



[townhall.virginia.gov](http://townhall.virginia.gov)

## Proposed Regulation Agency Background Document

<b>Agency name</b>	Board of Counseling, Department of Health Professions
<b>Virginia Administrative Code (VAC) Chapter citation(s)</b>	18VAC115-20 18VAC115-50 18VAC115-60
<b>VAC Chapter title(s)</b>	Regulations Governing the Practice of Professional Counseling Regulations Governing the Practice of Marriage and Family Therapy Regulations Governing the Licensure of Substance Abuse Professionals
<b>Action title</b>	Periodic review
<b>Date this document prepared</b>	12/12/19

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 (1VAC7-10), and the *Form and Style Requirements for the Virginia Register of Regulations and Virginia Administrative Code*.

### Brief Summary

*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.*

The intent of the amendments resulting from the periodic review is to update regulations, clarify language, achieve consistency among requirements for licensees, and facilitate obtaining license by endorsement. Additional standards of practice and ground for disciplinary action are included to address issues that have arisen or for consistency with other behavioral health professional regulations.

Similar changes are recommended in all three chapters, with some specific amendments to Chapters 50 and 60, including elimination of the waiver of a licensing examination in marriage and family therapy or substance abuse treatment for counselors who want to obtain those specialized licenses.

## Acronyms and Definitions

*Define all acronyms used in this form, and any technical terms that are not also defined in the "Definitions" section of the regulation.*

---

LPC = licensed professional counselor

CACREP = Council for Accreditation of Counseling and Related Educational Programs

MFT = marriage and family therapist

LSATP = licensed substance abuse treatment practitioner

## Mandate and Impetus

*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, or board decision). 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."*

---

The impetus for the regulatory change is the periodic review that was filed on July 5, 2018 with a comment period from August 6, 2018 to September 5, 2018.

## Legal Basis

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

---

Regulations are promulgated under the general authority of Chapter 24 of Title 54.1 of the Code of Virginia. Section 54.1-2400, which provides the Board of Counseling the authority to promulgate regulations to administer the regulatory system:

***§ 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. ...

Specific authority for regulation of the profession of counseling is found in Chapter 35 of Title 54.1:

**§ 54.1-3503. Board of Counseling.**

*The Board of Counseling shall regulate the practice of counseling, substance abuse treatment, and marriage and family therapy.*

**§ 54.1-3506. License required.**

*In order to engage in the practice of counseling or marriage and family therapy or in the independent practice of substance abuse treatment, as defined in this chapter, it shall be necessary to hold a license.*

**Purpose**

*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 Board has added more pathways to licensure by endorsement to encourage portability for licensees from other states. By doing so, Virginia citizens with mental health needs may have greater access to care. Additional standards of conduct and causes for disciplinary action will provide further guidance to licensees on the expectations for ethical practice and give the Board more explicit grounds on which to discipline practitioners for the purpose of protecting the health, safety and welfare of the public they serve.

**Substance**

*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.*

The intent of the amendments resulting from the periodic review is to update regulations, clarify language, achieve consistency among requirements for licensees, and facilitate obtaining license by endorsement. Additional standards of practice and ground for disciplinary action are included to address issues that have arisen or for consistency with other behavioral health professional regulations.

Amendments for residents and residencies that are currently in effect through emergency action are incorporated into this periodic review to avoid confusion and conflict.

Similar changes are recommended in all three chapters, with some specific amendments to Chapters 50 and 60, including elimination of the waiver of a licensing examination in marriage and family therapy or substance abuse treatment for counselors who want to obtain those specialized licenses.

### **Issues**

*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 advantages to the public include more accountability and transparency for residencies and additional standards of practice to facilitate ethical practice and professional conduct; there are no disadvantages. Amendments to licensure by endorsement may benefit a small number of applicants who are now unable to be initially licensed in Virginia.
- 2) There are no advantages or disadvantages to the agency or the Commonwealth, other than amendments are intended to clarify regulatory requirements.
- 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 “*To promulgate regulations in accordance with the Administrative Process Act (§ 2.2-4000 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.*” There is no restraint on competition as a result of promulgating this regulation.

