

M. STAFF QUALIFICATIONS

Each provider is responsible for ensuring that all staff meets the requirements of Federal, State, and County regulations regarding licensure, training, clinician/client ratios and staff qualifications for providing direct client care and billing for treatment services. Documentation of staff qualifications shall be kept on file at the program site. Provider shall adhere to staff qualification standards and must obtain approval from their Program Monitor or designee for any exceptions.

Provider shall comply with the licensing requirements of the California Welfare and Institutions Code Section 5751.2. Provider shall have on file a copy of all staff licenses and relevant certificates of registration with the Board of Behavioral Sciences. For staff positions requiring licensure, all licenses and registrations must be kept current and be in active status in good standing with the Board of Behavioral Sciences.

County-operated programs may undergo Medi-Cal site certifications by the California DHCS and/or SDCBHS. This process includes a review of provider licenses where required. County hiring procedures shall include extensive background checks, including but not limited to, a review of license status, work history and references. Providers shall not be discriminated against on the basis of moral or religious beliefs or their practice of high-cost procedures.

CREDENTIALING AND RE-CREDENTIALING AND PROVIDER ENROLLMENT

San Diego County Behavioral Health Plan (SDCBHP) program for credentialing, re-credentialing and provider enrollment is designed to comply with national accrediting organization standards as well as local, state and federal laws. The process described below applies to all Legal Entities which opted to complete credentialing, recredentialing and provider enrollment using Optum's centralized process.

Please note that Legal Entities are responsible to ensure successful completion of credentialing activities for all new staff upon hire.

Per DHCS Information Notice 18-019, credentialing/recredentialing requirements outlined below are applicable to Medi-Cal Programs and is requiring Licensed, Registered, Certified or Waivered Providers that provide direct billable services to be credentialed and re-credentialed every 3 years.

Credentialing via Optum

Initial credentialing processes begin with submission of completed and signed applications, along with all required supporting documentation. Providers are to call Optum's Behavioral Health Services Credentialing Department at (800) 482-7114 or send a notification email to BHSCredentialing@optum.com. Entities can also choose to work with their assigned Optum

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Credentialing Representative directly by sending timely notice of any changes in provider status such as but not limited to terminations, changes in license/registration, new hire notifications, etc.

The credentialing process includes without limitation attestation as to: (a) any limits on the provider's ability to perform essential functions of their position or operational status; (b) with respect to individual practitioner providers, the absence of any current illegal substance or drug use; (c) any loss of required state licensure and/or certification; (d) with respect to individual practitioner providers, any loss or limitation of privileges or disciplinary action; and (f) the correctness and completeness of the application.

Optum will also be conducting primary source verification of the following information:

- Current and valid license to practice as an independent practitioner at the highest level certified or approved by the state for the provider's specialty or facility/program status;
- Professional License current and valid and not encumbered by restrictions, including but not limited to probation, suspension and/or supervision and monitoring requirements;
- Clinical privileges in good standing at the institution designated as the primary admitting facility if applicable, with no limitations placed on the practitioner's ability to independently practice in his/her specialty;
- Graduation from an accredited professional school and/or highest training program applicable to the academic degree, discipline or licensure;
- Board Certification, if indicated on the application;
- A copy of a current Drug Enforcement Administration (DEA) or Controlled Dangerous Substance (CDS) Certificate, as applicable;
- No adverse professional liability claims which result in settlements or judgments paid by or on behalf of the practitioner, which disclose an instance of, or pattern of, behavior which may endanger patients;
- No exclusion or sanctions/debarment from government programs;
- Current specialized training as required for practitioners;
- No Medicare and/or Medicaid sanctions.

SDCBHP also requires:

- Current, adequate malpractice insurance coverage;
- Work history (past 5 years) for the provider's specialty;
- No adverse record of failure to follow SDCBHP policies, procedures or Quality Management activities. No adverse record of provider actions which violate the terms of

the provider agreement;

- No adverse record of indictment, arrest or conviction of any felony or any crime indicating patient endangerment;
- No criminal charges filed relating to the provider's ability to render services to patients;
- No action or inaction taken by provider that, SDCBHP's sole discretion, results in a threat to the health or well-being of a patient or is not in the patient's best interest;
- Residential Programs (facilities) must be evaluated at credentialing and re-credentialing. Those who are accredited by an accrediting body accepted by Optum (currently JCAHO, CARF, COA and AOA) must have their accreditation status verified. On-accredited Residential Facilities/Sites providers must provide documentation from most recent audit performed by DHCS, DHS or CMS as applicable.

