

Public-comments-in-support-of.2008

John Baley
28 Brookcliff Drive
Asheville, NC 28804
John.Baley@gmail.com

Members of the Commission:

My name is John Baley and I write in support of the proposed rule change to 21 NCAC 54.2008. My support for this change rests on two bases. The first is the utility of the change for the citizens of North Carolina. This change will increase access to services for children, citizens in rural areas, citizens in economically distressed regions, and citizens that are members of minority groups. The basis for this first claim is well documented, both in the information presented to the NC Psychology Board and in the presentation to the commission. I will not belabor the point, although I will emphasize that there will be a real impact on real people if the contemplated change is not implemented. If the change is not implemented, real North Carolina children will be denied assessments they need to access services in school and the community. Real North Carolina citizens with autism will not receive life-altering behavior therapy. Real money in significant amounts will be wasted on stop-gap measures that would be rendered unnecessary by the change. Real shortages of staff psychologists in the North Carolina Department of Health and Human Services and the North Carolina Department of Public Safety will continue. These are the reasons that the NC Psychology Board, who are the experts on this area, have recommended the change.

A second point remains to be addressed: is the change permissible under the statute? The expense of failing to change the rule in terms of human suffering may be morally compelling. The expense to the taxpayer of maintaining unnecessary stop-gap measures with state tax dollars may be financially compelling. Neither, however, is legally compelling. It is beyond the scope of this letter to fully address the legal issue. I would, however, make one point. The proposed rule change will not eliminate supervision for LPA's in North Carolina- rather, it eliminates the requirement that LPA's are supervised 1:1. They will continue to be supervised by the NC Psychology Board, which is by statute composed of members who individually and collectively meet the requirements of G.S. 90-270.5(e). This supervision is regular in time and direct, as defined by other administrative rules currently in place. It is well within the plain meaning of the statute to allow the NC Psychology Board to define supervision as it will within the limits of the statute, and that is precisely what the Board accomplishes with this rule change.

I recommend that the RRC approve the rule change in keeping with the law as it is written.

Best,



John Baley
Psychologist
Attorney-at-Law

I am writing regarding the North Carolina Psychology Board's (NCPB) proposed rule, 21 NCAC 2008(h) that amends the supervision requirements for Licensed Psychological Associates (LPA). The NCPB clearly recognizes the quality of care and mental health services provided by LPAs in North Carolina to the benefit of our citizens, particularly in rural and non-urban locations, where in about 20 counties, only LPAs provide psychological services.

As a practicing psychologist (LPA) and having received my clinical psychology education at a North Carolina University consistent with the tenets in the North Carolina Psychology Practice Act, I can personally attest to the quality of education and supervision I have received that has provided me a solid foundation to provide care for those persons in need. Further, my employers and supervisors can attest to the quality of my work as evidenced by my performance reviews and supervisor reports. Nonetheless, I am constrained in the services I am able to provide and opportunities for employment by the unreasonable restriction of required career-long supervision.

Currently I work for NC DHHS, Murdoch Developmental Center which alleviates my need to pay out of pocket for supervision, however, the time I spend in supervision, is time that I, and my supervisor, both spend away from serving our clients and essentially, is time paid for by North Carolina taxpayers. This is true for all LPAs working for the state of NC. For a time, I provided much needed therapeutic services to children and adolescents outside of my full-time job, which necessitated a second supervisor and the associated supervision fees. Ultimately, those costs represented a significant factor that made it necessary for me to discontinue the practice. This was terribly distressing for me, as I know the therapy I was providing for the children and their families was very important and much needed, and further, the children I worked with typically experience great difficulty obtaining services. The NCPB has recognized that the barrier of supervision requirements for LPAs inhibits the provision of mental health care in NC, as the restricted LPA license prohibits accreditation on many insurance panels and forces LPAs to incur unnecessary fees for supervision.

The NC Psychology Practice Act allows for reductions in supervision, which currently at Level 2 is two hours per month, and Level 3, is one hour per month (assuming full time work). The idea that one hour of supervision per month will discern competency from incompetency is not only absurd, but importantly, not supported by evidence, in fact to the contrary, evidence shows that supervision past three years is unnecessary and confusing to clients. What's more, it is incumbent on all psychologists (LPs and LPAs) to ascertain competency and seek consultation and education as necessary to obtain or improve competency. Indeed, the North Carolina Psychology Practice and the American Psychological Association's Ethics code provides a failsafe to prevent any potential negative outcomes by strictly prohibiting psychologists from practicing outside of competence.

I applaud the NCPB for recognizing that the North Carolina Practice Act has the authority to regulate the terms of supervision for psychologists, and that the Act does not specify that supervision is required to be permanent or to span the entirety of the careers of LPAs. It is the NCPB that is charged with protecting the public from the practice of psychology by unqualified persons. The NCPB has determined that LPAs pose no such threat but rather, based on decades of quality care provided by LPAs to the citizens of NC, that supervision of LPAs should be modified to recognize the contributions and proficiency in practice by LPAs.

Finally, after reaching the lowest level of supervision (1 hour per month) the required supervision and consequently, the restricted license serves as no more than a restraint on LPAs ability to compete in a fair and open market. This restraint seems to be supported primarily by those who most benefit from requiring LPA supervision, that being Licensed Psychologists. Ironically, this same group (LPs) has historically been subjugated by similar restraint when once required to practice under the license of psychiatrists. Many LPs recognize the absurdity of endless supervision of LPAs and fully recognize the need to change this archaic rule. Please consider these points as you review the NCPB's proposed rule change regarding the supervision of LPAs.

Sincerely,

Carol E. Williams, MA, LPA, HSP-PA, BCBA

WmsPsycholgy@gmail.com



Therapeutic Specialties of NC, PLLC

Formerly Henderson Psychological Services, PLLC

704 South Garnett Street, Henderson, NC 27536

Ph.: 252-431-4418 Fax: 252-572-2418

officemanager@tsofnc.org



January 9, 2020

To Whom It May Concern:

As an LPA in rural North Carolina, I have no options for supervision aside from traveling 40-45 minutes each way once a month. This results in a loss of about 2.5 clinical hours, which costs me about \$375 per month in lost work time, supervision expenses, and mileage. This loss of income hurts as a provider, but it also really negatively impacts the community and clients I serve because of the lost clinical time. On a yearly basis, supervision results in almost \$5,000 in lost wages and 30 clinical hours. To make matter worse, I am one of two LPAs in our practice. Thus, the practice as a whole loses twice that amount. An additional "slap in the face" is that our clinical supervisor has been in practice a number of years less than we have. While we like her very much and do get things from the time, it is nothing more than we could get from other therapists in our practice. No longer being required to have supervision would be a huge benefit in many ways to each of us personally as well as the community and clients we serve.

Sincerely,

Jennifer Call Chang, MA
Licensed Psychological Associate

May, Amber Cronk

From: Kam Congleton <kamcongleton@gmail.com>
Sent: Friday, January 10, 2020 9:11 AM
To: rrc.comments
Subject: [External] Letter of Support for Proposed Rule Change by NCPB ending lifelong supervision for LPAs

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January 2020

Letter of Support for:

The NC Psychology Board's proposed rule changes re: LPA's Supervision

Dear RRC members:

I received my MA in Clinical Psych in 1991 from an outstanding masters level program at UNC-Charlotte. I say that without hesitation because after graduation I immediately passed the licensure test in TN, scoring well above the mean even for doctoral candidates, and eagerly started my first job at a mental health center. I was wonderfully "thrown to the wolves"-- seeing children, adults, couples and groups--with issues that ranged from sexual abuse to schizoaffective disorder; we all pulled pro-bono emergency call; I also conducted psycho-educational assessments and co-led a group for women who had experienced sexual abuse. I met weekly with my Ph.D. supervisor, but most help came from consultations with colleagues/supervisors on an as needed basis, as all clinicians will attest to. I found that most of my colleagues were other MA level clinicians from a variety of training backgrounds.

Within 2 years I found myself serving an active-duty military tour as a "91-G, Behavioral Science Specialist"-- counseling soldiers and pulling

emergency on-call duty at a post in Germany. Issues ranged from trauma-induced psychosis to domestic abuse, date rape and responses to abuse of authority; I also collaborated with our civilian Psychologist to conduct psychological evaluations.

After the military I worked again at a public mental health center, this time in NC, where most clinicians were again MA's—social workers, LPAs, LPCs or clinical nurses.

Because I contend that it is not whether graduate training is 45 hrs or 60hrs that ultimately makes one a good clinician, but it is what you **do** with your training--and what kind of helper you desire to be—that matters most--I have copied verbatim quotes from references I received--serving in these settings during my first 5 years of practice (1991-1994). (I kept hard copy recommendations, as it was pre-digital era. Originals available.)

Comments on Job Performance First Five Years as LPA

"I wish to nominate Kam as Employee of the Month. She is a tireless worker [but] is gentle with her clients. ...in four months she has developed, from scratch, a full case load. Kam has been a welcome addition to our staff. Her combination of caring and of professionalism is an example to us all." --supervising Director, Anthony H., Southridge Psychological Services, satellite of Harriett Cohn Mental Health, first job as Masters level clinician "Psychological Examiner" (Clarksville/Dickson, TN), December 1991

"I supervised Ms. Congleton from 9/93 to 5/94 at 6th Combat Support Hospital, Wurzburg, Germany. During this time she has consistently demonstrated strong diagnostic skills; the ability to rapidly establish a therapeutic alliance; empathic understanding of patients; a solid knowledge of therapeutics; and the ability to make appropriate referrals." --supervising Psychiatrist Dr. Maria R., Wurzburg, Germany, May 1994

"As Chief, Dept. of Psychiatry, 6th Combat Support Hospital, Wurzburg, I have had the pleasure to supervise and work with Ms. Congleton. During her 8 months here, she provided over 800 patient contacts and evaluated 50 new patients. Each evaluation was thorough, well-documented and represented the highest level of competency in diagnoses and treatment planning. Of equal importance was the exceptional interpersonal skill that Ms. Congleton displayed both with patients and colleagues. She was always cooperative, pleasant, and represented the standard for professionalism that others sought to achieve --supervising Chief Psychiatrist, Major Charles S., Combat Support Hospital, Wurzburg, Germany June 1994

"Kam has a high level of personal integrity and professional skills" --colleague, Jane T., ED.d., 1994, mental health center, Greenville, NC

"I found Ms. Congleton to be highly competent and caring in her treatment of patients... Her relationships with mental health professionals a --Dr. Doug F., MD, colleague and supervising Psychiatrist , 1998, mental health center, Greenville, NC

Though my personal competency is not the focus of this proposed rule change, the **competency** of all LPAs actually is the gist of the matter. And it is the reason I chose this route --of quoting from the recommendations for my work pulled indiscriminately from the early years of my practice-- because the ability of LPA's to perform both ethically and competently is what is being questioned. We can and we do perform our jobs ethically, competently and well. And our training enables us to do so just as adequately as other masters level workers in related fields, such as LPC's and MSW's, who are granted independent status after a reasonable period of formal supervision.

Lifelong formal supervision (for which we must pay \$140 +/-hr!) is unnecessary. We have a year of supervised internship in our programs, as do other clinical professionals at this level. After that, a reasonable amount of formal supervision, should suffice, and then we will abide by our profession's ethics and seek out supervision from colleagues for difficult situations on an as needed basis. Accountability and ongoing training are part of the job.

Being burdened financially with inordinate amounts of supervision is not. Plus it requires us to spend time doing that-- rather than serving clients, often in areas that are already underserved, like eastern NC where clients simply cannot pay higher doctoral level rates and few doctoral level practitioners move.

Currently I am primarily working as an educator, as I also have a BS in Education. Why? Because it is less frustrating than trying to work as an LPA with licensure, supervision and insurance issues being confounded. Perhaps if this rule is changed, I may return to more clinical work. There are certainly many clients to serve.

*Thus, please do revise 21 NCAC 54.2008, as the current NCPB is recommending—and end the unnecessary burden of lifelong supervision of LPAs in NC.

Thank you,

G. Kam Congleton, MA, LPA, HSP-PA, NC License # 1824

919-252-8338

January 9, 2020

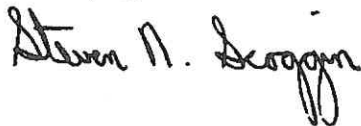
Dear North Carolina Association of Professional Psychologists (NCAPP),

Our organization has recently been updated on the progress that the field of psychology is making in North Carolina by working to expand the access to master's level psychologists/LPAs in North Carolina. We fully support the North Carolina Psychology Board's approved rule changes on November 7th 2019 to NCAC 54. 2008(h) that would allow LPAs to practice independently after 3-5 years of supervised practice.

Our agency believes that the independent practice of master's psychologists would benefit the community by increasing the access to psychological services in the form of psychological assessments, testing, and psychotherapy. We believe vulnerable and underserved populations have the opportunity to benefit the most including the elderly, developmentally disabled, veterans, low-income individuals, those living in rural areas as well as the criminal justice population. Our agency utilizes the services of Master's level psychologists, who provide excellent care. Changing supervisory requirements will increase insurance panel eligibility and help reduce long wait times for individuals seeking psychological services or help those struggling to find in-network providers.

In closing, our agency is in full support of master's level psychologists/LPAs practicing independently in North Carolina. We believe that master's psychologists' opportunity to join the independent practitioners in the behavioral health field, alongside LPCs/LMHCs, LCSWs, LMFTs, and LCASs could play a vital role and in filling service gaps in our community.

Thank you,



Steven N. Scoggin, M. Div., Psy.D, LPC
Associate Vice-President of Behavioral Health
Interim Chair, Department of Psychiatry and Behavioral Medicine

May, Amber Cronk

From: Lara Gerrard <laragerrard@gmail.com>
Sent: Thursday, January 9, 2020 4:31 PM
To: rrc.comments
Subject: [External] LPA Supervision

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To Whom It May Concern:

I am writing in strong support of terminating the ongoing supervision requirements for Licensed Psychological Associates (LPA's) in the state of North Carolina. As a practicing LPA in eastern North Carolina for over 25 years, I have firsthand knowledge of the negative impact this has had. The ongoing supervision requirements have limited my access to be able to see some potential clients, including our many military families. Additionally, there are some insurance companies that I have not been able to be in network with, further limiting my access to clients. The tragedy has been that there are numerous people needing psychological and mental health services, I have been an available provider, and I have had to turn them away. This is even magnified when considering access to psychological evaluations because psychologists are the only ones able to provide this service.

Less importantly but still pertinent is that the ongoing supervision requirements have had negative impacts on me financially related to reimbursement differences.

I urge you to finally take this long overdue step and completely get rid of the ongoing supervision requirements for LPA's.

Thank you so much for your hard work and your consideration.

Lara E. Gerrard, MA LPA

Sent from my iPhone

1/8/2020

NC Rules and Review Commission
1711 New Hope Church Rd
Raleigh, NC 27609

Re: Proposed rule change under 21 NCAC 54.2008

Dear Commission Members,

I am writing in support of the proposed rule change ending lifelong supervision for master's level psychologists. In Western North Carolina, the proposed change would allow for better provision of mental health services to adults in need of specialty services. Asheville is a city whose primary industry is small business. Small private mental health practices provide the bulk of services to residents of this area. I am one of many LPAs restricted in my ability to provide services due to the current rules' configuration.

Twenty years ago, there was a belief that children "grew out" of autism when they reached adulthood. We now know that is not true. With this knowledge has come the need for therapists who are specialists in treating the mental health needs of adults with autism; currently there are very few. In Asheville, I am the only psychologist and only one of two therapists with a private practice specializing in adults on the Autism Spectrum. Asheville has more adults per capita on the Autism Spectrum than average for North Carolina; North Carolina has more Autistic adults per capita than the national average. I have a doctoral supervisor who specializes in children and adolescents with autism. The treatment needs of adults with autism are different than children; they have diverse needs requiring multifaceted therapeutic interventions. However, I cannot become trained and provide those services due to their being outside the scope of my supervisor's knowledge; she is unwilling to expend the time and expense to become trained in areas not germane to her practice.

Currently, the rule intended to protect the public hampers my ability to serve the well-being of those most in need. I believe the rule intends to protect the public by ensuring the most competent clinicians possible. For that to be true, I would be allowed to practice free from a rule that stifles my ability to appropriately obtain that education and experience. In this way, I could seek out the proper instruction and training needed to serve the clients with whom I specialize in the same way as other clinicians. Services such as mine are in great demand throughout our state. With more clinicians than ever specializing, the need to be able to pursue education beyond that of our supervisors is greater than ever. The LPA supervision requirement is preventing better trained clinicians from serving the needs of underserved populations such as those in Western North Carolina.

Changes to supervision requirements may also result in insurance panels acceptance of LPAs currently turned away due to licensure requirements. In Western North Carolina where there are few autism providers, such changes would allow for greater access to care for many underserved adults.

The intention of the licensure laws is the public good. Serving the public's need for board access to highly trained professionals is the greatest's good. Please consider changing the LPA supervision requirement.

Sincerely,

Lauri Burmeister, MA LPA
Owner, Mind Matters Psychotherapy, PLLC

May, Amber Cronk

From: Deborah Kennerson-Webb <debbijkw@hotmail.com>
Sent: Thursday, January 9, 2020 3:43 PM
To: rrc.comments
Subject: [External] Support for rule 21 NCAC 54.2008

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To whom it may concern:

I am writing in support of the passing of rule: 21 NCAC 54.2008. This rule will reduce unnecessary, long term supervision restrictions that are currently placed on Masters Level Psychologists in the state of North Carolina. This rule change will allow LPAs to serve more people and improve access to mental health care, and specifically psychological services throughout our state.

