
10:00 a.m. Call to Order – Teresa Reynolds, LCSW, Chairperson

- Welcome/Introductions
 - Establishment of a Quorum
 - Mission of the Board/Evacuation Procedures-----Page 3
-

Adoption of Agenda

Public Comment

The Board will receive public comment related to agenda items at this time. The Board will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

Approval of Minutes

December 20, 2024 Board Meeting* -----Page 5

Agency Director Report (Verbal Report) - Arne Owens

Chair Report (Verbal Report) – Teresa Reynolds

Legislation and Regulatory Report – Erin Barrett, JD, Director of Legislative and Regulatory Affairs, Department of Health Professions

- Chart of Regulatory Actions-----Page 25
 - Adoption of Proposed Music Therapy Regulations*-----Page 27
-

Committee Reports

- Ad Hoc Committee (Verbal Report) – Sherwood Randolph, LCSW, and Martha Meadows, LCSW
 - Development of Survey Questions regarding alternative pathways to licensure
-

Staff Reports

- Executive Director’s Report – Ms. Hoyle
 - Social Work Compact Update
 - Association of Social Work Boards (ASWB) Update
 - Discipline Report – Jennifer Lang, Deputy Director, BSU -----Page 54
 - Licensure Report - Charlotte Lenart, Deputy Director, BSU-----Page 57
-

Future Meeting Dates

May 16, 2025 Regulatory Committee 10:00 a.m.

June 6, 2025 Board Meeting 10:00 a.m.

Meeting Adjournment

*Indicates a Board vote is required.

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the Board at the meeting. One printed copy of the agenda and packet will be available for the public to view at the meeting pursuant to Virginia Code Section 2.2-3707(F).

MISSION STATEMENT

Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.

EMERGENCY EGRESS

Please listen to the following instructions about exiting these premises in the event of an emergency.

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound. When the alarms sound, leave the room immediately. Follow any instructions given by the Security staff.

Board Room 1

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the room, turn **RIGHT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Board Room 2

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the room, turn **RIGHT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

You may also exit the room using the side door **(Point)**, turn **Right** out the door and make an immediate **Left**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Board Rooms 3 and 4

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the room, turn **RIGHT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Training Room 1

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the room, turn **LEFT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Training Room 2

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the doors, turn **LEFT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

**DRAFT**

Virginia Board of Social Work
Quarterly Board Meeting Minutes
Friday, December 20, 2024, at 10:00 a.m.
9960 Mayland Drive, Henrico, VA 23233
Board Room 3

PRESIDING OFFICER: Teresa Reynold, MSW, LCSW, Board Chairperson

BOARD MEMBERS PRESENT: Elke Cox, MSW, LCSW, Vice-Chairperson
Kimberly Jackson, Citizen Member
Joan Landolt, MSW, LCSW
Martha Meadows, MA, LCSW
Denise Purgold, MSW, LCSW
Sherwood Randolph, MSW, LCSW

BOARD MEMBERS ABSENT: Victoria Cartagena, MSW, LCSW

BOARD STAFF PRESENT: Krystal Blanton, Discipline & Compliance Case Specialist
Jaime Hoyle, JD, Executive Director
Jennifer Lang, Deputy Executive Director- Discipline
Charlotte Lenart, Deputy Executive Director- Licensing
Sharniece Vaughan, Licensing & Operations Supervisor
Rebecca Walker, Licensing Specialist

DHP STAFF PRESENT: Matt Novak, Policy & Economic Analyst, Department of Health Professions
Arne Owens, Agency Director, Department of Health Professions

BOARD COUNSEL PRESENT: James Rutkowski, Assistant Attorney General

PUBLIC ATTENDEES: Nikki Baldwin, Citizen Member, Music Therapy Advisory Board
Kevin Holder, LCSW, Richmond Association of Black Social Workers
Denise Daly Konrad, Virginia Health Care Foundation (VHCF)
Ophelia von Ludwig, LCSW
Mark Smith, Greater Washington Society for Clinical Social Work (GWSCSW),
Virginia Society of Clinical Social Work (VSCSW)
Trinette Randolph, *Boost!* Program Manager, Virginia Health Care Foundation (VHCF)

CALL TO ORDER: Ms. Reynolds called the Board Meeting to order at 10:07 a.m.

ROLL CALL/ESTABLISHMENT OF A QUORUM: All Board members and staff were introduced. Seven members of the Board were present at roll call; therefore, a quorum was established.

MISSION STATEMENT: Ms. Hoyle read the mission statement of the Department of Health Professions, which was also the mission statement of the Board.

PUBLIC HEARING: The Public Hearing was held for the Board to hear public comments regarding the proposed regulation action regarding licensure of music therapist.

PUBLIC HEARING COMMENTS: None

Public Hearing concluded at 10:20 a.m.

ADOPTION OF AGENDA:

The agenda was adopted as presented.

PUBLIC COMMENT:

No public comment was provided.

APPROVAL OF MINUTES:

The Board reviewed the minutes from the last meeting held on September 27, 2024.

Motion: Ms. Purgold made a motion, which Ms. Cox properly seconded, to approve the minutes from the September 27, 2024, meeting as presented. The motion passed unanimously.

AGENCY REPORT:

Mr. Owens welcomed everyone and congratulated the newest Board member, Joan Landolt.

Mr. Owens announced that it is the 2-year anniversary of the Governor's *Right Help, Right Now* initiative. Mr. Jenkins and Ms. Hoyle serve as co-leaders of Pillar 5, whose mission is to prioritize the behavioral health workforce, with a particular focus on underserved communities. Mr. Owens commented on the 2024 General Assembly which added behavioral health practitioners to address the needs of the Commonwealth.

Mr. Owens stated that DHP was preparing for the upcoming 2025 General Assembly. He reported that DHP had several agency bills moving forward for consideration.

Mr. Owens stated that the agency was in the process of reviewing its internal budget. He reminded the Board of the different support functions that assist the regulatory boards at DHP, including but not limited to, the Administrative Proceedings Division, Human Resources, Procurement, Information Technology, Operations, Facilities, and Finance Departments.

Mr. Owens reported on employee retention efforts through the completion of a study of agency salaries.

BOARD CHAIR REPORT:

Ms. Reynolds thanked the Ad Hoc Committee and the full Board for taking the time to have to have a meeting so close to the holiday.

PRESENTATIONS:**Overview of Boost 200 Program**

Ms. Randolph presented a PowerPoint presentation on how the *Boost!* Program pays for supervision and exam preparation for Supervisees in Social Work and Residents in Counseling. (See Attachment A)

LEGISLATION & REGULATORY REPORT:

Mr. Novak reviewed with the Board the current regulatory actions for the Board of Social Work as of December 5, 2024. A copy of the chart was included in the agenda packet.

Petition for Rulemaking

Mr. Novak reviewed and discussed a petition for rulemaking received to amend 18VAC140-20-50(A) of the Regulations Governing the Practice of Social Work to permit a supervisee that has received approval to obtain supervision but has not yet begun supervision to pause the four-year timeframe to obtain supervision until the supervisee is ready to begin earning supervision hours again.

There was one public comment on the petition.

Mr. Novak explained the petition for rulemaking process to the Board. He stated that the Board has the option to make a motion to accept the petition and initiate a NOIRA or deny the petition, stating the reasons for the denial.

Ms. Hoyle briefly discussed changes the Board of Counseling and the Board of Psychology are considering as it relates to supervised experience for residents.

Motion: Ms. Purgold made a motion, which Ms. Landolt properly seconded, to deny the petition for rulemaking and to send the petition to the regulatory committee for further study and review. The motion passed unanimously.

The Board is interested in this topic and wants to consider the scope of potential amendments broadly to allow for other changes to be made as necessary.

COMMITTEE REPORTS:

Ad Hoc Committee

Mr. Randolph reported the Board has formalized the process for meeting in-person and virtually. The Committee and stakeholders met on November 13, 2024, to discuss the racial disparities in the Association of Social Work Board (ASWB) examination and discuss alternative pathways to licensure.

Next steps will include researching which states allow alternative pathways to examination and identify those pathways, reach out to ASWB to participate in the next Committee meeting to discuss their plan to address the racial disparities in their examination, asking stakeholders for a written official stance on alternative pathways and including both social work reports in the agenda for the next meeting

UNFINISHED BUSINESS:

Ms. Hoyle provided a report summary on the efforts to diversify, and clinical social work workforce requested by the Chair of the Senate Committee on Rehabilitation and Social Services to review HB606, which was passed by indefinitely during the 2024 General Assembly Session.

Ms. Hoyle discussed possible examination alternatives such as timing of examination and length of supervision. She mentioned that Minnesota and Illinois use alternative pathways that include additional supervision requirements. Ms. Hoyle also cautioned that using alternative pathways would limit the licensee's ability to join the Social Work Compact in the future.

The Board discussed the possible alternatives.

EXECUTIVE DIRECTOR'S REPORT:

Ms. Hoyle stated that her report was included in the discussion under unfinished business.

DISCIPLINE REPORT:

Ms. Lang referenced the discipline report included in the agenda packet. She reported that due to the large backlog, there are 219 open cases for the Board of Social Work. A new employee has hired for another 6 months to assist with the backlog.

Ms. Lang mentions that there has been a 13% increase for all three behavioral science Boards. She announced that Ms. Blanton was hired as the new Discipline and Compliance Case Specialist in October. She previously worked with the Board of Medicine since 2007 and holds a master's degree in public administration from Virginia Commonwealth University (VCU).

LICENSING REPORT:

Ms. Lenart discussed licensure statistics and satisfaction survey results for the Board of Social Work which is included in the agenda packet. Ms. Lenart announced the Board's new licensing specialist, Rebecca Walker started in October 2024.

Ms. Lenart outlined the reengineering efforts to the Board's website including the online application handbooks, the step-by-step process for registration of supervision applications, updating forms, applications, license verifications, and the automatic email.