Re-credentialing via Optum

SDCBHP requires that individual practitioners and Residential Programs Sites undergo re-credentialing every three (3) years.

Re-credentialing will begin approximately six (6) months prior to the expiration of the credentialing cycle.

Required documentation includes without limitation attestation as to: (a) any limits on the participating provider's ability to perform essential functions of their position or operational status; (b) with respect to individual practitioner participating providers, the absence of any current illegal substance or drug use; and (c) the correctness and completeness of the application (including without limitation identification of any changes in or updates to information submitted during initial credentialing).

Failure of a participating provider to submit a complete and signed re-credentialing application, and all required supporting documentation timely and as provided for in the re-credentialing application and/or requests from Optum, may result in termination of participation status with SDCBHP and such providers may be required to go through the initial credentialing process.

Credentialing information that is subject to change must be re-verified from primary sources during the re-credentialing process. The practitioner must attest to any limits on his/her ability to perform essential functions of the position and attest to absence of current illegal drug use.

Provider Enrollment via Optum

Consistent with [DHCS Information Notice 20-071](#), Optum will enroll all applicable network providers, including individual rendering providers, through the [DHCS Provider Application and Validation for Enrollment \(PAVE\) portal](#). Billing providers are subject to the rules, processing

requirements, and enrollment timeframes defined in Welfare and Institutions Code Section 14043.26, including the timeframe within Section 14043.26(f) that generally allows DHCS up to 180 days to act on an enrollment application. For Applicable Providers, Optum's Enrollment Coordinator will begin an Ordering Referring Prescribing (ORP) Application or an Affiliation Application as applicable in PAVE within 5 business days from the date the provider returned an application for credentialing complete to Optum. Providers will receive an email from PAVE asking them to log in and respond to the disclosure questions and sign their application. Providers shall respond to the notification email from PAVE and complete their application within 5 business days.

Delegates and Delegation

Entities –that have opted to be delegates for credentialing their own providers will have to adhere and continue adherence to state and local regulations, SDCBHP requirements, and National Committee of Quality Assurance Standards (NCQA) while performing their duties as Credentialing Delegates.

Delegated Entities will be audited by Optum on behalf of the County of San Diego County Behavioral Health Services and must receive a score of 85% or higher as a result of each audit. The Delegation Oversight Audits will be on an annual basis and Delegated Entities will receive at a minimum thirty (30) days prior notice to allow for proper preparation. Any scores below 85% will be given Corrective Action Plans to address any deficiencies and to ensure continuance of the programs' integrity and compliance.

Delegated Entities shall be responsible for enrolling all applicable new and existing providers through the [DHCS Provider Application and Validation for Enrollment \(PAVE\) portal](#) and maintain compliance with the requirements outlined in [DHCS Information Notice 20-071](#)

ADULT AND CYF SYSTEMS OF CARE

PROFESSIONAL LICENSING WAIVER REQUIREMENTS

Professional Licensing Waiver Guidelines -Welfare and Institutions Code (W&IC) Section 5751.2.

Complete professional licensing waiver requirements and instructions on how to request these waivers are available in DMH Letter 10-03:
<http://www.dhcs.ca.gov/formsandpubs/MHArchiveLtrs/MH-Ltr10-03.pdf>. This document is also posted on the OPTUM website.

A summarized text (five paragraphs) of W&IC Section 5751.2(a-e) appears below in italics. Department of Health Care Services (DHCS) comments follow each paragraph as dot points.

Section 5751.2 (a): Both county employees and contract providers providing Mental Health Services, regardless of payer source, are subject to all applicable requirements of law regarding professional licensure.

- This applies to all psychologists, clinical social workers, professional clinical counselors or marriage and family therapists employed by, or under contract to, local mental health programs.
- This does not apply to persons employed by or under contract to health facilities licensed by the California Department of Public Health. Waiver requests for these persons should be directed to the California Department of Public Health.
- The phrase “Mental Health Services” in this section refers to those types of treatment and services that require the practitioner to hold a license.