### **Requirements More Restrictive than Federal**

*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 is no applicable federal requirement.

**Agencies, Localities, and Other Entities Particularly Affected**

*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 - None

Localities Particularly Affected - None

Other Entities Particularly Affected - None

**Economic Impact**

*Pursuant to § 2.2-4007.04 of the Code of Virginia, 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. Keep in mind that this is change versus the status quo.*

**Impact on State Agencies**

<i>For your agency:</i> 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	As a special fund agency, the Board must generate sufficient revenue to cover its expenditures from non-general funds, specifically the renewal and application fees it charges to practitioners or entities for necessary functions of regulation. All notifications will be done electronically. There are no on-going expenditures
<i>For other state agencies:</i> projected costs, savings, fees or revenues resulting from the regulatory change, including a delineation of one-time versus on-going expenditures.	No impact
<i>For all agencies:</i> Benefits the regulatory change is designed to produce.	No impact

**Impact on Localities**

Projected costs, savings, fees or revenues resulting from the regulatory change.	None
Benefits the regulatory change is designed to produce.	None

**Impact on Other Entities**

<p>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.</p>	<p>Persons likely to be affected by the changes would be residents in counseling and licensees.</p>
<p>Agency’s best estimate of the number of such entities that will be affected. 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.</p>	<p>There are:  Registration of supervision (LPC residents) -9030  MFT residents -344  SATP residents – 6  LPC – 6004  LMFT – 894  LSAPT -265  The Board has no data on the number of small businesses. Some persons licensed for independent practice own or are employed by small professional practices; others work in large agencies, health centers, local government, etc.</p>
<p>All projected costs for affected individuals, businesses, or other entities resulting from the regulatory change. 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.</p>	<p>The requirement for retention of records by a supervisor relating to a residency should not impose costs (other than retention of a file); a licensee typically only supervises a handful of residents.   If an LPC chooses to apply for a specialty license in marriage and family therapy (LFMT), the cost for the AMFTRB exam is \$355.00.   If an LPC chooses to apply for a specialty license in substance abuse treatment (LSATP), the cost for the MAC exam is \$150.00</p>
<p>Benefits the regulatory change is designed to produce.</p>	<p>Amendments will offer practitioners additional pathways to licensure by endorsement and offer the public greater protection from unethical licensees.</p>

**Alternatives to Regulation**

*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.*

Since the requirements for licensure are set in regulation, amendments are necessary to make any changes. There are no alternatives that meet the essential purpose of protection of the public.

**Regulatory Flexibility Analysis**


*Pursuant to § 2.2-4007.1B of the Code of Virginia, 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 is no alternative to adoption of requirement for licensure and practice under the Board of Counseling, other than the promulgation of amended regulations.

**Periodic Review and Small Business Impact Review Report of Findings**

The findings of the periodic review and small business impact review are posted on the Virginia Regulatory Townhall:

Review Result  
Amend the regulation  
 [TH-07 Periodic Review Report of Findings](#) (2/28/2019)  
Action Implementing the Result  
Action ID #5230: [Periodic review](#)

**Public Comment**

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

A Notice of Intended Regulatory Action was published on 8/19/19 for comment until 9/18/19. There are 139 comments posted on Townhall.

Eleven commenters offered support for the proposed actions as summarized in the NOIRA.

There were 128 comments in opposition to a requirement for graduation from a CACREP-accredited education program in order to be licensed by endorsement. Commenters noted that it is a new barrier to licensure for applicants from other states.

**Board response:** Persons who commented in opposition were inaccurate in their assessment of the Board’s proposed action. *All of the current pathways to licensure by endorsement have been maintained in the proposal*, and there are three additional criteria by which an applicant could qualify for licensure by endorsement. Current regulations allow an applicant to be licensed by endorsement (without evidence of education and experience required for licensure by examination) if the applicant has been actively practice for 24 of the last 60 months immediately preceding application. A new pathway proposed would authorize licensure for an applicant who does not meet the active practice requirement (24 of the last 60 months) but who has held an



active license for at least 10 years prior to application. Graduation from a CACREP-accredited program is not required for either of those options, nor is it required for an applicant who can demonstrate that he has substantially equivalent education and experience qualifications.