Sincerely,

Deborah J. Kennerson, MA, LPA
Psychological Associate #1631

Thursday January 9, 2020

Dear NCPA Board Members,

I am writing this letter as a show of support for the proposed rule change 21 NCAC 54.2008. I favor ending the current required Career-Long Supervision.

I have had the privilege to practice as a Master's Level LPA. I completed my Graduate Studies in Clinical Psychology in 1986. My level of education and training prepared me exceedingly well, compared to other Master's level providers, especially from other disciplines. I regret the delivery of Healthcare has been adversely impacted by this deliberation and divisiveness, when quality Mental Health care is in greater demand than ever before in North Carolina. The expansion of other providers will ultimately offer a level of health care to schools, prisons, hospitals, Medical Centers and across rural North Carolina, etc.

As data driven as we can sometimes present, where is the data to support maintaining Career-Long Supervision of LPA's?

Birchie S. Warren, MA LPA HSP-PA
NC LPA#1357

May, Amber Cronk

From: Rachel Crouse Petrosky <rachelacrouse@gmail.com>
Sent: Thursday, January 9, 2020 2:49 PM
To: rrc.comments
Subject: [External] Support of Rule 21 NCAC 54.2008

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To Whom it May Concern at the NC Rules and Review Commission;

I understand that proposed rule 21 NCAC 54.2008 will be addressed at the January 16 meeting, as discussed by the NC Psychology board as it pertains to the supervision requirements for psychologists in the state. I am writing to strongly recommend that the requirement of lifelong supervision for practicing psychologists is reviewed and revised.

As a practicing psychologist with a masters degree in the field, I have served my community for over 7 years. I have risen in my organization from an intern, to a lead psychologist, to now Program Director for a non-profit mental health treatment center. I believe this speaks to my passion for the field, and my commitment to serving those in our state who are afflicted with mental health and substance use disorders. However, due to the requirement of on-going supervision, my licensure prevents me from credentialing with certain insurance companies who are greatly understaffed with providers. This poses significant barriers to accessing care for those who come to my place of work, and occasionally leads to our agency being UNABLE to serve those individuals, despite having numerous accreditation and seals of approval from governing bodies (CARF, DHSR, CABHA, to name a few). As a psychologist, my experience would allow for psychological testing and services that cannot be provided by my colleagues in this agency whom hold different credentials, and it is a great disservice to those who need our help the most.

Supervision requirements are meant in order to ensure competency and protect the public's best interest. This can be accomplished without requiring life long supervision. Requiring more than is costly to those who are working in the field, and often times is a deciding factor for people that leads to choosing another degree/credential which limits a resource only psychologists possess. I feel confident that my training prepares me for my role; continuing to require supervision becomes a barrier rather than a protection for society.

The North Carolina Psychology Board has a very important job of regulating the practice of Psychology and protecting the public's best interest. I ask that you consider what the public's best interest is when deciding the purpose and scope of life-long supervision.

Thank you kindly for your consideration.

Rachel Petrosky LPA 4495 LCAS 3387 CCS 20696

Program Director

Coastal Horizons Center, Inc.

May, Amber Cronk

From: drbriversoflife@charlotte.twcbc.com
Sent: Thursday, January 9, 2020 2:36 PM
To: rrc.comments
Subject: [External] LPAs and the Specific Rule: 21 NCAC 54.2008

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I have been in private practice since November of 1977 throughout which time I also had to meet the LPA supervision requirement according to the NC Psychology Board. I am in support of the rule change for LPAs in psychology to have the opportunity to practice psychology without lifetime supervision. The wisdom of this rule change actually allows for LPAs to serve more clients and improve access to mental health care. It will increase access to psychological services. While the supervision relationships I have experienced over the years have been excellent and beneficial, the most cumbersome factor involved is financial. Supervision is expensive and has the possibility of continuing to rise as supervisors raise their fees. Thus, the supervision requirement can add restrictions to not only practice, but the family budget as well. In further regard to practicing as an LPA, lifetime supervision is a negative factor in obtaining many psychology positions that require independent practice. It certainly interferes with availability of services for those in need. Please consider these strong negative factors to the practice of LPAs under supervision requirement as you address the specific rule: 21 NCAC 54.2008.

Sincerely,

--

Sharon M. Barnette, Ed.D., HSP-PA, LPC
Living Water Counseling Associates, P.A.
203 West 4th Street
Landis, NC. 28088-2009

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May, Amber Cronk

From: Williams, Amy
Sent: Thursday, January 9, 2020 2:06 PM
To: rrc.comments
Subject: Proposed rule change under 21 NCAC 54.2008

I am writing in reference to the NC Psychology Board's proposed rule change under 21 NCAC 54.2008. I am in agreement with the Board's recent decision to support the independent practice of LPAs so that we can improve access to mental health care across the state. The Board came to this decision after careful deliberation and they determined that this change would work in the public's best interest.

It should come as no surprise to you that there are several counties throughout our state that are underserved but it's not because there aren't enough psychologists who are proficient or qualified at providing necessary treatment and services; rather, it's often because our state's LPAs are restricted by a lifelong supervision requirement. If an LPA cannot practice independently, they're unable to be paneled by many insurance companies. This creates a significant barrier both to an LPA's ability to find work and to offer therapy and testing services but also to NC's residents in small towns in underserved counties like Duplin County, which is where I'm originally from, who now must travel elsewhere before they can receive outpatient treatment. There just aren't enough practicing psychologists in their area. As a result, fewer individuals are able to seek out treatment when they need it and this results in increased stress and crises for those families and communities. As the RRC, you now have an opportunity to take concrete steps towards improving their ability to find the care they need at the time they need it. Your action to approve the rule change as proposed by the NC Psychology Board could not only effectively increase the availability of local mental health services across the state but it could also increase the odds of these individuals participating in treatment consistently, which promotes mental and emotional stability and could realistically lighten the burden on other state agencies including DSS and DPS.

I have held an active license to practice as an LPA through the NC Psychology Board since 2001 and have never had an ethical or legal complaint made against me in all of my years of practice. I fully agree that a supervision requirement should be imposed for newly licensed LPAs with less than three years clinical experience. This is necessary to ensure competency and to protect the public's best interest. However, after an LPA has proven their competence after so many years of effective practice, the lifelong supervision requirement is unwarranted and disadvantageous for both the community and the clinician. The NC Psychology Board recognizes this and feels it is in the public's best interest to allow LPAs who have the clinical expertise and experience to use those skills to help individuals who need them. I hope you will agree with their decision.

Yours respectfully,

Amy J. Williams, MA, LPA

Amy J. Williams, MA, LPA
Contract Psychologist

May, Amber Cronk

From: Kathie Rollins <krollins@kvillepsych.com>
Sent: Thursday, January 9, 2020 1:51 PM
To: rrc.comments
Subject: [External] Comments regarding proposed rule changes to NCAC54.2008 (LPA supervision rules)

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January 9, 2020

To Whom It May Concern:

I am writing regarding the NC Psychology Board proposed rule changes addressing supervision (21 NCAC 54 .2008). My understanding is that the related rule change would end the supervision requirement for Licensed Psychological Associates (LPAs) who have reached a point at which they have met specific qualifications and have considerable training and experience. This would allow LPAs more parity with other master's level clinicians in the state (e.g, LCSWs, LPCs, LMFTs), and would make quality mental health care services more easily available to people who need it.

As a doctoral psychologist licensed in NC since 2003, I value the work and expertise of LPAs, who provide needed therapy and psychological testing services. Without changes to the rules governing LPA practice, however, LPAs are excluded from a number of insurance panels (e.g., UnitedHealthcare, Aetna, TriCare, Medicare). Potential clients often struggle to find providers who are available and who accept their insurance, so a change to this rule would directly benefit people who are seeking assessment and treatment. LPAs also are excluded from participation in certain volunteer opportunities, such as disaster relief with the Red Cross due to not being considered as independently licensed. These limitations are providing an unnecessary shortage of resources for people seeking mental health services in NC.

I support the proposed rule change that will grant qualified level 3 LPAs independent licensure. Thank you for your work and consideration.

Sincerely,

Katherine S. Rollins, Psy.D.
Licensed Psychologist

Kathie

Katherine Rollins, Psy.D.
Licensed Psychologist
Phone (336) 992-2171
Fax (888) 972-8394

May, Amber Cronk

From: Jane Kelman <jhkequus@cs.com>
Sent: Thursday, January 9, 2020 1:20 PM
To: rrc.comments
Subject: [External] upcoming review on January 16

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1/9/20

To: NC Rules and Review Commission:

Hello. My name is Jane Kelman and I am a Licensed Psychological Associate in North Carolina. I am writing in support of the N.C. Psychology Board's proposed rule changes, specifically 21 NCAC 54.2008. This rule change addresses ending lifelong supervision for Licensed Psychological Associates. I have been licensed for almost 33 years, and yet I am still required to have regular clinical supervision. This required lifelong supervision has impacted upon my ability to serve more of those in need of mental health services in North Carolina, because many insurance companies will not place us on their panel of providers due to on-going supervision. Several years ago, I had considered providing mental health services to military families and veterans but could not become a provider due to this provision. I strongly encourage the NCRRC to approve the N.C. Psychology Board's changes to NC 54.2008.

Thank you for your time and attention, Jane Kelman, M.A., L.P.A.

May, Amber Cronk

From: Karen DelPilar <karen.1203@yahoo.com>
Sent: Thursday, January 9, 2020 1:13 PM
To: rrc.comments
Subject: [External] Letter of Support for Rule 21 NCAC 54.2008

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To Whom It May Concern:

I am writing to express my support for Rule 21 NCAC 54.2008 and submit the following:

I am a Licensed Psychological Associate who has been licensed since 1994. I have had the same Clinical Supervisor since becoming licensed and we have discussed on many occasions this Rule change, which he also supports. We have discussed the various negative impacts of terminal supervision.

I would like to share a very personal experience that I have had. From 1982-1988, I served in the U.S. Marine Corps. As a Veteran, the welfare of active duty, dependents and Veterans is dear to me. I applied to become a TriCare provider and was told that because I am required terminal supervision, I am not considered to be practicing independently and therefore could not become an individual provider. I then heard about an organization called GiveAnHour.org in which providers volunteer to provide one free hour of therapy per week for military-connected people. I applied and was turned down due to the fact that they did not consider me an independent practitioner due to the requirement of terminal supervision. I truly felt that I was uniquely qualified to provide therapy as I was a child and adult dependent, served on active duty and am now a Veteran. Being turned down felt like a slap in the face. With so many Veterans suffering from the effects of serving in war zones, the high rate of suicide among Veterans, the strains on relationships among active duty families and the difficulties of growing up in a military family, I felt that I had an understanding that someone without these experiences did not have. I understand the culture of the military and life as a dependent, both as a child and an adult. Since then, I have seen some Veterans for free and they made it clear that it was nice to be able to talk to someone who understood them and the terms that they used.

I am limited from becoming a provider for other types of insurance, also, due to not being considered an independent practitioner. I currently work with many clients who are opioid-addicted, many of whom also have mental health issues. Some have to pay out of pocket because I cannot join their insurance provider due to my being labelled as a non-independent practitioner. Many people have indicated that they have called many other providers and that there was a waiting list or a wait of a month or more to be seen. This is unacceptable for people dealing with mental health and substance abuse issues since being seen for some is a matter of life and death. The wait is not due to a lack of clinicians, but rather a lack of clinicians who are able to take their insurance due to their not being accepted as providers because they are not considered independent practitioners since they are required terminal supervision. In reality, allowing others like myself to become independent practitioners will open avenues for more people to be seen more quickly and possibly save lives.

In closing, I would like to thank you for your time and consideration of this matter.

Respectfully submitted,

Karen S. DelPilar, M.A./LPA\
License #1814

May, Amber Cronk

From: Michael Kirch <mkirch@wakehealth.edu>
Sent: Thursday, January 9, 2020 1:11 PM
To: rrc.comments
Subject: [External] Supervision change/21 NCAC 54.2008)

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to report.spam@nc.gov

To Whom It May Concern:

I am writing in regard to the NC Psychology Board proposed rule changes addressing supervision (21 NCAC 54 .2008). As I understand, the related rule change would allow LPAs more parity with other master's level practitioners/clinicians in the state of North Carolina, for example, LCSW, LPC, and LMFT degreed professionals.

As a psychologist licensed in NY State since 1999 (inactive) and in NC since 2005 and practicing for over 20 years, I am writing in strong support of the rule changes proposed that would enhance the practice of the LPA clinicians I have known, supervised and worked with in NC and in NY over the years. It is unjust that LPAs are excluded or deemed ineligible for a number of insurance panels (UHC, TriCare, Aetna and Medicare) in addition to being excluded from participation in volunteer activities to include disaster relief with the Red Cross due to not being considered as independently licensed. These limitations are clearly providing an unnecessary shortage of much needed resources for those seeking mental health and psychometric services in NC. Additionally, the supervision requirement restricts LPAs to provide services in terms of the time they must devote to being supervised, often including commuting distances/driving time and scheduling conflicts that could otherwise be devoted to patient care. In particular, there are also financial variables involved in this decision as LPAs must pay for their supervision out of pocket, compromising their earning potential.

I advocate for removal of the supervision requirement presently in place for LPAs who demonstrate consistent ability to provide quality psychological services per testing and psychotherapy upon meeting level 3 competency parameters in order to acquire independent licensure.

Michael Kirch, Ph.D.
NC Licensed Psychologist

 **Wake Forest®**
Baptist Health
Wake Forest Health Network

Wake Forest Health Network Behavioral Medicine-Eastchester
1208 Eastchester Drive, Suite 200, High Point, NC 27265
p 336.802.2205 \ f 336.802.2206
mkirch@wakehealth.edu \ <http://www.WakeHealth.edu>

May, Amber Cronk

From: Richard Tamura <rtamura@daymarkrecovery.org>
Sent: Thursday, January 9, 2020 1:04 PM
To: rrc.comments
Subject: [External] letter

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Hello. My name is Richard Tamura and I have been employed as a Licensed Psychological Associate (LPA) for 35 years with Daymark Recovery Services and before with Sandhills Center for Mental Health. I am strongly in support of the proposed changes for the LPA with the NC Rules and Review Committee. I have been able to use my LPA status to have insurance coverage until about a year ago when some private insurance and Medicaid/Medicare combination will not reimburse any LPA in favor of reimbursing LCSW credentialed social workers. The reason I was told was because LPA Psychologist have to continue to have clinical supervision. I have a clinical supervisor whom I like (Dr. Murray Hawkinson) who supports the proposed rule changes. Because I am 67 years old, I don't plan on pursuing any PhD or LCSW as this process takes years before completing all the requirements to be fully credentialed. I hope the NC Rule Committee will adopt and recommend the changes to the General Assembly. Thank you for your time and work on this matter.

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Roxanne Pearson, MA, LPA
114 Cromwell Circle
Wilmington, NC 28409
(910) 232-1379

January 9, 2020

To Whom It May Concern,

I am a Licensed Psychological Associate (LPA) who has been licensed by the North Carolina Psychology Board (NCPB) since March 2005. I am in full support of the NCPB rule change surrounding supervision requirements (21 NCAC 54.2008).

Over the course of my nearly 15-year career, I have had to turn away many individuals and families seeking mental health services due to the fact that my career-long supervision prevents me from being paneled with most insurers. This includes military families as TRICARE will not panel LPAs due to career-long supervision requirements. Often times, I have been the only clinician in my location who is available to provide psychological assessments for children who are struggling with mental health issues such as depression and anxiety, yet I cannot provide these much-needed services due to my inability to bill their insurer. I have had to refer individuals whose insurance I cannot bill to my Masters-level counterparts who are able to practice independently (i.e., LPC, LCSW, LMFT). Much to my dismay, I have known individuals in need of personality assessments to receive them from LPC practitioners, as the LPC Practice Act allows them to complete such assessments, because the LPAs who have *extensive* training in completing such assessments are unable to bill insurance due to career-long supervision requirements.

Those opposed to the rule change will say that LPAs are not competent to practice independently. There is absolutely no evidence, however, to back this claim. The majority of complaints made to the NCPB are against Licensed Psychologists (i.e., doctoral-level), not LPAs. Other masters-level mental health professionals require two years and approximately 5000 hours of supervised clinical practice before they are able to practice independently, yet as an LPA I have nearly 15 years and 30,000 hours of supervised clinical practice and I am not able to do the same.

There is also absolutely no evidence suggesting that career-long supervision of LPAs will in some way protect the public. On the contrary, career-long supervision of LPAs *harms* the public by denying them affordable, quality mental health services with competent masters-level clinicians.

Respectfully,

A handwritten signature in cursive script that reads "Roxanne Pearson MA LPA".

Roxanne Pearson, MA, LPA
Licensed Psychological Associate (# 2537)
Health Services Provider (HSP-PA)

May, Amber Cronk

From: Laura Quinn <lauratquinn@BIPofthetriangle.onmicrosoft.com>
Sent: Thursday, January 9, 2020 12:48 PM
To: rrc.comments
Cc: carolewilliams2014@gmail.com; tara.luellen@gmail.com; Heuring (jh2457@gmail.com)
Subject: [External] Proposed rules changes to end career-long supervision for Licensed Psychological Associates under 21 NCAC 54.2008

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Dear Commission Members:

I am writing to you specifically in support of the proposed rules changes to end career-long supervision for LPAs under **21 NCAC 54.2008**. I have practiced psychology in the state of NC for 37 years. During this time, I have paid for at least 313 months of supervision, ranging from \$50 per hour to \$110. My supervision report ratings have been consistently excellent. Having passed the licensing exam at the doctoral level in 1982, my competence to practice independently probably began after my first few years of practice. I achieved Level 3 supervision status only after the rule change in **2008** and then when I was able to track down all of my previous supervisors and put together the required documentation. At that time, I had practiced psychology in North Carolina for over 26 years!

