

127 Balsam Drive
Waynesville, NC 28786
October 31, 2019

Daniel Collins, Executive Director
North Carolina Psychology Board
895 State Farm Road, Suite 101
Boone NC 28607

NOV 5 2019

Re: Proposed North Carolina Psychology Board Rule Change

Dear Mr. Collins:

I am sending this letter in support of proposed rule change under 21 NCAC 54.2008 to end current life-time supervision requirements of Masters' level psychologists.

For the past 8 years, I have served as the Chief Medical Officer for Vaya Health, a Managed Care Organization that manages Medicaid and state funding for behavioral health (mental health, substance use and intellectual/developmental disabilities). In that role, I have been aware of not only the qualifications and supervision of Vaya's licensed clinicians, but also of the licensure requirements for providers in our 22 counties.

In my current position, I am the direct supervisor for several doctoral level psychologists. One of them serves as a monthly supervisor for four of our Licensed Psychological Associates (LPAs), each of whom has at least 10 years of clinical experience. Our MCO absorbs the cost of this due to the value they add. (Smaller organizations may not be able to afford this.)

The LPAs current requirement for monthly supervision adds a layer of cost and time that does not burden many of our other master's level clinicians. The availability of ongoing supervision for clinical staff is important, and good clinicians continue to seek it, as necessary, once they have achieved a basic level of clinical competence after training. Good supervisors adjust the timing and amount of supervision to meet the needs of those they serve.

The proposed rule change for North Carolina LPAs would allow independent practice after a minimum of three years supervision, and after review by the Board of the recommendation from a qualified supervisor who is able to attest to their ability to practice without mandatory supervision.

The current restriction placed on LPA's in NC also serves to potentially limit needed access to treatment, especially in some of our more rural regions where LPA's are currently not able to achieve independent accreditation with various healthcare payers. The lifetime mandatory supervision requirement likely impacts choices made by students who are electing which clinical tract they select to become a masters' level clinician. With healthcare reform and changes from a fee-for-service to managed care approach in North Carolina, Commercial

Healthcare Plans will need the value added by LPAs, but likely manage cost by hiring and retaining clinicians who do not have a mandatory requirement for monthly lifetime supervision.

If the Board's goal is to incentivize LPAs to seek further training and doctoral level licensure, the current system works for some. If the Board's goal is to be in alignment with industry standards for other masters' level clinicians, the proposed rule is an improvement for workforce development and clinical access.

We know the health of our communities needs to improve, and the cost of care must come down. Utilization of LPAs in a fully integrated into delivery systems (without the cost of lifetime monthly supervision) seems to be a win-win for all.

I very much appreciate your time in reviewing and considering the issues I have covered, and the recommendation I am making.

Sincerely,

Craig Martin, M.D.