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Final Regulation Agency Background Document

Agency name	Board of Counseling, Department of Health Professions
Virginia Administrative Code (VAC) citation(s)	18VAC115-80-10 et seq.
Regulation title(s)	Regulations Governing the Registration of Qualified Mental Health Professionals
Action title	New chapter
Date this document prepared	6/4/19

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 14 (as amended, July 16, 2018), the Regulations for Filing and Publishing Agency Regulations (1 VAC7-10), and the *Virginia Register Form, Style, and Procedure Manual for Publication of Virginia Regulations*.

Brief Summary

Please provide a brief summary (preferably no more than 2 or 3 paragraphs) of this regulatory change (i.e., new regulation, amendments to an existing regulation, or repeal of an existing regulation). Alert the reader to all substantive matters. If applicable, generally describe the existing regulation.

Regulations for registration of qualified mental health professionals are being promulgated pursuant to a mandate of Chapters 418 and 426 of the 2017 Acts of the Assembly. Regulations establish the fees required for registration and renewal of registration and specify the education and experience necessary to qualify for registration. In order to maintain registration, there is a requirement of eight hours of continuing education with a minimum of one hour in ethics. Standards of practice for qualified mental health professionals include practicing within one's competency area, practicing in a manner that does not endanger public health and safety, maintaining confidentiality, and avoiding dual relationships that would impair objectivity and increase risk of client exploitation. A violation of standards of practice or of applicable law or regulation provides grounds for disciplinary action by the Board.

Acronyms and Definitions

Please define all acronyms used in the Agency Background Document. Also, please define any technical terms that are used in the document that are not also defined in the “Definition” section of the regulations.

DBHDS =Virginia Department of Behavioral Health and Developmental Services
DMAS = Department of Medical Assistance Services
QMHP = qualified mental health professional

Statement of Final Agency Action

Please provide a statement of the final action taken by the agency including: 1) the date the action was taken; 2) the name of the agency taking the action; and 3) the title of the regulation.

On May 31, 2019, the Board of Counseling adopted final regulations for 18VAC115-80-10 et seq., Regulations Governing the Registration of Qualified Mental Health Professionals.

Mandate and Impetus

Please list all changes to the information reported on the Agency Background Document submitted for the previous stage regarding the mandate for this regulatory change, and any other impetus that specifically prompted its initiation. If there are no changes to previously-reported information, include a specific statement to that effect.

There were no changes to the previously reported statutory mandate.

Legal Basis

Please identify (1) the agency or other promulgating entity, and (2) the state and/or federal legal authority for the regulatory change, including the most relevant citations to the Code of Virginia or Acts of Assembly chapter number(s), if applicable. Your citation must include a specific provision, if any, authorizing the promulgating entity to regulate this specific subject or program, as well as a reference to the agency or promulgating entity’s overall regulatory authority.

Regulations of the Board of Counseling are promulgated under the general authority of Title 54.1, Chapter 24 of the Code of Virginia.

Chapter 24 establishes the general powers and duties of health regulatory boards including the responsibility to promulgate regulations in accordance with the Administrative Process Act which are reasonable and necessary.

§ 54.1-2400. General powers and duties of health regulatory boards.--*The general powers and duties of health regulatory boards shall be:*

1. To establish the qualifications for registration, certification or licensure in accordance with the applicable law which are necessary to ensure competence and integrity to engage in the regulated professions.

2. To examine or cause to be examined applicants for certification or licensure. Unless otherwise required by law, examinations shall be administered in writing or shall be a demonstration of manual skills.

3. To register, certify or license qualified applicants as practitioners of the particular profession or professions regulated by such board.

...

6. To promulgate regulations in accordance with the Administrative Process Act (§ 9-6.14:1 et seq.) which are reasonable and necessary to administer effectively the regulatory system. Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ 54.1-100 et seq.) and Chapter 25 (§ 54.1-2500 et seq.) of this title. ...

The definition of a qualified mental health professional is found in:

§ 54.1-3500. Definitions.

As used in this chapter, unless the context requires a different meaning: ...

Qualified mental health professional" means a person who by education and experience is professionally qualified and registered by the Board to provide collaborative mental health services for adults or children. A qualified mental health professional shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services or a provider licensed by the Department of Behavioral Health and Developmental Services.

