
10:00 a.m. Call to Order – Johnston Brendel, Ed.D, LPC, LMFT, Board Chair

- Welcome and Introductions
- Emergency Egress Procedures
- Mission of the Board

Summary Suspension Consideration*

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

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- Regulatory Committee Meeting – January 24, 2020 Page 18

Agency Report - David E. Brown, DC

Chairperson Report – Johnston Brendel Page 21

Board Counsel Report – James Rutkowski, Assistant Attorney General

Legislation and Regulatory Report – Elaine Yeatts

- Report on 2020 Legislative Actions Page 24
- Report on Status of Regulations Page 30
- Regulatory Actions
 - Consideration of public comment and adoption of proposed regulations related to the issuance of temporary license for resident in counseling, marriage and family therapy and substance abuse treatment.* Page 32
 - Adoption of proposed Regulations Governing the Regulations Governing the Certification of Rehabilitation Providers.* Page 76
 - Petition for Rulemaking to amend regulations to accept 1500 direct/indirect service hours, 50 hours of supervision, and one year experience from a master’s level internship.* Page 89

-
- Discussion of Recommendations from the Regulatory Committee
 - Consideration of delaying the requirements for continuing education for Certified Substance Abuse Counselors(CSAC) and Certified Substance Abuse Counseling Assistants (CSAC-A) to 2021.*
 - Proposed Guidance Document on Emotional Support Animals.* **Page 102**
 - 2020 Supervisor Summit Training.
-

Staff Reports

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 - Licensing Report – Charlotte Lenart, Deputy Executive Director-Licensing **Page 133**
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Committee Reports

- Board of Health Professions Report – Kevin Doyle **Page 140**
 - Legislative/Regulatory Committee – Holly Tracy
 - Ad Hoc Committee on Tele-Assisted Counseling and Supervision – Terry Tinsley
-

Next Meeting – May 15, 2020

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 Quarterly Board meeting. One printed copy of the agenda packet will be available for the public to view at the Board Meeting pursuant to Virginia Code Section 2.2-3707(F).

**Quarterly Board Meeting
Draft Minutes
November 22, 2019**

DRAFT
BOARD OF COUNSELING
FULL BOARD MEETING
Friday, November 22, 2019
DRAFT MINUTES

TIME AND PLACE: Dr. Brendel, called the meeting to order at 10:00 a.m. on Friday, November 22, 2019, in Board Room 3 at the Department of Health Professions (“DHP”), 9960 Mayland Drive, Henrico, Virginia.

PRESIDING: Johnston Brendel, Ed.D., LPC, LMFT, Chairperson

BOARD MEMBERS PRESENT: Barry Alvarez, LMFT
Kevin Doyle, Ed.D., LPC, LSATP
Jane Engelken, LPC, LSATP
Natalie Harris, LPC, LMFT
Bev-Freda L. Jackson, Ph.D., MA, Citizen Member
Vivian Sanchez-Jones, Citizen Member
Maria Stransky, LPC, CSAC, CSOTP
Tiffinee Yancey, Ph.D., LPC

BOARD MEMBERS ABSENT: Danielle Hunt, LPC
Terry R. Tinsley, Ph.D., LPC, LMFT, CSOTP, NCC
Holly Tracy, LPC, LMFT

STAFF PRESENT: Sandie Cotman, Licensing Specialist
Jaime Hoyle, JD, Executive Director
Jennifer Lang, Deputy Executive Director
Charlotte Lenart, Deputy Executive Director-Licensing
Brenda Maida, Licensing Specialist

OTHERS PRESENT: Barbara Allison-Bryan, DHP Chief Deputy
David E. Brown, D.C., DHP Director
James Rutkowski, Assistant Attorney General
Elaine Yeatts, DHP Senior Policy Analyst

WELCOME & INTRODUCTIONS: Dr. Brendel welcomed the Board members, staff, and general-public in attendance. Provided the mission of the Board and the emergency egress procedures.

ADOPTION OF THE AGENDA: The Board adopted the agenda after agreeing to add the consideration of a Fast-Track action to amend the returned check or dishonored credit card or debit card fee for all regulations governed by the Board.

PUBLIC COMMENT: There was no public comment.
APPROVAL OF MINUTES:

Upon a motion made by Mr. Alvarez, and seconded by Dr. Yancey, the Board voted unanimously to approve the August 16, 2019 Board meeting minutes.

AGENCY REPORT:

Dr. Brown provided information on the recent Board Member training session and stated that the Agency will conduct another Board Member training next fall.

Dr. Brown provided an update on the Agency's activities including agency staff training in the spring, investigator training and the implementation of a panic button to increase security measures in the building. Dr. Allison-Bryan provided an update on the current and future building security enhancements.

Dr. Brown reported that the Governor has requested that the Board consider the withdrawal of the revised proposed action to require counseling programs to be accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP).

After discussion and upon a motion by Dr. Doyle and seconded by Ms. Stransky, the Board voted to withdraw the action to require counseling programs to be accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). The motion passed with six in favor and three in opposition.

Dr. Doyle made a motion, which Mr. Alvarez seconded to authorize staff and Board Chair to develop language on the Boards' rationale and reasoning for the withdrawal of the action to require counseling programs be accredited by the CACREP. The motion passed unanimously.