Ms. Lenart indicated that she gave a presentation on the licensure process to the Virginia Social Work Education Consortium (VSWEC) on October 23, 2024.

NEXT MEETING DATES:

The next meeting is scheduled for Friday, March 14, 2025.

**CONSIDERATION OF
RECOMMENDED
DECISION:**

Recommendation (see Attachment B)

ADJOURNMENT:

Ms. Reynolds adjourned the meeting at 11:53 a.m.

Teresa Reynolds, MSW, LCSW, Chair

Jaime Hoyle, JD, Executive Director

Boost!

Making Mental Health Happen

Board of Social Work Meeting

December 20, 2024

About the Virginia Health Care Foundation

VHCF is a statewide public/private partnership initiated 32 years ago by the Virginia General Assembly and its Joint Commission on Health Care.

VHCF's **mission** is to increase access to primary health care, including behavioral health services, for uninsured and medically underserved Virginians.

One critical component of access is a sufficient health workforce with adequate distribution throughout the state.

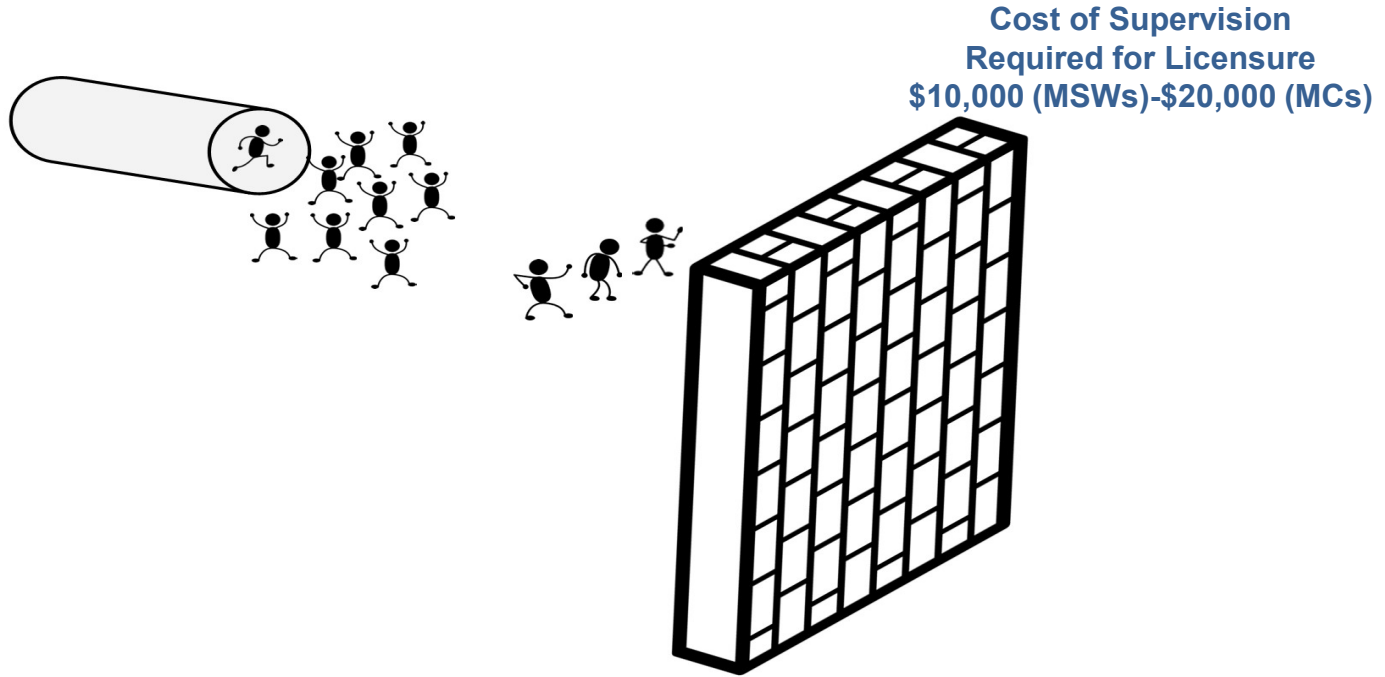
Significant Shortages in All BH Professions

Key Findings

Aging Workforce	Insufficient Diversity
Inadequate Pipeline	Cost of Supervision to be a Licensed Therapist



Barrier to Licensure

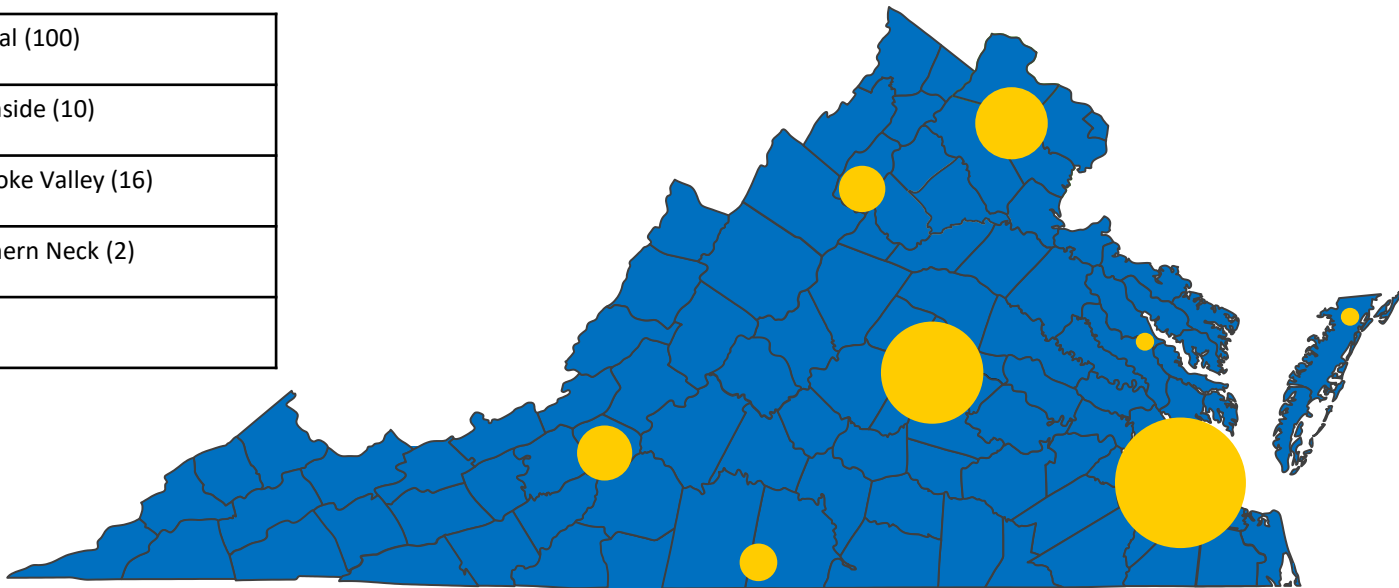


Boost!

- **Pays for supervision required for licensure** of MSWs and MCs and exam prep.
- In return, *Boost* enrollees commit to practice in Virginia for 2 years, once licensed.
- Prioritizes therapists who are persons of color, fluently bilingual, or practice in a mental health professional shortage area.
- Launched in September 2022 and **77 are already licensed** with more coming soon!

314 Enrollees by Region

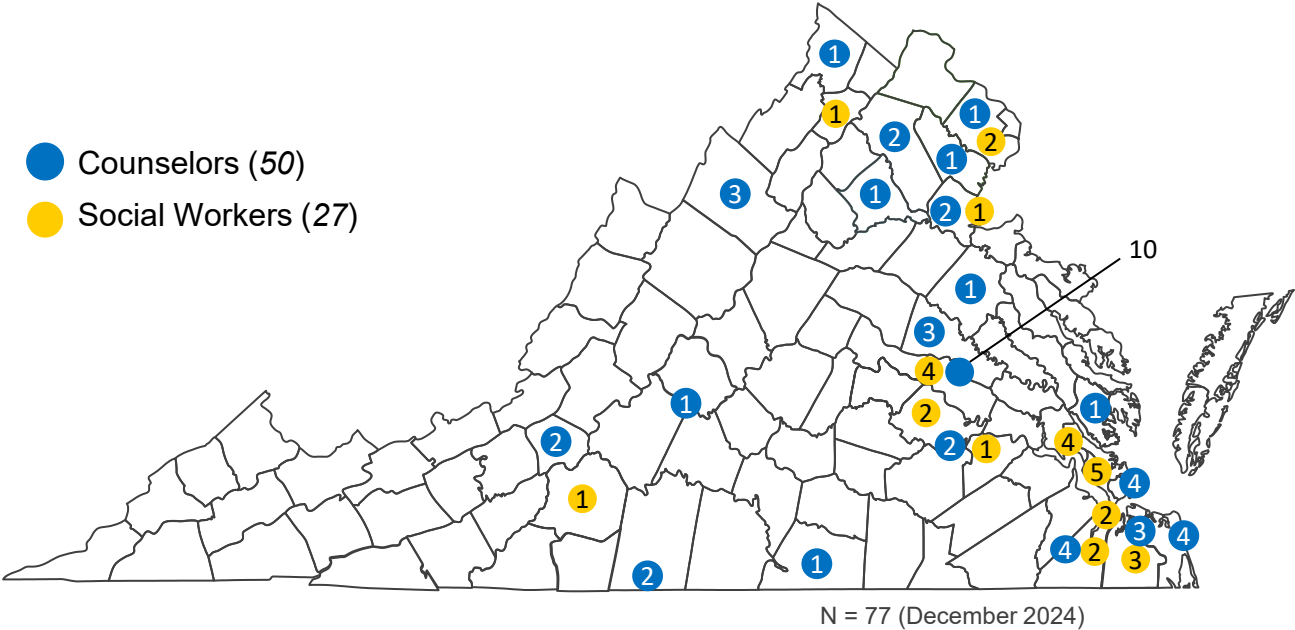
Hampton Roads (130)	Central (100)
Northern (42)	Southside (10)
Northwest (12)	Roanoke Valley (16)
Eastern Shore (1)	Northern Neck (2)
Southwest (1)	



Profile of *Boost!* Enrollees

- 71% are people of color; 11% are bilingual
- 50% are first-generation graduates (*parents did not complete a 4-year college program*)
- 35 years old (*average*)
- Majority female (86%)
- Average salary of \$52,700
- 86% carry student loan debt with an average debt load of \$111,000
- 100% paid out of pocket or would have had to for their supervision prior to *Boost!*

Newly Licensed *Boost!* Therapists



Licensure is the Goal

Licensure as an LCSW requires

- ✓ 3000 clinical hours
- ✓ 100 supervised hours
- ✓ Passing the licensure exam

Different rules apply to the timing of licensure exams for counselors and social workers.