In addition, the Board has specific statutory authority to promulgate regulations for registration of qualified mental health professionals in:

§ 54.1-3505. Specific powers and duties of the Board.

In addition to the powers granted in § 54.1-2400, the Board shall have the following specific powers and duties: ...

10. To promulgate regulations for the registration of peer recovery specialists who meet the qualifications, education, and experience requirements established by regulations of the Board of Behavioral Health and Developmental Services pursuant to § 37.2-203.

Purpose

Please explain the need for the regulatory change, including a description of: (1) the rationale or justification, (2) the specific reasons the regulatory change is essential to protect the health, safety or welfare of citizens, and (3) the goals of the regulatory change and the problems it's intended to solve.

This regulation is the result of collaborative efforts by DHP, DBHDS, DMAS, private providers, and other licensing boards to address concerns about the use of unlicensed and unregistered persons in the provision of services to clients and the lack of accountability for those services. DBHDS has been working with DHP to make titles and definitions for mental health professionals more consistent with licensure and certification under health regulatory boards, but there remained a large group of "qualified" mental health professionals who have no such oversight. The intent of the regulation was to establish a registry of QMHPs, so there is some accountability for their practice and a listing of qualified persons for the purpose of reimbursement by DMAS.

The purpose of the registration is to address concerns jointly expressed by DHP, DBHDS, and DMAS about the lack of oversight and accountability for persons who are providing mental health, but who are not responsible to a health regulatory board with authority to take disciplinary action. By requiring a person who works as a QMHP in a program approved by DBHDS, to be registered by the Board of Counseling, persons who have been disciplined and removed from the registry would no longer be able to be employed in that capacity. The purpose is greater protection for the public and a reduction in the incidents of abuse and fraud in Medicaid-funded programs.

Substance

Please briefly identify and explain the new substantive provisions, the substantive changes to existing sections, or both. A more detailed discussion is provided in the "Detail of Changes" section below.

Final regulations replace emergency regulations, which became effective on December 18, 2017 and are due to expire on December 17, 2019 (with a six-month extension). Regulations establish definitions used in the chapter, fees charged to applicants and regulants, requirements for initial registration and renewal of registration, to include eight hours of continuing education with one hour devoted to ethics in practice. There are standards of practice similar to all counseling-related professions and grounds for disciplinary action or denial of registration.

Issues

Please identify the issues associated with the regulatory change, including: 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions; 2) the primary advantages and disadvantages to the agency or the Commonwealth; and 3) other pertinent matters of interest to the regulated community, government officials, and the public. If there are no disadvantages to the public or the Commonwealth, include a specific statement to that effect.

1) The primary advantage of the amendment is more assurance of competency and accountability for persons providing mental health services. There are no disadvantages.

- 2) There are no advantages or disadvantages to the Commonwealth.
- 3) The Director of the Department of Health Professions has reviewed the proposal and performed a competitive impact analysis. The Board is authorized under § 54.1-2400 to “*promulgate regulations in accordance with the Administrative Process Act which are reasonable and necessary to administer effectively the regulatory system.*”
The increased accountability are the foreseeable result of the statute requiring the Board to protect the health and safety of patients in the Commonwealth.

Requirements More Restrictive than Federal

Please list all changes to the information reported on the Agency Background Document submitted for the previous stage regarding any requirement of the regulatory change which is more restrictive than applicable federal requirements. If there are no changes to previously-reported information, include a specific statement to that effect.

There are no applicable federal requirements.

Agencies, Localities, and Other Entities Particularly Affected

Please list all changes to the information reported on the Agency Background Document submitted for the previous stage regarding any other state agencies, localities, or other entities that are particularly affected by the regulatory change. If there are no changes to previously-reported information, include a specific statement to that effect.

Other State Agencies Particularly Affected - the availability of qualified mental health professionals has an impact on the work of DBHDS, DMAS and VDH in the efforts to address substance misuse and the opioid crisis.

Localities Particularly Affected – None in particular

Other Entities Particularly Affected - None

Public Comment

Please summarize all comments received during the public comment period following the publication of the previous stage, and provide the agency response. Ensure to include all comments submitted: including those received on Town Hall, in a public hearing, or submitted directly to the agency or board. If no comment was received, enter a specific statement to that effect.

There was a public comment period from February 4, 2019 to April 5, 2019; a public hearing was conducted on February 8, 2019.