In my opinion, career-long supervision gradually becomes a non-functional mandate. When I feel that I need ideas or want feedback about my own ideas in regard to treatment of an individual, I seek input from others working in my area of expertise. L.P.'s (the doctoral psychologists who supervise us) have a responsibility to do this as well. But L.P.A.'s are required to seek "supervision", not collegial feedback. This highlights the unfairness of the L.P.A. mandate. Having been subjected to this rule for so long, I can tell you that this unfairness has not only been expensive and inconvenient, but has sometimes felt frustrating and even demeaning, especially when supervisors have less knowledge and experience about my field of expertise than I do.

Psychology is a wonderful field of practice! Qualified LPA's deserve a level playing field to practice psychology independently. Prospective master's level psychologists should not be discouraged from entering the field because of the need to endure the mandate of supervision long past the point that they would otherwise be competent to practice independently as all other master's level mental health clinicians in North Carolina are able to do. With the sunseting of this off-putting rule, the field of psychology becomes more attractive for more prospective students who consider entering it. Obviously, this would increase access to psychological services throughout NC.

I feel that the elimination of the rule for career-long supervision will be a boon not only for those who are and will be ready to practice independently, but for the general public as well. The rules change will allow LPAs to serve more clients and thereby improve access to mental health care and psychological services throughout North Carolina.

Thank you.

Laura T. Quinn, M.A., L.P.A.

BIP - Behavior Intervention Professionals of the Triangle, PLLC
1009 Poplar St., Durham, NC 27703



1606 Physician's Dr
Wilmington, NC 28401
Telephone: 910.343.6890
Fax: 910.332.1233

Nova Swanstrom MA, LPA

January 9, 2020

To: RRC

Re: Proposed rule change under 21 NCAC 54.2008

This is my letter in support of LPA independent licensure. I have been a private practice LPA for over ten years. With this, I am the only (that I am aware of) specialist in my field (WPATH certified member/ gender specialist) in an approximate 100 mile radius. Individuals with insurance that will not panel with my licensure (i.e. Medicare, United, Tricare) are unable to work with me using their insurance. This reduces the ability for consumers to have access to the help they need. This has been a hardship for me as my ethics dictate I be able to offer assistance if I am able; at times I have received no payment for my assistance or a significantly reduced rate.

In addition, I write letters for people to be able to have access to medical care when necessary and appropriate; some insurance companies/policies/surgeons require that a letter writer have a licensure that does not require supervision. I am more heavily trained/supervised than many other Master level licensures and yet my documentation does not qualify. It is very problematic being a rare specialist, and more frustrating that my licensure does not even count in order to help my clients.

Furthermore, I continue to have to be supervised, leading to hundreds of dollars a year of additional cost. Please allow me the freedom to assist the people I have been trained to assist. Please allow for me not to have additional costs. Please allow me to be as compensated as my Master degree clinician counterparts.

Thank You,

Nova Swanstrom MA, LPA

May, Amber Cronk

From: John D <doughertyj00@hotmail.com>
Sent: Thursday, January 9, 2020 12:42 PM
To: rrc.comments
Subject: [External] LPA Supervision Rule Changes

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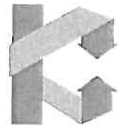
Dear Committee Members:

I strongly encourage the Psychology Board to eliminate the need for life-long supervision for LPAs in North Carolina. I was a licensed as an LPA in NC for approximately 34 years. For a period of time, I was also licensed as an independent psychologist in PA and WV. I obtained a licensing exam score sufficient for independent practice in NC. Nevertheless, I required supervision to practice psychology for the better part of my career.

The number of hours of travel to gain appropriate supervision in my area of practice for most of the 34 years was almost one day per month taking me away from my demanding position both as an administrator and a clinician. Even through I valued my supervision, I found it much more burdensome as the years progressed. If I had not needed supervision during all these years, I am certain I would have spent more time providing and improving direct client care and ancillary services to citizens in rural eastern North Carolina.

I hope you will find sufficient justification for changing LPA life-long supervision requirements. Please feel free to contact me if you would like further comment or opinion.

Sincerely,
John M. Dougherty, MA, Ph.D.



KERR CONNECT

Professional Staffing for Exceptional Children

January 8, 2020

Dear North Carolina Association of Professional Psychologists (NCAPP),

Our organization has recently been updated on the progress that the field of psychology is making in North Carolina by working to expand the access to master's level psychologists/LPAs in North Carolina. **We fully support the North Carolina Psychology Board's approved rule changes on November 7th 2019 to NCAC 54. 2008(h) that would allow LPAs to practice independently after 3-5 years of supervised practice.**

Our agency believes that the independent practice of master's psychologists would **benefit the community by increasing the access to psychological services in the form of psychological assessments, testing, and psychotherapy.** We believe vulnerable and underserved populations have the opportunity to benefit the most including the elderly, developmentally disabled, veterans, low-income individuals, those living in rural areas as well as the criminal justice population. **Our agency would love to refer to or possibly hire master's psychologists if their unrestricted license could finally allow them to be credentialed with most major insurance panels.** Such changes in insurance panel eligibility could reduce long wait times for individuals seeking psychological services or help those struggling to find in-network providers.

In closing, our agency is in full support of master's level psychologists/LPAs practicing independently in North Carolina. We believe that master's psychologists' opportunity to join the independent practitioners in the behavioral health field, alongside LPCs/LMHCS, LCSWs, LMFTs, and LCASs could play a vital role and in filling service gaps in our community.

Thank you,

Miriam Gates Kerr (Jan 9, 2020)

Miriam Gates Kerr, Owner/President

May, Amber Cronk

From: Steve Puckett <puckettsp@gmail.com>
Sent: Thursday, January 9, 2020 12:02 PM
To: rrc.comments
Subject: [External] Support for Proposed NC Psychology Board Rule Changes

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Members of the NC Rules and Review Commission:

I am writing as a North Carolina Licensed Psychologist in support of the NC Psychology Board's proposed rule change to eliminate the requirement for life-long supervision of Licensed Psychological Associates. I have supervised masters degree psychologists and other masters degree professionals for nearly forty years and can confidently say that these psychologists are, on the whole, as well as or better qualified than other masters degree clinicians who do not have the life-long supervision requirement. This supervision requirement in LPAs not only disadvantages them in obtaining employment but also deprives North Carolina residents of some of the best qualified mental health professionals.

I currently supervise four NC LPAs with an average of over fifteen years professional psychology practice. In my opinion, none of the four requires continued mandatory Psychology supervision. Each is well aware of their skills and experience and knows when to request consultation or supervision for their practice.

I strongly encourage you to support the proposed change in supervision for North Carolina LPAs. Doing so will support well qualified licensed masters degree Psychologists across the state and will facilitate better access to mental health services for North Carolina residents, particularly in rural areas.

Sincerely,

Stephen P. Puckett, PhD, LP
NC Licence 2334

January 9, 2020

To Whom It May Concern,

I am writing in full support of the North Carolina Psychology Board rule change addressing supervision (21 NCAC 54.2008).

I am a Licensed Psychological Associate (LPA) licensed by the North Carolina Psychology Board for 22 years. Independent licensure for LPAs is long overdue and would grant parity with other Masters-level clinicians (i.e., LCSW, LPC, LMFT, LCAS). The current career-long supervision requirements for LPAs create hardships not only for LPAs, but for North Carolinians as a whole. Many of our North Carolina residents are limited in their ability to receive mental health services and psychological testing, particularly in rural counties, due to the fact that many insurers will not panel LPAs due to their supervision requirements. The current rule change put forth by the North Carolina Psychology Board will put supervision requirements more in line with—though still more stringent than—the supervision requirements for licensure of other Masters-level mental health professionals, thereby opening up an avenue for quality psychological services for the public.

Thank you for your time and consideration.

Respectfully,



Christopher Preston, MA, LPA
Licensed Psychological Associate (# 2141)

Daniel Collins, NC Psychology Board
895 State Farm Road, Suite 101
Boone, NC 28607

09/10/19

Dear North Carolina Psychology Board,

I support the proposed rule change under 21 NCAC 54.2008. I stand in support of LPAs and feel they should not be subjected to career long supervision. This is preposterous and offensive to the following established professional institutions of LPCs, LCSWs, LCAS, and LMFTs.

Sincerely,

A handwritten signature in cursive script that reads "Becky O'Neil, LPC". The signature is written in black ink and is positioned to the right of the word "Sincerely,".

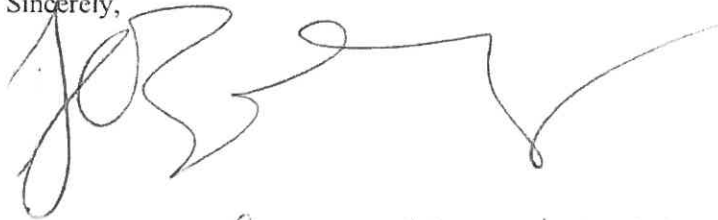
Daniel Collins, NC Psychology Board
895 State Farm Road, Suite 101
Boone, NC 28607

09/10/19

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Sincerely,

A handwritten signature in black ink, appearing to read 'L. Nobles', with a long horizontal flourish extending to the right.

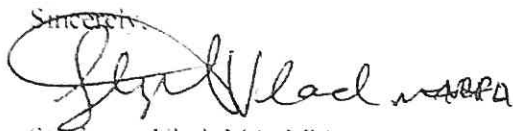
Lauren Chandler Nobles, LCSW, LCAS, CTP

Daniel Collins, NC Psychology Board
895 State Farm Road, Suite 101
Boone, NC 28607

09/10/19

Dear North Carolina Psychology Board,

I support the proposed rule change under 21 NCAC 54 2008. I stand in support of LPAs and feel they should not be subjected to career long supervision. This is preposterous and offensive to the following established professional institutions of LPCs, LCSWs, LCAS, and LMFTs.

Sincerely,

Stephanie Vlad, MA, LPA

Daniel Collins, NC Psychology Board
895 State Farm Road, Suite 101
Boone, NC 28607

09/10/19

Dear North Carolina Psychology Board,

I support the proposed rule change under 21 NCAC 54.2008. I stand in support of LPAs and feel they should not be subjected to career long supervision. This is preposterous and offensive to the following established professional institutions of LPCs, LCSWs, LCAS, and LMFTs.

Sincerely,



Nicole A. Pipitone, MAAT, LPC

Daniel Collins, NC Psychology Board
895 State Farm Road, Suite 101
Boone, NC 28607

09/10/19

Dear North Carolina Psychology Board,

I support the proposed rule change under 21 NCAC 54.2008. I stand in support of LPAs and feel they should not be subjected to career long supervision. This is preposterous and offensive to the following established professional institutions of LPCs, LCSWs, LCAS, and LMFTs.

Sincerely,


Heather Dest, MSW, LCSW

Daniel Collins, NC Psychology Board
895 State Farm Road, Suite 101
Boone, NC 28607

Dear North Carolina Psychology Board,

I support the proposed rule change under 21 NCAC 54.2008. I stand in support of LPAs and feel they should not be subjected to career long supervision. This is preposterous and offensive to the following established professional institutions of LPCs, LCSWs, LCAS, and LMFTs.

Sincerely,

Ajita Karkyian, LCSW

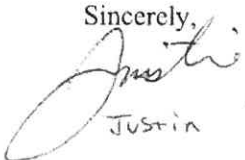
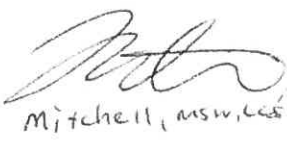
Daniel Collins, NC Psychology Board
895 State Farm Road, Suite 101
Boone, NC 28607

09/10/19

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Sincerely,

 Justin
 Mitchell, MSW, LCSW
MSW, LCSW

Daniel Collins, NC Psychology Board
895 State Farm Road, Suite 101
Boone, NC 28607

09/11/19

Dear North Carolina Psychology Board,

I support the proposed rule change under 21 NCAC 54.2008. Personally, my supervisor has been a great support to me and a large factor in my success. But the career long rule is excessive. I love psychology and I love my job but I am a supporter of a new normal.

I am approaching my 9th year as an LPA. I founded a counseling center and we employ 9 therapists. Over the last few years my team has worked to become the top performing practice in Wilmington NC. I am proud that we've served over 4,000 members of our community. I passed the EPPP the first time at the PhD level. I am maniachal about learning and growth. Will I need supervision 10 years from now? Should I be free to help grow the young minds of our field?

This year I will obtain an LPC. I would like to grow and learn to supervise freely, without explaining why my "alternative" supervision plan is "superior" to a PhD's, and have reciprocity. I would rather not. I am proud to be a Psychologist. It's tedious and expensive to maintain multiple licenses. At this time, I feel I have no choice.

I know when these rules pass many will have to rearrange their streams of income, especially since one supervisee can bring in over \$5,000 per year. I know our board won't let fearful opposition get in the way of what's right and best for the future of the field.

Sincerely,

A handwritten signature in black ink, appearing to read 'K. Kassab', with a stylized flourish at the end.

Karin Kassab, LPA, LCAS, CEDS

January 09, 2020

6238 Dwayne Starnes Drive
Hickory, NC 28602
November 01, 2019

North Carolina Rules and Review Commission
NC Office of Administrative Hearings
1711 New Hope Church Road
Raleigh NC, 27609

Re: 21 NCAC 54.2008

Dear Commission,

I am writing in support of rule change 21 NCAC 54.2008. I have been a Licensed Psychological Associate since November 1987. My credentials were widely recognized and reimbursed by insurers who operated mostly under insurance laws established within each state. However, as "globalization" has affected most every sector of life, broader, national rules have come into effect and made my credentials less reimbursable. I am employed by a private outpatient behavioral health practice consisting of 13 clinicians and am one of two who possess Licensed Psychological Associate credentials. The first question asked by support staff of consumers seeking services is "what is your insurance" as this determines with whom they may be scheduled for reimbursable services. Currently, new consumers/clients are being scheduled about 4 weeks out. A similar practice in our community faces the same constraints; they employ two LPA's and also have a wait of 4 weeks or longer to schedule new consumers/clients. These delays are due, in part, to not being able to schedule (for reimbursable services) consumers/clients with myself or a colleague because of our credentials. We have time available but we/the practice cannot work for free. Rule change 21 NCAC 54.2008 should allow parity with other master's level trained/licensed providers who gain independent practice with just two years of supervised practice, thus permitting our available skill and time to be used by those persons seeking treatment. Please vote in support of this rule change to improve accessibility of services for our NC citizens.

Sincerely,



Gregory Shugar, M.A.

Licensed Psychological Associate # 1198

Attention: Rules Review Commission

Re: Supervised Practice of LPAs/Proposed Rules Changes

To Whom It May Concern,

January 8, 2020

This letter is to serve as my formal request that you approve the rules changes under 21 NCAC 54.2008 as put forth by the North Carolina Psychology Board. I am one of the six petitioners who proposed , specifically, that the North Carolina Psychology Practice Act be amended on page 14 in section (h) to read that supervision for Licensed Psychological Associates no longer be required after three years and at least 4500 hours of supervised practice and that an unrestricted licensure status be granted afterward. I am in support of this change and the proposed rules changes as a whole not only to achieve true parity with other master's level mental health service providers but also to improve patient access and therapeutic continuity, as well as to alleviate the strain caused by this restriction of trade imposed on LPAs.

Given that other master's level mental health providers (for example, LCSWs, LCASs, LPCs, LMFTs, etc.) are able to practice independently of supervision after demonstrating expertise in their field, I ask that the same opportunity be afforded to master's level practitioners in the field of psychology. As per the current rules, LPAs in North Carolina must obtain a master's degree in psychology and pass licensure examinations (both on the national and state level) before being granted licensed status; however, thereafter, career-long supervision is mandated without the possibility of attaining independent practice, no matter the experience gained and/or expertise demonstrated. Given that LPAs then hold a "restricted license," we are not approved providers for most insurance carriers; Blue Cross Blue Shield of North Carolina and Medicaid are the only two insurance carriers that recognize LPAs as providers and, thus, are the only two insurance carriers that we can accept from clients. All other clients must utilize self-pay in order to receive services from us, even though most of them have some type of insurance for which they're already paying but which we cannot accept. This not only poses significant financial implications for LPAs attempting to make a living and build a career in the state of North Carolina (given that we will oftentimes discount our self-pay client services so as not to further burden our clients), but it also restricts the clients to whom we can offer services, causing client access to competent mental health providers to be unwarrantedly limited. I, myself, was turned down for several job opportunities and, ultimately, left the field four years ago given the lack of career opportunities my license allows while being restricted by career-long supervision.

Having practiced for a previous total of seven years, attaining licensure as an LPA in three different states, and passing the national licensure exam (EPPP) well-above the level required of doctoral level psychologists in all 50 states, I feel strongly that I can competently offer services at the same level or better when compared to other master's level mental health providers and believe, therefore, the career-long supervision requirement for LPAs is unjust and unwarranted.

