

Starting Your Group Practice: A Step-by-Step Guide

Written for graduate students in counseling and marriage & family therapy programs who are approaching graduation and want to open a small group practice that accepts the Oregon Health Plan (OHP/Medicaid).

First, a Note About Where You Are Right Now

Since you haven't graduated yet, you can't apply for your associate registration quite yet — that requires submitting official transcripts to the board. But there's still plenty you can do now, and some of it is genuinely time-sensitive. This guide is organized to tell you what to do before graduation, what to do right after, and what can wait.

The good news: people do this successfully all the time, and building a group practice from the ground up is more manageable than it looks when you break it into stages. It takes time and energy, but it's not an impossible lift.

The One Thing to Do Right Now, Before You Graduate

Email LCApplcations@oha.oregon.gov today.

Oregon is changing the rules for who can bill OHP. Starting October 1, 2026, board-registered associates will need to either be fully licensed or work inside an agency that holds an OHA Certificate of Approval (COA) in order to bill OHP. Getting a COA is the path we're building toward — and there's currently a massive backlog of applications. As of early 2026, over 400 providers were somewhere in the queue. Every week you wait matters.

This email just gets you into the orientation queue. It's not a commitment to anything — it's just your place in line. Do it today. See OHA's full explanation of this policy change [here](#).

A word about the timeline: October 1, 2026 is less than six months away as you read this. If you graduate in spring or summer and spend a couple of months getting your entity formed and your policies written, you are already cutting it very close. Be honest with yourself about the math. If you're not confident you can get a COA in hand by October 1, it's worth having a backup plan — many associates bridge this period by taking a position inside an already-COA-certified agency while their own application works through the queue. That's not a failure; it's a practical response to a bureaucratic backlog. You can continue building your group practice in the background and move your clients over once your COA is issued. The goal is to keep billing OHP without interruption — how you do that during the transition period may need to flex.

Before You Graduate: Things to Do Now

Document your practicum and internship hours carefully. Up to 400 of your pre-degree supervised clinical hours can count toward the 1,900 post-degree direct client contact hours you'll need for full licensure. Keep meticulous records now so you don't lose credit for work you've already done.

Identify your post-graduation supervisor before you graduate. Your associate registration application requires you to name a licensed supervisor — an LPC, LMFT, LCSW, or psychologist with an active Oregon license — who has agreed to supervise you. If your supervisor isn't already approved by the board, they'll need to complete their own application. Don't leave this to the last minute. This person may also eventually serve as your group's Clinical Director (more on that below).

Start thinking about your group's structure. Talk with your future co-owners about how you want to organize: who's responsible for what, how you'll handle overhead, how revenue will be split. You don't need legal documents yet, but getting aligned early prevents bigger conflicts later.

Since you'll have passed your national licensing exam (the NCE or NCMHCE for counselors, the MFT Exam for MFTAs) before or at graduation, that box is already checked. You'll still need to pass the **Oregon Laws and Rules Exam** as part of your associate registration — that one is Oregon-specific, taken separately through OBLPCT's portal, and costs \$50.

On Supervision

Track your individual and group supervision hours separately from day one — they have different requirements and you'll need to report them that way to your board.

For PCAs and MFTAs (OBLPCT): You must have at least two supervision meetings per month, in different weeks, each at least one hour long. If you see 45 or fewer direct client contact hours in a month, you need a minimum of 2 hours of supervision total. If you see 46 or more, you need a minimum of 3 hours. At least 50% of your required supervision must be individual (one-on-one). The other 50% can be group supervision, with groups of 2–6 supervisees. One hour of group supervision counts the same as one hour of individual supervision. See [OBLPCT's supervision requirements](#) for full details.

For CSWAs (OLSW): You must meet with your supervisor at least twice per month, each session at least one hour — two hours in one sitting does not satisfy two sessions. Over your full associate period you need a minimum of 100 total supervision hours, of which at least 50 must

be individual. The remaining hours can be group supervision, with groups of up to 5 CSWAs. Note that for CSWAs, your supervisor must be an LCSW in almost all cases — this is more restrictive than the other boards. See [OLSW's CSWA information page](#) for full details.

