Proposed Regulation
Agency Background Document

Agency name	Department of Behavioral Health and Developmental Services
Virginia Administrative Code (VAC) citation(s)	12 VAC35-105
Regulation title(s)	Rules and Regulations For Licensing Providers by the Department of Behavioral Health and Developmental Services
Action title	Add OTs, OTAs, and editing definitions of QMHP, QMRP, Paraprofessionals per Ch 136 and 418 (2017)
Date this document prepared	April 12, 2018

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.

This proposed regulatory action is brought as the next step of the process to comply with Chapters 136 and 418 of the 2017 Acts of Assembly regarding who shall be included in the definitions of qualified mental health professionals, qualified mental retardation professionals, and qualified paraprofessionals in mental health. The State Board of Behavioral Health and Developmental Services, in Chapter 136, was required to include occupational therapists and occupational therapy assistants in certain definitions of the above named professional categories, and to establish corresponding educational and clinical experience for occupational therapists and occupational therapy assistants that are substantially equivalent to comparable professionals listed in the current licensing regulations.

Certain definitions are deferred, in accordance with Chapter 418, to the Department of Health Professions' Board of Counseling (18VAC115-80).

An emergency regulation became effective on December 18, 2017, and expires June 17, 2019.

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.

"Department" or "DBHDS" means the Department of Behavioral Health and Developmental Services.
"OTA" means occupational therapy assistant.
"OT" means occupational therapist.
"QMHP" means a qualified mental health professional.
"QMHPP" means a qualified mental health paraprofessional.
"QMHP-A" means a qualified mental health professional who provides services to adults.
"QMHP-C" means a qualified mental health professional who provides services to children.
"QMHP-E" means a person who is qualified mental health professional eligible receiving supervised training in order to qualify as a QMHP.
"QMRP" means qualified mental retardation professional.
"State Board" means the State Board of Behavioral Health and Developmental Services.

Mandate and Impetus

Please identify the mandate for this regulatory change, and any other impetus that specifically prompted its initiation (e.g., new or modified mandate, petition for rulemaking, periodic review, board decision, etc.). For purposes of executive branch review, "mandate" has the same meaning as defined in Executive Order 14 (as amended, July 16, 2018), "a directive from the General Assembly, the federal government, or a court that requires that a regulation be promulgated, amended, or repealed in whole or part."

Chapters 136 and 418 of the 2017 Acts of Assembly mandated this regulatory change.

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.

At the regular meeting held on October, 4, 2017, the State Board voted on the draft language and to initiate the Emergency/NOIRA. Sections 37.2-203 and 37.2-304 of the Code of Virginia authorize the Board to adopt regulations that may be necessary to carry out the provisions of Title 37.2 and other laws of the Commonwealth administered by the Commissioner and the Department. An emergency regulation became effective on December 18, 2017, and expires June 17, 2019. This proposed regulatory action comes as the next step of the standard process for permanent adoption, as approved by the State Board on April 11, 2018.

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.

The purpose of this regulatory action is to be consistent and comply with Chapters 136 and 418 of the 2017 Acts of Assembly regarding who shall be included in the definitions of qualified mental health professionals, qualified mental retardation professionals, and qualified paraprofessionals in mental health. Also, certain definitions are deferred, in accordance with Chapter 418, to the Department of Health Professions' Board of Counseling (18VAC115-80). This action supports the expansion of the workforce in Virginia's behavioral health and developmental services system.

Chapter 418 of the 2017 Acts of Assembly required QMHP-As and QMHP-Cs to register with the Department of Health Professions if they have the education and experience to be deemed professionally qualified by the Board of Counseling in accordance with 18VAC115-80. This will be beneficial to the population served by DBHDS because there will be more professional accountability of education, experience, and scope of practice for those professionals.

Occupational therapists (OTs) and occupational therapy assistants (OTAs) are beneficial to the population that DBHDS serves in that OTs and OTAs help develop, improve, sustain, or restore independence to any person who has an injury, illness, disability, or psychological dysfunction.