The following comment was received at the public hearing:

Commenters	Comment	Board response to comment
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<p>Dianne Simons Joni Watlings</p>	<p>Requested that proposed regulations be amended to allow a person to qualify for registration as a QMHP-A or QMHP-C if he/she holds <i>licensure as an occupational therapist by the Board of Medicine with a master’s or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.</i></p>	<p>The Board amended sections 40 and 50 to recognize a licensed occupational therapist with an internship or practicum of at least 500 hours with persons with mental illness as qualified to be registered as a QMHP. For OTs without the required 500-hour internship or practicum, the Board retained the option of qualifying with no less than 1,500 hours of <u>supervised</u> experience. The Board did not agree to recognize a year of experience in a mental health setting because the OT may have had been providing OT services with little or no direct experience with mental illness.</p>
<p>Judith Coleman</p>	<p>Commented that she had been registered as a QMHP by the Board, but in a recent audit, DBHDS cited her agency because she did not have the proper degree.</p>	<p>The comment was acknowledged and has been addressed with DBHDS.</p>

The following comments were received by email or posted on the Virginia Regulatory Townhall:

Commenters	Comment	Board response
<p>81 persons</p>	<p>Requested that proposed regulations be amended to allow a person to qualify for registration as a QMHP-A or QMHP-C if he/she holds <i>licensure as an occupational therapist by the Board of Medicine with a master’s or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.</i></p>	<p>Same response to OT comment at public hearing</p>
<p>5 persons</p>	<p>Requested generally that the hours of mental health experience be reduced for occupational therapists</p>	<p>The experience requested by the OT community was “one year of experience.” Generally, one year is the equivalent of 2,000 hours, so the 1,500 hours of experience required in regulation is already less hours.</p>

<p>6 persons</p>	<p>Commented that requirement for supervision of a trainee by a licensed mental health professional was too burdensome and will result in a reduction in the supply of QMHPs. Several suggested the Board should allow a QMHP with experience (one commenter recommended four years) to supervise a QMHP trainee.</p>	<p>The Board did not agree that a QMHP-trainee could be under the supervision of a QMHP rather than a licensed mental health practitioner or approved resident. A trainee often has little or no knowledge, skills, and experience with addressing the needs of persons with mental health needs, so the training to become a QMHP needs to be under a licensee. The requirement for supervision is flexible to allow training in person or off-site, depending on the level of expertise of the trainee. Once a trainee qualifies for registration as a QMHP, he may be supervised by another QMHP.</p>
<p>3 persons</p>	<p>Commented that all graduates with human services degrees should have the same requirements for 500 hours of experience. (Proposed regulations specify 500 hours for degrees in specific to mental health, such as psychology, but 1,500 hours of experience for other “human services” degrees). One person also expressed concern about the requirement that the hours of experience be within the preceding five years prior to applying for registration.</p>	<p>The Board did not concur that persons with a “human services degree” other than those specifically related to mental health should only have 500 hours of experience. DBHDS requirements for QMHP qualification has always been “one year of experience,” to the Board’s requirement of 1,500 hours is actually less than was previously required. An applicant has 5 years in which to acquire 1,500 hours; experience more than 5 years ago would not be considered adequate for current practice.</p>
<p>One person</p>	<p>Commented that sociology should be accepted as a human services degree</p>	<p>Sociology is currently listed as a human services degree until 2021. The Board will</p>

		reconsider the guidance document before that deadline.
One person	Questioned how the Board can monitor the level of supervision specified for training of person qualifying as a QMHP-A or QMHP-C since there is discretion on the part of the supervisor whether the training must be on-site.	The level of supervision is determined by the supervisor who is responsible for the services provided by a trainee. The Board does not monitor the supervision but does have jurisdiction if there is a complaint about the trainee and the lack of supervision.
Virginia Chapter, National Association of Social Workers	Amend regulation to state that the activities of a QMHP are within the scope of practice of a social worker licensed by the Board of Social Work and such licensure qualifies them for registration as a QMHP.	The activities of a QMHP are within the scope of practice of a social worker. A licensed clinical social worker does not need registration as a QMHP because he can work and bill for services under his license. A master’s level social worker can register as a QMHP-trainee for the 500 hours required for registration as a QMHP. A bachelor’s level social worker is required to have 3,000 hours of experience to be licensed by the Board of Social Work. Therefore, he could register as a QMHP with only half as many hours. The Board did not adopt amendments based on the comment.