Before moving to North Carolina, I was an LPA licensed in the state of Kentucky and practicing there at an inpatient facility. Were I to attempt to practice in Kentucky at present, given the level at which I passed the national licensure exam and my total of seven years of experience, I would simply need to pursue the autonomous functioning pathway, which would allow me to obtain an unrestricted license to practice; thereafter, supervision would not be required of me. However, that option is not afforded to me here in North Carolina, despite the research that shows that master's level psychologists do not pose a threat to the public or their clients when they are allowed to practice independently of supervision in the states where an unrestricted license can be obtained.

Taking into consideration the above outlined information and the fact that LPAs must already demonstrate their knowledge and expertise in the field of psychology through training, practicum, and examination before being granted a license to practice as an LPA, I feel strongly that allowing a path to independent practice be an option afforded to us in North Carolina. This will additionally offer the citizenry of North Carolina better access to competent mental healthcare as well. In summary, there seems to be no good, evidenced-based reason to continue the archaic mandatory career-long supervision of LPAs, and allowing a path to independence corrects these unnecessary restrictions and allows better access to needed mental healthcare services. Approving the rules changes as set forth by the North Carolina Psychology Board, therefore, seems the only reasonable path forward.

I appreciate your consideration.

Respectfully,

A handwritten signature in cursive script that reads "Tara Luellen, MA". The signature is fluid and elegant, with the initials "MA" written in a slightly larger, more formal script at the end.

Tara Luellen, MA, LPA, HSP-PA
Licensed Psychological Associate
Health Services Provider, Psychological Associate

E. ELAINE TALBERT, PH.D.

1819 MADISON AVE.

GREENSBORO, NC 27403

TELEPHONE: (336) 279-8230

FAX: (336) 275-3051

January 9, 2020

Dear Members of the North Carolina Rules and Review Commission,

I am writing in support of the proposed amendment changes to 21 NCAC 54.2008 (h) (3), which will grant Licensed Psychological Associates (LPAs) the opportunity to become fully licensed in North Carolina.

Over the past 25 years, I have supervised a total of six LPAs, three of whom I am currently supervising. It is my strong professional opinion that they all are qualified to be independent practitioners.

Sadly, and unfairly, because of their licensing status, LPAs have been limited in providing psychological services to insufficiently served groups such as the elderly and military personnel and their families in NC. Because they cannot be independently licensed, they cannot be reimbursed under Medicare which limits the availability of their services with the elderly. Similarly, they have been prevented from providing mental health treatment to U.S. Armed Forces military personnel, military retirees, and their dependents since they are not recognized as independent mental health providers by Tricare, the civilian military health care insurance.

LPAs status of being relegated to a substandard license status has greatly diminished the availability of skilled mental health services to people in NC that desperately need available mental health providers.

As a member of the North Carolina Psychological Association (NCPA), I have never supported their position of limiting the license status of LPAs. NCPA frequently advocates for the victims of injustice in our state and the licensing status of LPAs is clearly an example of an injustice that deserves correction. Therefore, I have been puzzled by the insensitivity with which NCPA has treated our colleagues with master's degrees in psychology.

NCPA makes the argument of wanting to protect the public from unsupervised master's level psychologists, but I am not aware of their ever going on record to protest the independent licensing of master's level counselors or social workers. I would argue that many of the latter providers don't have the depth of training as someone who has a master's degree in clinical psychology.

The revised psychology licensing law provides excellent safeguards to the public with the educational requirements for both levels of psychological practitioners. And the new proposed requirements for PhDs who provide supervision to LPAs (during the required time that they are supervised) will help ensure that LPAs are receiving the type of supervision that they need for the specific work in which they are engaged.

I hope that you will support the North Carolina Psychology Board's decision to end the long-term unfair licensing status for master's level psychologists who have the required training and experience to provide excellent clinical psychological services and make their psychological expertise available to more citizens of North Carolina.

Thank you so much for your consideration.

Sincerely,

E. Elaine Talbert, Ph.D.

E. Elaine Talbert, Ph.D.
Licensed Psychologist
1819 Madison Ave.
Greensboro, NC 27403



printed on 100% recycled paper

May, Amber Cronk

From: John Hooper <johndhooper@bellsouth.net>
Sent: Thursday, January 9, 2020 10:07 AM
To: rrc.comments
Cc: johndhooper
Subject: [External] Regarding: 21 NCAC 54.2008. rule revision for Licensed Psychological Associates (scheduled for review on January 16, 2020)

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Hello,

I am John Hooper, MA, Licensed Psychological Associate. I have been in practice for a few decades, and meet with my supervising psychologist as mandated.

I used to tell people who asked about the field of psychology that this is an area worth considering, not anymore.

While I have continued to provide services, I have absolutely struggled due to the perpetual supervision requirement. My ability to bill insurance is significantly hindered compared to every other masters trained provider, including pastoral counselors, LPCs, marriage and family counselors, masters trained social workers, etc., all able to practice independently after a year or two.

I continue to provide services, but can not provide services to most individuals covered under insurance plans reimbursing for independent masters trained practitioners only. I routinely receive calls asking that I provide services for various individuals covered under most health insurance carriers, but always have to respond to individuals and referral sources that I can not participate with many insurance plans, "in network", because I can not be credentialed due to perpetual supervision (again, LPAs are the only discipline with this requirement). This has always resulted in individuals having to change to a new provider due to their ability to be considered independent practitioners.

I have always thought that LPAs have lost motivation to practice, while feeling that we are more educated and trained than other providers offering independent practitioner services to the population we all serve. I also strongly believe that many individuals go "untreated" due to a lack of providers in many areas that can offer services as independent practitioners, due to a lack of providers, financial concerns, etc.

Should the independence be allowed for LPAs to practice independently, after a length of supervision, this will put the profession of psychology "in line" with all other psychotherapy and other providers, will offer affordable services to many, and will allow LPAs the same level provider status as other mainstream mental health providers.

I am hopeful that the the Rules Review Commission will support and pass the North Carolina Psychology Board supported perpetual supervision mandate changes, allowing parity within the discipline, allow cost effective services, and recognize that Licensed Psychological Associates are trained at a level consistent with other masters trained disciplines that have provided services over the past decades.

Respectfully,

John Hooper, MA, Licensed Psychological Associate

May, Amber Cronk

From: Deb Kalnen <dkalnen@yahoo.com>
Sent: Thursday, January 9, 2020 10:03 AM
To: rrc.comments
Subject: [External] Rules change for LPA

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Dear Members of the NC Rules and Review Commission,

Regarding Rule: 21 NCAC 54.2008

As a LPA in North Carolina with ten years of experience please be aware of the immediate need for the removal of restrictions associated with my licensure. These unnecessary restrictions associated with my LPA licensure have absolutely diminished my availability during these past ten years to serve the citizens of North Carolina.

It is critical that access to mental health care and psychological services are increased immediately. Therefore, I support the rule change for Rule: 21 NCAC 54.2008

Respectfully,
Deborah A. Kalnen, LPA

Sent from Yahoo Mail on Android



Marsh Psychological Services PLLC

Randy Marsh, PhD

7220 Leando Dr.
Willow Spring, NC 27592

919-559-4585
rmarsh@marshpsych.com

1/9/2020

Dear North Carolina Association of Professional Psychologists (NCAPP),

I have been following the progress that the field of psychology is making in North Carolina by working to expand the access to master's level psychologists/LPAs in North Carolina. As a licensed psychologist who has supervised several LPAs over the past 28 years, I fully support the North Carolina Psychology Board's approved rule changes on November 7, 2019 to NCAC 54. 2008(h) that would allow LPAs to practice independently after 3-5 years of supervised practice.

The independent practice of master's psychologists would benefit the community by increasing the access to psychological services in the form of psychological assessments, testing, and psychotherapy. It will help fill the gaps for North Carolina's vulnerable and underserved populations, including developmentally disabled, veterans, low-income individuals, those living in rural areas, and those in the criminal justice population. Resulting changes in insurance panel eligibility could reduce long wait times for individuals seeking psychological services or help those struggling to find in-network providers.

As a long-time LPA supervisor, my experience has been that the majority of LPAs are fully on par with the other master's level clinicians who already practice independently. The 3 – 5 year supervision period is more than adequate to ensure service quality comparable to LCSWs and LPCs.

I fully support master's level psychologists/LPAs practicing independently in North Carolina.

Thank you,

Randy Marsh, PhD



January 8, 2019

Re: **The proposed rule change under 21 NCAC 54.2008**

Dear members of the RRC,

I am writing to comment on and **support** the proposed change to Section 21 NCAC 54.2008, specifically regarding supervision of LPAs in North Carolina. I was awarded my M.A. in Clinical Psychology from Appalachian State University and was licensed in 1995. I have worked as an LPA in this state since then and I believe that I have acquired perspective from many different points along the treatment spectrum in this state from which to offer input.

When I trained, mental health reform had not yet begun to sweep the state and the nation. LPAs served an important role in state facilities of various sorts including mental health centers, state hospitals, I/DD facilities and prisons. Once reform began, however, these established roles were downgraded and we were left to carve out our own place in the system. Through my almost 25 years experience working in North Carolina I have worked in a number of settings. These include both inpatient and outpatient settings, traditional mental health centers, residential treatment programs and evidence-based community treatment programs. For a time I served as clinical director for a private company during the time we were transitioning to become a CABHA. For the last nine years I have worked exclusively conducting psychological assessments with children, adolescents and adults through the Grandis Evaluation Center in Asheville.

I have received the requisite supervision throughout this career and qualified for Level 3 supervision quite some time ago, perhaps 20 years. Throughout this time I have found supervision to be a helpful opportunity to seek input into troubling cases and to validate my clinical judgment and conclusions. I have not found it to be aversive though its affiliated consequences have been. By that I mean that I am quite limited if not excluded entirely from independent practice based on the requirement for supervision. Most insurance companies will not place LPAs on their panels and, even if they do, the scope of practice is quite limited. I have found this to be particularly true in my current position. Though I feel lucky to be able to work in the private sector at all I am left with primarily Medicaid reimbursement rates and I earn two thirds or less of reimbursement offered to my doctoral level colleagues. With Medicaid reform an ever present threat my livelihood tends to feel quite unstable; we currently face yet another transition to a managed care model with its accompanying instability and unanswered questions.

I have also watched the explosion of Masters level trained professionals in the fields of social work and counseling who have easily established independent practice quite quickly post-licensure. It seems that LPAs are becoming more decidedly devalued over time though I feel that our preparation is certainly equal to if not in excess of that seen in other Masters level

professions, supported by the fact that I passed the psychology licensing exam at the doctoral level.

What has perhaps been even more frustrating is the lack of support in the doctoral level psychology community which has actively worked to maintain limits on our independent practice ostensibly to maintain competence, particularly with regard to psychological assessment, the skill that mainly differentiate psychology from other areas of practice. I would maintain that 25 years of experience in psychological assessment along with other areas of psychological practice have adequately prepared me for independent work. I understand that many who may apply for the removal of the supervision requirement will do so after three years of practice but I know that beyond a certain point continued supervision becomes rather superfluous and more of an arbitrary restraint than a measure meant to ensure continued professional competence.

Please consider these points and the relative lack of properly trained mental health professionals in the state as you deliberate the proposed rule change.

Thank You,

Rich Johnston, MA, LPA

Rich Johnston, MA, LPA

Licensed Psychological Associate #1866

May, Amber Cronk

From: etamralambethm@triad.rr.com
Sent: Thursday, January 9, 2020 9:19 AM
To: rrc.comments
Subject: [External] NC Rules and Review Commission re: 21 NCAC 54.2008

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I am a Licensed Psychological Associate (#1352) with now 30 years of clinical experiences. I am writing in support of the 'rule change' that will conclude the lifelong supervision requirement for professionals at my level of licensure. Over my years of clinical practice I have worked in rural areas and my local community (Guilford County mental health agency), in the NC Department of Corrections (Division of Prisons) and in non-profit entities that serve indigent children and families. In early 2013, I entered private practice to provide Psychological Evaluations for Medicaid-covered individuals. In addition, my specialization for the past 25 years has been in the area of sexualized behavior problems in children and youth. Securing doctoral level clinical supervision for such an area of specialization has put me in the position of often having far more exposure/experience with clinical population than my supervisor. Furthermore, were it not for LPAs who serve individuals in rural areas and with institutional settings such as prison, there would be far less clinical services provided to the deserving residents of the entire state of North Carolina. The need for this rule change to be enacted is long overdue. No other clinical practitioner (LCSW or LPC) operated under the level of restriction that LPAs have been subjected to. LPAs provide a singular and specialized service of 'psychological testing' that is not 'privileged or credentialed' for other practitioners of equal status, such as LCSWs or LPCs. Psychological testing/evaluation is sought after by both MCO/LME staff and psychiatrists and other clinical providers.

Termination of the 'lifelong supervision requirement' for LPAs would increase access to services for the residents of North Carolina, increasing the number of clients who can be served. In addition, this requirement is excessive and ultimately works against the interests of the public whose needs should be paramount in this determination. This arbitrary requirement has "locked out" Master's level psychologists into perpetual paid doctoral supervision that has directly impacted my right to 'free trade' and inconsistent with the 'oversight' required of my peer-level clinicians.

Tamra Lambeth Mell, LPA NCPB #1352

3812 West Friendly Avenue

Greensboro, NC 27410

May, Amber Cronk

From: Karen Stewart <karencolestewart@gmail.com>
Sent: Thursday, January 9, 2020 8:24 AM
To: rrc.comments
Subject: [External] Support for 21 NCAC 54.2008

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I am writing in support of eliminating life long supervision for Licensed Psychological Associates. The need for life long supervision has no support in research and has always been a guild issue in psychology.

I have practiced as an LPA since 1976 and the requirement for supervision has prevented me from

- applying to jobs for which I was qualified,
- volunteering for the Red Cross,
- billing a number of insurance companies to cover the cost of therapy for many of my clients.

In addition the supervision has cost me thousands of dollars over the years which has decreased the amount of funds I could use to attend trainings and workshops, beyond what is required for continuing education credits.

This rule change will benefit the citizens of North Carolina. Already there are not enough masters level clinicians to fill all of the positions in agencies where clinicians with the ability to perform psychological testing are needed. The restrictions to masters level psychologists ability to earn a living are such that the numbers of people willing to obtain this degree are dwindling.

I urge your support for making this change in the rules for masters level psychologist. I started working to change this requirement more than 20 years ago. I feel hopeful that it might be changed before I retire. I am 70 years old.

Sincerely,

Karen Stewart, MA
Licensed Clinical Psychologist

May, Amber Cronk

From: John Wilson <sandhillpsych@gmail.com>
Sent: Thursday, January 9, 2020 8:15 AM
To: rrc.comments
Cc: ncapp@nc-app.org
Subject: [External] re: Rule 21NCAC 54.2008

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Dear Rules Review Commission Members,

I would like to take a moment to strongly encourage your support for the proposed rule change regarding supervision of Licensed Psychological Associates. After many years of working as a Staff Psychologist for the Sandhills LME and the DHHS Sandhills Children's Developmental Services Agency (CDSA), I am currently in private practice developing behavior support plans for an area stretching from Guilford County in the north to Richmond County in the south to Harnett County in the east. In a majority of the eight counties I serve, I am the only provider of this service, which is provided exclusively in the client's "home".

Throughout my career the one consistent lament I have heard from clients and families is limited access to service providers, particularly in the more rural counties in my area. I believe the proposed rule change would be a positive step to address that limitation.

I also am proud of the education, training and experience in the field of psychology that I possess, and feel that the current rules tilt the playing field in favor of other Master's level clinicians. Endorsement of this proposed rule change would, in my opinion, be a huge step forward in enabling parity with my fellow colleagues from other disciplines.

Thank you for your consideration and your service.

Regards,

John F. Wilson, III, MA, LPA, HSP-PA
NC License #2300

January 8, 2020

To Whom It May Concern,

I am writing in full support of the North Carolina Psychology Board rule change addressing supervision (21 NCAC 54.2008).

I am a Licensed Psychologist (LP) currently splitting my practice between the public and private sectors. I fully support the proposed changes that would allow Licensed Psychological Associate's to practice independently. When adopted these rules changes will enhance psychology as a profession in both public and private sectors. In the private sector, the rules changes will bring Licensed Psychological Associate's in line with other mental health professions. In the Veterans Administration, the public system in which I currently practice, Social Workers and other professions have a competitive advantage over Licensed Psychological Associates because they are licensed independent providers and do not require clinical supervision. Once adopted, the rule changes addressing supervision will reduce administrative and supervisory burden in public systems and allow LPA's to compete for positions currently being filled by other professions. In my view, the public would be better served. I believe masters prepared psychologists are better trained to provide necessary evidence-based interventions than the professions they compete against.

In addition, failing to remove the career-long supervision requirement from Licensed Psychological Associates calls into question the quality of clinical supervision provided by doctoral level supervisors. I have provided supervision to numerous clinicians over twenty-four years of practice, some for well over five years. I can't speak for other doctoral level supervisors, but the clinicians I have supervised for more than three years achieve a high level of competence and are eminently qualified to practice independently. They should have a path to independent practice.

Respectfully,

A handwritten signature in cursive script, appearing to read "Mark Basquill".

