board status.
  3. If the LPN passes the state board exam the LPN will continue in their role as LPN uninterrupted. If the LPN fails the state board exam the employee will be changed to direct care status at direct care pay rate while the employee is waiting to test again.
  4. The LPN position will be held for the LPN until the employee tests again. If the employee passes they will be reinstated at LPN status with LPN pay. If the employee fails to pass the board the LPN position will be posted and the employee 's position within the program will be determined by the supervisor.
- F. Paraprofessional Staff Credentialed with Restricted Privileges: If a paraprofessional staff member does not meet all criteria for full privileges, he/she will be considered credentialed with restricted privileges. The clinical supervisor must meet monthly with each paraprofessional staff member with restricted privileges. This review must include disciplinary actions and any substantiated allegations or training issues documented on Adverse Incident Reports, if applicable. Face-to-face clinical supervision (individual or group) must be completed and documented by the 10th working day of the month following the supervision for 12 of the preceding 15 months, and submitted to personnel by the 15th day of the month for the preceding month. Documentation received after the 15th of the month will not be approved. Section III B of this policy describes the guidelines to follow. At the end of the clinical supervision period, the supervisor will petition the Credentials

Committee to move the monthly supervision requirement to quarterly. Included in the petition must be a summary of the staff's proven competency. Hand written signatures on supervision forms must have a hand written date by staff and supervisor and never typed. Staff must date their own signature, supervisors cannot date staff's signature. If providing supportive counseling services, documentation review and sign off on progress notes will be required. However, by discretion of the clinical supervisor and approval of Credentials Committee, this may be discontinued based on quality of documentation.

G. Paraprofessional Privileges can be revoked if the employee:

1. Fails to perform duties in an ethical or competent manner.
2. Does not meet agency requirements.
3. Is not available for scheduled face-to-face clinical supervision sessions.

If during clinical supervision sessions or direct observation sessions it is apparent to the clinical supervisor that a paraprofessional staff member with full privileges is not providing quality services as per required standards, the clinical supervisor must place the employee on temporary restricted privileges status. The clinical supervisor will meet with the employee for supervision at least

Section 251

Page Nine

weekly. However, by the discretion of the clinical supervisor and approval of the Credentials Committee, frequency of supervision may be adjusted based on improved work performance.

The clinical supervisor will write a corrective action plan within one week after placing the employee on temporary restricted privileges status and notify Human Resources in writing of the employee's change of status. Human Resources will notify the Credentials Committee at the next scheduled meeting. After three consecutive months of satisfactory clinical supervision sessions, the employee, at the recommendation of the clinical supervisor, may regain full privileged status. An employee will be given six months from the date of the corrective action plan to regain full privileges or be recommended for termination by the clinical supervisor. When a paraprofessional staff member regains full privileges, the clinical supervisor will document this decision on the appropriate Clinical Supervision Form.

- H. Recertification of credentialed paraprofessional staff: The training record will be reviewed at the time of the hire date anniversary. The Credentials Committee will document re-privileging and re-credentialing of all staff.
- I. When staff transfer from one program to another, the degree of clinical supervision necessary will be determined by the receiving Program Director. For staff transferring into Director or other supervisor positions, supervision will also be provided on a monthly basis as long as it is determined necessary. Staff in supervisory positions that are not licensed will continue to require documentation review and sign off on clinical evaluations by their clinical supervisor.

#### **IV. SUPPORTIVE COUNSELING SERVICES**

For Behavioral Health Counseling, Supportive Individual and Group services, paraprofessional staff may also include individuals with a high school diploma or GED with two years documented experience in mental health and/or substance use disorder services. The staff's supervisor will write a memo detailing the staff's experience and dates of employment. For experience outside of the Agency, a letter from past employer documenting experience will be required. Documentation review and sign off by a supervisor on progress notes will be determined based on supervision status. (See Paraprofessional Staff Credentialed with Full Privileges and Paraprofessional Staff Credentialed with Restricted Privileges sections for credentialing requirements.)

#### **V. PROFESSIONAL COUNSELING SERVICES**

For Professional Counseling Services, both individual and group, staff with a Bachelor's Degree in a human services field may provide the services for Substance Use Disorder programs only under the following provisions:

Section 251  
Page Nine

1. Staff will be approved by the Credentials Committee based on prior experience with this Agency or past experience (at least one year) in working with the SUD population (experience will be documented in personnel record).
2. Staff will be required to have their certification in addictions or be in the process of or under supervision for certification.
3. Staff will have an initial training to review service definition and documentation requirements.
4. All group and individual interventions will be pre-approved by supervisor and included on the service plan/treatment strategy
5. Staff will follow NAADAC/SHCMHC Code of Ethics.
6. Staff will follow supervision requirements as outlined in this policy. Documentation review and sign-off on progress notes will be determined by supervision status. Clinical Supervisors for Professional Counseling Services will be fully credentialed staff and approved by the Credentials Committee.