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.

Chapter 418 of the 2017 Acts of Assembly required QMHP-As and QMHP-Cs to register with the Department of Health Professions if they have the education and experience to be deemed professionally qualified by the Board of Counseling in accordance with 18VAC115-80.

In Section 20, the general definition of QMHP from 18VAC115-80-20 is included. The definitions of QMHP-A and QMHP-C have a cross-reference to the Board of Counseling regulation (18VAC115-80), with repetition in each definition of the following sentence from the general QMHP definition from 18VAC115-80-20: '*A QMHP-A shall provide such services as an employee or independent contractor of the DBHDS or a provider licensed by the DBHDS*.' Also, the definition of QMHP-E is amended with the same cross-reference to the Board of Counseling regulation and requirement to register.

In the definitions of the newly titled "Qualified Developmental Disability Professional" (QDDP; previously QMRP) and Qualified Mental Health Paraprofessionals (QMHPPs), OTs are inserted in QDDP and OTAs are inserted in QMHPP. Requirements for experience are updated in both.

Amendments are made in sections 590 (Provider Staffing Plan) and 1370 (Treatment Team and Staffing Plan), to accurately mirror the definitions of QMHP in 590; and in 1370, to remove the reference to meeting standards and simplify the language to make clear that at least 80% of the clinical employees or contractors shall be QMHP-As.

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.

Comprehensive behavioral health is essential to population health and cost containment. The primary advantage to the public, such as individual private citizens or businesses, of implementing the amended provisions is to improve the organization and growth of the 'Q' professional fields through registration, and consistent training and experience. The people working in these roles are important to the overall behavioral health and developmental service system. There is no disadvantage to individual citizens or businesses. Service providers will have to ensure proper registration of 'Q' staff for Medicaid billing.

The primary advantages to the agency and the Commonwealth are the ability to: track how many professionals or 'eligibles' are in Virginia and where they are located (and where there are gaps); confirm who is in good standing as a 'Q;' and confirm who is eligible for Medicaid billing.

Requirements More Restrictive than Federal

Please identify and describe any requirement of the regulatory change which is more restrictive than applicable federal requirements. Include a specific citation for each applicable federal requirement, and a rationale for the need for the more restrictive requirements. If there are no applicable federal requirements, or no requirements that exceed applicable federal requirements, include a specific statement to that effect.

There are no requirements more restrictive than federal requirements.

Agencies, Localities, and Other Entities Particularly Affected

Please identify any other state agencies, localities, or other entities particularly affected by the regulatory change. "Particularly affected" are those that are likely to bear any identified disproportionate material impact which would not be experienced by other agencies, localities, or entities. "Locality" can refer to either local governments or the locations in the Commonwealth where the activities relevant to the regulation or regulatory change are most likely to occur. If no agency, locality, or entity is particularly affected, include a specific statement to that effect.

Other State Agencies Particularly Affected

The Department of Health Professions is affected by this proposed regulation.

Localities Particularly Affected

There is no locality particularly affected by this proposed regulation.

Other Entities Particularly Affected

Individuals currently working as QMHPs are affected by this proposed regulation. However the benefit to the Commonwealth to have registration through the Board of Counseling is significantly worthwhile. Also, individuals who are occupational therapists (OTs) and occupational therapy assistants (OTAs) who want to work as a QMHP are affected by this proposed regulation in a way that is beneficial to them.

Economic Impact

Pursuant to § 2.2-4007.04 of the Code of Virginia, please identify all specific economic impacts (costs and/or benefits), anticipated to result from the regulatory change. When describing a particular economic impact, specify which new requirement or change in requirement creates the anticipated economic impact. Please keep in mind that this is change versus the status quo.