CHAIRPERSON REPORT:

Dr. Brendel discussed the quarterly accomplishments and addressed the need for Board members to review discipline cases. The goal of the Board is to review probable cause cases within two weeks.

Dr. Brendel announced that Ms. Tracy has accepted the role of Chairperson for the Regulatory Committee. Dr. Brendel indicated that the Board still needs additional representation on this committee.

Dr. Brendel discussed the need for a Credential Committee to review non-routine applications and provide guidance to staff on action to be taken. Dr. Brendel indicated that the Board will need three to five volunteers for this committee.

Dr. Brendel recognized Mr. Alvarez, Ms. Hunt, Dr. Tinsley and Ms. Tracy for their representation at the American Association of State Counseling Boards (AASCB) meeting held in August of this year.

BOARD COUNSEL REPORT: Mr. Rutkowski reported on the Conversion Therapy case in Maryland. The Attorney General's office will continue to monitor the progress of the case for any impact it may have on Virginia's regulations.

LEGISLATION AND REGULATORY ACTIONS: Ms. Yeatts provided information on the legislative actions that may be of interest to the Board and provided a report on the status of regulations.

18VAC 115-15 Regulations Governing Delegation to an Agency Subordinate – Period Review (action 5301); Fast-Track – *Register Date: 10/28/19; Effective: 12/12/19*

18VAC 115-20 Regulations Governing the Practice of Professional Counseling – Resident License (action 5371) Emergency/NOIRA – At Governor's Office

18VAC 115-20 Regulations Governing the Practice of Professional Counseling – Periodic review (action 5230); NOIRA – Register Date: 8/19/19, Board to adopt proposed regulations

18VAC 115-20 Regulations Governing the Practice of Professional Counseling – Credential review for foreign graduates (Action 5089); Proposed – Register Date: 7/22/19, Board to adopt final regulations

18VAC 115-20 Regulations Governing the Practice of Professional Counseling - requirement for CACREP accreditation for educational programs (action 4259); Proposed- At Governor's Office

18VAC 115-20 Regulations Governing the Practice of Professional Counseling – Unprofessional conduct – conversion therapy (action 5225); Proposed – At Department of Planning and Budgeting

18VAC 115-30 Regulations Governing the Certification of Substance Abuse Counselors updating and clarifying regulations (Action 4691); Final – *At Governor's Office*

18VAC 115-40 Regulations Governing the Certification of Rehabilitation Providers (Action 5305); NOIRA – *Registered Date: 11/11/2019.*

18VAC115-70 Regulations Governing the Registration of Peer Recovery Specialists – initial regulations for registration - Final – Registered Dated 10/14/19; Effective 11/13/19

18VAC115-80 Regulations Governing the Registration of Qualified Mental Health Professionals – Final – Register Date: 10/14/19; Effective 11/13/19

Regulatory Actions:

Adoption of Exempt Action to reduce fees for qualified mental health professional-trainee for Regulations Governing the Registration of Qualified Mental Health Professionals. The Regulatory Committee recommended the Board adopt an Exempt action on the reduction of fees for QMHP-Trainees. All Board members present agreed with the Regulatory Committee's recommendation.

Adoption of Fast-Track Regulations Governing the Registration of Qualified Mental Health Professionals related to the qualified mental health professional-trainee. The Regulatory Committee recommended the Board adopt a Fast-Track action related to the requirements for QMHP-Trainees as presented. All Board members present agreed with the Regulatory Committee's recommendation.

Adoption of Final regulations related to foreign degrees for Regulations Governing the Practice of Professional Counseling, Marriage and Family Therapy and Substance Abuse Practitioners. Ms. Engelken moved, which was seconded by Ms. Harris, to adopt final regulations related to foreign degrees for the practice of professional counseling, marriage and family therapy and substance abuse practitioners. The motion passed unanimously.

Petition of Rulemaking to amend regulations 18VAC115-20-52 to eliminate the restriction on residents' ability to directly bill for their services. The Board reviewed and discussed the public comment related to the petition. Ms. Engelken moved, which was seconded by Ms. Tracy, to deny the petitioners request to allow residents the ability to directly bill for services. The motion passed unanimously.

The Board indicated that direct billing by residents is contrary to the reimbursement policy of DMAS and other third party payers, and that it might incentivize residents to engage in independent practice without appropriate supervision.

Petition for Rulemaking to amend regulations section 18VAC115-50-55 to reduce the required internship number of hours of experience with couples and families from 200 of the 240 to 120 of the required hours. While Board members expressed an understanding of the challenge that the requirement can present, it reiterated the need for someone seeking a license as a marriage and family therapist to have significant direct client contact with couples and families.

Mr. Alvarez made a motion, that Ms. Tracy seconded, to consider the petition within the context of the periodic review. The motion passed unanimously.

After discussing this issue during in the context of the periodic review, Dr. Yancey moved and Mr. Alvarez seconded, to deny the petitioner's request to lower the internship direct contact hours with couples and families. The motion passed with eight in favor and one abstention.

In adopting proposed amendments resulting from an overall review of regulations, the Board has proposed to allow a person who was unable to complete all required hours in an internship to make up the deficient hours in his or her residency. Once the proposed regulations are finalized, the internship requirement will be less burdensome.

Consideration of public comment on the Notice of Intended Regulatory Action (NOIRA) and proposed regulations related to periodic review for Regulations Governing the Practice of Professional Counseling, Marriage and Family Therapy and Substance Abuse Practitioners.