- **Counselors** can take the licensure exam at any point after they graduate with their Masters of Counseling degree, including during their residency.
- **Social workers** are only allowed to take their exam after their required supervision and clinical hours have been completed.

Social Workers

- *Boost!* Participants have expressed anxiety over testing
- Glaring disparities in licensure exam pass rates among racial groups (*ASWB 2022 report*). The greatest was between white test takers (84% pass rate) and black test takers (45%).
- 41% of *Boost!* Social Work Enrollees are first generation graduates and 72% are black
- These factors led VHCF to focus its TA efforts on helping *Boost!* enrollees prepare for their exams. Researched test prep services and their success rates.

Lessons Learned

- All *Boost!* enrollees need help with understanding the pathway to licensure
- Licensure exam prep should be given to all *Boost!* enrollees
- Obtaining applications from rural areas requires targeted marketing
- Some enrollees experience life changes that impact their participation
- Program is not a fit for everyone-requires a steady pace to finish in a timely manner

Feedback from *Boost! Social Work* Enrollees

- “*Boost 200* eliminated my need to work two jobs which enabled me to fully invest in my professional growth and personal well-being.” -**B. Thompson, LCSW**
- “This program is a Godsend...without it, I would not have been able to complete my supervision.” - **M. Johnson, LCSW**
- “*Boost 200* offered exam prep that was crucial to my passing the LCSW licensure exam. I am forever grateful to have been provided the opportunity to be a participant of the *Boost 200* program.” -**F. Blocker, LCSW**

Feedback from *Boost! Social Work* Enrollees

- “The team was very helpful in answering any questions or concerns I had regarding my hours and the licensing process.” -**K. Virella, LCSW**
- “Without *Boost 200*, becoming an LCSW would have just been a dream. *Boost 200* has given me an opportunity to make my dream of becoming an LCSW a reality. Thank you soooooooo much, *Boost 200!*”
- **J. Gomes, Social Worker**

Future Focus for *Boost!*

- Seek funding for more *Boost!* slots in the FY26 state budget and from private funders
- Collaborate with key partners to promote *Boost!* to potential applicants from rural areas
- Educate all licensed *Boost!* therapists on the Behavioral Health Loan Repayment
- Continue to track, monitor and support the timely progress of *Boost!* enrollees' clinical and supervision hours
- Track *Boost!* graduates to ensure they meet their 2-year service commitment

Questions?

Trinette Randolph
Boost! Program Manager

Trinette@vhcf.org

804.773.8037

**CONSIDERATION OF RECOMMENDED DECISION
December 20, 2024**

BOARD MEMBERS IN ATTENDANCE:

Teresa Reynolds, LCSW, Chairperson
Elke Cox, LCSW, Vice-Chairperson
Kimberly Jackson, Citizen Member
Joan Landolt, LCSW

Martha Meadows, LCSW
Denise Purgold, LCSW
Sherwood Randolph, LCSW

CLOSED MEETING:

Ms. Jackson moved that the Board of Social Work convene in closed session pursuant to §2.2-3711(A)(27) of the *Code of Virginia* to consider an agency subordinate recommendation. She further moved that James Rutkowski, Jaime Hoyle, Jennifer Lang, Charlotte Lenart, Krystal Blanton, Sharniece Vaughan, and Rebecca Walker attend the closed meeting because their presence in the meeting was deemed necessary and would aid the Board in its consideration of the matters. The motion was seconded and passed unanimously.

RECOMMENDATION:

David Benjamin, LCSW Reinstatement Applicant

Case No.: 228683

David Benjamin submitted a written response to the recommended decision. The board discussed and considered the agency subordinate's recommendation to deny Mr. Benjamin's application for reinstatement.

RECONVENE:

Ms. Jackson certified that, pursuant to §2.2-3712 of the *Code of Virginia*, the Board of Social Work heard, discussed or considered only those public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as identified in the original motion.

DECISION:

Ms. Purgold made a motion to accept the recommendation of the agency subordinate as presented. The motion was seconded and passed unanimously.

Board of Social Work
Current Regulatory Actions
As of February 21, 2025

In the Governor's office

None

In the Secretary's office

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC140-20	Proposed	Amendments resulting from 2022 periodic review	12/19/2022	245 days	Amendments from 2022 periodic review excluding the section 37 changes that were filed in a separate action.
18VAC140-20	NOIRA	Implementation of the Social Work Compact	10/10/2024	126 days	Implements the Social Work Compact as required by legislation.

At the Department of Planning and Budget

None

At the Office of the Attorney General

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC140-20	Proposed	Acceptance of APA approved training as CE providers	10/4/2024	140 days	Expands options for CE.
18VAC140-20	Proposed	2022 Periodic review changes to section 37	10/4/2024	140 days	Includes provision that was removed from the overall periodic review action of Chapter 20 to handle separately.

Recently effective or awaiting publication

VAC	Stage	Subject Matter	Publication date	Effective date/ next steps
18VAC140-30	Proposed	Initial regulations for licensure of music therapists	12/16/2024	Comment period will be 12/16/2024 – 2/14/2025. Final regulations are before the Board.

Agenda Item: Adoption of final regulatory changes for the licensure of music therapists

Included in your agenda package:

- Draft final regulations regarding changes necessary for licensure of music therapists;
- Public comment received regarding the proposed stage.

Staff notes: The final regulations change the following:

- Reduce renewal requirements due to prevalence of MT-BC certification;
- Remove continuing education requirement due to existing MT-BC certification continuing education requirements; and
- Combination of some draft regulations that were unnecessarily separated.

The proposed action was published with the understanding that the Board would make these changes as the final action. The Advisory Board on Music Therapy participated in the review of the proposed regulations and twice approved them (August 2023 and February 2025).

Action needed:

- Motion to adopt final regulations for the licensure of music therapists as recommended by the Advisory Board on Music Therapy.

Project 6888 - Final

Board of Social Work

Initial regulations for licensure of music therapists

Chapter 30

Regulations Governing the Practice of Music Therapy (under development)

18VAC140-30-10. Definitions.

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in §§ 54.1-3700 and 54.1-3709.1 of the Code of Virginia:

"Board"

"Music therapist"

"Music therapy"

B. The following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"Applicant" means any individual who has submitted an official application and paid the application fee for licensure as a music therapist.

"CBMT" means the Certification Board for Music Therapists.

"MT-BC" means a Music Therapist-Board Certified, a credential issued by the CBMT after completing the academic and clinical training requirements of the American Music Therapy Association and passing a national examination.

18VAC140-30-20. Fees required by the board.

A. The board has established the following fees applicable to licensure as a music therapist:

<u>Initial licensure: Application processing and initial licensure</u>	<u>\$100</u>
<u>Active annual license renewal</u>	<u>\$55</u>
<u>Inactive annual license renewal</u>	<u>\$30</u>
<u>Late renewal</u>	<u>\$20</u>
<u>Duplicate license</u>	<u>\$15</u>
<u>Verification of licensure to another jurisdiction</u>	<u>\$25</u>
<u>Reinstatement of a lapsed license</u>	<u>\$120</u>
<u>Replacement of or additional wall certificate</u>	<u>\$25</u>
<u>Returned check or dishonored credit card or debit card</u>	<u>\$50</u>
<u>Reinstatement following revocation or suspension</u>	<u>\$500</u>

B. All fees are nonrefundable.

18VAC140-30-30. ~~Prerequisites~~ Requirements for licensure as a music therapist.

A. Every applicant for licensure shall submit to the board:

1. A completed application;
2. The application processing fee and initial licensure fee as prescribed in 18VAC140-30-20;
3. Evidence of current, active certification in good standing as a MT-BC granted by the CBMT or its successor organization, as approved by the board;
- ~~3.~~ 4. Verification of any other mental health or health professional license, registration, or certificate ever held in Virginia or another jurisdiction; and
- ~~4.~~ 5. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

B. An applicant shall have no unresolved disciplinary action against a mental health or health professional license, certificate, or registration held in Virginia or in another U. S. jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

18VAC140-30-40. Requirements for licensure.

~~In addition to prerequisites as set forth in 18VAC140-30-30, every applicant for licensure shall submit to the board:~~

~~1. Evidence of the current certification as a MT-BC granted by the CBMT or its successor organization, as approved by the board; and~~

~~2. An attestation of having read and understood the regulations and laws governing the practice of music therapy in Virginia.~~

18VAC140-30-50. Annual renewal of licensure.

A. Every licensed music therapist who intends to continue active practice shall submit to the board on or before June 30 of each year:

1. A completed form for renewal of the license on which the licensee attests to compliance with the continuing education requirements prescribed in this chapter;

2. Attestation that the licensee holds a current, active credential in good standing as a MT-BC; and

~~2.~~ 3. The renewal fee prescribed in 18VAC140-30-20.