Impact on State Agencies

For your agency: projected costs, savings, fees or revenues resulting from the regulatory change, including: a) fund source / fund detail; b) delineation of one-time versus on-going expenditures; and c) whether any costs or revenue loss can be absorbed within existing resources	Any additional responsibility to DBHDS required by the provisions of the regulation can be absorbed with existing resources.
For other state agencies: projected costs, savings, fees or revenues resulting from the regulatory change, including a delineation of one-time versus on-going expenditures.	The Department of Health Professions' Board of Counseling has costs and revenue through fees associated with this regulatory action. The impact is described in the BOC agency background document.
For all agencies: Benefits the regulatory change is designed to produce.	Availability of Qs in the community helps to decrease reliance on institutions and increase focus on community services. This action makes permanent the update and formalization of the professional qualifications, education, and experience required; thus, the quality of services provided to individuals will increase.

Impact on Localities

Projected costs, savings, fees or revenues resulting from the regulatory change.	No additional cost will occur due to the changes in regulation.
Benefits the regulatory change is designed to produce.	Availability of Qs in the community helps to decrease reliance on institutions and increase focus on community services. This action makes permanent the update and formalization of the professional qualifications, education, and experience required; thus, the quality of services provided to individuals will increase.

Impact on Other Entities

Description of the individuals, businesses, or other entities likely to be affected by the regulatory change. If no other entities will be affected, include a specific statement to that effect.	Persons who currently meet the requirements to be a QMHP (-A, -C, or –E), as set forth in this Chapter are eligible to register with the Board of Counseling, if they wish to bill Medicaid for services. Occupational therapists and occupational therapy assistants have an additional avenue for

	employment as QDDPs and QMHPPs. Individuals needing services provided by these professionals will have more persons in the workforce.
Agency's best estimate of the number of such entities that will be affected. Please include an estimate of the number of small businesses affected. Small business means a business entity, including its affiliates, that: a) is independently owned and operated and; b) employs fewer than 500 full-time employees or has gross annual sales of less than $6 million.	It is not possible to estimate the number of individuals that will be affected by this regulation. DBHDS licenses approximately 1,500 service providers. While some of these providers use several QMHPs, others do not use any. Currently, there is no requirement to track QMHP utilization. One of the benefits of this regulation is that the Commonwealth, through the Board of Counseling's registry, will be able to track the number of registered QMHPs providing services to citizens.
All projected costs for affected individuals, businesses, or other entities resulting from the regulatory change. Please be specific and include all costs including, but not limited to: a) projected reporting, recordkeeping, and other administrative costs required for compliance by small businesses; b) specify any costs related to the development of real estate for commercial or residential purposes that are a consequence of the regulatory change; c) fees; d) purchases of equipment or services; and e) time required to comply with the requirements.	Individuals needing the services will be positively impacted. The availability of services is expected to expand through the addition of OTs and OTAs. Other than a one-time fee for registering with the Board of Counseling, and a yearly renewal fee of $30, there are no expected costs to the professionals. In regard to a) and b) specifically, there are no costs associated with these changes for small businesses.
Benefits the regulatory change is designed to produce.	Availability of Qs in the community helps to decrease reliance on institutions and increase focus on community services. This action makes permanent the update and formalization of the professional qualifications, education, and experience required; thus, the quality of services provided to individuals will increase.

Alternatives

Please describe any viable alternatives to the regulatory change that were considered, and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the regulatory change. Also, include discussion of less intrusive or less costly alternatives for small businesses, as defined in § 2.2-4007.1 of the Code of Virginia, of achieving the purpose of the regulatory change.

There are no alternatives that would meet the essential purpose of the action.

Regulatory Flexibility Analysis

Pursuant to § 2.2-4007.1B of the Code of Virginia, please describe the agency's analysis of alternative regulatory methods, consistent with health, safety, environmental, and economic welfare, that will accomplish the objectives of applicable law while minimizing the adverse impact on small business. Alternative regulatory methods include, at a minimum: 1) establishing less stringent compliance or reporting requirements; 2) establishing less stringent schedules or deadlines for compliance or reporting requirements; 3) consolidation or simplification of compliance or reporting requirements; 4) establishing performance standards for small businesses to replace design or operational standards required in the proposed regulation; and 5) the exemption of small businesses from all or any part of the requirements contained in the regulatory change.