**Public Participation**

*Indicate how the public should contact the agency to submit comments on this regulation, and whether a public hearing will be held, by completing the text below.*

The Board of Counseling is providing an opportunity for comments on this regulatory proposal, including but not limited to (i) the costs and benefits of the regulatory proposal, (ii) any alternative approaches, (iii) the potential impacts of the regulation, and (iv) the agency's regulatory flexibility analysis stated in that section of this background document.

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>. Comments may also be submitted by mail, email or fax Elaine Yeatts at [elaine.yeatts@dhp.virginia.gov](mailto:elaine.yeatts@dhp.virginia.gov) or at 9960 Mayland Drive, Henrico, VA 23233 or by fax at (804) 527-4434. 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 (<https://townhall.virginia.gov>) and on the Commonwealth Calendar website (<https://commonwealthcalendar.virginia.gov/>). Both oral and written comments may be submitted at that time.

**Detail of Changes**

*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. For example, describe the intent of the language and the expected impact. Describe the difference between existing requirement(s) and/or agency practice(s) and what is being proposed in this regulatory change. Use all tables that apply, but delete inapplicable tables.*

*If an existing VAC Chapter(s) is being amended or repealed, use Table 1 to describe the changes between existing VAC Chapter(s) and the proposed regulation. If existing VAC Chapter(s) or sections are being repealed and replaced, ensure Table 1 clearly shows both the current number and the new number for each repealed section and the replacement section.*

**Table 1: Changes to Existing VAC Chapter(s)**

Current chapter-section number	New chapter-section number, if applicable	Current requirements in VAC	Change, intent, rationale, and likely impact of new requirements
--------------------------------	---	-----------------------------	--



<p>Chapter 20, section 10</p> <p>Chapter 50, section 10</p> <p>Chapter 60, section 10</p>		<p>Sets out the definitions for words and terms used in the chapter</p>	<p>The definition for “face-to-face” is amended to include use of visual, interactive, real-time technology in the in-person delivery of clinical services. <i>The amendment will enhance the ability to provide counseling services by telehealth and facilitate supervision of residents.</i></p>
<p>Chapter 20, section 20</p> <p>Chapter 50, section 20</p> <p>Chapter 60, section 20</p>		<p>Sets out the fees for applicants and licensees</p>	<p>In addition to fees relating to the residency license, the fees are reordered for a more logical progression. A fee is added for reinstatement of a resident license; reinstatement was not included in the emergency regulations for resident licenses.</p>
<p>Chapter 20, section 45</p> <p>(Chapters 50 and 60 – see below)</p>		<p>Sets the prerequisites for licensure by endorsement</p>	<p>An amendment to subsection A clarifies that the license held in another jurisdiction must be for independent clinical practice, so it is a comparable license with the LPC in Virginia. An addition to the meaning of “clinical practice” will allow teaching a graduate-level course in counseling to count for active practice. In addition to the options currently available to an applicant for licensure by endorsement, the following are proposed:</p> <ol style="list-style-type: none"> <li>1) Verification of the Certified Clinical Mental Health Counselor (CCMHC) credential from the National Board of Certified Counselors (this option replaces the credential registry of the American Association of State Counseling Boards because that registry no longer exists);</li> <li>2) Ten years of active licensure at the highest level for independent practice (comparable to the LPC); or</li> <li>3) Three years of active licensure and a National Certified Counselor credential or a graduate-level degree from a CACREP-accredited program.</li> </ol>