The cost angle: If you're building a group practice together, you already have the ingredients for a cost-effective supervision arrangement. A single licensed supervisor can see up to 6 PCAs/MFTAs or up to 5 CSWAs in a group session, and each person counts those hours toward their requirement. If you split the cost of a group session, you're each paying a fraction of what you'd pay for individual supervision alone. You won't be able to meet your full hour requirement through group alone — at least half must be individual — but using group supervision strategically for the allowable portion can meaningfully reduce your monthly supervision costs while you're building the practice.

Right After Graduation: The Foundation

Apply for Your Associate Registration

Once you have your degree, apply to the [Oregon Board of Licensed Professional Counselors and Therapists \(OBLPCT\)](#) — or the Board of Licensed Social Workers if you're a CSWA — as a registered associate. You'll need your official transcripts, a named supervisor and supervision plan, a background check, and fingerprinting (must be done within 90 days of applying). The application fee is currently \$150.

Your title will be Professional Counselor Associate (PCA) or Marriage and Family Therapist Associate (MFTA). These are the only acceptable titles — no abbreviations. You'll use them on everything you sign, every directory listing, every business card.

Apply for Your NPI Type 1

Your NPI Type 1 is your individual billing number. You'll need it to bill for services. Apply for free at nppes.cms.hhs.gov. Online applications are typically approved within a few business days, though it's reasonable to budget up to two weeks to be safe. Many people apply for this at the same time as their associate registration.

Building the Business: Legal Foundation

Do this in the first month or two after graduation, before you're seeing OHP clients.

Startup Costs: A Rough Budget

Before we get into the steps, it helps to know what you're getting into financially. In fees alone — before rent, EHR, insurance, or malpractice coverage — expect to spend somewhere in the range of \$1,500–\$3,000 getting the practice set up. That includes entity filing, associate registration, background checks, NPI applications, the QMHP credential, and other administrative costs that add up quickly. Costs will vary depending on your group's size and structure. The point is: this is manageable, but it's not free, and you should plan for it.

Form Your Business Entity

You'll register a business entity — most small group practices use an LLC or PLLC — with the [Oregon Secretary of State](#). The filing fee is \$100. This is done online and takes an hour or two, though it's worth a short conversation with an attorney or accountant first to decide which structure makes most sense for your group.

This entity is the legal home of your practice. It's what holds your group's tax ID, signs contracts, and receives payments. It's also what will eventually hold your COA.

Get a Federal EIN

Once your business is registered, apply for an Employer Identification Number (EIN) through the [IRS website](#). It's free and takes about 10 minutes. This is your business's tax ID — you'll need it for almost everything else.

Open a Business Bank Account

Open a bank account in the name of the business entity, separate from your personal accounts. You'll need your EIN and business registration documents to do this.

Apply for Your NPI Type 2

The group entity needs its own NPI — the NPI Type 2 — separate from each of your individual NPIs. Apply through the same [NPPES portal](#), for free. This is the billing NPI that will appear on claims submitted by the group.

Draft Your Internal Agreements

Before you start seeing clients together, put in writing: how revenue is split, who covers which overhead costs, what happens if someone leaves the group, and how decisions get made. These don't need to be elaborate, but they do need to exist. An attorney familiar with small healthcare practices can help draft these affordably.

On Records Retention

Oregon requires mental health records to be retained for seven years from the date of last service — or seven years after a minor client turns 18. Make sure your EHR or storage solution

can accommodate long-term retention, and document your records retention policy in your policy manual.

The COA Process: Your Biggest Project

Start immediately — this runs parallel to everything else and takes the longest.

The COA is the OHA certification that makes your agency eligible to employ associates billing OHP. Here's what the process actually involves.

Step 1: Attend OHA's Mandatory Orientation

After you email LCApplcations@oha.oregon.gov, OHA will get you into an orientation. You cannot submit an application until you've attended. Take good notes — OHA will walk you through exactly what they're looking for.

Step 2: Secure Your Physical Space

This is where many people have questions, so let's be direct.

