

# Cornerstone Behavioral Healthcare

## Section 13. Personnel

- A. Personnel Records:** Cornerstone Behavioral Healthcare (CBH) will maintain records for all personnel in accordance with Behavioral Health Organizations Licensing Rule 10-144 CMR Ch. 123. See PM.21 Personnel Files.
- B. Background Check:** CBH will comply with the requirements of 10-144 CMR Ch. 60, Maine Background Check Center Rule, for conducting background checks for direct access workers. See PM. 21 Personnel Files and PM. 5 Selection, Recruitment, and Retention. CBH will also secure, document, and retain the results of a check of the following, as applicable:
1. The individual's good standing with the appropriate licensing board, if applicable.
  2. The driving record of personnel whose job responsibilities are expected or reasonably anticipated to include the transportation of clients in a motor vehicle, and retain that record in each employee's personnel file. CBH will review the employee's driving record and assess their ability to safely transport clients.
  3. Adult Protective Services and Child Protective Services records to review the individual's history of abuse and/or neglect and evaluate how that history may impact employability.
- C. Qualifications:** See PM.21 Personnel Files, PM.5 Selection, Recruitment, and Retention, and PM. 28 Licensing of Staff.
1. CBH's personnel will be qualified to provide services by education, training, supervisory experience, licensure, or the equivalent, consistent with job descriptions and required qualifications; and
  2. CBH will ensure its personnel are qualified and will maintain documentation of the references and credentials of prospective personnel, including:
    - a. Education, training, relevant experience, employment, and professional recommendations; and
    - b. State registration, licensing, or certification for the respective discipline, if any.
- D. Job Descriptions:** CBH will have written job descriptions for personnel. See PM.21 Personnel Files.
1. Job descriptions will state the qualifications, job expectations, essential position functions, responsibilities, and supervisory relationships for each position or group of like positions.
  2. Job description will be reviewed and updated at least annually to evaluate the skills, education, and experience relevant to the licensed program, client needs, the specific services provided, and the qualifications or credentials required for personnel. See PM.13 Performance Evaluations.
  3. Job description changes and updates in performance expectations will be reviewed with each employee as part of an annual performance evaluation. See PM.13 Performance Evaluations.
- E. Work Description: Students and Volunteers:** Students and volunteers who have direct contact with clients will have a written work description that includes an explanation of their relationship to the organization, minimum qualifications, essential work functions, responsibilities, and supervisory relationships. See PM.22 Volunteers and Students.

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- F. Staffing:** CBH will maintain a pattern of staffing that is sufficient to meet the service plan delivery needs for all clients enrolled. See PM.28 Licensing of Staff.
1. CBH's staffing pattern will comply with licensing, credentialing, and training requirements, including access to supervision and consultation, directly or through independent contractors and across CBH's sites.
  2. CBH will ensure that personnel providing services for a client are acting within the scope of their individual license or certification.
- G. Nurse Consultant:** CBH does not regularly administer medication. If medication is administered, it is always done under the supervision of a qualified provider. See Sect 15 Medication Management rules.
- H. Clinical Supervisor:** CBH will provide clinical oversight of clinical services. The clinical supervisor will be an appropriately-trained and independently-licensed practitioner practicing within the scope of their license, consistent with applicable professional licensing requirements.
1. CBH's clinical supervisors will be responsible for the delivery of appropriate care by persons supervised by the clinical supervisors.
  2. Clinical supervisors will have training in supervision and the credentials to provide supervision consistent with core standards and applicable program-specific requirements as set out in this rule.
  3. The clinical supervisor will be personally available or ensure the availability of an appropriate clinician for emergency consultation and intervention.
  4. The clinical supervisor will be responsible for clinical supervision of, or consultation with, fully-licensed clinicians and independent contractors (aka affiliates) who provide clinical services.
    - a. Clinical supervision will focus on the effectiveness of client-specific services, sound clinical practice, evidence-based practices, and continuity of care. The clinical supervisor will:
      - i. Review case records and progress notes;
      - ii. Review the adequacy and completeness of screenings, assessments, and referrals;
      - iii. Conduct reviews jointly with the supervisee;
      - iv. Review and sign service plans as the supervisee's certification or their license requires;
      - v. Participate in the development of the supervisee's counseling skills, as applicable; and
      - vi. Clinical supervisor or appropriately licensed designee will provide individual or group supervision or consultation for at least one hour each month involving a face-to-face encounter, phone conversation, or video-conference exchange between the supervisor or appropriately licensed designee and the supervisee. Affiliates are responsible for obtaining and documenting all clinical consultations and submitting them to our contract administrator for their affiliate files.