There are no other alternative regulatory methods, consistent with health, safety, environmental, and economic welfare, that will accomplish the objectives of applicable law that will assure the level of professional standards across the Commonwealth.

Periodic Review and Small Business Impact Review Report of Findings

If you are using this form to report the result of a periodic review/small business impact review that is being conducted as part of this regulatory action, and was announced during the NOIRA stage, please indicate whether the regulatory change meets the criteria set out in Executive Order 14 (as amended, July 16, 2018), e.g., is necessary for the protection of public health, safety, and welfare; minimizes the economic impact on small businesses consistent with the stated objectives of applicable law; and is clearly written and easily understandable.

In addition, as required by § 2.2-4007.1 E and F of the Code of Virginia, include a discussion of the agency's consideration of: (1) the continued need for the regulation; (2) the nature of complaints or comments received concerning the regulation from the public; (3) the complexity of the regulation; (4) the extent to the which the regulation overlaps, duplicates, or conflicts with federal or state law or regulation; and (5) the length of time since the regulation has been evaluated or the degree to which technology, economic conditions, or other factors have changed in the area affected by the regulation.

Neither a periodic review nor a small business impact review was conducted related to this action.

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.

Commenter	Comment	Agency response
Regina Rivera	Hello. I am writing a comment in order to ask if anyone can point me in the direction to find if a QPPMH or paraprofessional individual will still be able to provide and bill any	(Provided response to commenter directly, 1/18/2018 3:45 PM)

	community mental health services (MHSB, PSR, Crisis Stab,etc.?) I haven't seen any information on this, just the the information stating what a QMHP will have to do to register. Does this mean that QPPMH individuals can no longer bill CMH services? Thank you in advance.	
David Coe	These regulations do not align with current DMAS regulations, which allow for QMHP-As, QMHP-Cs, or QMHP-Es to complete, sign and date ISPs within 30 days of most non-emergent completed intakes. These same individuals are also allowed to review, evaluate and update the ISP every three months. These regulations are a bit unclear. These new regulations state in one place that "the assessment and development of a service plan must be completed and directed by a licensed mental health professional, but the QMHP can implement the plan." Within the same paragraph, it also states that "DBHDS regulations indicate that the service plan can be signed by the person implementing the plan - which could be a QMHP if the services recommended by the licensed protessional are rehabilitative support services." This is extraordinarily confusing and apparently conflictual language. If only licensed or license-eligible professionals can complete ISPs, then the shortage of these individuals in the Commonwealth will force many programs to close and individuals to go unserved or underserved. If the requirement is to allow QMHPs to complete the plan but have licensed (or eligible) staff sign the plan, this language does not accomplish that aim. As healthcare, including behavioral healthcare, moves to recovery-oriented and community-based models, a move to unnecessarily restrict the work of QMHPs appears designed to restrict access to care by limiting the number of eligible providers. I encourage the Commonwealth to recognize the knowledge base that exists in the QMHP workforce - which will be in great demand in coming years.	Under DBHDS regulations, the service plan can be signed by the person implementing the plan and approved by a supervisor which could be a QMHP-A if the services are support services (590.C.6). However, if the services provided are acute or clinical in nature, the ISP must be approved the LMHP or Supervisee/Resident (590.C.5) and, if a QMHP is implementing the plan, the QMHP must sign as well. Please see 12VAC35-105-590 and 12VAC35-105-665.B.
Diana Hughes-Luce	As a professional Nationally Certified Counselor it bothers me that my identity as a qualified mental health professional is being called into question. I worked diligently on my education, from an accredited program, to be allowed to serve others in my community. I choose to work with returning citizens in the	The Department of Health Professions is the state agency which is now tasked with determining the qualifications to be QMHP eligible. Please note, however, that licensed professional counselors are considered licensed mental health