B. A licensed music therapist who wishes to place his license in an inactive status may do so upon payment of the inactive renewal fee as established in 18VAC140-30-20. No person shall practice music therapy in Virginia unless he holds a current active license. A licensee who has selected an inactive status may become active by fulfilling the reactivation requirements set forth in subsection C of 18VAC140-30-80.

C. Licensees shall notify the board of a change in the address of record or the public address, if different from the address of record within 60 days. Failure to receive a renewal notice from the board shall not relieve the license holder from the renewal requirement.

D. Practice with an expired license is prohibited and may constitute grounds for disciplinary action.

E. After the end of each renewal period, the board may conduct a random audit of licensees to verify compliance with the requirement for that renewal period.

18VAC140-30-60. Continuing education requirements for renewal of a license.

Continuing education required for maintenance of a current credential as a MT-BC shall satisfy board requirements for continuing education.

A. For annual licensure renewal, a music therapist shall either hold a current credential as a MT-BC or be required to have completed a minimum of 20 hours of continuing education within the past 12 months. A minimum of three of these hours every five years shall be in courses that emphasize the ethics, standards of practice, or laws governing behavioral science professions in Virginia.

B. Approved hours of continuing education activity for a music therapist shall be approved if they meet the continued education requirements for recertification as an MT-BC.

C. The board may grant an extension for good cause of up to one year for the completion of continuing education requirements upon written request from the licensee prior to the renewal date. Such extension shall not relieve the licensee of the continuing education requirement.

D. The board may grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee such as temporary disability, mandatory military service, or officially declared disasters.

E. A music therapist who holds another license, certification, or registration issued by a Virginia health regulatory board may use up to 10 continuing education hours earned to satisfy the renewal requirements of that profession to satisfy the 20 total continuing education hours required to renew a music therapy license.

~~F. Up to two hours of the 20 hours required for annual renewal may be satisfied through delivery of music therapy services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.~~

~~G. A licensed music therapist is exempt from meeting continuing education requirements for the first renewal following initial licensure in Virginia.~~

18VAC140-30-70. Documenting compliance with continuing education requirements.

~~A. All licensees are required to maintain original documentation for a period of two years following renewal.~~

~~B. After the end of each renewal period, the board may conduct a random audit of licensees to verify compliance with the requirement for that renewal period.~~

~~C. Upon request, a licensee shall provide documentation as follows:~~

~~1. Official transcripts showing credit hours earned; or~~

~~2. Certificates of participation.~~

~~D. Continuing education hours required by a disciplinary order shall not be used to satisfy renewal requirements.~~

18VAC140-30-80. Late renewal; reactivation or reinstatement.

A. A person whose license has expired may renew it within one year after its expiration date by paying the late fee prescribed in 18VAC140-30-20 as well as the license renewal fee prescribed for the year the license was not renewed and providing evidence of ~~having met all applicable continuing education requirements~~ current and active certification in good standing as a MT-BC.

B. A person who fails to renew a license after one year or more and wishes to resume practice shall apply for reinstatement, pay the reinstatement fee for a lapsed license, submit verification of any mental health or health professional license he holds or has held in another jurisdiction, if applicable, and provide evidence of ~~having met all applicable continuing education requirements to satisfy the hours necessary for the number of years the license has been lapsed, not to exceed a maximum of 80 hours, or evidence of current certification as a MT-BC~~ current and active certification in good standing as a MT-BC. The board may require the applicant for reinstatement to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

C. A person wishing to reactivate an inactive license shall submit (i) the renewal fee for active licensure minus any fee already paid for inactive licensure renewal; (ii) ~~documentation of continued education hours to satisfy the hours necessary for the number of years the license has been inactive, not to exceed a maximum of 80 hours, or~~ evidence of current certification as a MT-BC; and (iii) verification of any mental health or health professional license he holds or has held in another jurisdiction, if applicable. The board may require the applicant for reactivation to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

18VAC140-30-90. Standards of practice.

A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board. Regardless of the delivery method, whether in person, by phone or electronically, these standards shall apply to the practice of music therapy.

B. Persons licensed as music therapists shall:

1. Be able to justify all services rendered to or on behalf of clients as necessary for therapeutic purposes.
2. Provide for continuation of care when services must be interrupted or terminated.
3. Practice only within the competency areas for which they are qualified by education and experience.
4. Report to the board known or suspected violations of the laws and regulations governing the practice of music therapy.
5. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services.
6. Ensure that clients are aware of fees and billing arrangements before rendering services.
7. Inform clients of potential risks and benefits of services and the limitations on confidentiality and ensure that clients have provided informed written consent to treatment.
8. Keep confidential their therapeutic relationships with clients and disclose client records to others only with written consent of the client, with the following exceptions: (i) when the client is a danger to self or others; or (ii) as required by law.
9. When advertising their services to the public, ensure that such advertising is neither fraudulent nor misleading.
10. As treatment requires and with the written consent of the client, collaborate with other health or mental health providers concurrently providing services to the client.
11. Refrain from undertaking any activity in which one's personal problems are likely to lead to inadequate or harmful services.

12. Recognize conflicts of interest and inform all parties of the nature and directions of loyalties and responsibilities involved.

~~13. Not engage in conversion therapy with any person younger than 18 years of age.~~

C. In regard to client records, music therapists shall comply with provisions of § 32.1-127.1:03 of the Code of Virginia on health records privacy and shall:

1. Maintain written or electronic clinical records for each client to include identifying information and assessment that substantiates treatment plans. Each record shall include a treatment plan, progress notes for each case activity, information received from all collaborative contacts and the treatment implications of that information, and the termination process and summary.

2. Maintain client records securely, inform all employees of the requirements of confidentiality, and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality.

3. Disclose or release records to others only with clients' expressed written consent or that of their legally authorized representative or as mandated or permitted by law.

4. Ensure confidentiality in the usage of client records and clinical materials by obtaining written consent from clients or their legally authorized representative before (i) video-recording, (ii) audio recording, (iii) permitting third-party observation, or (iv) using identifiable client records and clinical materials in teaching, writing or public presentations.

5. For a music therapist practicing in an institution or school setting, follow the recordkeeping policies of the institution or school. For a music therapist practicing in a non-institutional setting, maintain records for a minimum of six years or as otherwise

required by law from the date of termination of the therapeutic relationship with the following exceptions:

- a. At minimum, records of a minor child shall be maintained for six years after attaining the age of majority or 10 years following termination, whichever comes later.
- b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time.
- c. Records that have been transferred to another mental health professional or have been given to the client or his legally authorized representative.

D. In regard to dual relationships, music therapists shall:

- 1. Not engage in a dual relationship with a client or a supervisee that could impair professional judgment or increase the risk of exploitation or harm to the client or supervisee. (Examples of such a relationship include familial, social, financial, business, bartering, or a close personal relationship with a client or supervisee.) Music therapists shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs.
- 2. Not have any type of romantic relationship or sexual intimacies with a client or those included in collateral therapeutic services, and not provide services to those persons with whom they have had a romantic or sexual relationship. Music therapists shall not engage in romantic relationship or sexual intimacies with a former client within a minimum of five years after terminating the professional relationship. Music therapists who engage in such a relationship after five years following termination shall have the responsibility to examine and document thoroughly that such a relationship did not have an exploitative nature, based on factors such as duration of therapy, amount of time since therapy, termination

circumstances, client's personal history and mental status, or an adverse impact on the client. A client's consent to, initiation of or participation in sexual behavior or involvement with a music therapist does not change the nature of the conduct nor lift the regulatory prohibition.

3. Not engage in any romantic or sexual relationship or establish a therapeutic relationship with a current supervisee or student. Music therapists shall avoid any nonsexual dual relationship with a supervisee or student in which there is a risk of exploitation or potential harm to the supervisee or student, or the potential for interference with the supervisor's professional judgment.

4. Not engage in a personal relationship with a former client in which there is a risk of exploitation or potential harm or if the former client continues to relate to the music therapist in his professional capacity.

E. Upon learning of evidence that indicates a reasonable probability that another mental health provider is or may be guilty of a violation of standards of conduct as defined in statute or regulation, persons licensed by the board shall advise their clients of their right to report such misconduct to the Department of Health Professions in accordance with § 54.1-2400.4 of the Code of Virginia.

18VAC140-30-100. Grounds for disciplinary action or denial of issuance of a license.

The board may refuse to issue a license to an applicant; or reprimand, impose a monetary penalty, place on probation, impose such terms as it may designate, suspend for a stated period of time or indefinitely, or revoke a license for one or more of the following grounds:

1. Conviction of a felony or of a misdemeanor involving moral turpitude;
2. Procuring, attempting to procure, or maintaining a license by fraud or misrepresentation;

3. Conducting one's practice in such a manner so as to make the practice a danger to the health and welfare of one's clients or to the public. In the event a question arises concerning the continued competence of a licensee, the board will consider evidence of continuing education.
4. Being unable to practice music therapy with reasonable skill and safety to clients by reason of illness, excessive use of alcohol, drugs, narcotics, chemicals or any other type of material or as a result of any mental or physical condition;
5. Conducting one's practice in a manner contrary to the standards of ethics of music therapy or in violation of 18VAC140-30-90, standards of practice;
6. Performing functions outside the board-licensed area of competency;
7. Failure to comply with the continued education requirements set forth in 18VAC140-30-60 ~~or maintaining documentation as set forth in 18VAC140-30-70~~; and
8. Violating or aiding and abetting another to violate any statute applicable to the practice of music therapy or any provision of this chapter.

18VAC140-30-110. Reinstatement following disciplinary action.

Any person whose license has been suspended, revoked, or denied renewal by the board under the provisions of 18VAC140-30-100 shall, in order to be eligible for reinstatement, (i) submit a new application to the board for a license, (ii) pay the appropriate reinstatement fee, and (iii) submit any other credentials as prescribed by the board. After a hearing, the board may, at its discretion, grant the reinstatement.



