



<p style="text-align: center;">Alameda County <small>ac</small>  Behavioral Health Care Services <small>bh</small></p> <p style="text-align: center;">MENTAL HEALTH & SUBSTANCE USE SERVICES</p>	<p>DocuSigned by:</p> <p>By:  _____</p> <p style="text-align: center;">Karyn L. Tribble, PsyD, LCSW, Director</p>
<p>POLICY TITLE</p> <p>Mental Health Professional Licensure Waiver</p>	<p>Policy No: 1603-3-1</p> <p>Date of Original Approval: 06/07/2012</p> <p>Date(s) of Revision(s): 07/01/2002, 5/2/2023</p>

PURPOSE

This policy establishes the guidelines and procedures for securing a mental health professional licensure waiver (PLW) to provide mental health services.

AUTHORITY

- California Department of Health Care Services (DHCS) Behavioral Health Information Notice (BHIN) No. 20-069 (Supersedes Department of Mental Health (DMH) Letter 10-03)
- Welfare and Institutions Code (W&I Code) §5751.2

SCOPE

All County-operated programs, in addition to entities and programs providing mental health services under a contract with Alameda County Behavioral Health Care Services (ACBH), are required to adhere to this policy, irrespective of payer source. This policy does not apply to individual or group Mental Health Plan (MHP) fee-for-service network providers. This policy also does not apply to individuals who are hired at facilities licensed by the California Department of Public Health (CDPH). Such waiver requests must be forwarded to CDPH for approval.

POLICY

Waiver Eligibility

PLWs are required for persons employed or under contract to provide Medi-Cal specialty mental health services (SMHS) for a MHP, or community mental health services under the Bronzan-McCorquodale Act (BMA), as:

- psychologists who are gaining the “experience required for licensure”; or
- psychologists, clinical social workers, marriage and family therapists, or professional clinical counselors who have been recruited for employment from outside California and whose experience is sufficient to gain admission to a licensing examination.

“Experience required for licensure” for purposes of waiver means experience that meets the requirements of California Business and Professions Code (BPC) section 2914, subdivision (d). Students in formal graduate programs who are not employed or under contract with a local MHP, as specified, may not be subject to these PLW requirements. This may include, for example, pre-doctoral students gaining “experience required for licensure” in a formal internship placement, as well as practicum-level students gaining experience required for graduate study, as long as they are not employed or contracted as described in section (1)(iii) below. Note: Providing services through a DHCS PLW waiver is only one way of obtaining predoctoral supervised professional experience (SPE) to satisfy psychology licensing requirements.

Upon application, a PLW will be granted to the following eligible individuals:

I. Unlicensed individuals who:

- A. Have earned a doctorate degree from an accredited or approved university, college, or professional school as set forth under BPC section 2914, subdivisions (b)-(c), in the following subject areas: (1) psychology, (2) educational psychology, or (3) education with the field of specialization in counseling psychology or educational psychology; or
- B. Have completed at least a minimum of 48 semester/trimester or 72 quarter units of graduate coursework in psychology (not including thesis, internship or dissertation), as required by Title 16 of the California Code of Regulations (CCR), section 1387(a)(1), from an accredited or approved university, college, or professional school as set forth under BPC section 2914, subdivisions (b)-(c), in the following subject areas: (1) psychology, (2) educational psychology, or (3) education with the field of specialization in counseling psychology or educational psychology;

AND

- C. Will be employed or under contract to provide Medi-Cal SMHS or community mental health services under the BMA as psychologists for the purpose of acquiring the SPE required for licensure, as required by BPC section 2914, subdivision (d)(1) and CCR, Title 16, section 1387; and
- D. Will provide Medi-Cal SMHS or community mental health services under the BMA under the clinical supervision of an approved licensed psychologist (or other supervisor approved by the Board of Psychology).