	Common Wealth to help with the navigation of mental illness and criminal behavior. After my graduation I applied for residency which I actively engage in on a weekly basis, I have completed the 'process' that the Common Wealth has required to begin working in my chosen profession and now I am being told that I am not qualified? I have as much training as any QMHP working in the Department of Behavioral Health Services and DBHS Licensed Units, I deserve to be called a qualified mental health professional. We have a QMHP shortage in the Common Wealth and a greater shortage of individuals who are willing and able to work with the offender population I do not see where it benefits the Common Wealth to make it more difficult for us to do our jobs.	professionals (LMHPs) under the DBHDS regulations. Therefore, they are able to engage in the same work as QMHPs as well as supervision, evaluations and other job functions. Additionally, Residents/Supervisees (Resident in Counseling, Supervisee in Social Work, Resident in Psychology) are considered license eligible as long as they are registered with the Department of Health Professions. Please also note that DHP regulations state that until December 31, 2018, persons who have been employed as QMHPs prior to December 31, 2017 may be registered with the board by submission of a completed application, payment of the application fee, and submission of an attestation from an employer that they met the qualification for a QMHP-A or QMHP-C during the time of employment.
Ruben Quiles	I am a City of Alexandria (CoA) employee falling under the purview of The Virginia State Department of Behavioral Health and Developmental Services (DBHDS) and the Licesing Board. I am delighted that existing QMHPs' will be Grandfathered in. What I do not agree with is that: The QMHP-A Emergency Regulation, sponsored and requested by (DBHDS) wishes to saddle The City of Alexandria Community Service Board(s) employees with all fees. This regulation goes out of its way to obfuscate the regulation disregarding the purpose of the Law and or regulation. It is not clear at all by what is meant by QMHP-A shall only operate under the supervision of DBHDS as an independent contractor or an employee of The City of Alexandria that is a under The DBHDS. If The State or City owns the license then they should pay the fees. Is the QMHP-A license the property of the individual or not? If not then why burden the individual with the cost that does not provide any benefit except to work for or under DBHDS or C0A? It	The language which states a QMHP shall provide such services as an employee or independent contractor of the DBHDS or a provider licensed by the DBHDS was taken from the statutory language requiring this regulatory action. Please see Chapter 418 of the 2017 Acts of Assembly. This language exists because the professional category of QMHP is not allowed to practice independently; services must be delivered as an employee of a licensed provider, or DBHDS. A qualified mental health professional must be registered with the Department of Health professions in order to bill Medicaid for services. The new regulations do not require QMHPs to apply for a license. They require QMHPs to register with the Board of Counseling so that the Commonwealth can ensure practitioners have the necessary qualifications. This fee for

	seems like indentured servitude. It is very much like the general store in a company town. The rule seems very much like the Obama Health Care rule requiring the young to buy health insurance or be fined.	registration is not unlike many professional registration or licensing fees. The registration is for the individual QMHP; the regulations do not specify who must pay the fee. Providers may reimburse employees for the registration fee if they choose.
Theresa McCaskill, SPHR, SHRM-SCP	The CMHRS Manual states that only one QMHP eligible staff (QMHP Trainee) is allowed for each full time licensed staff and the number of QMHP Trainees cannot exceed 5% of total clinical adult staff within an agency. These limitations significantly impact our ability to fill our vacant positions. I recommend that these limitations be removed and that each organization be allowed to manage their own capacity for supervising QMHP-Trainees. If the training guidelines, including the requirement for 8 hours of continuing education and the QMHP and QMHP-Trainee roles are clearly defined, along with scope of practice and types of services each role can provide, then allow each agency to determine their own capacity for number of QMHP-Trainees and number supervised by each LMHP.	The CMHRS Manual is an official publication of the Virginia Department of Medical Assistance Services (DMAS) based on Medicaid law. DBHDS does not have the authority to change DMAS staffing requirements.

Public Participation

Please include a statement that in addition to any other comments on the regulatory change, the agency is seeking comments on the costs and benefits of the regulatory change and the impacts of the regulated community. Also, indicate whether a public hearing will be held to receive comments.