Detail of Changes Made Since the Previous Stage

*Please list all changes made to the text since the previous stage was published in the Virginia Register of Regulations and the rationale for the changes. Explain the new requirements and what they mean rather than merely quoting the text of the regulation. * Please put an asterisk next to any substantive changes.*

New chapter-section	New requirement from previous stage	Updated new requirement since previous stage	Change, intent, rationale, and likely impact of updated requirements
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number, if applicable			
Chapter 80, Section 40	Sets out the requirements for registration as a qualified mental health professional - adult	Subsection A is amended to add requirement for an applicant to provide verification of any other mental health license, certification or registration held in another jurisdiction	The addition of the requirement was a recommendation of staff. Applications currently request that information but it is not specified in regulation and is important for information about possible disciplinary actions taken by another state. It is consistent with regulations of this and other boards.
Chapter 80, Section 40	Sets out the requirements for registration as a qualified mental health professional - adult	Subsection B (#1 through #3) is amended to clarify that the "evidence" of a degree is a transcript from the educational institution.	The addition of the requirement was a recommendation of staff. Application instructions currently state that a transcript is the evidence required, but it is not specified in regulation
Chapter 80, Section 40	Sets out the requirements for registration as a qualified mental health professional - adult	Subsection B, #5, is amended to allow an occupational therapist with an internship or practicum of at least 500 hours with persons with mental illness to qualify without the additional hours of experience.	The amendment is in response to comment above.
Chapter 80, Section 50	All of the changes made in section 40 were also adopted for section 50, which has the qualifications for a qualified mental health professional - child		
Chapter 80, Section 60	Sets out provisions for "grandfathering" those who had been practicing before December 31, 2018	The section is deleted.	Since the grandfathering period has passed, the section is deleted to avoid any possible confusion.

Detail of All Changes Proposed in this Regulatory Action

*Please list all changes proposed in this action and the rationale for the changes. Explain the new requirements and what they mean rather than merely quoting the text of the regulation. * Please put an asterisk next to any substantive changes.*

Section number	Proposed requirements	Other regulations and law that apply	Intent and likely impact of proposed requirements
10	Establishes definitions for words and terms used in the Chapter including collaborative mental health services, face-to-face, mental health professional, qualified mental health professional, QMHP-A, and QMHP-C	§§ 54.1-2400 & 54.1-3500	Words and terms are defined in conformity to definitions found in the Code and to offer the Board’s interpretation of meaning as used in the context of the regulation.
20	Establishes fees to be charged to applicants and registrants, including a registration fee of \$50 and a renewal fee of \$30	§§ 54.1-2400 and 54.1-113	Fees are consistent with other registered professions and are minimally intended to offset costs associated with registration. Review of an application and credentials for a QMHP will be considerably more time-consuming and potentially contentious than for a peer recovery specialist, so the initial registration fee is higher; it is identical to the fee for registered medication aides.
30	Sets a requirement for a registrant to maintain a current name and address	§ 54.1-2400	All current information required for notifications to registrants must be maintained with the Board.
40	<p>Sets forth the requirements for registration of a QMHP-A, including submission of an application and fee and evidence of meeting the one of the educational qualifications in subsection B and the experience requirements in subsection C.</p> <p>In subsection B, the following educational background may qualify a person as a QMHP-A:</p> <ol style="list-style-type: none"> 1. A master’s degree in psychology, social work, counseling, substance abuse, or marriage and family therapy from an accredited college or university with an internship or practicum of at least 500 hours of experience with persons who have mental illness; 2. A master’s or bachelor’s degree in human services or a related field from an accredited college with no less than 1,500 hours of supervised experience to 	§§ 54.1-2400 & 54.1-3505	<p>The qualifications for registration are less burdensome than the current definitions of a QMHP-A as stated by DBHDS.</p> <p>DBHDS includes in its definitions persons licensed as physicians or mental health providers. Those persons do not need registration as a QMHP since they can provide services limited to a licensed persons and can bill under their license. To avoid confusion, those categories were omitted. DBHDS includes a person with a master’s degree in</p>