OR

II. Psychologists, clinical social workers, marriage and family therapists, or professional clinical counselors who:

- A. Have been recruited for employment from outside of California, and whose experience is sufficient to gain admission to the appropriate California licensing examination for their profession;
- B. Will be employed or under contract to provide Medi-Cal SMHS or community mental health services under the BMA; and,
- C. Will provide Medi-Cal SMHS or community mental health services under the BMA under the clinical supervision of a licensed mental health professional in accordance with laws and regulations governing the waiver.

Waiver Duration

PLWs granted by DHCS are valid for five (5) years from the first date of employment by, or contract with, a local MHP, including a MHP or county mental health department, or their subcontractor, or until the individual seeking waiver obtains appropriate licensure, whichever occurs first. PLWs cannot be extended

beyond this five-year timeframe and must run continuously from the start date. The five-year term may not be postponed, paused, deferred, or otherwise suspended for any reason.

PROCEDURE

- I. The director or designee of a MHP or county mental health department may apply for a PLW. The employer may not allow an individual seeking a waiver to begin work for which a license or waiver is required until DHCS has approved the PLW application.
- II. The applicant must submit the following supporting documentation, depending on which type of PLW is sought:
 - A. For individuals that are employed or under contract to provide Medi-Cal SMHS or community mental health services, and are working to complete their post-doctoral SPE as defined by CCR, Title 16, section 1387, subdivision (a)(2):
 1. A certified copy of the individual's most current doctoral program transcript from an accredited or approved educational institution that meets the requirements within BPC section 2914, subdivisions (b)-(c). The transcript must include the individual's full name and demonstrate that the individual has completed the doctoral program.
 - B. For individuals that have completed 48 semester/trimester or 72 quarter units of graduate coursework in psychology (not including thesis, internship or dissertation), are employed or under contract to provide Medi-Cal SMHS or community mental health services, and are working to complete up to one year of pre-doctoral SPE as defined by CCR, Title 16, section 1387, subdivision (a)(1):
 1. A certified copy of the individual's most current doctoral program transcript from an accredited or approved educational institution that meets the requirements within BPC section 2914, subdivisions (b)-(c). The transcript must include the individual's full name and demonstrate that the individual has completed a minimum of 48 semester/trimester or 72 quarter units of graduate coursework in psychology (not including thesis, internship or dissertation).
 - C. Psychologists, clinical social workers, marriage and family therapists, or professional clinical counselors who have been recruited for employment from outside of California, are employed or under contract to provide Medi-Cal SMHS or community mental health services, and whose experience is sufficient to gain admission to the appropriate California licensing examination for their profession:
 1. Notification from the appropriate California licensing board that the individual has been accepted to sit for the applicable California licensing exam for their profession. A copy of the email from the licensing board confirming the individual's licensing exam date is sufficient to meet this requirement.

III. The required documentation, including a resume, should be submitted to:

Alameda County Behavioral Health Care Services (ACBH)
Quality Assurance (QA) Office
2000 Embarcadero, Suite 400
Oakland, CA 94606

IV. Upon receipt, ACBH QA Admin staff will check for a complete and accurate submission by the applicant and, upon completion, will submit it to the ACBH QA designee.

V. The ACBH QA designee will complete sections 1-10 of DHCS 1739, Mental Health Professional Licensing Waiver Request Form (Rev 05/2022).

VI. The application and supporting documentation must be submitted via email to DHCS, Medi-Cal Behavioral Health Division, Professional Licensing Waivers Unit at [MHLicensingWaivers@dhcs.ca.gov](mailto:MH LicensingWaivers@dhcs.ca.gov).

VII. Upon receipt of the submitted application, DHCS will review the application and supporting documentation to ensure that all required information has been provided. Within two weeks of receipt of the application, DHCS will email applicants regarding any missing information or supporting documentation or with any questions DHCS has regarding the application. Applicants must provide DHCS with any missing information or documentation within thirty calendar days from the date of DHCS' request. If the applicant fails to submit all of the requested information and/or documentation within thirty calendar days, the PLW application will be denied. Applicants may submit another application in event of a denial and need not wait any period of time to do so.