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Agency

Department of Health Professions

Board

Board of Social Work

Chapter

Regulations Governing the Practice of Music Therapy [18 VAC 140 - 30]

Action	Initial regulations for licensure of music therapists
Stage	Proposed
Comment Period	Ended on 2/14/2025

20 comments

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Commenter: John Cafazza

1/21/25 11:09 am

Support for Music Therapy Regulations/Licensure (18 VAC 140-30)

I fully support the passage of this bill enacting Regulations and Licensure for Music Therapy. I have first-hand knowledge of the incredible benefit Music Therapy provides in the healing and mental health improvement for so many. Whether children, teens, or adults, Music Therapy is proven to provide direct support and critical pathways to life-changing mental and physical health improvement. Please take this bill seriously and make every effort to pass it. Virginians deserve this. Thank you.

CommentID: 229497

Commenter: Catherine Backus, MT-BC

1/30/25 10:40 am

Music Therapy Licensure Protects Clients

While Music Therapy is a relatively young field in comparison to other healing professions, over the past 40 years our national certification board for music therapists has worked to create both educational and ethical standards for those that would claim the title of Board-Certified Music Therapist.

In our work as music therapists, we see every day the tremendous effect that music can have on our clients and patients to help them achieve their goals and improve their lives. However, music can also cause harm, and our training as MTs helps us to navigate unexpected responses and help our clients and patients return to a place of safety.

It is currently legal for anyone in Virginia to call themselves a music therapist despite not having any training or certification as such (and more importantly, not being beholden to a licensing body in the case of unethical behavior). State licensure will ensure that Virginians seeking music therapy services will be treated by qualified professionals who are beholden to ethical standards and requisite training and education.

Thank you for your consideration,

Catherine Backus, MT-BC

CommentID: **230281**

Commenter: Noel Anderson

1/30/25 12:29 pm

Support for Licensure to Protect Clients and Ensure Quality in Music Therapy

I strongly support the need for licensure regulations governing the practice of Music Therapy (18 VAC 140 ? 30). Licensure is essential to protect clients, patients, and other vulnerable individuals who rely on qualified professionals to provide safe, evidence-based care. The lack of clear licensure requirements increases the risk of harm, as unqualified individuals may misrepresent themselves as music therapists, potentially providing ineffective or harmful interventions.

Clear licensure standards ensure that individuals receiving Music Therapy are treated by professionals who have the necessary education, training, and ethical accountability. Music Therapy is a highly specialized field, and the public's understanding is often clouded by unlicensed practitioners falsely labeling their work as "music therapy." Proper licensure will safeguard the integrity of the profession and ensure the highest quality of care for those in need.

CommentID: **230287**

Commenter: Morgan Emily Lewis

2/4/25 8:20 am

Support for music therapy licensure

I am writing to express my strong support for the licensure of music therapists, drawing on the profound impact they've had on my son, who has autism. Music therapy gives him a unique and effective way to communicate when words alone aren't enough. Licensed music therapists can employ highly specialized techniques tailored to my son's individual needs, fostering improvements in his social skills, emotional regulation, and cognitive development.

Licensing music therapists would ensure that all practitioners in this field are adequately trained and held to consistent professional standards, thereby ensuring that all individuals have access to high-quality therapy services.

CommentID: **230599**

Commenter: Christine

2/4/25 8:42 am

Support of licensing for music therapy

My son has autism. It was diagnosed later than usual as his diagnosis was not "typical". Once we got the diagnosis which was a relief but also just opening another door of the unknown we noticed he had a love for piano. I immediately found Anderson music therapy as way that he can channel his creativity and calm him in high stress situations. Music has always been something he enjoys and since going to Andersons and getting music therapy he has made leaps and bounds with his frustration intolerance and other struggles he has faced. Recognizing this type of therapy with licensure would insure the right people are in the positions to help those who truly need the help.

CommentID: **230602**

Commenter: Robert R Robillard

2/4/25 9:41 am

Support for Anderson Music Therapy to be fully licensed

To Whom It May Concern,

Since a cycling accident in 2020 that left me paralyzed with a traumatic brain injury, I have been rehabilitated with many forms of therapy, including physical, occupational, speech, and recreational therapies (including art) at the famous Shepherd Center in Atlanta and at Carilion here in Roanoke. All of these formats felt essential to my recovery. Oddly, even the Shepherd Center did not have a music therapist.

Because my wife knows how much I love music, she searched for music therapy and discovered Anderson. Because Anderson had won a grant to provide free individual and group music therapy, I was able to work one-on-one with phenomenal therapists who happened to be amazing musicians. They helped me regain some of my love of percussion and taught me how to play piano and guitar, which helped me focus my mind on learning new skills. After the first 12-week session, I was able to repeat, and it resulted in the completion a song for my wife that I began long ago. This meant that I was synthesizing writing, playing, singing, and even learning how to record music using Garage Band. I'm not ready for the Grand Ole Opry, but it reignited a creative spark in me. For 12 weeks, Anderson even helped my family come together to sing songs, learn percussion, which is the first time my family has been involved directly in any aspect of my therapy. I cannot overstate the significance of this development.

Meanwhile, the online group that Anderson therapists have conducted continues to be a bedrock element in my recovery. I have been stimulated and challenged by the various modalities that have included rewriting song lyrics and using percussion instruments in ways that compel us to think with both sides of our brains. Moreover, we connect as a group, share songs and stories, and leave each hour feeling much better twice a week. It is the only group I work with, and I have been involved since 2023. We care about each other, and those of us with TBIs desperately need that kind of camaraderie and brain massage.

Recently, Anderson teamed up with Carilion to offer an opportunity for some TBI patients to sing together with a group of therapists and even family members in preparation for a public concert. I once sang in a choir. I never sang that well, but I had a big voice. My SCI limits my ability to sing well because I cannot control my core and lungs like I once did. Nonetheless, the process has helped me regain a bit of my voice, while enjoying the whole process with my family, TBI friends, and therapists.

All these therapeutic elements have helped me overcome much of my loss. Sometimes, I feel like my injuries led me, however unlikely, to a silver lining of qualifying for this blissful brain spa called Anderson Music Therapy. But calling Anderson a brain spa might come off glib or undermine it as non-essential or unprofessional. In fact, I have worked with most of the staff, either one-on-one or in a group setting. All of them have degrees in music therapy and are licensed. They all employ the same high standards and achieve remarkable results with us. I feel confident that Anderson Music Therapy is worthy of full licensure and accreditation.

I would be happy to elaborate if necessary.

Robert Robillard

robillr@gmail.com

CommentID: 230608

Commenter: DALE BREEDEN

2/4/25 10:16 am

Music Therapy

As a person with a TBI and ADD issues for most of not all of my life, music therapy has been helpful with me coping and expressing my emotions clearer. These therapist are a very needed thing in the medical and everyday community!!

CommentID: 230611

Commenter: Russell Baratz Stroke Survivor

2/4/25 4:12 pm

Anderson music therapy what a great help

I had my stroke in September 2022 and then I had a second series of stroke in March 2023 and I've got to tell you the Anderson music program got me out of a funk. I have been depressed with the new me not being able to do the things that I used to do when I was employed as a chef I got to tell you that I thought the program was great meeting other people who were in a similar situation as I was that it itself was uplifting and working together as a team with music as the focal point really brought a smile to my face and helped me through some tough times I did really enjoy listening to the music participating in the group selecting songs we'd like to hear and also playing song mad labs which was a lot of fun and I brought a smile to my face. I would recommend that Anderson music therapy achieve their full Virginia state license they certainly deserve it and I have made recommendations for them to others in my Stroke Support group at a local hospital and how great they were and how it made me feel I would recommend them over an offer

CommentID: 230625

Commenter: Anonymous

2/6/25 12:31 pm

Anderson Music Therapy has helped me

Anderson music Therapy's music therapy has been an effective tool for me in my recovery from traumatic brain injury and Post Traumatic Stress Syndrome the music groups and one on one music therapy and music lessons have provided social interaction, emotional support and education that have improved my mood and musical skills and knowledge I highly recommend Anderson music therapy to anyone who likes music

CommentID: 230667

Commenter: Michael Shermat

2/6/25 3:23 pm

Life changing therapy

I am a client at Anderson Music Therapy & the help I've received is beyond description. The fusion of music with therapy provides a unique opportunity to go places where words sometimes can't. This is an incredible team of people...they are both therapists & musicians. They are compassionate & professional. Their impact has helped a lot of people across this state. I can never say thank you enough. I hope they receive this state licensure and I look forward to watching them continue grow & help even more fellow Virginians.

Thank you Anderson Music Therapy... and... thank you Virginia!

CommentID: 230671

Commenter: Jessica Damico

2/9/25 4:56 pm

Support for Anderson Music Therapy

To Whom It May Concern:

I am a severe traumatic brain injury survivor. I was in a coma for three weeks and in my first week I had three strokes at the age of 34 (bilateral cerebellar stroke, brainstem stroke, and thalamic stroke). I had weeks of neuro storming and about five weeks of post traumatic amnesia. I am so lucky and grateful to be alive!

It doesn't end there though. The strokes and TBI left me paralyzed. I couldn't walk, talk, move my face, eat, and I could barely breathe on my own. The breathing on my own took me about three months to accomplish. It wasn't an easy feat, but I definitely did it.

I was at Sheltering Arms Institute in Richmond for my rehabilitation. There I learned how to walk again, learned how to speak again, and learned how to eat again. I was also introduced to music therapy as my doctor was firm in saying that positivity is crucial for my healing. It was absolutely amazing!

Since being discharged, I have been active with the Brain Injury Connections of the Shenandoah Valley. My case manager introduced me to Anderson Music Therapy! Noel and her team are amazing and properly licensed. I worked one on one with a fantastic therapist who had, at least, three different licenses! One being a Neurologic Music Therapist. Having this has made it better in our sessions because she understands and has been properly educated to help me. Let's face it, my brain isn't the same as any "normal" person off the street.