Can you start with telehealth only? This is complicated. OHP does cover telehealth — video, phone, and audio-only sessions are all billable — and OHP *requires* that providers offer clients a choice between telehealth and in-person. That requirement matters: if your agency is telehealth-only, you're in a bind, because you'd need to document that clients were offered an in-person option you can't actually provide. The COA building requirements ([OAR 309-019-0205](#)) also require that the agency have a physical space for "intake, assessment, counseling, and telephone conversations that assures privacy and confidentiality," along with accessible restrooms, zoning compliance, and a posted evacuation plan. A virtual mailbox or home address almost certainly won't satisfy this. You'll need a real, accessible, properly zoned office address on file — and that office needs to be a place where you can actually offer in-person services to clients who want them.

Can you share one office space and mostly do telehealth? Yes — sharing one office that different clinicians use at different times is very likely fine. The requirement is about the space meeting standards, not about each clinician having dedicated space. A shared suite where you take turns is a reasonable and cost-effective starting point.

Step 3: Build Your Policy and Procedures Manual

This is the biggest writing project of the whole process, and it's what OHA will scrutinize most carefully. You need written policies covering:

- **Client rights** — what clients are entitled to, how they're informed

- **Intake and assessment procedures** — how new clients enter your practice, what gets assessed
- **Service planning and documentation** — how treatment plans are created, who signs them, how notes are written
- **Co-occurring disorders** — how you screen for and address both mental health and substance use needs, even if that's not your specialty
- **Staff qualifications and credentialing** — how you verify that everyone working in the practice meets the required credentials
- **Supervision** — who supervises whom, how often, in what format
- **Quality Assurance and Performance Improvement (QAPI)** — an ongoing process for reviewing the quality of care; this needs to be a real program, not just a policy on paper
- **Grievances and appeals** — a formal process for clients to raise complaints
- **Crisis and after-hours coverage** — how clients reach support outside of business hours
- **Confidentiality and records** — how records are stored, accessed, and released

Most small practices benefit from hiring a consultant (roughly \$200) to help build this manual rather than starting from scratch. Others adapt policies from other agencies; some small group practices would likely share theirs with you if you ask. Either way, don't try to write this from scratch against a blank page — there's no need to.

Step 4: Designate a Clinical Director

Your COA agency needs a Clinical Director — someone who is fully licensed (LCSW, LPC, or LMFT with an active Oregon license) and accountable for the clinical oversight of the whole program. This cannot be one of the associates; it needs to be someone with full licensure. In many small group practices, this is the same person serving as the contracted clinical supervisor, but that arrangement needs to be explicit and documented. The Clinical Director's name goes on your COA application.

Two important notes on this role. First, if any associates in your group will be CSWAs, they require supervision by an LCSW specifically — so it may be worth contracting an LCSW for the Clinical Director role regardless. Second, whoever takes on the Clinical Director role carries meaningful professional liability exposure for the clinical work of every associate under the COA. This is not a role someone should step into casually. Make sure your Clinical Director understands the scope of that responsibility and carries appropriate professional liability insurance. This should be explicit in your contract with them. (If you need an example of a contract I turned down for this role, email me!)

Step 5: Get QMHP-Credentialed

Working in a COA-certified agency requires staff to hold specific credentials. For board-registered associates, the relevant credential is Qualified Mental Health Professional (QMHP), issued through the [Mental Health and Addiction Certification Board of Oregon \(MHACBO\)](#). Being a board-registered associate doesn't automatically make you a QMHP — it's a separate

application with its own documentation requirements and fee (currently in the \$75–100 range; confirm current pricing on MHACBO's website). Budget a few weeks for processing. Your agency also needs a written credentialing policy that describes how it verifies staff credentials.

Step 6: OHA Site Review

Once your application is complete and submitted, OHA will conduct a review — either in person or virtually — of your policies, records, and physical space. If there are gaps, they'll give you a plan of correction rather than an automatic denial. The COA, once issued, is valid for up to three years and then must be renewed.

Realistic timeline: plan for 6–12 months from first contact to COA in hand, possibly longer given the current backlog. With the October 1, 2026 deadline, this is genuinely urgent.

Enrolling to Bill OHP

Start around month 2–3, runs parallel to the COA process.