VIII. Within thirty calendar days of receipt of all required information and documentation, DHCS will validate the individual's eligibility, determine whether to approve or deny the application, and notify the applicant, the individual seeking a waiver, and the facility where the individual will be employed, in writing of the decision.

IX. Upon receipt of the waiver decision from DHCS, ACBH QA Admin staff will send the original DHCS 1739, Mental Health Professional Licensing Waiver Request Form, to the applicant and file a copy by the year of waiver expiration.

X. The MHP or county mental health department may appeal DHCS' denial of a PLW application. The appeal must be submitted to DHCS by email to [MHLicensingWaivers@dhcs.ca.gov](mailto:MH LicensingWaivers@dhcs.ca.gov) within thirty calendar days of receiving DHCS' notice of denial. The appeal must include an explanation of why the applicant believes DHCS erred in denying the PLW application and additional documentation to support the individual's educational experience or hours required for licensure.

XI. Within thirty calendar days of receipt of the appeal, DHCS will notify the applicant in writing whether the appeal has been approved or denied. DHCS' decision on the appeal is final. An applicant does not need to submit a new application while an appeal is pending.

XII. If a waived individual changes employers, such as to another MHP or county mental health department, during the five-year waiver period, the MHP or county mental health department must

submit a new waiver application (DHCS 1739) to DHCS. The application must be approved by DHCS prior to the individual providing mental health services for which a license or waiver is required. Only the following information must be included on the application form: the applicant's full name, the employment/internship start date, the name of the county in which waived services will be provided, the contact information for the new employer in the event DHCS has questions about the PLW application, and the applicant's return address.

- XIII. A change in employment will not affect the five-year waiver timeframe previously granted to the applicant. The five-year term does not start over when any new employment begins. If a waived individual changes employment within the same MHP or county mental health department network, DHCS does not need notification of this change, and a new DHCS 1739 does not need to be submitted or approved.
- XIV. Every year in the month of June, ACBH QA Admin staff will send a reminder of this policy and procedure to all providers of services under ACBH. The reminder will include a copy of the policy and procedure.

NON-COMPLIANCE

- Non-compliance is having a registered or non-registered individual with a doctorate degree billing Medi-Cal for SMHS, or for community mental health services under the BMA, without an approved waiver.
- In the event of non-compliance, contact QAOffice@acgov.org. Gather and submit all necessary information to apply for a PLW.
- Staff shall not face retribution for submitting a notice of non-compliance.
- Staff shall report the non-compliance to their supervisor, who shall communicate the non-compliance to the ACBH Quality Management Program Director.
- Reports of non-compliance shall be investigated under the direction of the ACBH Compliance Office, or their designee. All investigations of non-compliance shall be concluded within sixty (60) working days of the date of notification to the extent possible. ACBH may consult with or refer the case to County Counsel for further investigation.
- Any communication that contains protected health information or otherwise confidential information should be sent through secure methods such as email with secure encryption.
- Once the investigation is complete, the ACBH Compliance Officer, or their designee, shall submit a written report and make a verbal report to the ACBH Executive Team. The written report shall contain a summary of the initial report, the findings, and recommendations for minimizing future risk. Any determination of a need for corrective or disciplinary action shall be the decision of the ACBH Director, or designee, and the ACBH Human Resources Department as relevant.

CONTACT

ACBH Office	Current Date	Email/Phone
Quality Assurance	03/27/2023	QAOffice@acgov.org

DISTRIBUTION

This policy will be distributed to the following:

- ACBH Staff
- ACBH County and Contracted Providers
- Public

ISSUANCE AND REVISION HISTORY

Original Authors: Unknown, Quality Assurance Administrator

Original Date of Approval: 07/01/2002 by Marye L. Thaomas, MD, Mental Health Director

Revision Author	Reason for Revision	Date of Approval by (Name, Title)
Marye L. Thaomas, MD, Mental Health Director	Alignment with DMH Letter 10-03	06/07/2012
Torfeh Rejali, QA Administrator	Alignment with DHCS BHIN 20-069	5/2/2023 by Karyn L. Tribble, PsyD, LCSW, Behavioral Health Director

DEFINITIONS

Term	Definition
Mental Health Services (MHS)	Those types of treatment and services that require the practitioner to hold a license.