Mark Basquill, Ph.D.
Licensed Psychologist (# 2208)
Health Services Provider (HSP-P)

May, Amber Cronk

From: Kelli Whitley <kelliwhitley@gmail.com>
Sent: Thursday, January 9, 2020 8:02 AM
To: rrc.comments
Subject: [External] LPA independent practice

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To whom it may concern,

I have been licensed as an LPA and HSP-PA since October 2002. I received my degree from UNCW (bachelor's and master's) and passed the licensing exam at the PhD level and have never had board action taken against me. To require me to receive supervision not only suggests that my clinical skills are not sufficient to practice psychology but also limits my employment. At what point does one consider years of experience in the field as opposed to years of schooling? While I recognize that an individual who has earned a PhD has completed approximately 4 more years of education than myself, my years of practice far exceed that number. Please do not continue to limit clinicians who hold master's degrees in this manner. We are competent, well trained, excellent clinicians in our own right and our years of experience as well as performance on the licensing exam should allow us to practice without career-long supervision.

Thanks for your time,

Kelli McAmis Whitley, MA, LPA, HSP-PA
License Number 2445

May, Amber Cronk

From: Dana Truman-Schram <danatruman-schram@kpesnc.com>
Sent: Thursday, January 9, 2020 7:59 AM
To: rrc.comments
Subject: [External] re: 21 NCAC 54 .2008

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Good morning,

I am writing this correspondence to emphatically support the NC Psychology Board rule changes addressing supervision (21 NCAC 54 .2008). The proposed rule changes would finally allow LPAs more parity with other master's level mental health clinicians in North Carolina (e.g., Licensed Professional Counselors, Licensed Clinical Social Workers, Licensed Marriage and Family Therapists, Licensed Clinical Addiction Specialists, etc.). More importantly, independent licensing of Masters level psychologists increases access for people statewide to find quality affordable psychological services.

Independent licensing of LPAs is long overdue. Any level 3 LPA has already demonstrated clinical competency to the NC Psychology Board and completed a minimum of 7500 hours of post-licensure supervised practice. LPAs are a highly trained, clinically competent resource at the ready to help increase timely access and more affordable psychological testing and therapy services to N.C. citizens.

I am an LPA licensed by the NC Psychology Board since 1997. I graduated with a Master of Arts from UNC-Charlotte's Clinical/Community Psychology program. I was also licensed as an LPA in Texas from 2001-2006. I passed the EPPP well above the doctoral level threshold. I have been supervised for 22 years of practice at this point in my career.

Due to supervision status, I have been rejected from credentialing with several insurance panels such as United Healthcare, Aetna, Cigna, TriCare and even Medicare. Inability to be credentialed with Tricare means that military service members (and their spouses and children) cannot seek affordable psychological services with LPAs because their insurance does not cover us. Imagine the impact of possibly doubling the number of psychologists these families can access to address their mental health needs. Elderly and disabled individuals with Medicare cannot get their therapy or psychological testing updates from qualified LPAs either. I turn away calls weekly from families trying to get their intellectually or developed disabled loved ones assessed to qualify or keep their support services because I am not covered by Medicare.

Over the years, I have worked in rural county mental health and juvenile justice settings. In my experience, there are very few psychologists working the front lines in these communities and those who do tend to be LPAs. In my experience with the private practice world, individuals seeking psychological services are scrambling to find providers who are covered by their insurance and have openings for new referrals. There is no shortage of N.C. citizens in need of psychological services. Removing the supervision restrictions on Masters level psychologists with demonstrated clinical competence is a safe and easy step toward access to care for thousands of North Carolinians.

Thank you for your time and consideration.

Respectfully,

Dana M. Truman-Schram, MA.
Licensed Psychological Associate (LPA#2150)

May, Amber Cronk

From: Daniel Rohda <danielrohda@hotmail.com>
Sent: Wednesday, January 8, 2020 10:51 PM
To: rrc.comments
Subject: [External] Psychology board rule changes

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Rule and Review Commission Members,

I wanted to write to communicate my full support for the psychology board changes. Specifically rule: 21 NCAC 54.2008. I have been practicing as a psychologist for over a decade and consider myself to be very good at what I do. The recommended rule changes to remove career long supervision are grounded in solid research and data supports these changes. The board previously held a comment period regarding these changes and the vast majority of letter submitted (about 125) supported these changes. The small group against this (about 10) raise concerns that are not backed in either research or data. Further their reasons to fight these changes appear to be self serving in their financial personal interests.

The proposed rule changes follow the national pattern of other mental health licenses (social work, professional counselors, marriage and family therapists) who work parallel as sister disciplines. These licenses already allow for independent practice after a period of supervision. The proposed rule changes by the psychology board are finally catching ourselves up to our peers.

Lastly these changes will benefit North Carolina long term by improving access to mental health care for those living in rural areas.

I plan to attend the RRC meeting on January 16, taking personal leave from work to attend this meeting. My presence is meant to show clear, full support for the proposed rule changes. The psychologist working on the psychology board are all smart, competent, educated individuals. They put in a lot of time and research for these rule changes. The board has my full confidence, and I hope you do too.

Thank you for your time and work,
Daniel Rohda

Karen C. Selz, MA
2450 Delaney Ave.
Wilmington, NC 28403

January 8, 2020

North Carolina Rules Review Commission

RE: Proposed Rule Change 21 NCAC 54.2008

I am writing to express my support for the proposed rule change amending the supervision requirements for Licensed Psychological Associates. It is my opinion that changing this rule will allow LPAs to serve more clients and improve access to mental health care for the citizens of North Carolina.

Since becoming an LPA over 37 years ago, I have worked for domestic violence agencies, substance abuse facilities, college counseling centers, the school system, and in private practice. When an agency hires an LPA, the additional cost of providing supervision for them is imposed on that agency, or the LPA must pay for it on their own. I have experienced both situations. Additionally, most often the health insurance industry requires independent licensure to be a network provider. Over the years I have been unable to accept referrals from other health professionals and former clients as I was not in their insurance network. They either had to self-pay or find someone else. This was often upsetting to the individual, as well as detrimental to my practice.

The perpetual supervision requirement has also diluted the value of a master's degree in psychology. It no longer makes sense to get a degree in psychology when a master's degree in counseling, social work, or marriage and family therapy all lead to independent licensure after the requisite supervised experience. My daughter's childhood friend sought my guidance when applying for graduate school. She obtained an MSW and now, with about six years' experience, has an independent private practice, while I, with over 37 years' experience, must still be supervised.

I sincerely hope the proposed rule changes to the supervision requirements for LPAs will be approved by the RRC. These changes will allow LPAs to serve more clients, to provide more access and more affordable mental health care and psychological services to the citizens of North Carolina. It will also remove the financial hardship of career long supervision and provide more equitable treatment of LPAs among other masters prepared professionals.

Respectfully,

Karen C. Selz, MA, LPA
License #718

May, Amber Cronk

From: Alice Moore <alicemoore0428@gmail.com>
Sent: Wednesday, January 8, 2020 9:55 PM
To: rrc.comments
Subject: [External] Proposed rule change 21 NCAC 54.2008 – Endorse permanent rule change

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Dear Members of the RRC,

I write this letter to ensure my experiences are taken into consideration during the deliberation related to the proposed rule change 21 NCAC 54.2008 and to **affirm my support for a permanent rule change**.

I finished my Masters in Counseling Psychology in 1990 while living in Massachusetts and was first licensed in NC in 1993. My education in psychology is a good match for my professional strengths which include perception, analysis, and understanding of interpersonal dynamics. I have always worked in challenging settings and even now, my practice is focused primarily on individuals with complex trauma, and specifically with co-morbid diagnoses of PTSD and Bipolar D/O, and individuals with recent hospitalizations and/or histories of suicide attempts. I work closely with two local psychiatric hospitals and their partial hospitalization programs.

I have had a number of wonderful clinical supervisors (LPs) to satisfy my supervision requirements with the NC Psychology Board. I have valued and enjoyed my supervision sessions over the last 25+ years. They have been smart, experienced clinicians and academicians. I would be remiss if I did not highlight, however, an ongoing issue for many LPAs, including myself.

While the LPs I have worked with have been heavily trained in research as well as personality development, assessment, tests and measurements, psychopathology and treatment interventions, there is a frequent gap in expertise that has been filled by many LPAs. That is in the following areas:

- current evidenced-based practices that meet best practice models with insurance panels and local Behavioral Health Organizations;
- Assessment and protocols for treating patients with Suicidal Ideation/Homicidal Ideation and Domestic Violence, inpatient and outpatient;
- Family systems theories and related treatment and legal resources;
- newer specialized treatment models (i.e., DBT, CBT-TR, ACT, MBBT)
- changes in public mental health practice in NC (LMEs, CABHAs, BHOs and the impact on individual practitioners)

Because of these gaps, I have regularly been in supervision sessions where I am educating the LP regarding guidelines, political and ethical implications for practitioners and clients/patients. I have regularly received feedback from LPs related to the above areas that sound like, *"Wow, I really learned something today."* or *"Thanks for this information, this is really something I should know."* **The idea that LPAs have needed expertise from LPs for the duration of their careers is simply not true and inconsistent with the specialized work many LPAs are doing that LPs simply are not.**

Another concern shared with LPs over the years is their realization that the mental health service providers have expanded greatly with LCSWs, LMFTs, and LPCs (all of whom can practice independently early in their careers) and that they have changed the market for mental health treatment. Insurance panels have changed their paneling based on their licensure practices whereby it is difficult for LPAs to be on panels other than BCBS. Certainly, this has been cost-effective for the insurance providers to reimburse at a lower level for Masters level practitioners. This development **limits the earning potential of all LPAs.**

Fewer and fewer students are drawn to psychology because of the licensure process which means not just fewer master level practitioners in psychology but fewer Ph.Ds as well. This trend is providing fewer clinically sound and lesser-trained practitioners Again, this is a problem for all of us.

I know that plenty of other LPAs have submitted comments related to the statistics of available LPAs and LPs across the rural populations and within state funded facilities, hospitals and prisons. These positions are vital and they would simply remain unfilled if not for LPAs and the Psychology Board has an obligation to care about these implications. **The proposed changes are needed as they increase the availability of psychological services by the most providers and without them, there is an adverse impact for clients who cannot get services or are limited by insurance panel decisions.**

Thank you for considering these comments,

Alice Moore, MA, LPA, HSP-PA
NC LPA #1692



ReplyForward

May, Amber Cronk

From: Leslie Gaidi <lesliegaidi@gmail.com>
Sent: Wednesday, January 8, 2020 8:52 PM
To: rrc.comments
Subject: [External] Support to change supervision requirements for LPAS

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Dear Sir or Madam, I am writing in reference to Rule 21 NCAC 54.2008. I have been a licensed psychologist in private practice for over 30 years in Minnesota. I decided to become licensed in North Carolina in 2010. After being in voluntary supervision groups, I found it absurd that I would have to find a Ph.D. level to supervise something she had no experience in. I was working with the families of adults with mental illness and charging them a sliding fee. They paid out of pocket and usually came to see me once. I had no need for supervision for an intake interview. The psychologist who supervised me knew nothing about the plight of such families or the resources available to them. Still, she found it prudent to report me to the NC Board on actions she perceived as ethically unsound. The Board promptly overruled her concerns after I provided a full explanation of the events that occurred during counseling. The fact that I had to see this woman whether I had anywhere from one to ten sessions meant that I usually lost money seeing her for unnecessary guidance. She tried to charge me \$100/hour to go over the ethical rules in the NC State Rules with me, but I demurred. I knew the guidelines well enough. I gave up my practice in NC in 2015. Ending such supervision would allow me to take the licensing exam again, and return to counseling homeless women and women in prisons as a volunteer, or for a small fee, and choose to have supervision from a trusted colleague when I feel it's necessary. I hope the Board will consider an end to the rules about supervision for LPAs. We could provide a lot more help in rural areas and to underserved populations.

Sincerely, Leslie Gaidi, MA, retired psychologist in private practice

May, Amber Cronk

From: Matthew McNally <mcnallypsych9@yahoo.com>
Sent: Wednesday, January 8, 2020 6:54 PM
To: rrc.comments
Subject: [External] Letter of Support Concerning Permanent Rules Change to Life-long Supervision Rules for LPAs

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Dear Sir or Madam,

I am writing in support of the North Carolina Association of Professional Psychologists (NCAPP) and your efforts to end career long supervision requirements for Licensed Psychological Associates (LPAs). It is my understanding that the primary assertion levied against the idea of ending career-long supervision is a matter of competence, or lack thereof, by LPAs to practice psychology without ongoing, perpetual supervision. The related argument is that, if LPAs are not supervised by doctoral level psychologists, despite years of practice and experience, then the services that they render would be inept and even dangerous to the public. Frankly, this assertion is absurd. It is well known that LPAs in North Carolina are highly educated in the scientist-practitioner model of practice, and are required to pass very similar licensure testing requirements. As for the supervision, I am indeed in support of mandatory supervision for the first few years of practice by LPAs. I have benefitted greatly from my supervision over my twenty-two years of practice and I continue to do so. However, after a few years of practice, while my consultations with my clinical supervisor are technically supervisory and follow all mandates currently outlined in the psychology practice act, they have become more like de facto mandatory consultations. These consultations would be sought out by me anyway as regular consultation with peers is a part of best practice. Indeed, qualified and competent psychological professionals consult regularly with their colleagues, and I will continue to do so regardless of what rules or bits of legislation are passed or changed in this regard. However, the argument that clinical supervision should remain mandatory for the entirety of an LPA's career is simply unfounded and, thus, perplexing. Furthermore, if the clinical supervision is adequate, it would seem that after 3, 5, or perhaps even 7 years of work under such supervision, the accumulated experience and education derived from such supervision would be tantamount to several years' worth of internship to further expand and refine one's professional knowledge and skill sets. Lastly regarding supervision, the idea that an LPA of 25 years of practice or more might be mandated to be clinically supervised by, perhaps, a doctoral level psychologist with 2 years of practice experience is silly on its face.

In addition to the above, it is my opinion that there are two other deleterious effects of mandatory, career-long supervision for LPAs. The first is the obstacle it creates for LPAs to become paneled as providers with many insurance companies. The impacts of this are of course

obvious and terrifically unjust. The second of these is the idea of providing competent mental health services to the general public. As we are all aware, the number of graduate programs in counseling and other fields related to the practice of psychology, has multiplied exponentially. Many of these graduate degrees are offered through universities whereby the class work is almost exclusively online! These graduates go on to be licensed as Licensed Professional Counselors, Licensed Clinical Social Workers, etc. While there are several excellent schools providing high quality education for their degrees recipients, there are seemingly more where the degrees granted are very suspect, yet enable the degree holders to obtain licensure in a related field and subsequently practice with complete independence. They then enter into competition with both LPAs and doctoral level psychologists alike. Of course, the lone group here saddled with the requirements of “supervised practice only”, are LPA’s. Thus, LPA’s are greatly hindered in their ability to compete in the market place. Furthermore, the general public, when being made aware of mandatory supervision by their treating LPA, may interpret such information as an indication of ineptitude or otherwise draw into question the competence of their psychological service providing LPA. It is my contention that the public is not better served by having potential future psychological professionals steered into these related fields in an effort to avoid having to endure the professional restraints that mandatory, career-long supervision installs, however unintended the effects of such supervision may be. As a result, it seems obvious based on any online search for a mental health professional that mental health practice is increasingly being ceded to non-psychologists, thus posing a professional threat to both LPAs and doctoral level psychologists, as well as the practice of professional psychology in general. Given the high level of education and training found in most masters and doctoral programs in psychology provide, I find this to be a very troubling development indeed in the field of mental health practice. If this trend continues, it seems that the practice of professional psychology, in time, will be perhaps be all but surrendered altogether to non-psychology professionals. Today, only a scant few psychiatrists any longer provide traditional forms of psychotherapy. Rather, the overwhelming majority engage mostly, if not exclusively, in symptom management via the practice of the art and science of prescribing medications. Likewise, if current trends in the field of psychotherapy continue, psychologists will soon largely, if not exclusively, be relegated to psychological testing and academia. Again, such an eventuality would be both a great detriment to the general public as well as to the field that is the practice of professional psychology on the whole.

Given the above, I am in full support of of NCAPP’s proposed changes to mandatory, career-long clinical supervision.

Respectfully,

Matthew W. McNally, MA, LPA

May, Amber Cronk

From: Melissa Zhiss <melzhiss@hotmail.com>
Sent: Wednesday, January 8, 2020 6:48 PM
To: rrc.comments
Subject: [External] Supervision 21 NCAC 54.2008 proposed rule changes

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Dear NC Rules and Review Committee Members:

I would like to comment on the current rule regarding Supervision 21 NCAC 54.2008; specifically the career-long supervision of master's level psychologists. I have worked for Mecklenburg County for over 20 years - the majority in the community mental health system and now in the jail and courts. I work with the most vulnerable people in our community- homeless, severe and persistent mentally ill (SPMI) with addictions, and Intellectual and Developmental Disabilities (IDD) who are involved in the criminal justice system. I conduct psychological assessments (pro bono due to my current position with local government) for the Social Security Administration for SSI/SSDI eligible applicants who are incarcerated and cannot attend their consultative examinations. Unfortunately, even when paid, Disability Determination Services providers will not evaluate an individual at the jail due to the inconvenience of traveling to the facility. I have performed these services for many years due to the lack of professionals willing to perform these duties for individuals who are uninsured, incarcerated, or street homeless.