Dr. Doyle made a motion, and Mr. Alvarez seconded, to amend the proposed periodic review language to allow an applicant who otherwise met the education requirements but did not have a minimum of 600 hours of supervised internship with 240 hours of face-to-face client contact, to obtain the deficient number of hours of supervised hours within the residency. The Board will allow up to 100 of the 600 hours of total internship, and up to 40 of the 240 face-to-face client contact hours be completed in addition to the supervised residency requirements. The motion passed with seven in favor and two opposed.

The Regulatory Committee recommended the Board adopt the proposed changes to the period review for the Regulations Governing the Practice of Professional Counseling, Marriage and Family Therapy and Substance Abuse Practitioners as presented. All Board members present agreed with the Regulatory Committee's recommendation.

Discussion and Recommendations from the Regulatory Committee:

Supervisor designation and qualifications. No action taken.

Create committee to define each of the areas of didactic training in substance abuse required for Certified Substance Abuse Counselors. Dr. Doyle and Ms. Engelken will convene to develop definitions for the areas of didactic substance abuse training listed in the Regulations Governing the Certification of Substance Abuse Counselors and Substance Abuse Counseling Assistants.

Criminal Background Checks. The Regulatory Committee recommended that the Board request the Agency address the Board's due diligence and duty to protect the public and require all applicants under the Board to complete a criminal background check prior to consideration for certification, licensure or registration. Ms. Yeatts indicated that Board will need to make this request prior to June 2020 in order for the Agency to consider this request and be included in the 2021 DHP legislation packet.

Reaffirm Guidance Document 115-1.8: Examinations approved by the Board for Certification as a Rehabilitation Counselor; add guidance currently found in Guidance Document 115-2.2: Guidance on participation by substance abuse counselors in interventions to Guidance Document 115-11: Scope of Practice for Persons Regulated by the Board to provide Substance Abuse Treatment; repeal and incorporate Guidance Document 115-2.2: Guidance on participation by substance abuse counselors in interventions and adopt new guidance document on using training and participation as a Disaster Mental Health Worker by Red Cross for up to 8 hours of continuing education.

After discussing all four guidance documents, Ms. Engelken moved, and Ms. Stransky seconded, to approve all changes as presented. The motion passed unanimously.

Adoption of Exempt Action to increase the handling fee for returned check or dishonored credit or debit card fee for all regulations governed by the Board of Counseling. Ms. Tracy moved, which was seconded by Mr. Alvarez, to adopt exempt action to increase the handling fee for returned check or dishonored credit or debit card fee for regulations governed by the Board of Counseling. The motion passed unanimously.

PRESENTATION:

Virginia's Licensed Professional Counselor Workforce Survey report for 2019 was presented by Dr. Shobo, Deputy Executive Director. All workforce reports are available on the Agency's website.

STAFF REPORTS:

Executive Director's Report – Jaime Hoyle

Ms. Hoyle presented Dr. Doyle with a plaque for gratitude for his service as Chairperson of the Board, and listed the Board's accomplishments under his tenure. Dr. Doyle thanked Jaime Hoyle, as well as his fellow Board members.

Ms. Hoyle addressed the financial packet that was presented to the Board members and gave an update on staffing. Ms. Hoyle thanked staff for their hard work.

Ms. Hoyle indicated that she continues to provide outreach and most recently presented at the Virginia Counselors Association convention along with Dr. Doyle.

Discipline Report – Jennifer Lang, Deputy Executive Director

Ms. Lang presented the discipline report and reported that since 2016 the discipline cases for the Board has increased by 229%.

Ms. Lang indicated that the continuing education audit for the Board is underway. She will provide the results of the audit at the next Board meeting.

Ms. Lang indicated was nominated to be a member of the American Association of State Counseling Boards (AASCB) Regulatory Excellence Committee. The committee's current focus is on endorsement requirements.

Licensing Report – Charlotte Lenart, Deputy Executive Director-Licensing

Ms. Lenart providing the licensing report for the Board which was included in the agenda packet and thanked her staff for their continued hard work and dedication.

Ms. Lenart reported on the information that was presented at the Association of Martial & Family Therapy Regulatory Boards (AMFTRB) Annual State Delegate Meeting held this September in Minneapolis.

Ms. Lenart provided an overview of the regulatory and licensing issues for the Board of Psychology and Board of Social Work.

**CONSIDERATION OF
AGENCY SUBORDINATE
RECOMMENDED DECISIONS:**

CLOSED MEETING:

Dr. Doyle moved that the Board of Counseling convene in closed session pursuant to §2.2-3711(A)(27) of the *Code of Virginia* in order to consider agency subordinate recommendations. He further moved that James Rutkowski, Jaime Hoyle, Jennifer Lang, Charlotte Lenart, and Barbara Allison-Bryan 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 carried unanimously.

RECONVENE:

Dr. Doyle certified that pursuant to §2.2-3712 of the *Code of Virginia*, the Board of Counseling 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.

DECISIONS:

**Laura Schwalm, QMHP-C
Registration # 0733001754
Case # 189661**

Ms. Schwalm did not appear at the board meeting. The board considered the agency subordinate's recommendation to place certain terms and conditions on Ms. Schwalm's registration to practice as a QMHP-C.