#### **VI. PEER RECOVERY SUPPORT SERVICES (PRSS)**

The Peer Recovery Support Specialist (PRSS) requirements include:

1. Self-identify as an individual with life experience of being diagnosed with a serious mental illness or substance use disorder which meets Federal definitions.

2. Must be well established in their own recovery; currently in recovery for a minimum of two years and not have received SUD treatment for the preceding six months.
3. The individual must be employed by our Agency.
4. Certification (recognized by Bureau of Medical Services) as a Peer Recovery Support Specialist.
5. Peer Recovery Support Specialist application which includes the Attestation of Recovery Statement and three letters of reference.
6. Must be supervised by a Master's degree individual that is employed by the same provider.
7. Continuing education of 30 hours must be completed every 2 years in the competency domains and which include 6 hours in ethics.

Section 251  
Page Eleven

8. Completes 40 contact hours of volunteer work or paid work at an agency or provider prior to Medicaid services being rendered.

Documentation review and sign-off on progress notes will be determined by supervision status.

## **V. DUI SERVICES**

Per the state of West Virginia's DUI Standards for Implementation and Quality Assurance, supervision is required for all DUI staff. To satisfy this requirement, in addition to the supervision requirements outlined in this policy, the DUI Coordinator will have quarterly supervision meetings with all DUI staff to improve quality of services and ensure adherence to the DUI Standards.

## **V. TELEHEALTH SERVICES**

Supervision may occur via telehealth (using secure technology that is Center approved). In situations of natural disaster, pandemic, or other crisis, supervision may be conducted over the telephone. When supervision via telehealth or telephone occurs, it needs to be indicated on the supervision form.

## **VI. CLINICAL SUPERVISION/EVALUATION**

Each month Human Resources will provide the Credentialing Committee a report that documents all clinical supervision by supervisor. The Administrative Assistant will provide minutes of each Credentials Committee Meeting to all supervisors once per

month. The Credentials Committee will approve all clinical supervisors assigned and those eligible for documentation review and sign off.

## **VII. CENTER REQUIRED TRAINING**

The Credentials Committee will make recommendations to the Management Team regarding approval of internal training activities submitted by SHCMHC trainers. The Management Team shall oversee and approve internal training activities which prepare staff for direct care. Specifically, training curricula used to prepare staff for direct care activities shall be reviewed and approved. Each training event shall be documented, and include attendance/participation that is certified by the trainer, and a file of this information shall be available for review as necessary.

Program specific clinical training as well must be provided to assure staff competency in all areas of services. Clinical supervisors may work cooperatively to assure training sessions are conducted. All staff required to attain professional certification must be notified in writing with ample time to assure no scheduling conflicts prevent training attendance.

Outlines for Center Required Training are attached.

**CENTER REQUIRED**

**Credentialed Staff Training Content Outline**

- I. Review or Program Philosophy or Mission Statement
- II. Consumer Rights
- III. Professional Role of Credentialed Staff Member
- IV. Clinical Services
  - A. Training Specific to Disability Populations
  - B. Professional Role of Credentialed Staff
  - C. Interdisciplinary Team Process
  - D. Funding Source Regulatory Guidelines/Standards
  - E. Review of Billing Procedures/Code
  - F. Documentation
- V. Individual Treatment Plan Development
  - A. Assessments
  - B. Developing Treatment Plan Goals
  - C. Writing Behavioral Objectives
  - D. Instruction/Intervention Methodology and Curriculum Development
  - E. Data Collection Procedures/Techniques
  - F. Individual Program Plans
    1. Positive Behavior Support
    2. Personal Care
    3. Adult Day Services
    4. Other Treatment Strategies
  - G. Active Treatment
- VI. Effects of Medication
  - A. Side Effects
  - B. Tardive Dyskinesia
  - C. Titration Plans
- VII. Center Policies on Non-Violent Crisis Prevention
  - A. Consumer Rights
  - B. Crisis Intervention Verbal Escalation Continuum
  - C. Crisis Intervention Crisis Development Model

VIII. Emergency Services

- A. Crisis Intervention
- B. Crisis Stabilization Unit
- C. Crisis Respite Unit Policies
- D. Least Restrictive Alternatives
- E. Involuntary Commitment Procedures
- F. Diversion
- G. After Hours Emergency Services

IX. Quality Assurance

X. Statement of Work Required Training as per BBHMF Requirements

- A. Motivational Interviewing
- B. Suicide Prevention
- C. Trauma-Informed Care
- D. Cultural Diversity
- E. Person-Centered Practices

XI. Other Training