APPENDICES

[DHCS 1739, Mental Health Professional Licensing Waiver Request](#)

MENTAL HEALTH PROFESSIONAL LICENSING WAIVER REQUEST

(Please fill-in all boxes below. See page three for completion instructions.)

1. FULL NAME OF INDIVIDUAL SEEKING PROFESSIONAL LICENSING WAIVER (PLW)
(Include aliases and maiden names):

2. EMAIL ADDRESS FOR INDIVIDUAL SEEKING PLW:

3. HAS THE INDIVIDUAL SEEKING PLW COMPLETED 3000 HOURS OF SUPERVISED PROFESSIONAL EXPERIENCE?

- YES If yes, number of hours completed: _____
 NO

4. DOES THE INDIVIDUAL SEEKING PLW HAVE AN APPROVED WAIVER WITH DEPARTMENT OF HEALTH CARE SERVICES (DHCS)?

- YES If yes, go to question seven.
 NO If no, continue to question five.

5. TYPE OF WAIVER REQUEST *(Please check appropriate box):*

- WITHIN CALIFORNIA / NOT LICENSE ELIGIBLE PSYCHOLOGIST:
(5-year waiver maximum)
- OUT-OF-STATE / LICENSING-EXAMINATION READY: (5-year waiver maximum)
- PSYCHOLOGIST
 - LCSW
 - LMFT
 - PCC

6. DATE OF DEGREE OR DATE OF ALL DEGREE REQUIREMENTS MET *(Transcript submission required):*

DATE: _____

IF DEGREE REQUIREMENTS ARE NOT MET, NUMBER OF UNITS COMPLETED:

7. EMPLOYMENT / INTERNSHIP START DATE *(In the position requiring waiver):*

MENTAL HEALTH PROFESSIONAL LICENSING WAIVER REQUEST

8. MENTAL HEALTH PLAN (MHP) OR COUNTY MENTAL HEALTH DEPARTMENT:
9. MHP OR COUNTY MENTAL HEALTH DEPARTMENT CONTACT EMAIL ADDRESS FOR QUESTIONS & RETURN OF LICENSING WAIVER REQUEST:
10. REQUEST SUBMITTED BY: (<i>Signature – Mental Health Director/Designee</i>) PRINTED NAME: SIGNATURE: _____ DATE:

FOR STATE DEPARTMENT OF HEALTH CARE SERVICES, MEDI-CAL BEHAVIORAL HEALTH DIVISION ONLY. DO NOT COMPLETE BELOW.
1. DATE COMPLETE WAIVER APPLICATION RECEIVED:
2. DATE WAIVER BEGINS:
3. DATE WAIVER ENDS:
4. COMMENTS:

MENTAL HEALTH PROFESSIONAL LICENSING WAIVER REQUEST

This waiver is granted pursuant to Welfare and Institutions Code Section [5751.2](#) and with the stipulation that the MHP/County Mental Health Department and the individual seeking waiver assume responsibly for meeting all applicable statutory and regulatory requirements during the approved waiver period.

Approved by:

Signature: _____

Title:

Date:

Privacy Notice: The personal information collected on and with this form is confidential, subject to the Department of Health Care Services (DHCS) Notice of Privacy Practices that can be found here: <https://www.dhcs.ca.gov/formsandpubs/laws/priv/Documents/Notice-of-Privacy-Practices-English.pdf>. The DHCS Behavioral Health Division needs the information to accurately track the waiver history of the individual seeking the professional licensing waiver (PLW) and may share it with other agencies, contractors, or facilities who need to verify the waiver. DHCS will not use or share the information for other purposes except with your permission or as permitted by law. You must provide all information requested on this form and provide the supporting documentation. If you do not provide all information requested, we cannot provide a PLW. In most cases, the individual(s) to whom this information pertains has the right to access it.