Enroll with OHA as a Billing Provider

The group entity needs to enroll with OHA separately from each of you as individual providers. Each of you enrolls as a rendering provider; the group enrolls as the billing provider using the OHP 3110 form. See OHA's provider enrollment page [here](#).

On OHA Billing and Documentation

Before you build a single intake form or progress note template, spend time with OHA's actual documentation and billing resources. They're not exciting reading, but they tell you exactly what needs to be in your notes to get paid — and what will trigger a denial or audit if it's missing. For example, did you know OHA requires providers billing OHP to ask about gambling addiction?

Start here — OHA's own resources:

- [OHP Billing Tips page](#) — OHA's central hub for billing guidance, including how to submit claims, what records must support each bill, and how to use the provider portal. Bookmark this page and return to it often.
- [Keys to Success guide](#) — OHA's step-by-step document walking through what to check before billing any OHP service: eligibility, benefit package, covered codes, documentation requirements. Read this before you see your first OHP client.
- [Behavioral Health Fee Schedule](#) — lists every billable code, the maximum allowable rate, and which provider types are allowed to render each service. Check this to confirm that associates are listed as eligible rendering providers for the codes you plan to bill (primarily 90791, 90837, 90834, 90832).

- [Behavioral Health Services Rules and Guidelines page](#) — links to the OARs and guidelines governing behavioral health billing.

From CareOregon specifically (since most of you will be contracting with them):

- [CareOregon Mental Health Billing and Coding Guide](#) — the most practical document for understanding what your notes need to support. It covers which CPT codes apply to which services, what documentation must support each code, how to document medical necessity, add-on codes, interactive complexity, family therapy, and group therapy billing. Read it cover to cover once, then keep it as a reference.

What these resources tell you about your notes and templates:

You'll need to build your own progress note and treatment plan templates — your EHR will have generic starting points, but they're built for private-pay practices and will need significant modification for OHP. Every progress note for an OHP client needs to support the specific CPT code you're billing. At minimum, notes need to document: date of service, session duration, modality (in-person or telehealth), the client's presenting concerns that day, the intervention you used, the client's response, and your plan. That's the floor.

Treatment plans for OHP clients are more structured than what most graduate programs teach. They need to demonstrate medical necessity — meaning the treatment is clinically indicated for a covered diagnosis, and the level of care matches the clinical need. Your COA policy manual will need to describe how treatment plans are developed and reviewed, and your templates need to reflect that.

A practical suggestion: Connect with other small OHP practices in Portland — there are peer networks and practice-building groups where people share templates and hard-won knowledge. Oregon Counseling Association and NASW Oregon both have active member communities. A few hours with someone who has already built compliant OHP templates is worth more than days of reading OARs on your own.

One more thing worth knowing: OHA conducts Payment Error Rate Measurement (PERM) audits every three years, pulling claims at random and reviewing the underlying documentation. If your notes don't support the code billed, OHA can recoup payment — sometimes years after the fact. Good documentation habits from day one protect you from this.

Credential with Your CCO

OHA enrollment and CCO credentialing are two separate processes, and you need both to get paid. For the Portland metro area, that primarily means CareOregon/Health Share. CCO credentialing can take up to 120 days after a **complete** application is submitted — incomplete applications restart the clock, which is a painful and common surprise. Don't wait on this, and don't submit until your application is truly complete. The universal credentialing form used in

Oregon is the Oregon Practitioner Credentialing Application (OPCA); confirm you're using the current version when you apply.

Subscribe to OHP Provider Updates

Sign up for [OHP Provider Updates](#) — free email or text alerts when OHA posts changes to rules, billing, or policy. The COA policy change is exactly the kind of thing that catches people off guard when they're not subscribed.

On No-Shows and Late Cancellations

OHP prohibits providers from charging clients anything for covered services — including no-show and late cancellation fees. Even if your practice has a cancellation policy for private-pay clients, it cannot apply to OHP clients. No-shows with this population are an unrecoverable cost, and your policy manual and client agreements need to reflect this clearly. Build it into your financial planning from the start.