Courtney Estler, QMHP-A

Registration # 0732005029

Case # 193807

Ms. Estler did not appear at the board meeting. The board considered the agency subordinate's recommendation to place certain terms and conditions on Ms. Estler's registration to practice as a QMHP-A.

Cathleen Carter, QMHP-C

Registration # 0733001362

Case # 191136

Ms. Carter did not appear at the board meeting. The board considered the agency subordinate's recommendation to indefinitely suspend Ms. Carter's registration to practice as a QMHP-C.

Dr. Yancey moved that the Board of Counseling accept the recommended decisions of the agency subordinate. The motion was seconded by Ms. Stransky and passed unanimously.

NEXT MEETING:

Next scheduled Quarterly Board Meeting is February 7, 2020 at 10 a.m.

ADJOURN:

The meeting adjourned at 2:18 p.m.

Johnston Brendel, Ed.D, LPC, LMFT,
Chairperson

Jaime Hoyle, J.D
Executive Director

**Regulatory Committee
Meeting Minutes
October 31, 2019**

**VIRGINIA BOARD OF COUNSELING
REGULATORY COMMITTEE MEETING
Thursday, October 31, 2019**

TIME AND PLACE: The meeting was called to order at 10:00 a.m. on Thursday, October 31, 2019, in Board Room 4 at the Department of Health Professions (DHP), 9960 Mayland Drive, Henrico, Virginia.

PRESIDING: Johnston Brendel, Ed.D., LPC, LMFT, Chairperson

COMMITTEE MEMBERS PRESENT: Kevin Doyle Ed.D., LPC, LSATP
Terry Tinsley, PhD, LPC, LMFT, CSOTP

COMMITTEE MEMBER ABSENT: Holly Tracy, LPC, LMFT

STAFF PRESENT: Sandie Cotman, Licensing Specialist
Jaime Hoyle, JD, Executive Director
Jennifer Lang, Deputy Executive Director
Charlotte Lenart, Deputy Executive Director, Licensing
Brenda Maida, Licensing Specialist

OTHERS PRESENT: Elaine Yeatts, DHP Senior Policy Analyst

APPROVAL OF MINUTES: Dr. Doyle moved to approve the minutes of the August 15, 2019 meeting with minor changes to the wording. The motion was seconded by Dr. Brendel and passed with one member (Dr. Tinsley) abstaining.

PUBLIC COMMENT: Written public comment was received from Joseph Lynch, Vice President of the Virginia Society for Clinical Social Work.

DISCUSSIONS:

I. Unfinished Business:

Discussion on supervisor designation and qualifications:

- Board staff provided research on the minimum requirements of a supervisor from other jurisdictions. Committee recommended no changes at this time.

Discussion on creating didactic training in substance abuse definitions for each required area:

- Staff requested Dr. Brendel ask Board members, with substance abuse credentials (Dr. Doyle, Ms. Engelken and Ms. Stransky), to be on a committee to develop definitions on core areas of substance abuse counseling didactic training consistent with the requirements in the final stages of regulations.

Criminal Background Checks:

- After discussion, Dr. Doyle moved, which was seconded by Dr. Tinsley, to recommend to the full Board to request the Agency address the Board's due diligence and duty to protect the public and require all applicants under the Board to complete a criminal background check prior to being considered for certification, licensure or registration. The motion passed unanimously.

II. New Business:

- **Discuss Regulatory Committee membership, leadership and scheduling.**
Discussed scheduling changes to the Regulatory Committee meetings to at least two weeks prior to the full Board meeting to allow all Board members and staff the opportunity to review the Committees recommendations. Dr. Brendel thanked Dr. Tinsley for agreeing to be a part of the Committee.
- **Chart of Regulatory Actions**
Ms. Yeatts provided a chart of current regulatory actions as of October 9, 2019 that listed:
 - Regulations Governing Delegation to an Agency Subordinate [18 VAC 115 - 15]
Action: Periodic review; Stage: Fast-Track - Register Date: 10/28/19 Effective: 12/12/19
 - Regulations Governing the Practice of Professional Counseling [18 VAC 115 - 20]
Action: Credential review for foreign graduates; Stage: Proposed - Register Date: 7/22/19
- Board to adopt final regulations
 - Regulations Governing the Practice of Professional Counseling [18 VAC 115 - 20]
Action: Acceptance of doctoral practicum/internship hours towards residency requirements; Stage: Final - Register Date: 9/16/19 – Effective: 10/16/19
 - Regulations Governing the Practice of Professional Counseling [18 VAC 115 - 20]
Action: Requirement for CACREP accreditation for educational programs; Stage: Proposed - At Governor's Office
 - Regulations Governing the Practice of Professional Counseling [18 VAC 115 - 20]
Action: Periodic review; Stage: NOIRA - Register Date: 8/19/19 - Board to adopt proposed regulations
 - Regulations Governing the Practice of Professional Counseling [18 VAC 115 - 20]
Action: Resident license; Stage: Emergency/NOIRA - At Secretary's Office
 - Regulations Governing the Practice of Professional Counseling [18 VAC 115 - 20]
Action: Unprofessional conduct - conversion therapy; Stage: Proposed - At DPB
 - Regulations Governing the Certification of Substance Abuse Counselors [18 VAC 115 - 30] Action: Updating and clarifying regulations; Stage: Final - At Governor's Office