			<p><i>The Board has included that option of 3 years of active licensure and the NCC credential or graduation from a CACREP-accredited program to follow the recommendation (October 2019) of The National Portability Taskforce, comprised of the American Association of State Counseling Board, the Association for Counselor Education and Supervision, the National Board for Certified Counselors, and the American Mental Health Counselors Association.</i></p>
<p>Chapter 20, section 51  (Chapters 50 and 60 – see below)</p>		<p>Establishes the coursework requirements for an applicant for licensure</p>	<p>Subsection A is added to facilitate review of educational credentials for applicants who have successfully completed requirements for a degree in clinical mental health counseling or other specialty approved by the Board if the educational program is accredited by CACREP.</p> <p><i>The language of this subsection does <b>not</b> impose any additional burden on an applicant from a non-CACREP program. The coursework submitted from such a program would still need to be reviewed to ensure that it meets the current requirements as set forth in section 51. The addition of subsection A acknowledges that the Board has reviewed the requirements for a degree in clinical mental health counseling from a CACREP-accredited program and knows that it has met all such requirements.</i></p> <p>Amendments to (B)(13) clarify that the internship must be a formal academic course and provide a new allowance for deficit hours in the educational program internship to be made up in a residency. Up to 100 of the required 600 total hours and up to 40 of the 240 face-to-face direct client contact hours may be added to the residency. <i>The new language will facilitate licensure for some applicants from non-accredited programs. Currently, those applicants have to find an educational program that will allow them to enroll in an academic course that is comprised of internship hours. The amended language will permit graduates to obtain a residency license and complete the required internship hours in the residency. Since there is faculty oversight of an internship in an academic program, the Board believes it</i></p>

			<i>is still necessary for the vast majority of the internship to be completed as part of a student's educational program.</i>
Chapter 20, section 52  (Chapters 50 and 60 – see below)		Sets out the requirements for a resident license as a residency	<p>Amendments in subsection A are identical to emergency regulation currently in effect. In subsection B, the only new amendment is in #12 to clarify that residency hours that were approved by another state board and completed in that jurisdiction will be accepted in Virginia, provided they meet the requirements of subsection B. <i>The current regulation specifies that the hours must meet all requirements of section 52; there are specific requirements for an application (subsection A and qualifications for a supervisor (subsection C) that would either not be possible to meet or may not be applicable in the other jurisdiction.</i></p> <p>Amendments to subsection D will clarify that the responsibility of a supervisor is applicable whether the he or she is on-site or off-site where services are being provided by a resident. <i>The requirement is not new; current language states that the supervisor has <u>full responsibility</u> for the clinical activities of a resident.</i> Further, an amendment stated in #3 specifies that the supervisor also has responsibility to ensure that the resident is adhering to rules for residencies. Finally, the new provision specifies the maintenance of records relating to supervision for a period of five years after termination or completion of supervision. <i>The five-year retention is necessary to ensure records are available to residents and to the Board within the timeframe in which the resident may be applying for licensure.</i></p>
Chapter 20, section 70		Sets out requirements for the licensure examination	All amendments in section 70 are identical to emergency regulations.
Chapter 20, section 100 Chapter 50,		Sets out requirements for renewal of licensure	All amendments in section 100 are identical to emergency regulations.

<p>section 90 Chapter 60, section 110</p>			
<p>Chapter 20, section 106 Chapter 50, section 96 Chapter 60, section 116</p>		<p>Establishes the criteria for continuing competency activity</p>	<p>Under individual professional activities in subsection B, the Board has added an allowance for up to two hours per renewal period of credit for attendance at board meetings/hearings.</p>
<p>Chapter 20, section 107 Chapter 50, section 97 Chapter 60, section 117</p>		<p>Establishes the documentation necessary for continuing competency</p>	<p>Subsection C is amended to allow credit for documentation of participation in clinical supervision or consultation by attestation, rather than by affidavit.</p>
<p>Chapter 20, section 110 Chapter 50, section 100 Chapter 60, section 120</p>		<p>Sets out requirements for a late renewal or reinstatement of a license</p>	<p>Subsection B is amended to require an applicant for reinstatement to submit a current report from NPDB to ensure the Board has more complete information about disciplinary actions in other states or malpractice judgements. Subsection D is added to allow for reinstatement of a resident license. A resident who fails to renew after one year would be able to reinstate within the six-year window allowed for completion of a residency. The requirements for reinstatement are similar to reinstatement of an LPC, MFT or LSATP license. <i>The intent of the amendment is to provide an allowance for a person who needs or wants a break in a residency (illness, family responsibility, etc.) to let the license lapse but reinstate at a later time to complete the hours. Residency hours (3,400) can be completed in less than two years, so a person could have a lapse of some months and still complete the required hours within a six-year timeframe. The Board did not allow</i></p>

