

Clinical supervision

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Legal authority	CMS-approved state plan amendment – 2017 (PDF) , CMS-approved state amendment – 2018 update (PDF) , CMS-approved state plan amendment – 2021 update (PDF) , CMS-approved state plan amendment – 2022 update (PDF) , Minn. Stat. §256B.0949	
Definitions	<p>Clinical supervision: The overall responsibility for the control and direction of EIDBI service delivery, including:</p> <ul style="list-style-type: none"> • Individual treatment plan (ITP) development and progress monitoring. • Staff supervision. • Treatment review for each person who receives services. <p>Qualified supervising professionals (QSPs) are the primary clinical supervisors. Other qualified EIDBI providers may supplement clinical supervision services as clinically appropriate. During clinical supervision, the QSP takes full professional responsibility for the service provided by each supervisee and the clinical effectiveness of all interventions.</p> <p>Supervisee: An individual EIDBI provider who receives documented clinical supervision while they deliver EIDBI services. They may be working toward licensure or certification.</p>	
Clinical supervision requirements	<p>QSPs must ensure the supervisee:</p> <ul style="list-style-type: none"> • Provides EIDBI services that are medically necessary, clinically appropriate, culturally responsive and individualized to the unique needs of each person and their family. • Practices in a competent, professional and ethical manner that follows the EIDBI benefit standards. • Engages with and follows the agency’s policies and procedures. • Continues to develop their knowledge and skills. • Follows treatment protocols with fidelity and integrity. <p>EIDBI providers must make sure they provide and receive supervision that aligns with their enrollment requirements.</p> <p>Additional standards</p> <p>In addition to the EIDBI clinical supervision requirements above, when applicable, providers must follow the supervision requirements for:</p> <ul style="list-style-type: none"> • Certification in a specific DHS-recognized treatment modality. • The Behavior Analyst Certification Board (BACB). • The QSP’s professional licensure (e.g., Board of Psychology, Board of Social Work). <p>Upcoming changes to supervision requirements</p> <p>The 2025 Minnesota Legislature passed changes to EIDBI clinical supervision requirements in Minn. Stat. §256B.0949, subd. 16.</p> <p>Minimum supervision ratio requirement</p> <p>Effective Jan. 1, 2026, the QSP must provide at least one hour of clinical supervision for every 16 hours of direct treatment, unless otherwise specified in the person’s EIDBI ITP and Progress Monitoring Form, DHS-7109. For more information, refer to EIDBI – How to complete ITP and Progress Monitoring, DHS-7109.</p> <p>Observation and direction requirements</p> <p>Effective Jan. 1, 2026, the EIDBI agency (i.e., QSP, level I or level II provider):</p> <ul style="list-style-type: none"> • Must provide observation and direction at least once per month for 	

	<ul style="list-style-type: none"> • each person receiving services. • Cannot provide more than two consecutive months of observation and direction via telehealth for each person receiving services. <p>Note: DHS strongly recommends that QSPs fulfill the observation and direction requirements, particularly for people with higher needs and new staff.</p>
<p>Recommended guidelines for clinical supervision</p>	<p>DHS recommends EIDBI providers follow the clinical supervision guidelines below.</p> <p>Clinical supervision frequency and intensity</p> <p>To ensure consistent oversight of direct intervention services, EIDBI providers should determine clinical supervision frequency and intensity based on:</p> <ul style="list-style-type: none"> • Complexity of the person’s needs and programming. • Family dynamics and significant changes or events. • Clinical supervisor’s competence, experience and skills. • Supervisees’ competence, experience and skills. • Average weekly intervention hours per client. • Location and mode of supervision (e.g., center or home, telehealth or in person). • Transitions with implications for continuity of care (e.g., transition to school). • Progress level (i.e., lack of progress, progress increase, progress decrease). <p>Responsibilities</p> <p>The qualified EIDBI provider(s) who deliver clinical supervision are responsible to:</p> <ul style="list-style-type: none"> • Develop and document an initial clinical supervision plan for each person receiving services and each supervisee that includes the supervision frequency and method necessary for treatment integrity. • Document any changes to the clinical supervision plan. • Manage, observe and direct all services provided by lower-level EIDBI providers within the EIDBI provider agency. • Make sure lower-level providers receive the information, training and support necessary to provide EIDBI services independently, specific to the person’s needs. • Determine an appropriate supervisor-to-supervisee ratio to effectively implement EIDBI services. • Perform and document all clinical supervision functions required by EIDBI supervision standards.

<p>Caseload guidelines</p>	<p>DHS recommends clinical supervisors have a consistent and manageable EIDBI caseload that allows them to:</p> <ul style="list-style-type: none"> • Provide appropriate case supervision. • Achieve meaningful treatment outcomes. • Protect clients. • Maintain program quality and strong oversight. <p>How to determine clinical supervisor caseloads Clinical supervisors with expertise in a variety of conditions, complex symptoms or behavior needs and a well-trained and integrated support team may be able to support a slightly higher caseload than clinical supervisors with limited experience or who support supervisees with limited training.</p> <p>QSP assignment and caseload structure QSPs must have a consistent caseload of people receiving services and staff to ensure effective coordination and continuity of care. Each person receiving services must have one clearly designated primary QSP who is responsible for meeting clinical supervision requirements. Agencies can assign additional (i.e., backup) QSPs if necessary.</p> <p>A maximum of two QSPs may sign a child’s treatment plan and share responsibility for clinical supervision and overall program integrity. DHS discourages providers from assigning more than two QSPs because each QSP must sign the plan and consistently coordinate and document supervision. Limiting the number of QSPs:</p> <ul style="list-style-type: none"> • Simplifies oversight. • Improves accountability, especially during audits.
<p>Telehealth requirements</p>	<p>An EIDBI provider may provide clinical supervision via telehealth as clinically appropriate for the person who receives services and within the EIDBI requirements. For guidelines about electronic communication, refer to EIDBI – Telehealth services.</p> <p>Note: Effective Jan. 1, 2026, the clinical supervisor must deliver observation and direction at least once per month with observation and direction via telehealth no more than two consecutive months.</p>
<p>Documentation</p>	<p>Clinical supervisors should document clinical supervision in:</p> <ul style="list-style-type: none"> • The supervisee’s record. • The person’s ITP and case notes. <p>Recommended documentation Documentation in the supervisee’s record should include:</p> <ul style="list-style-type: none"> • Supervision date and duration. • Brief description of the supervision provided. • Supervisor name and title/provider level. • Supervisee name and title/provider level. • Subsequent actions the supervisee should take or changes they should make. • Dated signatures of the providers involved. <p>Required documentation Documentation in the person’s ITP and case notes should include any clinical supervision related to the person’s treatment.</p>
<p>Additional resources</p>	<p>EIDBI – Health service records EIDBI – Observation and direction EIDBI – Overview of EIDBI providers EIDBI – Telehealth services</p>