I came to NC as a young professional with an active Limited Licensed Psychologist (LLP) license from Michigan completing 2 years (2200 or more hours) of supervision, only to learn that I was required to have unending supervision if I wanted to work. Like many others who moved here from other states, I considered getting a Licensed Professional Counselor (LPC) license instead of the LPA. In fact many professionals who could be licensed as LPAs have chosen the LPC instead due solely to the career-long supervision issue. As I get closer to retirement, I have been looking at converting to an LPC myself because I have tried private practice on a part-time basis only to find that it was not worth the effort to only work part-time when I had to pay for supervision on a regular basis, despite being a Level 3 and having had 20+ years of supervision in NC. I prefer to work with the most vulnerable individuals in the county and therefore would prefer to conduct evaluations for Social Security and/or Medicaid where there is a great need for psychological testing, but the rates are lower than with private pay or private insurance clients. In Mecklenburg County, the largest county in the state, there is only 1 full-time doctorate level psychologist that I am aware of who conducts Medicaid evaluations regularly. There are a few doctorate level psychologists who will allow 1-2 Medicaid evaluations per month in their practice, due to the lower pay rates. I cannot say if this issue exists in the rural counties at this time, but when I was conducting psychological evaluations for Disability Determination Services, some individuals had to drive over 40 miles to come to Charlotte to get this evaluation completed. I often spent time with them completing the mileage forms so that whomever brought them could be reimbursed for the mileage. It was truly shocking and I suspect this is still a huge issue for the Social Security Administration.

Within our county government- I know LPAs who have worked 35 years and still require monthly supervision. Some were able to find a PhD within the organization who agreed to supervise them while others had to pay out of pocket. There is an LPA who was issued his license in 1978....he performs psychological testing for Vocational Rehabilitation ... still requiring supervision 41 years later! He was unable to find anyone to supervise him at different times over 41 years- sometimes paying for several years. The LPAs in public service are struggling even more these days to find appropriate doctorate level supervisors because the state of NC has privatized the community mental health system and most counties have eliminated doctorate level positions. I fully support an end to career-long supervision and would request that you please carefully consider the proposed changes to these rules. Thank you for your time.

Sincerely,
Melissa Zhiss, MA LPA

From: Nicole Merrigan <nicolemerrigan@gmail.com>
Sent: Wednesday, January 8, 2020 5:55 PM
To: rrc.comments
Subject: [External] 21 NCAC 54.2008

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To Whom It May Concern:

I have been licensed by the North Carolina Psychology Board as a psychological associate and certified as a health services provider since 2013. I am currently receiving level 3 supervision. I passed my Examination for Professional Practice in Psychology at the doctoral level.

I am in support of the NC Psychology Board's proposed rule change addressing the issue of ending career-long supervision for psychological associates (21 NCAC 54.2008). There is current disparity among master-level practitioners in NC (e.g. LPAs, LCSWs, LPCs, and LMFTs).

The supervision system is different for LPAs compared to other master-level practitioners as it is tiered and career-long. Other master-level practitioners that have been licensed since 2013 (as I have) currently do not need supervision at this time (given they have met their requirements). LPAs that do not work for an agency typically have to pay for their supervision out of pocket. I am one of the LPAs that pays for their supervision out of pocket. I am still paying for supervision and will have to continue to pay career-long as long as the NC Psychology Board requires me to do so.

The licensure of an LPA is not considered "independent" or "unrestricted;" therefore affects the ability to panel with insurances. LPAs are not currently allowed to panel with insurances such as Aetna, UnitedHealth Care, Cigna, Tricare, and Medicare. I am affected financially as there are many clients with other insurances that will not seek my services since I cannot panel with their insurance company. I currently work in private practice at an office in which various master-level practitioners have their private practice. The practitioners with independent licensures get more referrals in number and diversity. I have also lost clients when clients' insurances changed and they needed a referral to another provider that could bill their insurance (e.g. I could bill BCBS but then their insurance was changed to UBH). Many businesses and employers in the Wilmington, NC area where I practice, including our regional hospital, use UBH as the insurance company for their employees.

The paneling issue is not only a financial issue for myself and other LPAs, this is also a clinical issue. Continuity of care is affected when a client's health insurance company changes and they are referred or choose to be referred to another practitioner. Clients are also at a great disadvantage as they may not get the treatment that they need. For example, I am foundationally trained in Dialectical Behavior Therapy and the practice in which I work, Delta Behavioral Health, is the only place in town that offers comprehensive DBT. Even at Delta Behavioral Health, there are only a few LPAs and a few other master-level practitioners that are trained foundationally or intensively (according to Behavioral Tech). There are some clients that may not be able to get a DBT-trained therapist due to insurance paneling or availability.

Lastly, my current restricted license has affected my ability to apply to or be considered for jobs. Many employers do not include LPA as part of their needed job requirements when there is a job that requires a masters-level education and licensure. Many employers require a license to be independent or unrestricted.

Thank you,

Nicole Merrigan, MA, LPA

Dear RRC members,

My name is Jason D. Johnstone MA LPA (license number 4645). I have been licensed with the board as an LPA since 2014. I am writing you to show my support for the motion to end career long supervision for LPAs (I.e. proposed rule change 21 NCAC 54.2008). While I do believe that supervision has been useful to me personally and a good thing in general, the idea that it must persist forever seems unreasonable, excessive, and has no empirical justification. There must be a compromise regarding the length of supervision (3 years vs 5 years for example), or whether or not the LPA passed the EPPP at the doctorate level. It seems rational to me that if after completing 5 years of supervision (with no complaints and good supervisor ratings) and if the LPA passed the EPPP exam above the PHD cutoff, then there seems no rational justification to suggest that the LPA would not be completely capable of independent practice.

There are many limitations to career long supervision. I for example have been unable to be credentialed with United Health care, Cigna, Magellan, and of course Medicare due to my supervision - associate status. This limits my ability to make a living and limits the amount of clients I can offer my services to. I find this to be the greatest impediment to career long supervision. The cost of supervision is another issue of course, but for me personally it's primarily my inability to be credentialed with many insurance companies, while other masters prepared clinicians are readily doing so.

In summary, I hope that you can support the motion to end career long supervision, as it seems justifiable on logical and empirical grounds, and it will be of benefit to the public who need mental health services and to all of the LPA's that wish to offer their skills and services unencumbered by career long supervision.

Respectfully submitted,

Jason D. Johnstone, MA LPA
License number 4645

May, Amber Cronk

From: Lauran Chenoweth <lauran.chenoweth@icloud.com>
Sent: Wednesday, January 8, 2020 5:00 PM
To: rrc.comments
Subject: [External] Support for ending life long supervision for LPAs in NC

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To whom it may concern:

Hello. I have been a licensed and practicing masters level psychologist since 2006. I received my degree and initial licensure in the state of Michigan and practiced there for 2 1/2 years before moving with my family to North Carolina. It was not until I arrived that I realized that NC has mandatory life-long supervision for masters-level psychologists. Making matters worse, it is not a state mandate for other practicing clinicians, just psychologists. It is my opinion that psychologists are very highly trained while in graduate school and they also receive excellent, intense training during the first few years following licensure. This makes it incredibly difficult to understand why psychologists, of all the clinically trained professionals, would be singled out as requiring life-long supervision. It is not that I feel I am above supervision or believe that there will not come a time in the future that I will not require input from other professionals but, having practiced for over 13 years now, I feel that I have a pretty good handle on my specialties and could benefit from more relaxed requirements. Needing to follow strict supervision guidelines has personally put me at a disadvantage for job opportunities as employers would often prefer to hire those able to work independently. Additionally, there have been many occasions in which psychological evaluation reports have been delayed in getting to families and treatment providers because I am bound to having my supervision review my work prior to submission. Allowing professionals to practice more independently later in their career would benefit providers and those receiving services. I am in favor of ending mandatory life-long supervision for masters-level psychologists in the state of North Carolina. Thank you for your time.

Sincerely,
Lauran Chenoweth

May, Amber Cronk

From: Laura Kirby <lauracourtney00@hotmail.com>
Sent: Wednesday, January 8, 2020 4:58 PM
To: rrc.comments
Subject: [External] 21 NCAC54.2008

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Dear NC RRC,

I am a Licensed Psychological Associate working in private practice providing psycho-educational assessments and therapy to children. I graduated from UNC-CH School Psychology Program in 2004 and practiced in public schools in NC, GA, and Virginia until 2011 when I began preparation to become licensed to work privately. My graduate program was rigorous and also required a year of supervision. I completed hundreds and hundreds of comprehensive psycho-educational assessments in the schools and also worked with students with emotional challenges. I feel very competent and experienced doing this type of work.

I desired to become licensed in order to provide my services to a larger population. Because of the requirement for supervision (one hour of supervision for every 10 hours per month of activities that require supervision), I am choosing to only work at a part-time level. I currently have a wait list of 6 months for children and families desiring a psycho-educational evaluation. I turn down families often because I am not able to work with their child for therapy. The stringent guidelines regarding life-long supervision for LPA's as well as increased supervision hours for every hour worked are keeping me from providing compassionate mental health services to more families in need. I hope you will consider changing these requirements in order for LPA's to be able to provide more services to families who need support.

Best Regards,

Laura C. Kirby, MA, NCSP, LPA-HSP
UNC-CH 2000
UNC- CH 2004

January 8, 2020

Re: Proposed North Carolina Psychology Board Rule Change

Rrc.comments@oah.nc.gov

I am writing in support of proposed rule change under 21 NCAC 54.2008 to end lifetime supervision requirements for Masters' level psychologists. Specifically, I want Licensed Psychological Associates (LPAs) to have the ability to hold independent and unrestricted licenses, which is required to obtain accreditation with insurance panels, provide telehealth services, or provide volunteer services. This change will also provide for LPAs to stop paying supervision fees. In November of this year, I will have been licensed for 20 years as an LPA. I want to address two key issues I have observed based on my experience in the public behavioral health system:

1. The steady erosion of employability and professional progression for LPAs within their field relative to Masters' level clinicians; and
2. The impact on the rural behavioral healthcare workforce and resulting gaps in care for North Carolinians who need access to psychologists.

I also want to address the position of the North Carolina Psychological Association (NCPA) regarding the following:

1. The quality of LPAs' education and EPPP scores/pass rates of LPAs; and
2. Whether LPA independence should be pursued before the APA determines national standards by which master's level psychologists could practice.

Employability

I had the privilege of graduating from Appalachian State University (ASU). My program prepared me well and I was immediately employed as contract psychologist in the NC Division of Prisons (now Division of Public Safety). My colleague was an LPA and our Director was an LPA. Many of my classmates were hired in other State institutional settings alongside other Masters' prepared clinicians as part of treatment teams. What I didn't realize was how fortunate we were to have entered governmental systems that had sufficient infrastructure to provide PHD level supervision. Six years later, when NC budget cuts precipitated a RIF in NCDPS, I found myself struggling to obtain employment despite having the following clinical experience: treatment of adolescents, adults and geriatric populations with mental health, substance use and intellectual/developmental disabilities, provision of psychological testing and comprehensive psychological evaluations and working with integrated care teams. Prior to graduation, I had also worked in state hospital, community and institutional settings. I had excellent references noting my skill and my work ethic. I could not get a job. I distinctly remember getting a very kind letter from one organization that said I was more than qualified for the position, had an excellent resume, but unfortunately my licensure would create a billing and supervision barrier. Suddenly, I faced the reality that my career options as a clinician were going to be limited by my licensure. I started applying for jobs out of my field as well as clinical roles. I eventually found a job and drove the 120 mile/day round trip commute. I have been with that company for 15 years and have had the privilege of advancing to an executive position that administratively supervises over 300 employees and the bulk of our clinical and business operations. I help drive my agency's clinical policy and behavioral health network decisions in collaboration with our CMO, a range of licensed clinicians, and other medical staff.

I am aware that, despite my experience, the restrictions on my license make me ineligible to be paneled or hired by a commercial plan where "independent" licensure is interpreted narrowly. I cannot have a traditional stand-alone practice. When my clinical supervisor of 14 years retires this December, I will have to find a PhD who is not in our organization's statewide network because of conflict of interest and Medicaid policy. If I leave my organization, I will likely be moving to a job that recognizes my business experience but not my clinical experience.

NCPA Position

Regarding quality of LPAs education, EPPP scores and pass rates, I can find no evidence that supports this position documented in literature. On a personal level, I graduated from Appalachian State University and I passed my licensure exam at the PhD level on the first try. Additionally, my program and other NC Masters' level Clinical Psychology programs are accredited and PHDs are the educators, so I am unclear as to the educational quality deficit NCPA raises. This argument also does not appear to have been supported in other states addressing this similar or same issue.

Secondly, point two creates an undefined timeline and a potentially arbitrary process which creates real employment issues for LPAs. LPAs are already limited in their employment options with behavioral providers, assessment centers and integrated care settings due to commercial insurance payers because of varying interpretation of "independent" licensure. Dragging out LPA independence is essentially forcing high quality Masters' level clinicians out of their field and reducing access to care for North Carolinians in many rural areas. Defining a "limited scope" is also a potentially arbitrary process. The NC Psychology Board defines the areas and scope in which I have been permitted to practice and gain experience. At some point, clinical supervision becomes an administrative shackle to reduce imagined competition. There are not enough PhDs or LPAs practicing in community settings to meet the needs of North Carolinians psychological service needs. LPAs are not competing with PHDs. LPAs are competing with other Masters' Level clinicians who do not have the same supervision requirements, financial burden associated with lifetime supervision or limitations in employment and advancement because of independent licensure.

I am asking the Psychology Board to allow the proposed rule change in Section .2008(h)(3) allowing North Carolina LPAs to eventually practice independently after a period of three years of supervised practice and with the recommendation of their supervisor who has the experience to know their readiness to practice without mandatory supervision. Thank you for your time and consideration.

Sincerely,



Rhonda L. Cox, HSP-PA
License #2306
135 Morgan Branch Estates
Candler, NC 28715

May, Amber Cronk

From: Tara Ferguson <tarafer1@yahoo.com>
Sent: Wednesday, January 8, 2020 4:32 PM
To: rrc.comments
Subject: [External] comments on changes to Practice act

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Hello,

I would like to comment on proposed changes to the practice act regarding LPA supervision requirements and requirements of their supervisors.

-I am in support of LPA's receiving independent licensure status after a couple of years of supervision, just like every other degree does.

-I believe that supervisors should need to prove having taken coursework (6 hours) or equal continuing education in supervision to provide supervision but I do not think recent or frequent updating of this is necessary.

I believe these rule changes are consistent with the current NC psychology board practice act.

Thank you,

Tara Ferguson, PhD
Licensed Psychologist
5004 Oleander Drive
Wilmington, NC
28403

May, Amber Cronk

From: Aimee Malessa Tolbert <amtolber@wakehealth.edu>
Sent: Wednesday, January 8, 2020 4:27 PM
To: rrc.comments
Subject: [External] 21 NCAC 54.2008

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To whom it may concern,

This letter is in reference to the proposed rule change under 21 NCAC 54.2008. As a practicing Licensed Psychological Associate (LPA), I am acutely aware of the unfair practices that LPAs encounter. Specifically, the ongoing financial burden of life long supervision. As a student, I enrolled in Appalachian State University's Clinical Health Psychology program, because I felt master level psychology programs provided superior training compared to counseling programs. However, upon entering the work force, I quickly realized that master level counselors and social workers have more freedom in the workplace after obtaining licensure, yet they have inferior training. I support amending the rule, 21 NCAC 54.2008, as it enables master level psychologist to practice independently after obtaining 4500 post-licensure hours. By amending this rule, it would allow LPAs to be more competitive in the workplace and ensure patients have access to providers offering evidence based treatments. In so doing, it will improve the quality of patient care, and the professional lives of LPAs.

Sincerely,

Aimee Tolbert, MA, LPA, HSP-PA

May, Amber Cronk

From: Anthony Welch <swelch37@icloud.com>
Sent: Wednesday, January 8, 2020 4:22 PM
To: rrc.comments
Subject: [External] Supervision

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I am writing in support of the North Carolina Psychology Boards Proposed rule change 21 NCAC 54.2008

Tony Welch, LCSW

Sent from my iPhone

Jody A Long, LPA, LCAS, CCS
336-964-5638
jalong0407@gmail.com
429 Ridge Rd.
Wilmington, NC 28412

NC Rules Review Commission

8 January 2020

Dear Members of the NC-RRC,

My name is Jody Long, LPA #4690. I am writing with regards to rule 21 NCAC 54.2008. I have been licensed and practicing about 6 years now, with the bulk of my career dedicated to community based work. I am extremely passionate about providing quality care to the people I've served and to be a role model in the field, demonstrating both competency and ethical behavior.

Though I receive supervision as required by the psychology board, I am diligent to seek out appropriate trainings and additional support via consult teams, etcetera, when appropriate, to best serve my clients and supervisees. Often I seek out these resources independent of The Board's requirements. The lifelong supervision requirement is not a guarantee that a clinician will comport themselves more ethically or competently. However, the requirement of lifelong supervision limits quality clinicians from being able to obtain employment in important areas due to being considered "provisional" which prevents paneling from insurance companies such as Medicare and Tricare (to name two).

I entered this field dreaming of working with our military men and women and discovered upon completion of my licensure requirements that I would never be able to panel with Tricare or work for the VA. Additionally, I have sought employment in more institutionalized settings such as a hospital, only to find that though qualified, I would not be hired due to my inability to bill the full array of insurance. Now that I am in a private practice setting, I routinely get calls from prospective clients who I have to turn away due to their insurance, many of whom are direct referrals to me due to appropriateness of fit. As you may be aware, in some cities such as Wilmington, there is a shortage of qualified therapists to provide therapy and psychologists who provide testing. Individuals in need of mental health services, both low and high level of care, are waitlisted or turned away due to a provider shortage. There are many qualified LPAs who could help meet this need if the current rules changed.