			<p><i>reinstatement indefinitely because there needs to be some continuity in the supervised experience of a residency and there was concern about “permanent” residents who would continuously lapse and reinstate.</i></p>
<p>Chapter 20, section 130 Chapter 50, section 110 Chapter 60, section 130</p>		<p>Establishes standards of practice for licensees</p>	<p>The following are amended:                  #11 – Currently, the regulation requires that if a licensee becomes aware that the client is receiving services from another mental health provider, he must refrain from providing services to the client without informed consent and permission to communicate. <i>That is problematic in some scenarios and board members recommended the language be amended to require documentation of efforts to coordinate care.</i>                  #13 – Regulation is amended to include adherence to requirements for representation to the public by residents in a requirement for fair and accurate advertising and prohibition against advertisements that are false, misleading or deceptive.                  #14 –A standard of practice is added for licensees to make referrals based on the interest of the client.                  #15 – A standard is added regarding the willful or negligent breach of confidentiality. <i>The language is identical to regulations in Medicine and other regulations.</i>                  Subsection C                  #2 – an amendment to the recordkeeping standard specifies that client records must be timely, accurate, legible and complete. <i>Again, this is a standard for Medicine and other boards. A record that does not meet that standard is not useful to the client or to the Board.</i>                  Subsection D is amended to specify that inappropriate relationships may be multiple as well as dual.</p>
<p>Chapter 20, section 140 Chapter 50, section 120 Chapter 60,</p>		<p>Sets out the grounds for disciplinary action</p>	<p>Amendments to ##2 and 4 are clarifying and updating terminology in the current grounds for disciplinary action. Numbers 10-14 are added to address matters that arise in complaints against licensees or issues that arise in the investigation of such complaints. The grounds are consistent with those found in other regulations for Nursing and other boards.</p>

<p>section 140</p>			
<p><b>Changes specific to Chapter 50</b></p>			
<p>Chapter 50, section 40</p>		<p>Sets the prerequisites for licensure by endorsement</p>	<p>An amendment to subsection A clarifies that the license held in another jurisdiction must be for independent clinical practice, so it is a comparable license with the MFT in Virginia. An addition to the meaning of “clinical practice” will allow teaching a graduate-level course in counseling to count for active practice. In addition to the options currently available to an applicant for licensure by endorsement, the following are proposed:          1) Ten years of active licensure at the highest level for independent practice (comparable to the MFT); or          3) Three years of active licensure and a graduate-level degree from a CACREP- or COAMFTE-accredited program.  <i>The Board has included that option of 3 years of active licensure and a CACREP- or COAMFTE- accredited program to follow the recommendation (October 2019) of The National Portability Taskforce and for consistency with regulations for LPCs.</i></p>
<p>Chapter 50, section 55</p>		<p>Sets out requirements for coursework in marriage and family therapy</p>	<p>Subsection A is added to facilitate review of educational credentials for applicants who have successfully completed requirements for a degree in an educational program accredited by COAMFTE or a marriage and family program accredited by CACREP.  <i>The language of this subsection does <b>not</b> impose any additional burden on an applicant from a non-CACREP or COAMFTE program. The coursework submitted from such a program would still need to be reviewed to ensure that it meets the current requirements as set forth in section 55. The addition of subsection A acknowledges that the Board has reviewed the requirements for a degree from a COAMFTE- or CACREP-accredited program and knows that it has met all such requirements.</i></p> <p>Amendments to subsection B are intended to group the specific topics required in #1 and #2 (three semester hours in each) into a single category of</p>