DHCS is authorized to collect this information pursuant to Behavioral Health Information Notice 20-069. This privacy notice provided here is required by California Civil Code 1798.17.

Submission: Submit this application and any documentation to DHCS via email at MH LicensingWaivers@dhcs.ca.gov or by mail to Behavioral Health MS 2621, P.O Box 997413, Sacramento, CA 95899-7413.

Appeal: The MHP, county mental health department, or the individual listed in the application applying for a professional licensing waiver may appeal the denial by submitting a written request electronically to MH LicensingWaivers@dhcs.ca.gov or by mail to Behavioral Health MS 2621, P.O Box 997413, Sacramento, CA 95899-7413.

The written request must be emailed or postmarked within thirty (30) calendar days of receipt of the written notice of denial. The written request shall include a statement of fact(s) supporting the applicant's appeal and/or related documentation.

Within thirty (30) calendar days of receipt of the written request for review, the Department shall approve or deny the appeal and provide written notification including the reasons for the decision to the MHP or county mental health department. The Department's decision on the appeal shall be final.

The Department shall not process an appeal filed due to an applicant's error in the application.

MENTAL HEALTH PROFESSIONAL LICENSING WAIVER REQUESTMENTAL HEALTH PROFESSIONAL LICENSING WAIVER REQUESTInstructions For Completing This Form

- 1) Full name of individual seeking professional licensing waiver (PLW), including aliases and maiden names: DHCS staff need this information, when applicable, to track accurately the waiver history of the individual seeking PLW.
- 2) Email address for individual seeking PLW: DHCS staff need this information, when applicable, to track accurately the waiver history of the individual seeking PLW and to contact if necessary.
- 3) Completion of 3000 Hours of Supervised Professional Experience (SPE) by the individual seeking PLW: The MHP must confirm if the individual seeking waiver has or has not completed 3000 hours of SPE. If the MHP selects yes, the MHP is attesting the individual seeking PLW has completed 3000 hours of SPE.
- 4) Current approved waiver with Department of Health Care Services (DHCS): Indicate if the applicant seeking PLW currently holds an approved waiver with DHCS.
- 5) Type of Waiver Request: Clearly indicate the type of waiver request. To be eligible for the Out-Of-State / License-Ready category, the individual seeking PLW must be both license-ready (i.e., have accrued the number of hours of supervised professional experience required to sit for the licensing examination) and have been recruited from out-of-state. When submitting a request for an Out-Of-State / License Ready waiver, the MHP must submit a letter from the appropriate licensing board which states that the individual seeking PLW has sufficient experience to gain admission to the licensing examination.
- 6) Date of degree or date of all degree requirements met: Specify the date the individual seeking PLW received their degree or the date of all degree requirements. If the degree requirements are not completed, include the number of units completed. Submission of a current transcript is required.
- 7) Employment Start Date (In the Position Requiring the Waiver): Specify the date the individual seeking PLW will start employment in the position requiring a waiver. (Note: PLW request approvals will not be backdated if a request is submitted after the employment start date.)
- 8) Mental Health Plan (MHP) or County Mental Health Department: Specify the MHP or County Mental Health Department submitting the request for PLW.
- 9) MHP or County Mental Health Department contact for questions & address for return licensing waiver request: Include the name and contact information of a MHP or County

MENTAL HEALTH PROFESSIONAL LICENSING WAIVER REQUEST

Mental Health Department contact for any questions or return of the professional licensing waiver request.

- 10) *Request Submitted by (Mental Health Director / Designee)*: All waiver requests must be submitted, signed and dated by the MHP or County Mental Health Department director or director's designee on file with DHCS.

For additional information on the professional licensing waiver process, see [Behavioral Health Information Notice](#) No. [20-069](#).