- **Regulations Governing the Certification of Rehabilitation Providers [18 VAC 115 - 40]**
Action: Periodic review; Stage: NOIRA - Register Date: 11/11/19
- **Regulations Governing the Registration of Peer Recovery Specialists [under development] [18 VAC 115 - 70]** Action: Initial regulations for registration; Stage: Final - Register Date: 10/14/19 – Effective 11/13/19
- **Regulations Governing the Registration of Qualified Mental Health Professionals [under development] [18 VAC 115 - 80]** Action: Initial regulations for registration of Qualified Mental Health Professionals; Stage: Final - Register Date: 10/14/19 – Effective 11/13/19
- **Review, discuss and make recommendation for the proposed regulations related to qualified mental health professional – trainees.**
The Committee discussed public comment from Mr. Lynch. The Committee requested that Dr. Doyle and Ms. Hoyle respond in writing to Mr. Lynch regarding his concerns.

Dr. Doyle, moved, which was seconded by Dr. Tinsley, to recommend a Fast-Track action on the proposed language regarding QMHP-Trainees to the full Board. The motion passed unanimously.

Dr. Doyle, moved, which was seconded by Dr. Tinsley, to recommend an Exempt action on the reduction of fees for QMHP-Trainees to the full Board. The motion passed unanimously.

- **Consideration of public comment on the Notice of Intended Regulatory Action (NOIRA) and proposed regulations related to periodic review for Regulations Governing the Practice of Professional Counseling, Marriage and Family Therapy and Substance Abuse Practitioners.**
The Committee discussed the public comment related to the periodic review. The Board discussed the term face-to-face but decided to make no changes.

Dr. Tinsley, moved, which was seconded by Dr. Doyle, to recommend the proposed changes to the periodic review for the practice of professional counseling, marriage and family therapy and substance abuse practitioners to the full Board. The motion passed unanimously.
- **Petition for Rulemaking amend regulations to amend 18VAC115-20-52 to eliminate the restriction on residents' ability to directly bill for their services.**
The Committee deferred any recommendations to the full Board so that all public comment can be reviewed and discussed. Public comment period ends on October 25, 2019.
- **Petition for Rulemaking to amend regulations to amendment section 18VAC115-50-55 to reduce the required Internship number of hours of experience with couples and families from 200 of the 240 to 120 of the required 240 hours.**
The Committee deferred any recommendations to the full Board so that all public comment can be reviewed and discussed. Public comment period ends on November 13, 2019.

- **Review Guidance Document 115-1.8: Examinations approved by the Board for Certification as a Rehabilitation Counselor, adopted September 11, 2015.**
Dr. Doyle moved, which was seconded by Dr. Tinsley, to recommend Guidance Document 115-1.8 be reaffirmed to the full Board. The motion passed unanimously.

- **Review Guidance Document 115-7: Supervised Experience Requirements for the Delivery for Clinical Services for Professional Counselor Licensure, revised November 13, 2015.**
The Committee agreed to delay the review of Guidance Document 115-7 until after the emergency regulations related to the issuance of temporary resident license are in effect.
- **Review Guidance Document 115-2.2: Guidance on participation by substance abuse counselors in interventions, revised November 13, 2015.**
Dr. Tinsley moved, which was seconded by Dr. Doyle, to recommend Guidance Document 115-2.2 be incorporated in to Guidance Document 115.11 to the full Board. The motion passed unanimously.
- **Discuss and Review Guidance Document 115-2: Impact of Criminal Convictions, Impairment and Past History on Licensure or Certification, revised February 9, 2018.**
The Committee discussed with no actions.
- **Emotional support animal discussion.**
After discussion, Dr. Doyle agreed to develop a preliminary draft for a guidance document related to emotional support animals to be reviewed and considered at the next meeting.
- **Consideration of continuing education hours for counselors deployed as a Disaster Mental Health provider with the Red Cross.**
Dr. Doyle moved, which was seconded by Dr. Tinsley, to recommend to the full Board to adopt guidance on acceptance of disaster mental health worker for continuing competency requirements. The motion passed unanimously.

NEXT SCHEDULED MEETING: The next Committee meeting is scheduled for January 24, 2020 at 10:00 a.m.

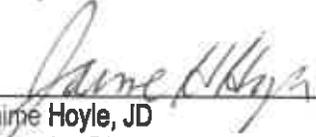
ADJOURNMENT: The meeting adjourned at 1:53 p.m.



Johnston Breindel, Ed.D., LPC, LMFT
Chairperson

01-24-2020

Date



Jaime Hoyle, JD
Executive Director

1/27/2020

Date

**Regulatory Committee
Meeting Draft Minutes
January 24, 2020**

**VIRGINIA BOARD OF COUNSELING
REGULATORY COMMITTEE MEETING
DRAFT MINUTES
Friday, January 24, 2020**

TIME AND PLACE: The meeting was called to order at 11:00 a.m. on Friday, January 24, 2020, in Board Room 3 at the Department of Health Professions (DHP), 9960 Mayland Drive, Henrico, Virginia.