			<p>marriage and family coursework for which 12 hours is required. <i>Applicants and reviewers found it difficult to separate coursework that integrated topics in marriage and family studies and marriage and family therapy. By combining all related topics into one category, it will be easier to verify completion of the required coursework.</i></p> <p>Amendments to (B)(3) clarify that the internship must be a formal academic course and provide a new allowance for deficit hours in the educational program internship to be made up in a residency. Up to 100 of the required 600 total hours and up to 40 of the 240 face-to-face direct client contact hours may be added to the residency. <i>The new language will facilitate licensure for some applicants from non-accredited programs. Currently, those applicants have to find an educational program that will allow them to enroll in an academic course that is comprised of internship hours. The amended language will permit graduates to obtain a residency license and complete the required internship hours in the residency. Since there is faculty oversight of an internship in an academic program, the Board believes it is still necessary for the vast majority of the internship to be completed as part of a student's educational program.</i></p>
<p>Chapter 50, section 60</p>		<p>Sets out requirements for a resident license and a residency</p>	<p>Amendments in subsection A are identical to emergency regulation currently in effect. In subsection B (3), amendments are made to reflect changes to the core areas of coursework amended in section 55.</p> <p>An amendment in #11 will clarify that residency hours that were approved by another state board and completed in that jurisdiction will be accepted in Virginia, provided they meet the requirements of subsection B. <i>The current regulation specifies that the hours must meet all requirements of this section; there are specific requirements for an application (subsection A and qualifications for a supervisor (subsection C) that would either not be possible to meet or may not be applicable in the other jurisdiction.</i></p>



			<p>#12 is added to specify that supervision that is not concurrent with a residency will not be accepted. <i>The amendment added in this subsection is identical to current language in regulations for LPCs and for LSATPs, so it was included in the MFT requirements for consistency among the licensed professions.</i></p> <p>Amendments to subsection D will (1) specify maintenance of records relating to supervision for a period of five years after termination or completion of supervision. (<i>The five-year retention is necessary to ensure records are available to residents and to the Board within the timeframe in which the resident may be applying for licensure.</i>); (2) clarify that the responsibility of a supervisor is applicable whether the he or she is on-site or off-site where services are being provided by a resident. (<i>The requirement is not new; current language states that the supervisor has <u>full responsibility</u> for the clinical activities of a resident.</i>); and (3) specify that the supervisor also has responsibility to ensure that the resident is adhering to rules for residencies.</p>
Chapter 50, section 70		Sets out requirements for the licensure examination	<p>Amendments in section 70 are identical to emergency regulations. Additionally, subsection A is amended to eliminate the exemption from examination for person who have an LPC license. <i>When marriage and family therapy was a new license, the Board adopted the exemption to facilitate licensure as MFTs for LPCs who wanted to indicate a specialty in their practice. LPCs may include counseling and therapy in marriage and family under their scope of practice, but if they want to hold themselves out as a specialist in that area of practice, an examination for competency in marriage and family therapy is necessary.</i></p>
<b>Changes specific to Chapter 60</b>			
Chapter 60, section 40		Sets the prerequisites for licensure by endorsement	<p>An amendment to subsection A clarifies that the license held in another jurisdiction must be for independent clinical practice in substance abuse treatment or addiction counseling, so it is a comparable license with the license in Virginia.</p>

			<p><i>The term “addiction counseling” is added to “substance abuse treatment” because that is now the more commonly used term.</i></p> <p>In the subdivision that sets out the requirements for experience, there are amendments to consolidate the current language on practice for 24 of the last 60 months into #2.</p> <p>In #5, the examination required for licensure by endorsement is specified to be either the exam required in Virginia or a substantially equivalent exam in another state. The waiver of examination for applicant currently licensed as an LPC in Virginia is eliminated. <i>The waiver was initially put in regulation because LSATP was a new profession, and the waiver was designed to encourage currently licensed counselors to obtain this specialty license. Licensure as an LSATP is not necessary for an LPC to do addiction counseling or substance abuse treatment; it is an acknowledgement of a specialty area of practice. While one’s license as an LPC (or other mental health license) will qualify a person by education and experience, a person seeking the LSATP license should demonstrate special competency by passage of an examination.</i></p>
<p>Chapter 60, section 70</p>		<p>Sets out requirements for coursework in marriage and family therapy</p>	<p>Subsection A is added to facilitate review of educational credentials for applicants who have successfully completed requirements for a degree in addiction counseling or other specialty in an educational program accredited by CACREP.</p> <p><i>The language of this subsection does <b>not</b> impose any additional burden on an applicant from a non-CACREP program. The coursework submitted from such a program would still need to be reviewed to ensure that it meets the current requirements as set forth in section 70. The addition of subsection A acknowledges that the Board has reviewed the requirements for a degree from a CACREP-accredited program and knows that it has met all such requirements.</i></p>