Section 5751.2.(b): Persons employed as psychologists and clinical social workers, while continuing in their employment in the same class as of January 1, 1979, in the same program or facility, including those persons on authorized leave, but not including intermittent personnel, shall be exempt from the requirements of subdivision (a).

- In order to qualify under this section, an individual would need to be employed in the same position and facility in which she/he was employed on January 1, 1979.

Section 5751.2. (c): While registered for the purpose of acquiring the experience required for licensure, persons employed or under contract to provide mental health services pursuant to this part as clinical social workers, marriage and family therapists, or professional clinical counselors shall be exempt from subdivision (a). Registration shall be subject to regulations adopted by the appropriate licensing board.

- Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), and Licensed Professional Clinical Counselor (LPCC) candidates do not need a waiver. (See the exception to this statement under Section 5751.2 (e) below for license-ready persons recruited from outside California.)
- Each LCSW, LMFT and LPCC candidate is to remain registered with her/his licensing board until such time as the candidate is licensed. As stated in the statute, such registration shall be subject to regulations adopted by the appropriate licensing board. The candidate must remain registered even though he/she is no longer accumulating hours.

Section 5751.2. (d): The requirements of subdivision (a) shall be waived by the State Department of Health Care Services for persons employed or under contract to provide mental health services pursuant to this part as psychologists who are gaining the experience required for licensure. A

waiver granted under this subdivision may not exceed five years from the date of employment by, or contract with, a local mental health program for persons in the profession of psychology.

- Each psychologist candidate must obtain a waiver – even if he/she is registered with his/hers licensing board.
- In order to be eligible for such a waiver, the psychologist candidate must have successfully completed 48 semester/trimester or 72 quarter units of graduate coursework, not including thesis, internship or dissertation. An official copy of a transcript reflecting completion of this coursework requirement must be submitted with the waiver application. Additionally, the applicant’s resume must be submitted encompassing the last six months of work and/or internship.
- There is no statutory provision for extension of psychologist candidate waivers beyond the five-year limit.

Section 5751.2. (e): The requirements of subdivision (a) shall be waived by the State Department of Health Care Services for persons who have been recruited for employment from outside this state as psychologists, clinical social workers, marriage and family therapists, or professional clinical counselors and whose experience is sufficient to gain admission to a licensing examination. A waiver granted under this subdivision may not exceed five years from the date of employment by, or contract with, a local mental health program for persons in these four professions who are recruited from outside this state

- To be eligible, the psychologist, LCSW, LPCC or LMFT candidate must be recruited from outside California and have sufficient experience to gain admission to the appropriate licensing examination. For applicants in this category, a letter from the appropriate California licensing board which states that the applicant has sufficient experience to gain admission to the licensing examination must be included with the waiver application. Additionally, the applicant must submit evidence of their out-of-state licensure.

The following general points should be noted:

- Mental Health Plans (MHPs) should submit and receive approval for waivers under subdivisions 5751.2(d) [psychologist candidates] and 5751.2(e) [candidates recruited from outside California whose experience is sufficient to gain admission to the appropriate licensing examination] prior to allowing candidates to begin work for which a license or waiver is required.
- Waivers are not transferable from one MHP to another. If an individual who obtained a waiver while working for one MHP terminates employment and is subsequently hired by a second MHP, an application for a new waiver must be submitted by the second MHP

prior to allowing the candidate to begin work for which a license or waiver is required. When requesting a waiver under a new MHP, the applicant must complete the DHCS-1739 form including the following information: name, name of county where services are provided, new employer contact, and applicant return address.

- If an applicant changes employer within the same county/MHP no notification to DHCS is needed and a reapplication is not required.
- Once a waiver is granted, the waiver period runs continuously to its expiration point unless the MHP requests that it be terminated earlier.

Use the “Mental Health Professional Licensing Waiver Request” form (and instruction sheet) included in Appendix M (A.M.1). Please review the instructions prior to faxing the waiver requests to the QM Unit, Attn: Waiver Requests at (619) 236-1953 or email documents to QIMatters.hhsa@sdcountry.ca.gov. For additional questions, please contact your QM Specialist.

Clearances for Work with Minors

Contractor’s employees, consultants, and volunteers, who work under given contract and work directly with minors, shall have clearances completed by the contractor prior to employment and annually thereafter.