PRESIDING: Holly Tracy, LPC, LMFT, Chairperson

COMMITTEE MEMBERS PRESENT: Johnston Brendel, Ed.D, LPC, LMFT
Kevin Doyle, Ed.D, LPC, LSATP
Terry Tinsley, PhD, LPC, LMFT, CSOTP

STAFF PRESENT: Sandie Cotman, Licensing Specialist
Jaime Hoyle, JD, Executive Director
Jennifer Lang, Deputy Executive Director
Charlotte Lenart, Licensing Manager
Brenda Maida, Licensing Specialist

OTHERS PRESENT: Elaine Yeatts, DHP Senior Policy Analyst

APPROVAL OF MINUTES: Dr. Brendel, moved to approve the minutes of the October 31, 2019 meeting. Dr. Doyle, seconded the motion, and it passed unanimously.

PUBLIC COMMENT: There were no public comments.

DISCUSSIONS:

- I. **Unfinished Business:**
 - Consideration of guidance document for emotional support animals:**
 - The Board reviewed the draft guidance document on emotional support animals. Dr. Tinsley moved, which was seconded by Dr. Brendel, to recommend the guidance document on emotional support animals with amendments to the full Board for approval for adoption. The motion passed unanimously.
- II. **New Business:**
 - **Status of Regulations:** Ms. Yeatts discussed the current regulatory actions that were presented in the agenda packet.
 - **Petition for Rulemaking to amend regulations to accept 1500 direct/indirect service hours, 50 hours of supervision and one year experience from a master's level internship.*** Dr. Brendel moved, which was seconded by Dr. Doyle, to deny the petitioners request.

- **Consideration of public comment on the Notice of Intended Regulations Actions (NOIRA) related to the issuance of a temporary license for a resident in counseling, marriage and family therapy and substance abuse treatment.*** The Committee discussed public comment related to section B.10 of 18VAC115-20-52. Dr. Doyle moved, which was seconded by Dr. Tinsley, to strike the language that requires the resident number in all written communication. The motion passed unanimously.

Dr. Brendel moved, which was seconded by Dr. Tinsley, to retain the language which informs clients that the resident does not have authority to practice independently and is under supervision. The motion passed unanimously.

- **Notice of Intended Regulatory Action (NOIRA) and proposed regulations related to periodic review for Regulations Governing the Certification of Rehabilitation Providers.*:** Dr. Brendel moved, which was seconded Dr. Doyle, to recommend to the full Board to approved the proposed regulations as written.
- **Report on 2020 General Assembly:** Elaine Yeatts provided an update on the legislation in the 2020 General Assembly.
- **Discuss the need for a 2020 Supervisor Summit Training:** The Committee discussed and agreed that a 2020 supervisor summit should be recommended to the full Board.
- **Discussion on the new continuing education requirements for CSAC and CSAC-As:** Final Regulations Governing the Certification of Substance Abuse Counselors and Substance Abuse Counseling Assistants are effective February 19, 2020 which include the requirement for continuing education. Dr. Doyle moved, which was seconded by Dr. Tinsley, to recommend to the full Board to delay the requirements for continuing education so that certificate holders have a full year to obtain their hours.

NEXT SCHEDULED MEETING: The next Committee meeting is scheduled for May 1, 2020 at 10:00 a.m.

ADJOURNMENT: The meeting adjourned at 12:43 p.m.

Holly Tracy, LPC, LMFT
Chairperson

Date

Jaime Hoyle, JD
Executive Director

Date

Chairperson Report

Chairperson's Report: Quarterly Accomplishments

11/01/2019 – 01/24/2020

Board Member/ Meeting Attendance	Discipline Case Reviews	Board Service (11/01/2019 – 01/24/2020)
Alvarez, Barry, LMFT 11/22/19 (Board Meeting)	0	<ul style="list-style-type: none"> • Ad Hoc Committee (Telehealth)
Brendel, Johnston, Ed.D., LPC, LMFT 11/22/19 (Board Meeting) 01/24/20 (Regulatory Committee) 01/24/20 (Credentials Review)	41 (1 discipline; 40 credentials)	<ul style="list-style-type: none"> • Board Chairperson • Regulatory Committee • Credentials Committee
Doyle, Kevin, Ed.D., LPC, LSATP 11/22/19 (Board Meeting) 12/02/19 (Board of Health Professions) 01/24/20 (Regulatory Committee)	2	<ul style="list-style-type: none"> • Regulatory Committee • Board of Health Professions – Board Member
Engelken, Jane, LPC, LSATP 11/22/19 (Board Meeting)	0	
Harris, Natalie, LPC, LMFT 11/22/19 (Board Meeting)	6	<ul style="list-style-type: none"> • Special Conference Committee (Alternate)
Hunt, Danielle, LPC 01/10/20 (5 Informal Conferences)	8	<ul style="list-style-type: none"> • Board Vice-Chairperson • Special Conference Committee-A Chairperson • Ad Hoc Committee (Telehealth)
Jackson, Bev-Freda, PhD, MA, Citizen Member 11/22/19 (Board Meeting)	n/a	<ul style="list-style-type: none"> • Special Conference Committee-B
Sanchez-Jones, Vivian, Citizen Member 11/22/19 (Board Meeting)	n/a	
Stransky, Maria, LPC, CSAC, CSOTP 11/22/19 (Board Meeting) 01/10/20 (5 Informal Conferences)	12	<ul style="list-style-type: none"> • Special Conference Committee-A • Credentials/Application Reviews
Tinsley, Terry, Ph.D., LPC, LMFT, CSOTP 01/24/20 (Regulatory Committee)	5	<ul style="list-style-type: none"> • Regulatory Committee • Special Conference Committee-B Chairperson • Ad Hoc Committee (Telehealth) Chairperson
Tracy, Holly, LPC, LMFT 01/24/20 (Regulatory Committee) 01/24/20 (Credentials Review)	51 (11 discipline; 40 credentials)	<ul style="list-style-type: none"> • Regulatory Committee Chairperson • Special Conference Committee (Alternate)
Yancey, Tiffinee, Ph.D., LPC 11/22/19 (Board Meeting)	1	<ul style="list-style-type: none"> • Special Conference Committee (Alternate) • Ad Hoc Committee (Telehealth)

Discipline Case Reviews:

- 76 cases awaiting assignment for Board member review.
- Goal for review time is 2 weeks.
- Except in extenuating circumstances, cases should be completed within 30 days.