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- b. The clinical supervisor will:
    - i. Provide education about clinical issues and treatment modalities, review of new policies, and other issues as applicable; and
    - ii. Conduct individual and group supervision for supervisees.
  - c. Time recorded as clinical supervision will not be counted as training or administrative supervision.
  - d. Documentation of all clinical supervision, including students, will be signed and dated by the clinical supervisor. The record of supervision will include the date of supervision, the name of the supervisee, and the duration and content of supervision
5. Regularly scheduled clinical supervision will be provided to staff who are not licensed to practice independently in accordance with the following:
- a. Staff providing 20 hours or more of direct service per week will receive at least four hours of clinical supervision every month;
  - b. Staff providing less than 20 hours of direct service per week will receive prorated clinical supervision, scheduled weekly or otherwise, that equals at least one hour of clinical supervision every month; and
  - c. Students accepted for field placements will be under the direct supervision of a clinical supervisor, or another professional when clinical supervision is not required.
    - i. The clinician or other professional supervisor will be responsible for supervising the direct services provided by the student.
    - ii. Student supervision will include the minimum organizational requirements for supervision of students, including minimum hours of supervision within identified time periods, in accordance with the organization's written policies.
6. CBH will be responsible for the health and safety of its clients and for ensuring that the requirements of applicable statutes and rules are met.
- I. Orientation and Training:** CBH will ensure that personnel participate in orientation, training, and development programs that provide information necessary to effectively perform their job responsibilities; promote opportunities for learning and skill enhancement; and promote awareness of, and sensitivity to, the cultural backgrounds and needs of the population served. See PM.11 Orientation and Training.
1. CBH will have a written plan for the orientation and training of personnel that is reviewed and updated annually.
  2. CBH will ensure that personnel receive, at a minimum, ongoing annual training consistent with the specific services provided, as set out in relevant licensing and certification standards.
  3. CBH will include the following program-specific orientation elements for all personnel before they assume their job responsibilities:
    - a. Orientation to the common life experiences of clients of behavioral health services, conducted by a client of behavioral health services;
    - b. Orientation to adverse reactions to psychoactive medications, if applicable;
    - c. Orientation to child development and children's educational needs, for personnel who work with children or adolescents;
    - d. Orientation to psycho-geriatrics and communication techniques with elderly clients, for personnel working with individuals over the age of 60; and
    - e. Orientation to mandated reporting requirements as stated in 22 MRS 22 MRS

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§3477 and 22 MRS §4011-A.

4. CBH will ensure that staff providing children's behavioral health services participate in Trauma-Informed Care training and SAMHSA's System of Care Principles training within the first 90 days of employment.
- J. **Staff Credentials:** CBH acknowledges that only the following are included in the definition of clinical staff in Substance Use Disorder programs:
1. A Licensed Alcohol and Drug Counselor (LADC) and a Certified Alcohol and Drug Counselor (CADC), or a(n):
    - a. Registered Nurse certified as a Psychiatric Nurse,
    - b. Advanced Practice Registered Nurse (APRN) with appropriate specialization certification,
    - c. Medical Doctor (M.D.),
    - d. Doctor of Osteopathy (D.O.),
    - e. Licensed Clinical Psychologist,
    - f. Licensed Clinical Social Worker (LCSW),
    - g. Licensed Clinical Professional Counselor (LCPC), or a
    - h. Licensed Marriage and Family Therapist (LMFT).
  2. Any individual with a credential listed in Section J (1) (a-h) above will be employed as clinical staff in a Substance Use Disorder program only when that individual has completed one (1) year clinical experience in substance use treatment and a minimum of sixty (60) hours of alcohol and drug education within the last five (5) years.
  3. Education accepted by the Department includes, but is not limited to, training and continuing education approved by the Maine State Board of Alcohol and Drug Counselors, 02-384 CMR Chapters 1-9.
  4. Any of the credentials listed in Section J (1) (a-h) above may forego additional education hours and experience if they possess a Certified Clinical Supervisor (CCS) credential.

*Frank Willard*

12/16/2025

CEO

Date