In addition to any other comments, the State Board of Behavioral Health and Developmental Services is seeking comments on the costs and benefits of the proposal and the potential impacts of this regulatory proposal. Also, the agency/board is seeking information on impacts on small businesses as defined in § 2.2-4007.1 of the Code of Virginia. Information may include: 1) projected reporting, recordkeeping and other administrative costs; 2) probable effect of the regulation on affected small businesses; and 3) description of less intrusive or costly alternative methods of achieving the purpose of the regulation.

Anyone wishing to submit written comments for the public comment file may do so through the Public Comment Forums feature of the Virginia Regulatory Town Hall web site at: https://townhall.virginia.gov. Written comments must include the name and address of the commenter. Comments may also be submitted by mail, email or fax to Emily Bowles, Legal Coordinator, Office of Licensing, Post Office Box 1797, Richmond, Virginia 23218-1797, (804) 225-3281, FAX: (804) 692-0066, emily.bowles@dbhds.virginia.gov. Comments may also be submitted through the Public Forum feature of the Virginia Regulatory Town Hall website at: http://www.townhall.virginia.gov. Written comments must include the name and address of the commenter. In order to be considered, comments must be received by 11:59 pm on the last day of the public comment period.

A public hearing will be held following the publication of this stage and notice of the hearing will be posted on the Virginia Regulatory Town Hall website (**http://www.townhall.virginia.gov**) and on the

Commonwealth Calendar website (https://www.virginia.gov/connect/commonwealth-calendar). Both oral and written comments may be submitted at that time.

Detail of Changes

Please list all regulatory changes and the consequences of the changes. Explain the new requirements and what they mean rather than merely quoting the text of the regulation.

If the regulatory change will be a new chapter, describe the intent of the language and the expected impact. Please describe the difference between existing regulation(s) and/or agency practice(s) and what is being proposed in this regulatory change. Delete inapplicable tables.

If the regulatory change is intended to replace an emergency regulation, please follow the instructions in the text following the three chart templates below. Please include citations to the specific section(s) of the regulation that are changing.

For changes to existing regulation(s), please use the following chart:

Current section number	New section number, if applicable	Current requirement	Change, intent, rationale, and likely impact of new requirements
Current section number	Proposed new section number, if applicable	Current requirement	Proposed change, intent, rationale, and likely impact of proposed requirements
20		N/A Currently QMHPs are defined only in the DBHDS regulation as: "Qualified Mental Health Professional-Adult (QMHP-A)" means a person in the human services field who is trained and experienced in providing psychiatric or mental health services to individuals who have a mental illness; including (i) a doctor of medicine or osteopathy licensed in Virginia; (ii) a doctor of medicine or osteopathy, specializing in psychiatry and licensed in Virginia; (iii) an individual with a master's degree in psychology from an accredited college or university with at least one year of clinical experience; (iv) a social worker: an individual with at least a bachelor's degree in human	• The general definition of QMHP from 18VAC115-80-20 is included. In the definitions of QMHP-A and QMHP-C: • Amend the definitions to be a cross-reference to the Board of Counseling regulation (18VAC115-80), with repetition in each definition of the following sentence from the general QMHP definition from 18VAC115-80-20: ○ 'A QMHP-A shall provide such services as an employee or independent contractor of the DBHDS or a provider licensed by the DBHDS.'