Chairperson's Report: Assistance Needed

Supervisor Summit

- **Board members needed**
Let John Brendel and Jaime know if you can attend
- *Potential dates:*
April 30th
May 14th
August 20th
August 21st

Legislation

2020 General Assembly Report

Report of the 2020 General Assembly

HB 362 Physician assistant; capacity determinations.

Chief patron: Rasoul

Summary as introduced:

Capacity determinations; physician assistant. Expands the class of health care practitioners who can make the determination that a patient is incapable of making informed decisions to include a licensed physician assistant. The bill provides that such determination shall be made in writing following an in-person examination of the person and certified by the physician assistant.

HB 386 Conversion therapy; prohibited by certain health care providers.

Chief patron: Hope

SB 245 Conversion therapy; prohibited by certain health care providers.

Chief patron: Surovell

Summary as introduced:

Department of Health Professions; conversion therapy prohibited. Prohibits any health care provider or person who performs counseling as part of his training for any profession licensed by a regulatory board of the Department of Health Professions from engaging in conversion therapy, as defined in the bill, with any person under 18 years of age and provides that such counseling constitutes unprofessional conduct and is grounds for disciplinary action. The bill provides that no state funds shall be expended for the purpose of conducting conversion therapy, referring a person for conversion therapy, extending health benefits coverage for conversion therapy, or awarding a grant or contract to any entity that conducts conversion therapy or refers individuals for conversion therapy.

HB 601 Administrative Process Act; review of occupational regulations.

Chief patron: Freitas

Summary as introduced:

Administrative Process Act; review of occupational regulations. Creates a procedure by which a person may petition an agency to review whether an existing occupational regulation is necessary for the protection or preservation of the health, safety, and welfare of the public and meets other statutorily enumerated criteria. The bill also creates a cause of action whereby any person who is adversely affected or aggrieved by an occupational regulation that such person believes is not necessary for the protection or preservation of the health, safety, and welfare of the public or does not meet other statutorily enumerated criteria may seek judicial review of such regulation. The bill provides that the burden of proof shall be upon the party complaining of the

occupational regulation to demonstrate by a preponderance of the evidence that the challenged occupational regulation on its face or in its effect burdens the entry into or participation in an occupation and, thereafter, the burden shall be upon the agency to demonstrate by a preponderance of the evidence that the challenged occupational regulation is necessary to protect or preserve the health, safety, and welfare of the public and complies with certain other statutorily enumerated requirements. The bill provides that if the court finds in favor of the party complaining of the agency action, the court shall declare the regulation null and void.

HB 967 Military service members and veterans; expediting the issuance of credentials to spouses.

Chief patron: Willett

Summary as introduced:

Professions and occupations; expediting the issuance of credentials to spouses of military service members. Provides for the expedited issuance of credentials to the spouses of military service members who are ordered to federal active duty under Title 10 of the United States Code if the spouse accompanies the service member to the Commonwealth or an adjoining state or the District of Columbia. Under current law, the expedited review is provided more generally for active duty members of the military who are the subject of a military transfer to the Commonwealth. The bill also authorizes a regulatory board within the Department of Professional and Occupational Regulation or the Department of Health Professions or any other board in Title 54.1 (Professions and Occupations) to waive any requirement relating to experience if the board determines that the documentation provided by the applicant supports such waiver.

HB 982 Professions and occupations; licensure by endorsement.

Chief patron: Webert

Summary as introduced:

Professions and occupations; licensure by endorsement. Establishes criteria for an individual licensed, certified, or having work experience in another state, the District of Columbia, or any territory or possession of the United States to apply to a regulatory board within the Department of Professional and Occupational Regulation or the Department of Health Professions and be issued an occupational license or government certification if certain conditions are met.

HB 1040 Naturopathic doctors; Board of Medicine to license and regulate.

Chief patron: Rasoul

Summary as introduced:

Naturopathic doctors; license required. Requires the Board of Medicine to license and regulate naturopathic doctors, defined in the bill as an individual, other than a doctor of medicine, osteopathy, chiropractic, or podiatry, who may diagnose, treat, and help prevent diseases using a system of practice that is based on the natural healing capacity of individuals,

using physiological, psychological, or physical methods, and who may also use natural medicines, prescriptions, legend drugs, foods, herbs, or other natural remedies, including light and air.

HB 1328 Offender medical and mental health information and records; exchange of information to facility.

Chief patron: Watts

Summary as introduced:

Exchange of offender medical and mental health information and records. Provides that a health care provider who has been notified that a person to whom he has provided services is committed to a local or regional correctional facility must disclose to the person in charge of the facility any information necessary and appropriate for the continuity of care of the person committed. The bill also provides protection from civil liability for such health care provider, absent bad faith or malicious intent.

