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**CHAPTER 13: MENTAL HEALTH CLINICS**

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**STAFFING AND TRAINING**

**Staff Composition**

The composition of clinical staff shall be determined by the facility based on an assessment of the needs of the community being served, the facility's goals, the programs provided, and applicable laws and regulations. The clinic must clearly describe the basis for decisions related to staff size and assignment.

The staff shall be interdisciplinary, including but not limited to at least one of the following:

- Physician (preferably a psychiatrist) who is responsible for directing and coordinating the medical care of patients;
- Social worker;
- Psychologist; and
- Registered nurse.

If the physician is not a psychiatrist, regular psychiatric consultation must be provided. Supervision must be provided by qualified licensed professional personnel for all non-licensed and paraprofessional clinical staff.

**Staffing Requirements for Covered Services**

The following professionals are authorized to record an established DSM diagnosis following a comprehensive evaluation:

- Licensed Physician – based on the Psychiatric Evaluation;
- Licensed Clinical Social Worker (LCSW) – based on the Psychosocial Evaluation; and
- Licensed Psychologist and Medical Psychologist (MP) – based on the Psychological Evaluation.

**NOTE:** All other Licensed Independent Practitioners (LIPs) may record a diagnostic impression pending concurrence/confirmation by one of the disciplines noted above.

The following professionals are authorized to administer, interpret and report the results of psychological testing as defined in R.S. 37:2352(5) and LAC 46, Part 63: Chapter 17:§1702:

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- Licensed Psychologist and Medical Psychologist (MP);
- Unlicensed assistants as defined in LAC 46, Part 63, Chapter 11:§1101 or Act 251, §1360.61(G) only if directly supervised by a licensed psychologist or medical psychologist per regulations of the Louisiana State Board of Examiners (LSBE) or the Louisiana State Board of Medical Examiners (LSBME);
- Physicians who have competence in this area of practice

The following professionals are authorized to provide direct clinical treatment services that are within their defined scope of practice and for which they have competence and based on an established treatment plan which has been authorized by a physician:

- Physician;
- Advanced Practice Registered Nurse (APRN);
- Licensed Clinical Social Worker (LCSW);
- Licensed Psychologist or Medical Psychologist (MP);
- Licensed Professional Counselor (LPC);
- Licensed Marriage and Family Therapist (LMFT);
- Licensed Addiction Counselor (LAC).

All other staff providing direct care services must be directly supervised by the licensed professional within their discipline (for example Social Service Counselor supervised by LCSW; Registered Addiction Counselor by LAC; Licensed Professional Counselor Intern by LPC; Associate to a Psychologist (ATAP) by a Licensed Psychologist or MP; etc.). This form of supervision is in compliance with the regulations and standards established by the respective regulatory boards for that discipline.

DHH allows certain unlicensed staff to provide services under the supervision of a licensed professional as required for clinical training leading to licensure. The supervising professional must review, approve and sign all legal medical documents related to diagnosis, assessment or evaluation and treatment plan.

The standard for supervision within specific disciplines may not be feasible under certain circumstances due to the human resource limitations within certain publicly operated programs. When such resource limitations exist, the Clinical/Medical Director of the facility/program shall establish a supervisory plan to oversee the clinical work of the employees who do not have access to supervision through their professional discipline.

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The supervision provided shall not be considered as satisfying any requirements related to supervisory requirements for purposes of professional licensure, but only reflects the supervisory requirements of the public facility and its services which are delivered under a physician directed program within the Office of Behavioral Health (OBH) region.

**Staff Organization**

The clinic shall have an organizational chart which specifies the relationships among the governing body, the director, the administrative staff, the clinical staff, and supporting services; their respective areas of responsibility; the lines of authority involved; and the types of formal liaison between the administrative and clinical staff. The organizational chart must also reflect medical responsibility for the care of recipients.

The administrative and clinical staff shall be organized to carry out effectively the policies and programs of the facility. The organizational chart must reflect relationships with affiliate agencies which provide services by these standards.

The organizational chart must be reviewed and updated as necessary, at least annually.

**Staff Development Including Orientation and Training**

The provider must maintain records of participation in appropriate staff development programs for all administrative, clinical and support personnel. Staff development programs must reflect all programmatic changes in the facility and should contribute toward the preparation of personnel for greater responsibility and promotion. These programs should include intramural activities as well as educational opportunities available outside the facility. Facility based programs shall be planned and scheduled in advance and held on a continuing basis. The activities must be documented in order to evaluate their scope and effectiveness.

Providers must make appropriate orientation and training programs available to all new employees.