<p>be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section;</p> <p>3. A bachelor’s degree from an accredited college in an unrelated field that includes at least 15 semester credits or 22 quarter hours in a human services field and with no less than 3,000 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section;</p> <p>4. A registered nurse licensed in Virginia with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section; or</p> <p>5. A licensed occupational therapist with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section. The experience requirements required for registration are specified in subsection C as follows:</p> <p>1. In order to be registered as a QMHP-A, an applicant who does not have a master’s degree as set forth in subsection B 1 of this section shall provide documentation of experience in providing direct services to individuals as part of a population of adults with mental illness in a setting where mental health treatment, practice, observation or diagnosis occurs. The services provided shall be appropriate to the practice of a QMHP-A and under the supervision of a licensed mental health professional or a person under supervision approved by a board as a pre-requisite for licensure under the Boards of Counseling, Psychology, or Social Work.</p> <p>2. Supervision shall consist of face-to-face training in the services of a QMHP-</p>		<p>psychology with at least one year of clinical experience. In this chapter, a person with a mental health degree and at least 500 hours in an internship or practicum can qualify as a QMHP without further experience.</p> <p>The DBHDS definitions specify one to three years of experience for person who do not have a mental health license. This chapter specifies 1,500 to 3,000 hours to be obtained within a five-year period to give persons working part-time an ample period for completion. The experience must be within five years immediately preceding application to avoid the scenario in which a person remains a trainee indefinitely or the experience occurred many years ago.</p> <p>Subsection C sets out the specific requirements for supervision of a person gaining experience to become a QMHP. Supervision must be provided by a licensed mental health professional or a person under supervision as a pre-requisite for licensure. The supervision must be face-to-face until the supervisor determines competency, after which it may be indirect supervision. A person in training, working under supervision, may register with the Board. While such registration of one’s supervised</p>
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	<p>A until the supervisor determines competency in the provision of such services, after which supervision may be indirect in which the supervisor is either on-site or immediately available for consultation with the person being trained.</p> <p>3. Hours obtained in a bachelor’s or master’s level internship or practicum in a human services field may be counted towards completion of the required hours of experience.</p> <p>4. A person receiving supervised training in order to qualify as a QMHP-A may register with the board.</p>		<p>experience is not mandated, it will be required by DMAS for reimbursement and will be required of persons working for a DBHDS licensed provider.</p>
50	<p>Sets forth the requirements for registration of a QMHP-C, including submission of an application and fee and evidence of meeting the one of the educational qualifications in subsection B and the experience requirements in subsection C.</p> <p>Qualifications are similar as those for a QMHP-A, except someone with a bachelor’s degree in an unrelated field cannot qualify as a QMHP-C.</p> <p>Experience requirements are stated in subsection C and are virtually identical to those for a QMHP-A except the experience must be in providing services to a population of children or adolescents with mental illness.</p>	§§ 54.1-2400 & 54.1-3505	<p>The requirements are similar to those for a QMHP-A.</p>
60	<p>Provides a “grandfathering” for persons who have been working as QMHPs prior to December 31, 2017. Those persons have one year to apply for registration and provide an attestation from an employer that they were qualified during the time of employment.</p>	§§ 54.1-2400 & 54.1-3505	<p>In order to give persons currently providing QMHP services an opportunity to be registered, the Board will grandfather them based only on submission of a fee and an attestation from an employer that they were qualified. Currently, the definition from DBHDS lists the qualifications of a QMHP-A or QMHP-C, but only the employer determines whether they, in fact, hold such qualifications. While the Board acknowledges that</p>

			registration based on such an attestation may allow some who are not truly qualified to become registered, it is a practical necessity to grandfather current QMHPs who may number in the 1,000s and to prevent a sudden reduction in the number of registered QMHPs currently providing services in the mental health field.
70	States that renewal of registration is annual on or before June 30 of each year.	§§ 54.1-2400	The renewal cycle is consistent with all certified and licensed professions under the Board.
80	<p>Sets forth the continued education requirements for renewal to include eight contact hours with a minimum of one hour in ethics.</p> <p>Subsection B specifies that CE must related to services provided by a QMHP.</p> <p>Subsection C lists governmental entities that are approved to provide continuing education and includes any approved for CE by a health regulatory board at DHP.</p> <p>Subsection D exempts newly registered peers from CE for the first renewal.</p> <p>Subsection E allows the Board to grant an extension for up to one year for good cause shown.</p> <p>Subsection F allows the Board to grant an exemption for circumstances beyond the control of the peer.</p> <p>Subsection G requires maintenance of documentation for three years.</p> <p>Subsection H authorizes an audit of registrants and specifies the documentation required.</p> <p>Subsection I specifies that CE hours required by a disciplinary order may not be counted towards the annual requirement.</p>	§§ 54.1-2400 & 54.1-103	Continuing education is a requirement specified consistent with registered peer recovery specialists. Allowances for the first renewal, extensions or exemptions are consistent with those of other professions.
90	Sets out the standards of practice for a registered QMHP, including practicing within one’s competency area, practicing in a manner that does not endanger public health and safety,	§§ 54.1-2400 & 54.1-3505 12VAC35-250	The standards of conduct are the same set for other mental health professions and emphasize the need for professionalism,