- Employees, consultants, and volunteers shall successfully register with and receive an appropriate clearance by “Trustline” (<http://www.trustline.org/>) or equivalent organization or service that conducts criminal background checks for persons who work with minors. Equivalent organizations or services must be approved by the COR prior to use by contractor.
- Employees, consultants, and volunteers shall provide personal and prior employment references. Contractor shall verify reference information, and employees, consultants, and volunteers shall not have any unresolved negative references for working with minors.
- Contractor shall immediately remove an employee, consultant, or volunteer with an unresolved negative clearance.

LICENSED PROFESSIONAL COUNSELORS (LPCCs) AND PCC INTERNS

The scope of practice for LPCCs includes assessment and treatment of individuals and groups. It does not include the assessment or treatment of couples or families unless specific qualifications defined in California law have been met. For complete details, select this link to be taken to the Board of Behavioral Sciences notice:

http://www.bbs.ca.gov/pdf/forms/lpc/lpc_scope_practice.pdf

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Documentation and Co-Signature Requirements

Staff that provide mental health services are required to adhere to certain documentation and co-signature requirements. For the most current information on co-signature requirements, please refer to the Uniform Clinical Record Manual. This manual will instruct staff on form completion timeframes, licensure and co-signature requirements, and staff qualifications necessary for completion and documentation of certain forms.

<p>In general, staff that hold the license of an M.D., D.O., N.P., R.N., Ph.D., LCSW, LPCC, or MFT do not require a co-signature on any documentation in the medical record. This also holds true for registered associates with the Board of Behavioral Sciences (ASW, PCI or IMF), or staff waived according to State guidelines. These above referenced staff may also provide the co-signature that is required for other staff. Staff that does not meet the minimum qualifications of an MHRS shall have adequate clinical supervision and co-signatures from a licensed/registered/waivered staff. CO-SIGNATURE REQUIREMENTS (From Documentation and Uniform Clinical Record Manual)</p>			
<p>YES - co-signature required NO - co-signature <u>not</u> required N/A - credential cannot provide service</p>			
STAFF DISCIPLINE	Behavioral Health Assessment	Client Plan	Discharge Summary
M.D.	NO	NO	NO
Doctor of Osteopathic Medicine (D.O. or DO)	NO	NO	NO
Ph.D. Psy.D licensed/waivered	NO	NO	NO
Ph.D. Psy.D registered	YES	YES	YES
LCSW, MFT licensed/registered/waivered	NO	NO	NO
Licensed Professional Clinical Counselor (LPCC) Associate Professional Clinical Counselor (APCC)	NO	NO	NO
Nurse Practitioner (NP)	NO	NO	NO
Registered Nurse (RN) **See consideration below	NO	NO	NO
Licensed Vocational Nurse (LVN)	YES	YES	YES
Licensed Psychiatric Technician (LPT)	YES	YES	YES
Mental Health Rehab Specialist (MHRS) <i>ADULT programs</i>	YES	YES	YES
Mental Health Rehab Specialist (MHRS) <i>CYF programs</i>	N/A	YES	N/A
Masters Level Student Interns	Yes	Yes	Yes

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Staff not meeting minimum qualifications for MHRS	N/A	N/A	N/A
** According to DHCS guidelines, providing a mental health diagnosis is out of the scope of practice of R.N., LVN, MHRS and LPT staff.			

Masters Level Student Interns must be under formal agreement between the Master's program and the Provider to serve as interns. This agreement allows for the Masters Level Student Intern staff, at the program's discretion, to complete documentation such as the Behavioral Health Assessment, Client Plan, Discharge Summary, and Progress notes with a co-signature.

Staff Supervision and Management Requirements

- Programs must provide supervision in amount and type that is adequate to ensure client safety, maximize gains in functioning, and meet the standards of the professions of those staff employed in the program.
- Programs who employ waived/registered staff receiving supervision for licensure must offer experience and supervision that meet the requirements of the licensing board to which the person is registered.
- Contractor shall ensure provision of required supervision for Nurse Practitioner staff or intern.
- Supervisors may supervise up to 8 clinical staff (licensed, registered, waived, and Masters Level Student Interns) and up to 12 total staff, to include clinical staff.
- Programs must provide adequate training, supervision, and co-signatures by a licensed/registered/waived staff for staff that does not meet the minimum qualifications of an MHRS.
- Any exceptions to these requirements must be approved by the COR.
- Contractor shall notify COR prior to personnel change in the Program Manager position. A written plan for program coverage and personnel transition shall be submitted to COR at least 72 hours prior to any personnel change in the Program Manager position. In addition, the resume of candidate for replacement shall be submitted to the COR for review and comment at least 72 hours prior to hiring.
- Program shall provide the COR an organizational chart identifying key personnel and reporting relationships within 72 hours of any changes to organizational structure.