		services or related field (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling or other degree deemed equivalent to those described) from an accredited college and with at least one year of clinical experience providing direct services to individuals with a diagnosis of mental illness; (v) a person with at least a bachelor's degree from an accredited college in an unrelated field that includes at least 15 semester credits (or equivalent) in a human services field and who has at least three years of clinical experience; (vi) a Certified Psychiatric Rehabilitation Provider (CPRP) registered with the United States Psychiatric Rehabilitation Association (USPRA); (vii) a registered nurse licensed in Virginia with at least one year of clinical experience; or (viii) any other licensed mental health professional. "Qualified Mental Health Professional-Child (QMHP-C)" means a person in the human services field who is trained and experienced in providing psychiatric or mental health services to children who have a mental illness. To qualify as a QMHP-C, the individual must have the designated clinical experience and must either (i) be a doctor of medicine or osteopathy licensed in Virginia; (ii) have a master's degree in psychology from an accredited college or university with at least one year of clinical experience with children and adolescents; (iii) have a social work bachelor's or master's degree from an	

		accredited college or university with at least one year of documented clinical experience with children or adolescents; (iv) be a registered nurse with at least one year of clinical experience with children and adolescents; (v) have at least a bachelor's degree in a human services field or in special education from an accredited college with at least one year of clinical experience with children and adolescents, or (vi) be a licensed mental health professional. "Qualified Mental Health Professional-Eligible (QMHP-E)" means a person who has: (i) at least a bachelor's degree in a human service field or special education from an accredited college without one year of clinical experience or (ii) at least a bachelor's degree in a nonrelated field and is enrolled in a master's or doctoral clinical program, taking the equivalent of at least three credit hours per semester and is employed by a provider that has a triennial license issued by the department and has a department and DMAS-approved supervision training program. Currently, QMRPs and QMHPPs are defined only in the DBHDS regulation as: Qualified Mental Retardation Professional (QMRP)" means a person who possesses at least one year of documented experience working directly with individuals who have mental retardation (intellectual disability) or other developmental disabilities and one of the following credentials: (i) a doctor of medicine or osteopathy	• Amend to read: "Qualified Mental Health Professional-Eligible (QMHP-E)" means a person receiving supervised training in order to qualify as a QMHP in accordance with 18VAC115-80 and who is registered with the Board of Counseling. • Change the term to "Qualified Developmental Disability Professional," • Insert OTs and amend qualifications as follows: OTs will be required to also have one year of experience with the intellectual disability population or other developmental disability (this is the same requirement for other degrees listed). In the definition of QMHPP: • Insert OTAs • Require OTAs to be supervised by a licensed OT. • Require OTAs to also have one year of experience with the intellectual disability population or other

		licensed in Virginia, (ii) a registered nurse licensed in Virginia, or (iii) completion of at least a bachelor's degree in a human services field, including, but not limited to sociology, social work, special education, rehabilitation counseling, or psychology. "Qualified Paraprofessional in Mental Health (QPPMH)" means a person who must, at a minimum, meet one of the following criteria: (i) registered with the United States Psychiatric Association (USPRA) as an Associate Psychiatric Rehabilitation Provider (APRP); (ii) has an associate's degree in a related field (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling) and at least one year of experience providing direct services to individuals with a diagnosis of mental illness; or (iii) has a minimum of 90 hours classroom training and 12 weeks of experience under the direct personal supervision of a QMHP-Adult providing services to individuals with mental illness and at least one year of experience (including the 12 weeks of supervised experience).	developmental disability (this is the same requirement for other degrees listed).
590		In C 6 of the subdivision, currently DBHDS regulations state: 6. Supervision of mental health, substance abuse, or co-occurring services that are of a supportive or maintenance nature, such as psychosocial rehabilitation, mental health supports shall be provided by a QMHP-A. An individual who is QMHP-E may not provide this type of supervision.	After 'shall be provided by a QMHP-A' • Insert: ', a licensed mental health professional, or a mental health professional who is license-eligible and registered with a board of the Department of Health Professions.'

1370		In A 2 of the subdivision, it currently states: QMHP-Adult and mental health professional standards: a. At least 80% of the clinical employees or contractors, not including the program assistant or psychiatrist, shall meet QMHP-Adult standards and shall be qualified to provide the services described in 12VAC35-105-1410.	Amend to remove the reference to meeting standards and simplifies the language: • a. At least 80% of the clinical employees or contractors, not including the program assistant or psychiatrist, shall be QMHP-As and shall be qualified to provide the services described in 12VAC35-105-1410.