	maintaining confidentiality, and avoiding dual relationships that would impair objectivity and increase risk of client exploitation.		confidentiality, and safety in practice.
100	Establishes grounds for disciplinary action or denial of registration including conviction of a felony, violation of law or regulation, fraud or misrepresentation, practicing in a manner to be a danger to the health and welfare of a client, and functioning outside one’s competency or scope of practice	§§ 54.1-2400 & 54.1-111	Likewise, the grounds for disciplinary action or denial of registration are the same as those for other professions under the Board.
110	Establishes the requirements for reinstatement after a disciplinary action.	§§ 54.1-2400	Requirements for reinstatement are necessary to ensure that the registrant is qualified and competent to return to practice.

Changes to the Emergency regulations

10 – Definitions	The definition of “accredited” is amended to add a provision for education obtained outside the U. S.	In reviewing applications, staff has noted that there is no provision for approving someone who did not graduate from a school accredited by the U.S. Department of Education. Accordingly, an amendment was recommended to allow an applicant to provide a report from a credentialing service verifying the degree and coursework equivalency.
10 – Definitions	Definitions for “qualified mental health professional are amended to include employment by the Department of Corrections.	The amendment is necessary for consistency with 2018 legislation (hb1375), which added Corrections to the definition of a QMHP in the Code.
10 - Definitions	The definition of “QMHP-C” is amended to specify mental health services for children or adolescents up to age 22.	The amendment was recommended by the RAP because there were varying interpretations of when adolescent ends. The age of 22 is consistent with foster care system and with the age many adolescents complete their education.
40 – Requirements for registration as a QMHP-A	There is an additional requirement in subsection A for submission of a current report from NPDB, the national practitioner data bank.	In reviewing applicants for QMHPs, it has been noted that a small number of persons held a license in Virginia or another state, and some of those have had their

		license suspended. If that license is current, registration as a QMHP is unnecessary. However, if that license has been disciplined or suspended, there may be grounds to deny registration as a QMHP. In order to have the information necessary to determine whether such grounds exist, it is necessary to have a NPDB report. The applicant will be charged \$4 by the data bank for requesting a report be sent to the Board.
40 – Requirements for registration as a QMHP-A	Subsection C (1) is amended to allow for supervised experience obtained in another U.S. jurisdiction to be supervised by a person licensed in that jurisdiction.	The amendment is necessary to allow the Board to accept supervised experience that was gained in another state as a qualification for registration.
40 – Requirements for registration as a QMHP-A	Subsection C (4) is amended to establish a finite amount of time (5 years) someone can practice with a trainee registration.	The hours of supervised experience required for registration must be obtained within the five-year period immediately preceding application as a QMHP. Therefore, registration as a trainee only needs to be effect for that five-year period.
50 - Requirements for registration as a QMHP-C	Amendments to section 50 are identical to those for section 40.	See rationale above
80 - Continued competency requirements for renewal of registration	In subsection A, an amendment states that persons who are registered as a QMHP-A and a QMHP-C are only required to complete the eight-hour requirement for renewal, rather than double that amount. In subsection C, an amendment included an agency licensed by DBHDS as an approved provider of continuing education.	The amendments were recommended by the RAP to: 1) clarify the hours of CE required; and 2) allow agencies licensed by DBHDS who employ QMHPs to do in-service training that could be credited towards the Board’s CE requirement.
100 – Grounds for disciplinary action or denial of registration	Number 2 was amended to add “attempting to procure” a registration by fraud or misrepresentation and deletion of including submission of an application or applicable board forms	The amendment was recommended by staff because it is more inclusive of any information that may be submitted by fraud or misrepresentation in an attempt to obtain registration.