As psychologists we hold ourselves to high standards but the evidence does not suggest that lifelong supervision truly enhances our abilities as clinicians. It is important to consider both the financial costs as well as the practical costs – very few people are seeking to become LPAs in part due to the supervision requirement. In our community we are in desperate need for individuals who test, though personally I advise against a Master's in psychology for my mentees based on my own (and my colleagues') professional and financial hardships created by the degree path chosen. It is my understanding that the function of the supervision ongoing was to promote integrity in our field; however, it is limiting access to effective and well-trained practitioners.

With Kind Regards,

 LPA, LCAS, CCS

May, Amber Cronk

From: kenneth <kpearson2@hotmail.com>
Sent: Wednesday, January 8, 2020 3:21 PM
To: rrc.comments
Subject: [External] Support for NC Psychology Supervision rule change (21 NCAC 54.2008)

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1/8/2020

Regarding NC Psychology Board Proposed Supervision Rule Change (21 NCAC 54.2008)

To Whom it may concern,

I have been licensed as a Psychological Associate (LPA) by the North Carolina Psychology Board for over 20 years. I have a Master of Arts in Clinical Psychology with a concentration in Substance Abuse Treatment from the University of North Carolina at Wilmington.

I am writing in support of the North Carolina Psychology Board rule change addressing supervision (21 NCAC 54.2008). This rule change would help to bring parity and equal opportunities for LPAs in line with other master's-level clinicians (i.e., LPC, LCSW, LMFT). Throughout my career, the career-long supervision requirement has significantly hindered me from opportunities for which I am often times the most qualified professional. The career-long supervision requirement for LPAs—not my competency or skill set—has been the one significant limitation throughout my career. This career-long supervision requirement has limited my employment opportunities.

Though arguments have been made against the North Carolina Psychology Board changing the rules regarding LPA supervision, it needs to be clear that **there is no data to suggest career long supervision requirements for LPAs provides any further protection to the public.** It appears those that are making arguments against the North Carolina Psychology Boards rule change regarding LPA supervision have a financial interest to oppose as they are the ones being paid to provide the required supervision. It seems logical one would make any argument to protect their own income and would oppose ending a system that ensures consistent lifetime income for themselves. The North Carolina Psychology Board however has studied this issue, voted and agreed that providing a pathway for LPAs to eventually have access to independent practice is appropriate. **The proposed supervision rule change does not eliminate supervision** but provides a pathway to independent practice. When compared to other master's level providers, the NC Psychology Boards proposed supervision rule changes would be the most stringent supervision criteria to work through when compared to other master's-level licensing requirements.

It should be noted that North Carolina has many counties whose Mental Health, Substance Use and Intellectual Developmentally Disabled citizens are currently under served and do not have adequate access to psychological services. With this supervision rule change proposed by the NC Psychology board, many more citizens of North Carolina would be able to have access to needed psychological services.

Sincerely,

Kenneth H. Pearson, MA

May, Amber Cronk

From: Catherine Cheek <cacheek@wakehealth.edu>
Sent: Wednesday, January 8, 2020 3:19 PM
To: rrc.comments
Subject: [External] 21 NCAC 54.2008

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I am an LPA licensed by the NC Psychology Board since 1995. I graduated with a Master of Arts in Clinical Psychology from Appalachian State University in 1995. I passed the EPPP well above the doctoral level threshold. I have been supervised for 24 years post-licensure in a variety of public service settings with exemplary ratings from all supervisors. I am writing in emphatic support of NC Psychology Board's proposed rule changes modifying the egregious supervisory requirements for LPAs (21 NCAC 54.2008). These revisions provide long overdue parity for LPAs with other master's level mental health clinicians in NC (e.g. LPC, LMFT, LCSW). Master's level clinical psychology programs like the one I attended at ASU provide critical clinical training in psychological assessment that other mental health clinicians do not receive; however, LPA practice has always been more restricted than comparable master's level practitioners. These much needed revisions will enable experienced LPAs to increase credentialing with insurance panels and participate in more volunteer opportunities (Red Cross disaster relief); **therefore, increasing public access to quality mental health care at a time when there is a significant shortage of mental health providers to meet our state's growing needs.** Even if these revisions are approved, LPAs will still have more stringent supervision criteria than any other master's level mental health licensing requirements in NC (e.g. LPC, LMFT, LCSW). There will still be a tiered supervision progression and LPAs will be required to show competence substantiated by supervisor recommendations, EPPP scores, degree requirements outlined in 21 NCAC 54.1802, biennial Ethics Renewal Examination scores (if changes to 21 NCAC 54.1901 a-3 are implemented) and biennial continuing education requirements before being considered for independent licensure. Clinical consultation with colleagues is an integral element of ethical practice for providers at all levels and will continue regardless of Board supervisory requirements. **Revising supervisory requirements as outlined in 21 NCAC 54.2008 will expand public access to quality, experienced LPAs, who provide a range of mental health services and expertise not offered by other mid-level mental health clinicians.** Thank you for considering these revisions.

Sincerely,

Catherine Cheek, M.A.

Licensed Psychological Associate

License #1918

Catherine Cheek, M.A.

Licensed Psychological Associate

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May, Amber Cronk

From: eric.guendner.deltadbt@gmail.com
Sent: Wednesday, January 8, 2020 3:15 PM
To: rrc.comments
Subject: [External]

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To Whom It May Concern:

I have been licensed by the North Carolina Psychology Board as a psychological associate and certified as a health services provider since 2016. I am currently receiving level 1 supervision. I passed my Examination for Professional Practice in Psychology at the doctoral level.

I am in support of the NC Psychology Board's proposed rule change addressing the issue of ending career-long supervision for psychological associates (21 NCAC 54.2008). There is current disparity among master-level practitioners in NC (e.g. LPAs, LCSWs, LPCs, and LMFTs).

The supervision system is different for LPAs compared to other master-level practitioners as it is tiered and career-long. Other master-level practitioners that have been licensed since 2016 (as I have) currently do not need supervision at this time (given they have met their requirements). LPAs that do not work for an agency typically have to pay for their supervision out of pocket. I currently pay approximately 250 dollars a month for supervision. This doesn't include the lost income because I am unable to schedule clients during this time.

The licensure of an LPA is not considered "independent" or "unrestricted;" therefore affects the ability to panel with insurances. LPAs are not currently allowed to panel with insurances such as Aetna, UnitedHealth Care, Cigna, Tricare, and Medicare. As a retired Marine who is now trained in trauma therapy and a desire to serve active duty military, I am particularly effected by my inability to bill Tricare. I currently work in private practice at an office in which various master-level practitioners have their private practice. The practitioners with independent licensures get more referrals in number and diversity. Many businesses and employers in the Wilmington, NC area where I practice, including our regional hospital, use UBH as the insurance company for their employees, and we have a large veteran community that I cannot serve.

The paneling issue is not only a financial issue for myself and other LPAs, this is also a clinical issue. Continuity of care is affected when a client's health insurance company changes and they are referred or choose to be referred to another practitioner. Clients are also at a great disadvantage as they may not get the treatment that they need. For example, I am foundationally trained in Dialectical Behavior Therapy(DBT) and am one of only three DBT-Prolonged Exposure clinicians in southeastern North Carolina. The barrier of restricted licensed has created situations where I was unable to treat clients in need of therapy. The practice in which I work, Delta Behavioral Health, is the only place in town that offers comprehensive DBT. Even at Delta Behavioral Health, there are only a few LPAs and a few other master-levels practitioners that are trained foundationally or intensively (according to Behavioral Tech). There are some clients that may not be able to get a DBT-trained therapist due to insurance paneling or availability.

Lastly, my current restricted license has affected my ability to apply to or be considered for jobs. Many employers do not include LPA as part of their needed job requirements when there is a job that requires a masters-level education and licensure. Many employers require a license to be independent or unrestricted. I am unable to work at DOD facilities or for the Veterans administration as my license is permanently restricted.

Regards,

Eric Guendner
MA, LPA, HSP, LCAS

Holly E. Haulter, M.A., L.P.A.

Ragan Associates, Inc.

3719 W. Market St., Ste. A
Greensboro, NC 27403
336-855-6314

October 31, 2019

To Whom It May Concern,

This letter is sent in support of the proposed rule change 21 NCAC 54.2008, that will end career-long supervision for LPAs. From my perspective, it will only help the public if career-long supervision was ended.

I am a Licensed Psychological Associate in my fifteenth year of practice. I serve the public in private practice, as well as through contract testing at a local charter school. LPAs receive training that is sufficient and equal to other masters-level practioners who are already practicing independently in our state (i.e., Social Workers, LPCs, etc.). However, many of the services *only* psychologists can provide (namely, psychological assessment) are difficult to access in some of our communities—either because there simply aren't enough psychologists providing the service, or because insurance is hesitant to reimburse those of us who cannot not practice independently. Ending career-long supervision would increase accessibility to those services and allow the public to readily seek them from a *psychologist*, instead of another general therapist/education specialist.

Furthermore, it is my opinion that, after a good number of years in practice, clinicians in our field tend to specialize, or find their "niche" in a particular mental health population. For this reason especially, after a substantial number of years in practice, it seems to me that having required meetings several times a month to discuss cases that are remarkably similar to hundreds you've seen in the past is redundant and unnecessary. It forces me to see fewer clients, so that I do not monopolize my supervisor's schedule. And, while life-long consultation with colleagues about nuanced cases or ethical dilemmas will always be useful and necessary, required life-long supervision is simply not necessary and makes us less-available to the public.

Sincerely,



Holly E. Haulter, M.A.
Licensed Psychological Associate

Donald P. Patterson, Ph.D.
4 Hege Drive
Lexington, NC 27292

January 8, 2020

To Whom It May Concern:

I am writing in support of the changes in rules governing the clinical supervision of Psychological Associates, (21 NCAC 54 .2008), as proposed by the North Carolina Psychology Board. I am currently retired as a Licensed Psychologist after having been licensed in North Carolina from 1984 until my retirement in 2018.

During the course of my professional career I was employed as a clinical director in a single county mental health center, worked in both private practice and for private mental health providers and monitoring agencies, and served as an adjunct professor in a clinical psychology doctoral program. Throughout my career I had responsibilities for providing clinical supervision for clinicians with varying educational and professional preparation including both Licensed Psychological Associates and Licensed Professional Counselor Associates.

Over my years of practice I have noted the disparity between the rules governing LPA's, LPC's, LCSW's and LMFT's. More specifically, I have recognized that all of these professional disciplines, except for psychology, have provided for the eventual independent practice of clinicians prepared educationally at the masters' level. I might also add that, in my personal experience, I have found that the professional preparation of individuals who received their educational preparation in psychology programs was superior in many ways to other educational disciplines. At times I have found it difficult to be providing required supervision to highly experienced and capable LPA's while being fully aware that other mental health professionals with lesser standards of preparation were practicing independently. I am also aware that these differing standards have imposed multiple financial burdens for LPA's that other mental health professionals have not had to bear.

In recent weeks I have reviewed the proposed rule changes and I am delighted to see the proposed pathway towards eventual independent practice for LPA's. In my judgment the changes are long overdue. While I am simply a concerned citizen at this point in time, I support these proposed changes without reservation, noting that both our profession and our communities will be well served by the changes.

Donald P. Patterson, Ph.D.

May, Amber Cronk

From: Megan Gabalda <megan@triadkeypsych.com>
Sent: Wednesday, January 8, 2020 1:32 PM
To: rrc.comments
Subject: [External] Comments regarding proposed rule changes to NCAC54.2008 (LPA supervision rules)

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To whom it may concern,

I am a doctoral-level licensed psychologist who has been licensed in North Carolina for 11 years. I fully support the proposed rule changes to NCAC54.2008, which would end career-long supervision for highly experienced and appropriately qualified Licensed Psychological Associates.

I support for this rule change based on a few personal experiences and observations. I believe it would be in the best interest of the North Carolina population in need of mental health care.

I have supervised a highly experienced LPA for over one year, and I have worked with several competent LPAs for years. The experienced LPAs I have worked with are well-qualified for independent practice. Master's level clinicians in other disciplines are practicing independently, often with far less rigorous ethical and educational standards than current LPAs. I do not think an LPA with a high level of experience and supervision is likely to present a harm to the public. If an LPA with a high level of experience is so unethical or unqualified as to present a risk to the public, one hour of supervision per month surely would not be enough to prevent such harm regardless.

As a doctoral-level psychologist, my practice is nearly always full and in demand. I return messages frequently from clients who are seeking a therapist or evaluation and cannot find one locally who is accepting new clients and accepts their insurance. I believe that the supply-and-demand ratio for mental health care in our local area (Triad area of NC) is in need of more, not fewer, qualified mental health professionals who can accept all types of insurance.

For these reasons, I support the proposed rule change to end career-long supervision for highly experienced (Level 3) LPAs. Thank you for considering my opinion.

Megan K. Gabalda, Ph.D.
Licensed Psychologist
Triad Key Psychology, PLLC
Ph: 336-996-9840; Fax: 1-888-863-9747

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May, Amber Cronk

From: Barbara Barnhill <barnhilltesting@gmail.com>
Sent: Wednesday, January 8, 2020 1:29 PM
To: rrc.comments
Subject: [External] 21 NCAC 54.2008

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I am writing in support of the rule change regarding ending perpetual supervision for LPAs.

Years ago, I used to work for a state agency (then the DEC, now the CDSAs) where we did developmental testing primarily with preschoolers. The agency contracted with a PhD psychologist to provide my clinical supervision. I met with the PhD to satisfy the requirement, but the PhD acknowledged that she did not know much about the population that we worked with, and that I could probably better get feedback/info from my colleagues, who were also LPAs. We spent the clinical supervision time talking about tests and populations that I did not utilize in my job.

So we met the letter of the law, but there was an expense to the state and unproductive time off for me to meet that letter of the law. Peer supervision occurred informally and formally at my agency that was much more beneficial for my professional growth. We had regional and state discipline meetings where we discussed testing and issues that were specific to our work, and developed a network of colleagues who were available whenever any clinical issues arose.

I currently only do achievement testing with homeschoolers. I would love to be able to expand what I could offer to homeschoolers now that my own children recently graduated from our homeschool. But I have to look at the cost/benefit of contracting for supervision and the number of hours that I would be able to expand beyond the demands of testing. I have been testing for 27 years and have the years of professional and personal experience that could help the homeschool community more if I was able to be independent.

Homeschool families typically function on one income, and being able to be reimbursed by insurance as an independent practitioner would enable me to expand what I could do and help more families. Instead, I have to refer families out in the community where there are not people with the unique combination of having a psychology background and knowing the ins and out of homeschooling. When I have followed up with these families, they generally have not followed up with the mental health referral because of cost and not wanting to have to start over with someone new when they felt they had connected with me. I have to tell them that I am limited based on what the current state licensing statute allows me to do.

If you vote for the rule change, it will enable better access to these families, as well as increase my ability to provide more mental health services to a specialized population.

In addition, my husband is currently unemployed. If I was freed from the perpetual supervision and be allowed to practice independently, it would enable me to have more options to financially help our family.

Please vote in support of the rule change!

Sincerely,

Barbara P Barnhill, MA LPA HSP-PA

NC License # 1607

Barbara P Barnhill, MA LPA HSP-PA

To: NC Rules and Review Commission (RRC)

Address: Rrc.comments@oah.nc.gov

Date: 1/8/2020

RE: 21 NCAC 54.2008 Proposed rule change to discontinue lifetime supervision of Licensed Psychological Associates

Please find this letter in full support for the end of lifetime supervision for Licensed Psychological Associates in North Carolina. I have been proud to be a masters level psychologist and believe I have equally been advantageous to my clients, their insurance providers and the state of NC in my various roles while using my licensure.

I received my LPA license in 1988. I have had continuous supervision at least monthly since that time! **Thirty-one and a half years!!!** While I am not opposed to supervision in gaining additional credentials, skills, certifications I do not believe it is necessary for psychologists to receive more than any other licensed behavioral or mental health provider in the state!! All other disciplines who practice in the behavioral health or mental health field in North Carolina -- Marriage and Family Therapists, Professional Counselors, Clinical Social Workers and even PhD Psychologists -- are allowed to discontinue formal supervision a specified amount of time. There is no reason on the planet, other than the income of psychologists, for this practice to continue. It's time. This effort has been reared previously and did not have enough support by the PhD psychologists through the NC Board to be allowed. But it is time.

The change of this rule and independent licensure status for LPAs will allow a greater number of NC citizens to be treated by qualified, competent, exceptional psychologists. It will make the insurance of NC residents available to this licensure. For years I have been told, while in public and private practice in the state, that because I am not "licensed at the top of my field and still require supervision" I am not able to be paneled on certain insurances. Rubbish. All other disciplines, with which I hire, work, collaborate and supervise administratively are able to do what I am not allowed to. After 31.5 years. This rule change just makes sense to allow more providers for NC constituents and residents.

Thank you so much for your support and consideration of the change to this rule.

Very Sincerely,

M. Lynn James-Smith, LPA
Licensed Psychological Associate
Owner/Partner New Directions CS, PLLC
210 Rile Dr.
Taylorsville, NC 28681
Ljstwo@yahoo.com

September 23,
2019

To: Daniel
Collins

NC Psychology Board 895
State Farm Road Suite 101
Boone, NC 28607

In reference to: Proposed rule change under 21 NCAC
54.2008

This letter is in support of the proposed rule change under 21 NCAC 54.2008. My name is Jayme Yodice and I am a Licensed Psychological Associate and a Health Services Provider-PA in Charlotte, North Carolina. I have been licensed in North Carolina for 18 years.