Clinical and Operational Setup

Month 2–4

Contract Your Prescriber

CareOregon/Health Share requires contracted agencies to have access to a prescriber — typically a psychiatrist or psychiatric nurse practitioner — for consultation, usually just one to two hours per month. This is a CareOregon network requirement, not a universal OHP rule, so confirm with your specific CCO whether and how it applies to you. Shop around; some psychiatric NPs contract with small practices at reasonable rates.

Contract Your Clinical Supervisor

Your supervision agreement should be in writing and specify: how often you meet, whether supervision is individual or group (the board allows groups of up to six), how the supervisor will sign off on notes and treatment plans, and liability terms. Remember that this person will likely also serve as your Clinical Director, so clarify that role — and the liability it carries — in the contract as well.

Get Malpractice Insurance

Each associate needs an individual professional liability policy. HPSO and CPH & Associates are popular, affordable options for counselors. The group should also carry a general liability policy for the business entity itself.

Set Up Your EHR

Choose a HIPAA-compliant electronic health records platform that will sign a Business Associate Agreement (BAA) with you. SimplePractice, TherapyNotes, and Jane App are all popular with small practices and all sign BAAs. Pricing varies — expect roughly \$30–100/month depending on the platform and your tier, and factor this into your ongoing budget. Your EHR will handle scheduling, documentation, and — importantly — eligibility verification, which you're required to do before every OHP session.

You'll also need HIPAA-compliant email. Standard Gmail or Outlook won't work without a BAA. Google Workspace (with a signed BAA) is an easy, affordable fix. If you're already using Google Workspace with a signed BAA for email, that same BAA covers Google Meet — so you don't need a separate telehealth platform. This is one of the simplest and most cost-effective setups for a small practice.

Build Your Intake Packet

You'll need: informed consent, a release of information form, a financial agreement, and OHP-specific client rights documentation. Your EHR platform will likely have templates you can adapt, but make sure they're reviewed for OHP-specific requirements.

Write Your After-Hours Plan

CCOs will ask how clients reach support outside of business hours. A written protocol that routes clients to 988 or their local crisis line, with your response policy documented, is generally sufficient for a small outpatient practice. It needs to exist in writing.

Enroll for Direct Deposit with OHA

Set up direct deposit so OHA payments go straight to your business bank account. Do this through the OHA provider portal after enrollment is complete.

Getting Clients in the Door

You can work on this throughout, but it pays off once you're credentialed.

Set Up Your Website

A basic website doesn't need to be expensive or elaborate. At minimum it needs to clearly state who you are, what you treat, that you accept OHP, how to contact you, and your Notice of Privacy Practices (a HIPAA requirement — it can be a linked page or PDF). Avoid language that could be interpreted as establishing a therapeutic relationship before intake is complete.

Create Psychology Today Profiles

Each clinician gets their own profile, and you can also create a group practice listing. Verify current pricing at psychologytoday.com before budgeting — rates have increased over the past couple of years and are subject to change. You can set these up before you're fully credentialed — just make sure your profile accurately reflects your current status (associate, not licensed). These generate significant referral traffic and are worth the investment once you're seeing clients. Note: DO NOT SIGN UP FOR PSYCHOLOGY TODAY UNTIL YOU ARE READY TO SEE CLIENTS.

A Word About the COA's Silver Lining

Once every clinician in your group achieves full licensure — LCSW, LPC, or LMFT — you won't need the COA anymore. A practice made up entirely of fully licensed providers is exempt from the COA requirement. So the COA is a bridge, not a permanent structure. You're building it to cover the associate period, and once you're all licensed, the administrative burden drops significantly.

Your First 30 Days: The Short Version

- Email LCApplications@oha.oregon.gov — today, before anything else
- Finish your degree and document your pre-degree hours carefully
- Identify your post-graduation supervisor before you graduate
- After graduation: Apply for associate registration with OBLPCT or OLSW (\$150)
- After graduation: Apply for your NPI Type 1 at nppes.cms.hhs.gov (free)
- Register your business entity with the Oregon Secretary of State (\$100)
- Apply for your EIN at irs.gov (free, 10 minutes)
- Apply for NPI Type 2 for the group entity (free)
- Open a business bank account
- Begin the COA orientation process immediately

Everything else builds from there. This is doable — and you're not doing it alone.