Even though Anderson is two hours away from me, they have virtual sessions which has been great! I started with Anderson having low self-esteem in the beginning. By the end, I have increased greatly and am starting to feel a lot better in certain situations, I don't get so overwhelmed, and I know I can make myself comfortable again by listening to some music or doing a guided meditation.

I have learned so much with the therapists at Anderson. I think it's crucial to make sure everyone is properly licensed. For example, my best friend could never do anything the therapists can do at Anderson. She is simply not educated from a Neurological standpoint. Working with Anderson, I make sure proper licensures are in place when I recommend someone else to music therapy in their area. If not, I tell them Anderson has a virtual group as well!

I am now in a group music session, and we learn new things and challenge ourselves. We also take the time to introduce new music and explain what it means to us, and we connect with others from all over the state of Virginia.

I am also in the process of facial reanimation as I have bilateral facial paralysis; this group makes me feel so welcomed and with my individual sessions I have great confidence and can go out in public with a swollen and bruised face!

All of this to say, it is extremely important to validate those with proper licenses. Being with Anderson has truly made a huge impact on my life and I cannot thank them enough for helping me get my confidence back.

Respectfully,

Jessica Damico

CommentID: 231730

Commenter: Cassie Smith

2/13/25 5:50 pm

Support Music Therapy Licensure

As a practicing Board-Certified Music Therapist, I strongly support the state licensure, as it would ensure the safety of clients who pursue services. It would guarantee they would be treated by

qualified professionals. It would also add validity to the field and ethical support to current Board-Certified Music Therapists. Music can be therapeutic alone, however, untrained persons claiming to be music therapists can cause harm to individuals receiving services, as they are not properly trained to utilize the evidenced-based practices.

CommentID: 232778

Commenter: Shelby Shrader, Virginia State Task Force for Music Therapy

2/13/25 10:44 pm

Recommended Revisions to Proposed Regulations

On behalf of the Virginia State Task Force for Music Therapy and as a board-certified music therapist, I would like to submit the following recommended revisions to the currently proposed regulations:

https://docs.google.com/document/d/1E4zyT3W0gbd3GPzapiVo264_FYgZtTQWaYqww_bX-GQ/edit?usp=sharing

Rationale is provided in the document for each revision. The most significant revision is to the continuing education requirements for renewal of a license. Our national certification, managed by the Certification Board for Music Therapists (CBMT), requires music therapists to obtain 100 continuing education hours every five years. The current proposed regulations would require 20 continuing education hours be obtained annually. This will not only create an administrative burden for the state to oversee, but will also create a greater financial burden and burden of time on practicing music therapists. This is because some continuing education opportunities grant music therapists more than 20 continuing education hours. An exhaustive list of continuing education opportunities and their assigned hours can be found on CBMT's website:

<https://www.cbmt.org/wp-content/uploads/2021/01/2020-Recertification-Credit-Chart.pdf>

When speaking with Deputy Secretary, Leah Mills of Health and Human Resources in September 2024, she expressed concern on behalf of Secretary Janet Kelly that the proposed regulations are too restrictive on the workforce with regard to continuing education requirements. The Music Therapy Advisory Board recommended revising the proposed regulations during their meeting on August 18, 2023 in a similar manner that we have linked above, which is to align with the CBMT requirements so as to not be more restrictive on the workforce. The meeting minutes and recommendation to remove the requirement of 20 continuing education hours annually can be found here: [https://townhall.virginia.gov/L/GetFile.cfm?](https://townhall.virginia.gov/L/GetFile.cfm?File=meeting\32\38234\Minutes_DHP_38234_v2.pdf)

[File=meeting\32\38234\Minutes_DHP_38234_v2.pdf](https://townhall.virginia.gov/L/GetFile.cfm?File=meeting\32\38234\Minutes_DHP_38234_v2.pdf)

On a personal note, I spent 4 years writing an article and completing the publication process for a peer-reviewed professional publication, for which I can now receive 50 continuing education hours. This is a more than fair allotment of hours as I spent far more than 50 direct hours learning by reading relevant literature, engaging in supervision, and conducting my own hands-on research. My article was published in 2024. In 2024 I also established a university-affiliated music therapy internship for which I can claim 30 continuing education hours. Again, this is a more than fair estimate of the time I devoted to learning how to supervise an intern and honing my own clinical practice. This means I have acquired 80 hours for my five-year CBMT renewal cycle. In the event that the 80 continuing education hours that came to fruition for me in 2024 would only count toward one annual renewal, this would mean I would have had to engage in additional continuing education opportunities while simultaneously attempting to write and publish my research article. This is not only a burden of time, but also a financial burden as continuing education courses and supervision cost money. As you can imagine, I did not choose for both of these continuing education events to coincide in the same year, but ultimately had to abide by the timeline of the journal where my article was published, by the timeline of my workplace (who approved the

internship), and by the timeline of the intern. I am very happy to share that I was able to focus my time and resources on my research article which for me created an experience that was deeply enriching and has contributed to the greater good of the music therapy profession. Requiring music therapists to obtain 20 continuing education hours annually will ultimately create an unnecessary burden on the workforce and deter music therapists from engaging in continuing education opportunities that span more than a year's time.

CommentID: 232806

Commenter: ADHD Counseling in the Roanoke Valley

2/14/25 10:05 am

Support Music Therapy

I support the state license for music therapists.

CommentID: 232854

Commenter: Hannah Phillips Hale

2/14/25 10:14 am

Please support licensure for music therapy of Virginia!

Music therapy is such a wonderful modality for supporting individuals regarding various health needs and life challenges. Licensure and regulations for any healthcare services are necessary, to protect the public and to also confirm that there are no bad actors trying to serve people, when they are not trained and skilled adequately or appropriately. Please consider this as you make your decision and thank you for considering, taking public comments into account.

CommentID: 232858

Commenter: Judy Simpson, American Music Therapy Association

2/14/25 11:37 am

Recommended Revisions to Proposed Music Therapy Regulations

As the Director of Government Relations for the American Music Therapy Association, I thank you for this opportunity to submit comments and provide recommended revisions to the proposed music therapy licensing regulations in VA. These suggested edits, completed in collaboration with the VA Music Therapy Task Force, will help simplify the license renewal process and reduce administrative burden by utilizing existing continuing education guidelines.

The following link includes the proposed regulations with tracked changes and corresponding rationales:

<https://www.dropbox.com/scl/fi/0zqqxiv0sr11q39vi6bil/Recommended-Revisions-to-Proposed-VA-Music-Therapy-License-Regulations-2-14-25.docx?rlkey=y9a4r4lw6enkxauij8wsoguky&dl=0>

I am available to answer any questions about these recommended revisions.

Sincerely,

Judy Simpson, MT-BC

CommentID: 232877

Commenter: Krystine Smith

2/14/25 3:12 pm

Support for Music Therapy Licensure

I strongly support Music Therapy licensure for the state of Virginia. I am a Board Certified Music Therapist and have seen first hand how important our work is in supporting individuals working towards their healthcare goals. Music Therapists work with a broad range of clinical populations and provide such impactful care! I have also received music therapy as a client, finding my treatment so helpful in supporting my mental health. Unfortunately, Music Therapy is also often misunderstood and misrepresented. Board Certified Music Therapists possess the knowledge and education to utilize music-based interventions safely and effectively. Licensure will protect the people of Virginia from individuals misrepresenting themselves, potentially causing harm.

CommentID: **232898**

Commenter: Christine Woodrum

2/14/25 4:28 pm

Licensure promotes public trust in the profession.

As the Chief of Physical Medicine and Rehabilitation Services at a Veterans Affairs facility in Virginia, I oversee professionals providing a variety of therapeutic interventions (PT, OT, KT, MT, RT, SLP, and others). I feel that instituting a licensure process is vital to the field of Music Therapy as interventions in the field are as unique/important/specialized as the current licensed therapy disciplines in our State. Music Therapists have education preparation and knowledge in providing treatment for patients with PTSD, substance use disorder, neurological disorders, speech and language disorders, and mental health disorders.

State licensure elevates the profession by ensuring that only those individual practitioners who meet the industry standards and maintain competence with continuing education are practicing in Virginia. It promotes public trust in the quality care that our Music Therapists provide. The people of this great Commonwealth deserve no less.

CommentID: **232901**

Commenter: Arianna

2/14/25 9:22 pm

Music Therapy Licensure is Crucial

I strongly support state licensure for music therapists in Virginia.. I'm new to the profession of music therapy, I received my board certification last year from CBMT. I appreciate the efforts of CBMT to ensure standards of quality care and evidenced based practices for board certified music therapists. However board certification does not offer the same legal protections and legal definitions of music therapy that state licensure would. Anyone claiming to practice music therapy without the proper training and clinical experience required for state licensure can cause real harm. Music therapists work in such a wide variety of settings, I personally work in an acute psychiatric hospital. It takes years of training and education to learn how to assess and counsel someone experiencing mania or psychosis. Music therapists deserve to be held to the same standards as other professions such as social work or psychology.

CommentID: **232940**

Commenter: Lisbeth Woodward

2/14/25 10:43 pm

Support for Music Therapy Licensure

As a Board-Certified Music Therapist of 33+ years at a Veteran Affairs Medical Center, I strongly support the institution of Music Therapy licensure in the State of Virginia. Music Therapy is a clinical and evidence-based practice comprised of highly qualified professionals credentialed by the Certification Board of Music Therapists (CBMT). Misrepresentation of the profession poses safety risks, as well as opportunities for fraudulent and unethical activities, causing potential harm to our most vulnerable populations. State licensure ensures that those entrusted to our care receive music therapy services from clinicians who are qualified and credentialed to facilitate those professional services safely, effectively, and ethically. Our vulnerable populations including our military heroes depend on our State of Virginia to protect them.