Before I express my point of view, I want to take a moment to express gratitude for my training at Appalachian State University, where I received by BA in Psychology and MA in Health Psychology. I had superb professors and mentors there and I believe I received top notch training. I also have had the pleasure of working with many Licensed Psychologists over the years who have provided great supervision and mentoring.

I have been waiting for many years to be unburdened by mandated supervision. Currently, I am at the highest level (Level 3, which correlates to supervision once per month). I have sought out the best psychologists to receive supervision from and tried to accept this rule as being part of being licensed. However, I have experienced and continue to experience much frustration over the years with this rule. I feel it is easiest to bullet point these below.

- At a certain point in my career, I became the experienced one and I began to find that my supervisors were either close in age or experience to me or that I had even more experience or expertise than they did. On a few occasions, working in agencies, I found them to be inadequate. My solution was to seek out better supervision and pay for it on my own, rather than relying on what was offered through my employer. What I found is that some LP's do not want to provide supervision due to the increased liability, which leaves us searching for someone with a good reputation who is willing to provide supervision.

- I was not accepted to various insurance panels due to not being “independently licensed.” When I opened my private practice in 2013, this was a huge barrier. I also got a letter once from an insurance company where they expressed a denial for a service due to my not being “allowed” to provide it. This was related to not being “independently” licensed in the state. I also had to attempt to explain this to the client.
- Working with other MA level clinicians has been very frustrating and brings about negative feelings one cannot quite describe. LCSW, LPC, and LMFT therapists are allowed to work independently after a relatively short period of time. And in my experience, many do not have the same level of training that we do as LPA’s. They also often launch into private practice or other endeavors that allow them more freedom and more opportunity to earn higher salaries.
- I have been limited in the purchase of psychological testing materials even though I am licensed and trained to provide those services. Pearson told me directly this is related to our having to have supervision and not being “independent practitioners.”
- Being mandated to go to supervision once a month is contrived. I compare it to if someone were forcing you to attend therapy, when you did not feel you needed it. At a certain point in your career, supervision or clinical consultation should be something you do naturally, when needed. Seeking consultation should be taught, encouraged and expected, not mandated. The money I spend on supervision would be better spent on training and supervision directly related to that training. Example: I got extensive training in ACT and would prefer to pay for some short-term supervision for ACT.
- Lastly, the rule is outdated. I agree that anyone early in their career should have some level of supervision but as I sit here in my own office, 18 years after becoming licensed, I wonder how this is still in place. I have been puzzled by the reality that I could supervise interns who were obtaining their MA but after they finished internship, I was no longer deemed appropriate to train or supervise them.

I am passionate about my work with clients and colleagues and have built excellent relationships in my community. I would like to complete my career without this added burden and put that time and money towards the best quality training and consultation, when needed.

Sincerely, Jayme Yodice, LPA, HSP-PA NC
 #2390 Carolina Psychology Center, PLLC
 1905 JN Pease Place Suite 104 Charlotte, NC
 28262 704-609-3614
 jaymeyodice@carolinapsychologycenter.co
 m

In reference to: Proposed rule change under 21 NCAC 54.2008

My name is Holly Hauser and I am a Licensed Psychological Associate in Charlotte, NC. I recently obtained my license in April 2019 and have been working in private practice at Carolina Psychology Center, PLLC with my colleague and fellow LPA, Jayme Yodice.

I was fortunate to graduate with my Master's Degree in Clinical Psychology from Appalachian State University in December 2018. This program was intense and rigorous, adequately preparing me for clinical work in the field as soon as I graduated. Sadly, Master's programs in Clinical Psychology are dwindling and are hard to find in NC. I hope that these programs will not become obsolete and urge those who are in charge of making these decisions to recognize the overwhelming burden of mental health in America. How would decreasing opportunities and eliminating programs for mental health professionals at the Master's level in Clinical Psychology help to alleviate this burden? I assert that this would be harmful to society and our community at large, which is exactly the opposite of what we strive to practice in our ethical duties set forth by the APA and the NC Psychology Board.

From the beginning of my graduate training and currently as a new psychological associate, I have obtained weekly supervision. In private practice, it is understood that the clinician is responsible for choosing and paying a supervisor. I believe that LPAs should be treated the same as other Master's level clinicians who no longer need supervision after meeting certain hour requirements. LPAs have the same training, if not more, than LPCs, LMFTS, LCSWs, and the like, so it is puzzling why LPAs must continue supervision for life. In addition, research in the field suggests that no one field or specialty out ranks the other in terms of greater outcomes or effectiveness. With that said, it is confusing to me why LPAs are held back in so many domains when compared to all other mental health professionals.

Supervision, while necessary and helpful, in my opinion, should not be required after a certain number of hours/years of experience have been met by the clinician. To expect LPAs to obtain a supervisor for the duration of their career is unfair. It is also unfair to expect LPAs, many of those who are in private practice, etc., to pay for their own supervision for the duration of their career. Just in this year (2019) alone, I will have paid almost \$4,000 to my supervisor. Imagine this yearly fee for the next 30+ years---that is upwards of \$100,000 spent on supervision. While I value the supervision I am receiving, I do not believe it should be forced or a requirement for LPAs after a certain time. I do believe that LPAs should seek supervision when necessary on unfamiliar cases or when support is needed as deemed by the APA Code of Ethics and the NC Practice Act.

Bulleted below are also points in which I ask the Board to take in consideration regarding LPA licensure:

- I believe in independent Master's level licensure (to take the place of level 3 supervision for life)
- I ask that LPAs are allowed to maintain a title that includes *psychologist* in what we are "allowed" to call ourselves
- I ask that LPAs are not restricted or limited in the scope of psychological practice (we were all trained in psychological evaluation as well as clinical practice)

- This progression toward independence does not need to hinge on an accreditation process that has yet to be defined, let alone accredited
- Old NCAPP and NCPA negotiations from 2013 are a moot issue at this point
- Lastly, I believe that there should not be any contingency that this independent LPA license is given/grandfathered at the expense of discontinuing future LPA licensure in NC

I am grateful to be a Master's level clinician and serve my community by providing therapy and psychological evaluations. I am hopeful that changes will be made so that LPAs can feel equal to and respected by other mental health professionals. We are licensed mental health providers who are making a difference. Please support us by hearing these concerns and taking action on our behalf!

Sincerely,

Holly Hauser, MA, LPA, HSP-PA
NC #5533

Carolina Psychology Center, PLLC

1905 JN Pease Place Suite 104

Charlotte, NC 28262

336-413-1978 holly@carolinapsychologycenter.com

Harbor Psychological Services, PLLC

P.O. Box 2707
211 N. Market St., Suite B
Washington, NC 27889

October 31, 2019

Re: Proposed rule change under 21 NCAC 54.2008

To Whom It May Concern:

I am writing in favor of granting Masters level psychologists independence via the proposed rule change under 21 NCAC 54.2008. I have worked in clinical practice as an LPA in North Carolina for 23 years. The LPA life-long supervision requirement has damaged not only the psychology profession as a whole, but also the clients we claim to serve.

Life-long supervision limits my insurance participation and imposes disproportionate costs compared to independent providers such as LCSWs or LPCs. When I combine supervision fees with lost work time, supervision costs me up to \$5000.00 per year. If I work until age 65, the career-long cost could exceed \$200,000.00.

Qualified supervisors are also getting scarce. As more LPs retire, it's hard to find LPs comfortable supervising someone with my years of practice experience. The scarcity of LPs creates ongoing career instability for LPAs, especially in rural areas.

Our biggest concern, however, should be the declining quality of North Carolina's mental health services. NCPB's short-sighted focus on LPA restrictions contributed directly to this decline. NCPB stood silent while other disciplines encroached upon the practice of psychology, diluting it so much that now, anyone with a slightly related Master's degree can practice independently with far less training and oversight than LPAs.

For example, for fiscal year 2017-2018, Medicaid psychotherapy code 90834 could be billed by an LCSW, LCAS, LMFT, and LPC, for the same reimbursement rate as an LPA. In fact, psychological testing is the only clinical service reserved for psychologists in the Medicaid service list. Not surprisingly, those other providers have proliferated while psychologists languished. In rural areas where Medicaid is a primary payor, this trend has a tremendous impact on service quality.

Not only do clients complain of bad service from these providers, many service records I review reflect alarmingly poor clinical understanding. I cannot understand why NCPB turns a blind eye to those providers functioning independently, yet does not have confidence in its own LPAs to do the same.

Since other licensures are more attainable than practicing psychology at any level, true psychological services dwindled. The few psychologists in my area have long wait lists. Given that psychological testing is now the only service separating us from other mental health providers, referral sources find it easier to work around us than refer to us. It's only a matter of

time before agencies remove psychological evaluations from their eligibility requirements, making all psychologists, not just LPAs, obsolete.

Finally, life-long supervision is simply illogical. I passed the licensing exam at the PhD level. While I've been fortunate to have excellent supervisors, after 23 years, supervision is qualitatively no different from any other collegial consultation. So, while it offers no new training nor significantly alters my practice, it puts me at a substantial disadvantage against other, less trained providers.

Effective supervision should produce a confident, independent practitioner. If supervision cannot accomplish this in 3 to 5 years, what does this say about the quality of training and supervision LPs provide? If LPAs are truly not competent to function independently after this time frame, we have only LPs to blame.

Compared to other professionals who practice independently in NC, the life-long LPA supervision requirement is arbitrary, unfair, and, frankly, damaging to the psychology profession as a whole. I urge you to approve independent status for LPAs as detailed in the proposed rule change. Choosing otherwise threatens the continued viability of psychology practice in NC, and that hurts us all. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'T. Stevens', written in a cursive style.

Tamara L. Stevens, MA, LPA, HSP-PA
NC License 2043

May, Amber Cronk

From: Thomas Thompson <thomasjthompson2@yahoo.com>
Sent: Wednesday, January 8, 2020 10:12 AM
To: rrc.comments
Subject: [External] Proposed rules changes for NC Psychology License Act

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To whom it may concern:

I am a licensed Psychologist in NC (since 1986) and former member and chair of the NC Psychology Board. I am writing to express my FULL SUPPORT for these rules changes. The reasons for my opinion are expressed in the record of comments made to the Board. Please approve all recommended changes.

Thank you.

Thomas J. Thompson, Ph.D.
Licensed Psychologist
1009 Poplar Street
Durham, NC 27703

Johnna Pilipchuk, MA, LPA

180 Providence Road, Ste. 1-A

Chapel Hill, NC 27514

Phone: 919-270-1991

Fax: 844-770-1916

NC Rules Review Commission
NC Office of Administrative Hearings

RE: Proposed rule changes to Title 21 NCAC 54 pertaining to changes to LPA Supervision Requirements

Dear Commission Members:

I'm writing in support of the proposed rule changes to end life-time supervision of Licensed Psychological Associates. I was licensed in 1995 and have twenty-four years of supervised experience. I work with many other masters level colleagues (LPC's, LMFT's and LCSW's) and they often comment that I am the most supervised clinician they know. Not only are their comments true, I don't think they, or the mental health system as a whole, appreciate the professional and financial burden this has put on all LPA's over the years.

First, I'd like to address the NCPA argument that life-time supervision of LPA's is in place to protect the public. I don't think NCPA and other entities who exist to protect the public are taking into consideration what they deny the public under the current laws and limits placed on LPA's. There are many counties in NC where consumers have no access to psychological services and assessments. Supporting independent licensure of LPA's could mean there are more resources available to work in underserved parts of the state. In my opinion, creating qualified independently licensed LPA's would enhance mental health services throughout the state and help ensure all consumers have access to professional and ethical services.

Secondly, I'd like to share some of the limitations I've experienced professionally.

- Early in my career when I did agency work I was only hired on a part-time basis and had to arrange and pay for my supervision independent of the agency.
- I am not able to contract for services with most of the major insurance payers: Cigna, Aetna and United Healthcare have all denied me admission to their networks. I also cannot provide services to veterans, and as you may be aware, there are many veterans out there who are waiting months and years for services for PTSD. I had to turn down a woman veteran who contacted me last week for help.
- One of my specialties is providing Dialectical Behavior Therapy (DBT) to teens and their families. Even in the Triangle there are not enough clinicians who provide Adolescent DBT to meet the demand. I met with a family who had a son who was cutting himself and often felt suicidal and was referred for full-protocol DBT. The family had Cigna insurance and could not find a Cigna provider trained in DBT in the surrounding counties. Because of the lack of a DBT provider, Cigna offered a single client agreement for treatment of this young man. Paperwork was done and the family was told they would be able to use their benefits. At the last minute, someone at Cigna learned that my license required supervision and they withdrew the offer. This made a very difficult situation even more difficult for this family. This kind of scenario happens frequently to LPA's and their clients.
- I am prohibited from volunteering with the Red Cross and/or a disaster response team.
- I am prohibited from providing teletherapy to consumers in rural NC counties where there are no mental health services available.

Lastly, but significant, is the financial burden life-time supervision places on LPA's. I estimate that since 1995 I have paid approximately \$53,000 in supervision fees. This averages \$184/month. No other masters level mental health license requires such a financial burden. Not only do we pay for supervision in perpetuity, we are required to obtain and pay for the same amount of professional development credits as our doctoral level colleagues.

I am grateful and encouraged that the NC Psychology Board is working to end the life-time supervision requirement for LPA's. In my opinion it is time to end the discrimination that LPA's face when in competition with other masters level clinicians for professional positions.

Thank you for considering the points I've outlined in this letter.

Very truly yours,

Johnna Pilipchuk, MA, LPA

**Therapeutic Resource
Associates, PA**



**Angela Phan, MA, LPA
1618 US HWY 1 North
Youngsville NC, 27596
919-247-4750**

01/08/2020

To Whom It May Concern

I am an LPA licensed by the Psychology Board since 2003. I graduated from NC Central University with a master's degree in clinical psychology. I passed the EPPP shortly after and began practicing. I have been supervised for the past 16 years and have worked on average 35 to 40 hours per week.

I am writing in support of the NC Psychology Board's proposed rule changes addressing supervision, specifically 21 NCAC 54 .2008. These proposed changes would finally give LPAs well deserved equality with other master's level clinicians in the state of NC.

Due to the current supervision requirements, we as masters level clinicians are ineligible for various insurance panels and are excluded from volunteering with certain organizations. This is not only extremely frustrating and unfair to master's level psychologists but is creating a lack of providers in rural areas who need the services we can offer. Independently licensed LPAs would provide a greater pool of resources to consumers as currently many struggle to find access to certain services, especially psychological testing. Some, who have Medicare are driving two or more hours for testing due to there being no licensed clinicians in our area that can participate on the panel for Medicare.

It is important to note that even if these revisions are approved and we are able to practice independently, LPAs would still have more stringent supervision criteria to manage than any other master's level licensed clinician in NC (i.e., PLC, LCSW, LMFT). There will still be a tiered supervision progression and LPAs would be required to demonstrate competency at level three before being considered for independent licensure.

Please strongly consider approval for the new licensing requirements as this is what is best for practitioners as well as for the consumers of NC.

Sincerely,

Angela Phan

May, Amber Cronk

From: Amber Margaretten <amberivey10@gmail.com>
Sent: Tuesday, January 7, 2020 3:48 PM
To: rrc.comments
Subject: [External] Comments/Psychology 1/16/20

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to report.spam@nc.gov

To whom it may concern,

I am writing to show my full support to the NC Psychology Board's decision to change/amend their governing provisions of psychologists and how they may practice. I specifically support independent practice of Licensed Psychological Associates (LPAs master's level). LPAs are capable and well trained in the practice of psychology. They are able to support rural areas where someone with a PhD or PsyD may refuse to practice. Allowing LPAs to practice independently will open up more mental health services for the state of NC. It is hard to see an adequate justification which would prevent these changes from being approved, especially when NC only has 3 state funded mental health hospitals and limited mental health services as it is. The other state funded mental health hospitals are located in Central Prison (CP) and North Carolina Correctional Institute for Women (NCCIW). If NC allows LPAs to practice independently, then more mental health services will be available to the community and possibly prevent people from needing to go to NCCIW or CP to receive adequate care.

It is silly that NC has it set up where a freshly Licensed Psychologist (LP, with PhD or PsyD) can supervise or manage an LPA who has been practicing for decades simply because they have a higher degree. Both LPs and LPAs require graduate training and both are allowed to do the same things, except practice independently. Quite frankly, the only reason LPs would want to keep LPAs from practicing independently is because they make ALOT of money from supervision hours from supervising LPAs. The average hourly rate for supervision is \$100 dollars an hour.

Another important note: The national trend of the "sister professions" is going in the same direction as the proposed changes. Licensed Social Workers, Licensed Substance Abuse Counselors, Licensed Marriage and Family Therapists, and Licensed Counselors can all practice independently. LPAs have to complete more rigorous training requirements than the fields listed above and still cannot practice independently due to outdated regulations.

Overall, there isn't data from any other states in the US to show allowing LPAs to practice independently would bring harm to any patients. Being able to maximize mental health services for the people of NC should be a higher priority than continuing to line the pockets of LPs who already make more than LPAs because of their higher education. Let's help NC maximize mental health services for its people!

Amber Margaretten, M.S., LPA, HSP-PA