

Policy on Clinical Setting Requirements for Post-Master's Interns Pursuing Licensure as LPC or LPC/MHSP

For some time there has been confusion on the part of post-master's interns as to how to interpret the rule 0450-01-.01(11) related to "clinical setting". It also appears that some board approved supervisors that provide supervision to these post-master's interns may not be aware of or confused as to what an appropriate clinical setting is for accumulating post-master's hours on the part of their supervisees. In June of 2014, the Board adopted a policy statement to clarify "clinical setting". The Board is now revising the policy to better communicate what an appropriate clinical setting is for post-master's interns. The words in *italics* are direct quotes from rule 0450-01-.01(11).

An appropriate clinical setting can be a "*public, private, or community agency/mental health setting*" provided it meets the following requirements:

- The place or practice "*must have integrated programs for the delivery of clinical mental health counseling in accordance with these rules and defined by definition (29) for non-Mental Health Service Provider designation and definition (30) for the Mental Health Service Provider designation*".

These programs must offer the same scope of services in which the applicant seeks to be trained. For example, an applicant seeking LPC/MHSP licensure cannot work in a facility which only provides non-MHSP services, as that setting would not offer opportunities to observe and counsel clients diagnosed under the DSM.

- "*The place or practice shall offer adequate physical resources....*"

Adequate physical resources include private spaces for counseling sessions, a secure facility for storing records, administrative resources to support the program and ensure compliance with HIPAA and other regulations, etc.

- "*The place or practice shall have at least one licensed mental health professional on site for a cumulative minimum of 20 hours per week whose assigned job duties include being available to the applicant for supervision and/or consultation while the applicant is engaging in the practice of counseling or counseling related services*".

The 20 hours a week can be covered by multiple licensed professionals. However, each licensee must be licensed to provide the scope of services the applicant seeks to practice. For example, the clinical setting for an LPC/MHSP applicant must have LPC/MHSPs, LCSWs, LMFTs, or other mental health

professionals who are licensed to diagnose and treat mental health disorders on site 20 hours a week.

- *“The place or practice shall have a written emergency plan in place to include method(s) of contacting supervisors(s) or other consultant(s), alternative contacts when supervisor(s) is(are) unavailable, information regarding crisis services, and crisis decision-making”.*

Ideally, the 20 hours that a licensee or licensees are on site overlap with the time in which the applicant is working so that the licensee(s) is(are) available for consultation. If the hours of the licensees do not overlap with the time in which the applicant is working, an emergency plan would provide support and backup to the applicant. The written emergency plan should include phone numbers of supervisors and other persons who can be consulted if immediate supervisors are not available. It should also include contact information for who to contact in crisis situations: local crisis teams, suicide prevention hotlines, domestic violence resources, local psychiatric hospitals, non-emergency law enforcement contact numbers, child protective services, etc.

- *“The licensed mental health professional can serve as the applicant’s supervisor if he or she meets the supervisor requirements....” If the licensed mental health professional on staff at the place or practice is unable or unwilling to serve as the applicant’s supervisor, the applicant must secure a supervisor who meets the supervisor requirements....”*

The onsite licensed personnel do not need to be the “approved supervisor” for licensure or even be qualified to perform supervision for licensure – the applicant may secure and work with an offsite supervisor for licensure purposes.

- *“The place or practice shall not be owned, or independently operated by the applicant”.*

The applicant may not own their own business or open their own practice – even if they hire a licensed person to be on site and comply with the other rules. Furthermore, renting shared office space where there is not a direct affiliation with a licensed mental health professional does not meet the requirements of an appropriate clinical setting.

- *“An applicant shall not seek a clinical setting or supervision that is in conflict with the multiple relationships addressed by the American Counseling Association’s Code of Ethics”.*

- *“The applicant shall be an employee of the place or practice or shall be affiliated by agreement. All agreements shall include but not be limited to the following information: the name of the individual responsible for supervision, specific job duties/responsibilities, method for obtaining and scheduling clients, liability insurance information, payment arrangements, emergency plan, and facility and service logistics. Compensation for services provided by the applicant shall be paid directly to the place or practice unless the applicant has a temporary license, at which time the applicant may be paid on an agreed upon basis or may provide services on a pro bono basis”.*

An applicant may either be an employee of a practice, in which case the liability issues and payment arrangements are handled by the practice **or** must be affiliated by written agreement. If the written agreement is an independent contractor arrangement in which the applicant is paid directly from client fees or third-party reimbursements, or if the arrangement is that the applicant will work pro bono, the applicant **must** have a Temporary License.

Independent contractor arrangements and volunteer counseling arrangements often leave the public confused about who has responsibility for supervising the applicant. Confusion and concern amongst the public about these types of arrangements leads to numerous unlicensed practice complaints which the Board must investigate. The written agreement and Temporary License safeguard the public and the applicant by providing more information to both the public and the Board about the supervisory arrangement, allowing the Board to ensure that the applicant is operating and advertising in accordance with the laws and regulations.

In summary:

Can an applicant work in a private practice setting? Yes.

Can an applicant open his/her my own practice? No.

Does the approved supervisor (s) have to be on site at the clinical setting location? No.

Does a licensed person need to be on site at least 20 hours per week? Yes, but the 20 hours a week can be covered by multiple licensed professionals.

Does the applicant need a temporary license? It depends on how you are employed or affiliated with the clinical setting facility/practice.

Can an applicant be paid directly for his/her services? Only if the applicant has a temporary license.

Post-Master's Interns and/or their Approved Supervisors that are not sure whether a clinical setting arrangement is appropriate, should contact the Board for guidance before beginning supervision or entering into a practice arrangement. If the Board determines at any time that a clinical setting is not appropriate, the hours earned in that setting will not count for licensure and the applicant could incur significant financial penalties. It is best to check with the Board rather than spend months or years working in a setting that is not appropriate.

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