CommentID: **232946**

Received as public comment – this is not the Board draft

18VAC140-30-10 Definitions

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in §§ 54.1-3700 and 54.1-3709.1 of the Code of Virginia:

"Board"

"Music therapist"

"Music therapy"

B. The following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"Applicant" means any individual who has submitted an official application and paid the application fee for licensure as a music therapist.

"CBMT" means the Certification Board for Music Therapists.

"MT-BC" means a Music Therapist-Board Certified, a credential issued by the CBMT after completing the academic and clinical training requirements of the American Music Therapy Association and passing a national examination.

18VAC140-30-20 Fees required by the board

A. The board has established the following fees applicable to licensure as a music therapist:

<u>Initial licensure: Application processing and initial licensure</u>	<u>\$100</u>
<u>Active annual license renewal</u>	<u>\$55</u>
<u>Inactive annual license renewal</u>	<u>\$30</u>
<u>Late renewal</u>	<u>\$20</u>
<u>Duplicate license</u>	<u>\$15</u>
<u>Verification of licensure to another jurisdiction</u>	<u>\$25</u>
<u>Reinstatement of a lapsed license</u>	<u>\$120</u>
<u>Replacement of or additional wall certificate</u>	<u>\$25</u>
<u>Returned check or dishonored credit card or debit card</u>	<u>\$50</u>
<u>Reinstatement following revocation or suspension</u>	<u>\$500</u>

B. All fees are nonrefundable.

18VAC140-30-30 Prerequisites for licensure as a music therapist

Received as public comment – this is not the Board draft

A. Every applicant for licensure shall submit to the board:

1. A completed application;
2. The application processing fee and initial licensure fee as prescribed in 18VAC140-30-20;
3. Verification of any other mental health or health professional license, registration, or certificate ever held in Virginia or another jurisdiction; and
4. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank.

B. An applicant shall have no unresolved disciplinary action against a mental health or health professional license, certificate, or registration held in Virginia or in another United States jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

18VAC140-30-40 Requirements for licensure

In addition to prerequisites as set forth in 18VAC140-30-30, every applicant for licensure shall submit to the board:

1. Evidence of the current certification as an MT-BC granted by the CBMT or its successor organization, as approved by the board; and
2. An attestation of having read and understood the regulations and laws governing the practice of music therapy in Virginia.

18VAC140-30-50 Annual renewal of licensure

A. Every licensed music therapist who intends to continue active practice shall submit to the board on or before June 30 of each year:

1. A completed form for renewal of the license on which the licensee attests to compliance with the continuing education requirements prescribed in this chapter; and
2. The renewal fee prescribed in 18VAC140-30-20.

B. A licensed music therapist who wishes to place a license in an inactive status may do so upon payment of the inactive renewal fee as established in 18VAC140-30-20. No person shall practice music therapy in Virginia unless the person holds a current active license. A licensee who has selected an inactive status may become active by fulfilling the reactivation requirements set forth in subsection C of 18VAC140-30-80.

C. Licensees shall notify the board of a change in the address of record or the public address if different from the address of record within 60 days. Failure to receive a renewal notice from the board shall not relieve the license holder from the renewal requirement.

D. Practicing with an expired license is prohibited and may constitute grounds for disciplinary action.

18VAC140-30-60 Continuing education requirements for renewal of a license

A. For annual licensure renewal, a music therapist shall either provide proof of holding a current credential as an MT-BC, which includes completion of 100 continuing education hours within the five year CBMT renewal cycle or be required to have completed a minimum of 20 hours of continuing education within the past 12 months. A minimum of three of these hours every five years shall be in courses that emphasize the ethics, standards of practice, or laws governing the music therapy/behavioral science professions in Virginia.

B. Hours of continuing education activity for a music therapist shall be approved if the hours meet the continuing education requirements for recertification as an MT-BC.

C. The board may grant an extension for good cause of up to one year for the completion of continuing education requirements upon written request from the licensee prior to the renewal date. Such extension shall not relieve the licensee of the continuing education requirement.

Commented [1]: This will reduce the administrative burden for the state as continuing education is already built into the maintenance of the CBMT credential (which requires 100 hours every 5 years). Additionally, this suggested change will prevent an increased financial burden on the work force.

Commented [2]: This change will align with the CBMT requirements for continuing education already in place.

Commented [3]: CBMT does not authorize a good faith extension and therefore this is not applicable.

Received as public comment – this is not the Board draft

D. The board may grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

E. A music therapist who holds another license, certification, or registration issued by a Virginia health regulatory board may use up to 10 continuing education hours earned to satisfy the renewal requirements of that profession to satisfy the 20 total continuing education hours required to renew a music therapy license.

F. Up to two hours of the 20 hours required for annual renewal may be satisfied through delivery of music therapy services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.

G. A licensed music therapist is exempt from meeting continuing education requirements for the first renewal following initial licensure in Virginia.

18VAC140-30-70 Documenting compliance with continuing education requirements

A. All licensees are required to maintain original documentation for a period of ~~one~~^{two} years following the CBMT five-year recertification cycle~~renewal~~.

B. After the end of each renewal period, the board may conduct a random audit of licensees to verify compliance with the requirement for that renewal period.

C. Upon request, a licensee shall provide documentation as follows:

1. Official transcripts showing credit hours earned; or
2. Certificates of participation.

D. Continuing education hours required by a disciplinary order shall not be used to satisfy renewal requirements.

18VAC140-30-80 Late renewal; reactivation or reinstatement

A. A person whose license has expired may renew the license within one year after its expiration date by paying the late fee prescribed in 18VAC140-30-20 as well as the license renewal fee prescribed for the year the license was not renewed and providing proof of holding a current MT-BC credential. ~~and providing evidence of having met all applicable continuing education requirements.~~

B. A person who fails to renew a license after one year or more and wishes to resume practice shall apply for reinstatement, pay the reinstatement fee for a lapsed license, submit verification of any mental health or health professional license the person holds or has held in another jurisdiction, ~~if applicable, and provide evidence of having met all applicable continuing education requirements to satisfy the hours necessary for the number of years the license has been lapsed, not to exceed a maximum of 80 hours, or and evidence of current certification as an MT-BC. The board may require the applicant for reinstatement to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.~~

C. A person wishing to reactivate an inactive license shall submit (i) the renewal fee for active licensure minus any fee already paid for inactive licensure renewal; (ii) ~~documentation of continued education hours to satisfy the hours necessary for the number of years the license has been inactive, not to exceed a maximum of 80 hours, or~~ evidence of current certification as an MT-BC; and (iii) verification of any mental health or health professional license the person holds or has held in another jurisdiction, if applicable. ~~The board may require the applicant for reactivation to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.~~

18VAC140-30-90 Standards of practice

Commented [4]: These are not needed if continuing education requirements are not limited to a yearly basis.

Commented [5]: Suggested to create consistency with existing continuing education requirements.

Commented [6]: This is not needed if the language above reflects the five year CBMT renewal cycle.

Commented [7]: This is not needed if the language above reflects the five year CBMT renewal cycle.

Commented [8]: This is redundant as providing "evidence of current certification as an MT-BC" is evidence of "continued ability to perform the functions within the scope of practice of the license."

Commented [9]: This is not needed if the language above reflects the five year CBMT renewal cycle.

Commented [10]: This is redundant as providing "evidence of current certification as an MT-BC" is evidence of "continued ability to perform the functions within the scope of practice of the license."

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A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board. Regardless of the delivery method, whether in person, by telephone or electronically, these standards shall apply to the practice of music therapy.

B. Each person licensed as music therapists shall:

1. Be able to justify all services rendered to or on behalf of clients as necessary for therapeutic purposes.
2. Provide for continuation of care when services must be interrupted or terminated.
3. Practice only within the competency areas for which the licensee is qualified by education and experience.
4. Report to the board known or suspected violations of the laws and regulations governing the practice of music therapy.
5. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services.
6. Ensure that clients, ~~or the client's legally authorized representative,~~ are aware of fees and billing arrangements before rendering services.
7. Inform clients, ~~or the client's legally authorized representative,~~ of potential risks and benefits of services and the limitations on confidentiality and ensure that clients, ~~or the client's legally authorized representative,~~ have provided informed written consent to treatment.
8. Keep confidential therapeutic relationships with clients and disclose client records to others only with written consent of the client, ~~or the client's legally authorized representative,~~ with the following exceptions: (i) when the client is a danger to self or others; or (ii) as required by law.
9. When advertising services to the public, ensure that such advertising is neither fraudulent nor misleading.
10. ~~As treatment requires and~~ As clinical setting requires or when the music therapist is not an active member of the client's treatment team, the licensee with the written consent of the client, ~~or the client's legally authorized representative,~~ shall collaborate with other health or mental health providers concurrently providing services to the client.
11. Refrain from undertaking any activity in which a licensee's personal problems are likely to lead to inadequate or harmful services.
12. Recognize conflicts of interest and inform all parties of the nature and directions of loyalties and responsibilities involved.
13. Not engage in conversion therapy with any person younger than 18 years of age.

C. In regard to client records, music therapists shall comply with provisions of § 32.1-127.1:03 of the Code of Virginia on health records privacy and shall:

1. Maintain written or electronic clinical records for each client to include identifying information and assessment that substantiates treatment plans. Each record shall include a treatment plan, progress notes for each case activity, information received from all collaborative contacts and the treatment implications of that information, and the termination process and summary.
2. Maintain client records securely, inform all employees of the requirements of confidentiality, and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality.
3. Disclose or release records to others only with clients' expressed written consent or that of the client's legally authorized representative or as mandated or permitted by law.

Commented [11]: Added for consistency as not all clients have the capacity to manage the finances related to their care.

Commented [12]: Added for consistency as not all clients have the capacity to consent to care.

Commented [13]: Some music therapists are employed in settings, such as hospitals or hospices, where interdisciplinary collaboration is required for care, but consent to collaborate is not independently obtain by the music therapist.