Staffing Requirements

- All providers shall have staff in numbers and training adequate to meet the needs of the program's target population.
- Psychiatry time: Day Treatment programs, including Intensive and Rehabilitation, shall

have psychiatry time sufficient to provide psychiatrist participation in treatment reviews, plus one hour per week for medication management per 8 clients on medication (Intensive) or 10 clients on medication (Rehab). Outpatient programs must also have psychiatry time sufficient to allow the psychiatrist's participation in treatment reviews, especially where medications may be discussed, plus up to one hour per month for each new client to be assessed and one half hour per month per client on medications, for medication follow up.

- Head of Service and providing clinical direction: Most programs' contracts require that the Program Manager (Head of Service) be licensed. If the Program Manager is not licensed, there must be a Clinical Lead who can provide clinical supervision and perform certain tasks, such as diagnosing, that are within the scope of practice of licensed and waived persons.
- Day Treatment staffing: per the requirements of Title 9, the program must maintain a client to staff ratio of 8:1 (for Intensive programs) and 10:1 (for Rehab programs) at all times. Staff counted in the ratio must be Qualified Mental Health Professionals or licensed or waived. In addition, County guidelines require that at least half the clinical staff in Intensive programs be licensed/waived.
- Short Term Residential Treatment Program (STRTP) staffing: per Interim STRTP Regulations (Version II), STRTP shall have at least one full-time equivalent STRTP mental health program staff from the following list for each six children or fraction thereof admitted to the program.
 - i. Physicians
 - ii. Psychologist: licensed or waived,
 - iii. LCSW, LMFT, and LPCC: licensed/registered/waived
 - iv. RN
 - v. LVN
 - vi. Psychiatric Technicians
 - vii. MHRS
- Outpatient providers' ratio of clinicians/therapists to Masters Level Student Interns shall be no more than 1:3 FTE, i.e., there must be at least one FTE licensed clinician per FTE Masters Level Student Interns. Masters Level Student Interns may provide psychotherapy services, under the close supervision of the clinician/therapist.
- CYF Contractors shall **budget 40 unduplicated clients per direct clinical FTE** (excluding trainees/students); with any exceptions requiring written rationale by program and written COR pre-authorization, noting that billable minutes based on the 1:40 ratio shall be maintained.
- Contractor AOA programs shall follow client to direct clinical FTE ratios as outlined in executed contract exhibits A & C.

- Interdisciplinary Team: Programs must have an interdisciplinary team that includes psychiatrists that meet the “psychiatry standards.” Psychiatrists must participate in the regularly scheduled interdisciplinary team meetings where cases are reviewed. A goal of 3-4 hours of licensed psychiatry time weekly is established for Outpatient programs, a goal of 4 hours for Day Treatment (Intensive) and a goal of 3 hours for Day Treatment (Rehab).
- Any exceptions to these requirements must be approved by the COR.

Use of Volunteers and Masters Level Student Interns

- Provider shall utilize family and community members as volunteers in as many aspects of the programming as possible, including teaching a special skill and providing one-on-one assistance to clients. Particular emphasis shall be made to recruit volunteers from diverse communities within program region.
- Provider shall have policies and procedures surrounding both the use of volunteers and the use of employees who are also clients/caregivers.
- Licensed staff shall supervise volunteers, students, interns, mental health clients and unlicensed staff involved in direct client care.
- Masters Level Student Interns assigned to a program must have on file the written agreement between the school and agency with specific timelines which will act to demonstrate the official intern status of the student which determines scope of practice. Copy of document can be maintained in the Signature Log which often stores copies of staff qualifications.
- Signature Log and Documentation of Qualifications
- Each program shall maintain a signature log of all individuals who document in the medical record.
- Signature log contains the individual’s typed/printed name, credentials/job title and signature.
- Included with the signature log, or in another accessible location, a copy of each individual’s qualifications shall be stored (license, registration, waiver, resume, school contract, high school or bachelor’s degree, documentation of COR waiver, etc.). This documentation is used to verify scope of practice.
- Program is responsible to ensure that current copy of qualifications (i.e., license, registration, etc.) is kept on file. Expired documents are to be maintained as they demonstrate qualifications for a given timeframe.
- Signature entries and copies of qualifications of staff that are no longer employed by the program are to be maintained, as they documented in the medical record.