			<p>The first sentence in subsection B is moved from subsection A and is not new.</p> <p>An amendment in subsection C will allow a person to provide evidence of current certification as a Master Addiction Counselor to verify completion of required coursework. <i>The MAC certification is inclusive of all coursework required for a license, so it is appropriate verification of competency.</i></p> <p>Amendments to (D) clarify that the internship must be a formal academic course and provide a new allowance for deficit hours in the educational program internship to be made up in a residency. Up to 100 of the required 600 total hours and up to 40 of the 240 face-to-face direct client contact hours may be added to the residency. <i>The new language will facilitate licensure for some applicants from non-accredited programs. Currently, those applicants have to find an educational program that will allow them to enroll in an academic course that is comprised of internship hours. The amended language will permit graduates to obtain a residency license and complete the required internship hours in the residency. Since there is faculty oversight of an internship in an academic program, the Board believes it is still necessary for the vast majority of the internship to be completed as part of a student's educational program.</i></p>
<p>Chapter 60, section 80</p>		<p>Sets out requirements for a resident license and a residency</p>	<p>Amendments in subsection A are identical to emergency regulation currently in effect.</p> <p>An amendment to subsection C (3) will facilitate acquisition of the 2,000 hours of face-to-face client contact by only requiring 1,000 of the clinical hours to be directly related to substance abuse treatment of addiction counseling. The remaining clinical hours can be more generally related to counseling clients. An amendment to the last sentence clarifies that the remaining hours (1,400 of the total residency hours of 3,400) can be spent doing ancillary duties.</p> <p>An amendment in (C)(9) will clarify that residency hours that were approved by</p>

			<p>another state board and completed in that jurisdiction will be accepted in Virginia, provided they meet the requirements of subsection B. <i>The current regulation specifies that the hours must meet all requirements of this section; there are specific requirements for an application (subsection A and qualifications for a supervisor (subsection C) that would either not be possible to meet or may not be applicable in the other jurisdiction.</i></p> <p>Amendments to subsection D will (1) specify maintenance of records relating to supervision for a period of five years after termination or completion of supervision. <i>(The five-year retention is necessary to ensure records are available to residents and to the Board within the timeframe in which the resident may be applying for licensure.);</i> (2) clarify that the responsibility of a supervisor is applicable whether the he or she is on-site or off-site where services are being provided by a resident. <i>(The requirement is not new; current language states that the supervisor has <u>full responsibility</u> for the clinical activities of a resident.);</i> and (3) specify that the supervisor also has responsibility to ensure that the resident is adhering to rules for residencies.</p>
<p>Chapter 60, section 90</p>		<p>Sets out requirements for the licensure examination</p>	<p>Amendments in section 90 are identical to emergency regulations. Additionally, subsection C is amended to eliminate the exemption from examination for person who have an LPC license. <i>When substance abuse treatment was a new license, the Board adopted the exemption to facilitate licensure as LSATPs for LPCs who wanted to indicate a specialty in their practice. LPCs may include addiction counseling under their scope of practice, but if they want to hold themselves out as a specialist in that area of practice, an examination for competency is addiction counseling or substance abuse treatment is necessary.</i></p>

If a new VAC Chapter(s) is being promulgated and is not replacing an existing Chapter(s), use Table 2.

**Table 2: Promulgating New VAC Chapter(s) without Repeal and Replace**

New chapter-section number	New requirements to be added to VAC	Other regulations and laws that apply	Change, intent, rationale, and likely impact of new requirements

If the regulatory change is replacing an **emergency regulation**, and the proposed regulation is identical to the emergency regulation, complete Table 1 and/or Table 2, as described above.

If the regulatory change is replacing an **emergency regulation**, but changes have been made since the emergency regulation became effective, also complete Table 3 to describe the changes made since the emergency regulation.

**Table 3: Changes to the Emergency Regulation**

Emergency chapter-section number	New chapter-section number, if applicable	Current <u>emergency</u> requirement	Change, intent, rationale, and likely impact of new or changed requirements since emergency stage