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4. Ensure confidentiality in the usage of client records and clinical materials by obtaining written consent from a client or a client's legally authorized representative before (i) video-recording, (ii) audio recording, (iii) permitting third-party observation, or (iv) using identifiable client records and clinical materials in teaching, writing or public presentations.

5. For a music therapist practicing in an institution or school setting, follow the recordkeeping policies of the institution or school. For a music therapist practicing in a noninstitutional setting, maintain records for a minimum of six years or as otherwise required by law from the date of termination of the therapeutic relationship with the following exceptions:

a. At minimum, records of a minor child shall be maintained for six years after attaining the age of majority or 10 years following termination, whichever comes later.

b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time.

c. Records that have been transferred to another mental health **or health** professional or have been given to the client or his legally authorized representative.

Commented [14]: Recommended for consistency.

D. In regard to dual relationships, music therapists shall:

1. Not engage in a dual relationship with a client or a supervisee that could impair professional judgment or increase the risk of exploitation or harm to the client or supervisee. (Examples of such a relationship include familial, social, financial, business, bartering, or a close personal relationship with a client or supervisee.) Music therapists shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs.

2. Not have any type of romantic relationship or sexual intimacies with a client or those included in collateral therapeutic services, and not provide services to those persons with whom they have had a romantic or sexual relationship. Music therapists shall not engage in romantic relationship or sexual intimacies with a former client within a minimum of five years after terminating the professional relationship. Music therapists who engage in such a relationship after five years following termination shall have the responsibility to examine and document thoroughly that such a relationship did not have an exploitative nature, based on factors such as duration of therapy, amount of time since therapy, termination circumstances, client's personal history and mental status, or an adverse impact on the client. A client's consent to, initiation of, or participation in sexual behavior or involvement with a music therapist neither changes the nature of the conduct nor lifts the regulatory prohibition.

3. Not engage in any romantic or sexual relationship or establish a therapeutic relationship with a current supervisee or student. Music therapists shall avoid any nonsexual dual relationship with a supervisee or student in which there is a risk of exploitation or potential harm to the supervisee or student, or the potential for interference with the supervisor's professional judgment.

4. Not engage in a personal relationship with a former client in which there is a risk of exploitation or potential harm or if the former client continues to relate to the music therapist in the music therapist's professional capacity.

E. Upon learning of evidence that indicates a reasonable probability that another mental health **or health** provider is or may be guilty of a violation of standards of conduct as defined in statute or regulation, a person licensed by the board shall advise the licensee's clients of the licensee's right to report such misconduct to the Department of Health Professions in accordance with § 54.1-2400.4 of the Code of Virginia.

Commented [15]: Recommended for consistency.

18VAC140-30-100 Grounds for disciplinary action or denial of issuance of a license

The board may refuse to issue a license to an applicant or reprimand, impose a monetary penalty, place on probation, impose such terms as the board may designate, suspend for a stated period of time or indefinitely, or revoke a license for one or more of the following grounds:

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1. Conviction of a felony or of a misdemeanor involving moral turpitude;
2. Procuring, attempting to procure, or maintaining a license by fraud or misrepresentation;
3. Conducting a practice in such a manner so as to make the practice a danger to the health and welfare of the person's clients or to the public. In the event a question arises concerning the continued competence of a licensee, the board will consider evidence of continuing education.
4. Being unable to practice music therapy with reasonable skill and safety to clients by reason of illness; excessive use of alcohol, drugs, narcotics, chemicals, or any other type of material; or as a result of any mental or physical condition;
5. Conducting a practice in a manner contrary to the standards of ethics of music therapy or in violation of 18VAC140-30-90;
6. Performing functions outside the board-licensed area of competency;
7. Failure to comply with the continuing^{ing} education requirements set forth in 18VAC140-30-60 or maintaining documentation as set forth in 18VAC140-30-70; or
8. Violating or aiding and abetting another to violate any statute applicable to the practice of music therapy or any provision of this chapter.

18VAC140-30-110 Reinstatement following disciplinary action

Any person whose license has been suspended, revoked, or denied renewal by the board under the provisions of 18VAC140-30-100 shall, in order to be eligible for reinstatement, (i) submit a new application to the board for a license, (ii) pay the appropriate reinstatement fee, and (iii) submit any other credentials as prescribed by the board. After a hearing, the board may, at the board's discretion, grant the reinstatement.

Commented [16]: Recommended for grammatical accuracy.

Staff Discipline Reports

Dec 7, 2024 to Feb 21, 2025

NEW CASES RECEIVED BY BOARD Dec 7, 2024 to Feb 21, 2025
37

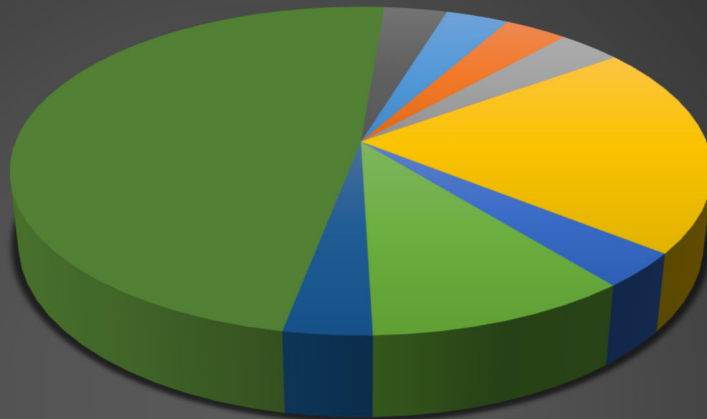
TOTAL OPEN INVESTIGATIONS (ENFORCEMENT)
30

OPEN CASE STAGES as of Feb 21, 2025	
Probable Cause Review	204
Scheduled for Informal Conferences	1
Scheduled for Formal Hearings	14
Other (pending CCA, PHCO, hold, etc.)	6
Cases with APD for processing (IFC, FH, Consent Order)	1
TOTAL CASES AT BOARD LEVEL	226

CASES CLOSED Dec 7, 2024 to Feb 21, 2025	
No violation	25
Undetermined	2
Application appeal withdrawn	1
Reinstatement application denied 1 Informal Conference	1
TOTAL CASES CLOSED	29

AVERAGE CASE PROCESSING TIMES (counted on closed cases)	
Average time for case closures	280
Avg. time in Enforcement (investigations)	75
Avg. time in APD (IFC/FH preparation)	81
Avg. time in Board (includes hearings, reviews, etc).	202

Closed Case Categories



■ Abuse/Abandonment/Neglect (1)

■ Business Practice Issues (1)

■ Confidentiality Breach (1)

■ Diagnosis/Treatment (6)

■ Eligibility (1)
1 appeal withdrawn

■ Inability to Safely Practice (3)

■ Inappropriate Relationship (1)

■ No jurisdiction (14)

■ Reinstatement (1)
1 denied (LCSW)



Behavioral Science Unit (BSU)
Boards of Counseling, Psychology, and Social Work

CURRENT OPEN CASES PER BOARD as of Feb 21, 2025	
Board of Counseling	219
Board of Psychology	140
Board of Social Work	226
TOTAL CASES WITH BOARD STAFF	585

2024 BSU Cases Received from Enforcement

	COUNSELING	PSYCHOLOGY	SOCIAL WORK	BSU TOTAL
2021	344	132	94	570
2022	381	127	108	616
2023	440	124	160	724
2024	493	193	198	884

Discipline Staff for BSU

Jennifer Lang, Deputy Executive Director
Christy Palmore, Discipline and Compliance Case Specialist
Krystal Blanton, Discipline and Compliance Case Specialist
Discipline Reviewer, Board of Counseling (part-time)
Discipline Reviewer, Board of Psychology (part-time)
Discipline Reviewer, Board of Social Work (part-time)



Virginia Department of
Health Professions
Board of Social Work

Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Email: socialwork@dhp.virginia.gov
Phone: (804) 367-4441
E-Fax: (804) 977-9915
Website: www.dhp.virginia.gov/social

LICENSING REPORT

Satisfaction Survey Results

2025 2nd Quarter (October 1 – December 31, 2024)	100%
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Total as of February 25, 2024*

Current Active Licenses/Registrations

Associate Social Worker	1
Licensed Baccalaureate Social Worker	60
Licensed Clinical Social Work	11,860
Licensed Master's Social Worker	1,464
Registered Social Worker	4
Supervisees in Social Work	3,554
Total	17,182



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*Unofficial numbers (for informational purposes only)

Licenses and Registrations Issued

Licenses and Registrations Issued	September 2024	October 2024	November 2024	December 2024	January 2025
Licensed Baccalaureate Social Worker (LBSW)	2	0	1	0	1
Licensed Clinical Social Worker (LCSW)	121	143	113	125	109
Licensed Master's Social Worker (LMSW)	26	34	26	25	27
Supervisees in Social Work	121	103	71	86	61
Total	270	280	211	236	198

Applications Received

Licenses and Registrations Issued	September 2024*	October 2024*	November 2024*	December 2024*	January 2025*
Licensed Baccalaureate Social Worker (LBSW)	2	2	1	5	5
Licensed Clinical Social Worker (LCSW)	158	151	130	128	161
Licensed Master's Social Worker (LMSW)	31	45	38	20	39
Supervisees in Social Work	135	87	74	51	86
Total	326	285	243	204	291

*Unofficial numbers (for informational purposes only)



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Additional Information:

- **Board of Social Work Staffing Information:**

- The Board currently has two full-time, and one part-time staff members to answer phone calls, emails and to process applications across all license types.
 - Licensing Staff:
 - Sharniece Vaughan – Licensing Supervisor (Full-Time)
 - Rebecca Walker – Licensing Specialist (Full-Time)
 - Gabriella Smith – Licensing Administration Assistant (Part-Time)
 - Carla Morris-Hill - Licensing Administration Assistant (Part-Time)