ADULT/OLDER ADULT SYSTEM OF CARE

Staffing

Commensurate with scope of practice, mental health and rehabilitation services may be provided by any of the following staff:

- Physician
- Licensed/Registered/Waivered Psychologist
- Licensed/Registered/Waivered Clinical Social Worker
- Licensed/Registered/Waivered Marriage and Family Therapist
- Licensed/Registered/Waivered Professional Clinical Counselor
- Nurse Practitioner
- Registered Nurse
- Licensed Vocational Nurse
- Licensed Psychiatric Technician
- Mental Health Rehabilitation Specialist (*see definition below*)
- Staff with a bachelor's degree in a mental health related field (see supervision and co-signature requirements)
- Staff with two years of full-time equivalent experience (paid or unpaid) in delivering mental health services (see supervision and co-signature requirements)
- Staff without bachelor's degree in a mental health field or two years of experience (see supervision and co-signature requirements)

Mental Health Rehabilitation Specialist (MHRS). A mental health rehabilitation specialist is an individual who has a baccalaureate degree and four years of experience in a mental health setting as a specialist in the fields of physical restoration, social adjustment, or vocational adjustment. Up to two years of graduate professional education may be substituted for the experience requirement on a year-for-year basis. Up to two years of post-associate arts clinical experience may be substituted for the required educational experience (as defined in Title 9) in addition to the requirement of four years of experience in a mental health setting.

CYF SYSTEM OF CARE

Staffing

- Contractor's program staff shall meet the requirements of Title 9, Division 1, Article 8 and Title 9, Chapter 11 of the California Code of Regulations as to training, licensure, and clinician/client ratios. All staff shall operate within the guidelines of ethics, scope of practice, training and experience, job duties, and all applicable State, Federal, and County standards. Contractor shall provide sufficient staffing to provide necessary services and

Medicare approved services to Medicare covered clients. Current and previous documentation of staff qualifications shall be kept on file at program site.

- Psychotherapy shall be performed by licensed, registered, waived, or Masters Level Student Intern (with co-signature by LPHA) staff in accordance with State law.
- Psychiatrists shall have completed a training program in a child or adolescent specialty (must be Board eligible in child and adolescent or adolescent psychiatry), for programs that serve youngsters under 13 years of age, or have 5 years of experience offering psychiatric services to children and adolescents. Any exception to this must be approved by the Mental Health Services Clinical Director and the COR.
- Nurses and Psychiatric Technicians may bill Medication Support to Medi-Cal under the non-MD service code 20, as long as the service provided is within the individual's scope of practice and experience and documentation supports the service claimed. Qualified Mental Health Professionals (QMHP) / Mental Health Rehabilitation Specialist who provide direct, billable service must hold a BA and 4 years of experience in a mental health setting as a specialist in the fields of physical restoration, social adjustment, or vocational adjustment. Up to two years of graduate professional education may be substituted for the experience requirements on a year for year basis. Up to two years of post-associate arts clinical experience may be substituted for the required educational experience in addition to the requirement of four years of experience in a mental health setting. Staff work under the direction of a licensed or waived staff member.
- Rehabilitation Staff (non-licensed, non-waiverable, also referred to as Para Professionals) who provide direct, billable service at a minimum must have a high school diploma/GED, be 18 years old, have at least one-year full time (or equivalent) experience working with children or youth, a positive reference by a supervisor from that work experience, and must work under the direction of a licensed or waived staff member.
- Family / Youth Support Partners who provide direct, billable service must have direct experience as the parent, care giver, or consumer in a public agency serving children, and demonstrate education and/or life experience commensurate with job duties. Youth (at least 12 years of age and up to 25 years of age) must meet work permit requirements when applicable. Partners must receive ongoing training and work under the direction of a licensed or waived staff member.
- All direct service staff shall have had one year of supervised experience with children and adolescents.
- Any exceptions to these requirements must be approved by the COR.