HB 1562 Music therapy; definition of music therapist, licensure.

Chief patron: Head

SB 633 Music therapy; licensure.

Chief patron: Vogel

Summary as introduced:

Music therapy; licensure. Requires the Board of Social Work to adopt regulations establishing a regulatory structure to license music therapists in the Commonwealth and establishes an advisory board to assist the Board in this process. Under the bill, no person shall engage in the practice of music therapy or hold himself out or otherwise represent himself as a music therapist unless he is licensed by the Board.

HB 1649 Health care; decision making, end of life, penalties.

Chief patron: Kory

Summary as introduced:

Health care; decision making; end of life; penalties. Allows an adult diagnosed with a terminal condition to request and an attending health care provider to prescribe a self-administered controlled substance for the purpose of ending the patient's life in a humane and dignified manner. The bill requires that a patient's request for a self-administered controlled substance to end his life must be given orally on two occasions and in writing, signed by the patient and one witness, and that the patient be given an express opportunity to rescind his request at any time. The bill makes it a Class 2 felony (i) to willfully and deliberately alter, forge, conceal, or destroy a patient's request, or rescission of request, for a self-administered controlled substance to end his life with the intent and effect of causing the patient's death; (ii) to coerce,

intimidate, or exert undue influence on a patient to request a self-administered controlled substance for the purpose of ending his life or to destroy the patient's rescission of such request with the intent and effect of causing the patient's death; or (iii) to coerce, intimidate, or exert undue influence on a patient to forgo a self-administered controlled substance for the purpose of ending the patient's life. The bill also grants immunity from civil or criminal liability and professional disciplinary action to any person who complies with the provisions of the bill and allows health care providers to refuse to participate in the provision of a self-administered controlled substance to a patient for the purpose of ending the patient's life.

SB 53 Social Work, Board of; licensure by endorsement.

Chief patron: Stanley

Summary as introduced:

Board of Social Work; licensure by endorsement. Requires the Board of Social Work to establish in regulations the requirements for licensure by endorsement as a social worker. The bill allows the Board to issue licenses to persons licensed to practice social work under the laws of another state, the District of Columbia, or a United States possession or territory, if, in the opinion of the Board, the applicant meets the qualifications required of licensed social workers in the Commonwealth.

SB 713 Professional art therapists and professional art therapist associates; licensure.

Chief patron: McClellan

Summary as introduced:

Board of Counseling; licensure of professional art therapists and professional art therapist associates. Establishes requirements for licensure as a professional art therapist and licensure as a professional art therapist associate and adds two representatives to the Board on Counseling who are licensed professional art therapists. The bill directs the Board to adopt emergency regulations to implement the provisions of the bill.

SB 760 Psychologists; licensure, permitted to practice in Psychology Interjurisdictional Compact.

Chief patron: Deeds

Summary as introduced:

Licensure of psychologists; Psychology Interjurisdictional Compact. Authorizes Virginia to become a signatory to the Psychology Interjurisdictional Compact. The Compact permits eligible licensed psychologists to practice in Compact member states, provided that they are licensed in at least one member state. The bill has a delayed effective date of January 1, 2021, and directs the Board of Psychology to adopt emergency regulations to implement the provisions of the bill.

SB 1046 Clinical social workers; patient records, involuntary detention orders.

Chief patron: Deeds

Summary as introduced:

Clinical social workers; patient records; involuntary detention orders. Adds clinical social workers to the list of eligible providers that includes treating physicians and clinical psychologists who can disclose or recommend the withholding of patient records, face a malpractice review panel, and provide recommendations on involuntary temporary detention orders.

SJ 49 Social workers; DHP to study need for additional, etc., workers.

Chief patron: McClellan

Summary as introduced:

Study; Department of Health Professions; need for additional micro-level, mezzo-level, and macro-level social workers and increased compensation; report. Requests that the Department of Health Professions convene a work group, which shall include certain stakeholders listed in the bill, to (i) identify the number of social workers needed in the Commonwealth to adequately serve the population; (ii) identify opportunities for the Commonwealth's social work workforce to successfully serve and respond to increasing biopsychosocial needs of individuals, groups, and communities in areas related to aging, child welfare, social services, military and veterans affairs, criminal justice, juvenile justice, corrections, mental health, substance abuse treatment, and other health and social determinants; (iii) gather information about current social workers in the Commonwealth related to level of education, school of social work attended, level of licensure, job title and classification, years of experience, gender, employer, and compensation; (iv) analyze the impact of compensation levels on social workers' job satisfaction and performance, as well as its impact on the likelihood of other persons entering the profession and any complications to such compensation levels caused by student debt; and (v) make recommendations for additional sources of funding to adequately compensate social workers and increase the number of social workers in the Commonwealth.

Chart of Regulatory Actions

Agenda Item: Regulatory Actions - Chart of Regulatory Actions

Staff Note: Attached is a chart with the status of regulations for the Board as of January 28, 2020

Chapter		Action / Stage Information
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	<u>Resident license</u> [Action 5371] Emergency/NOIRA - Register Date: 12/23/19 Board to adopt proposed regs 2/7/20
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	<u>Unprofessional conduct - conversion therapy</u> [Action 5225] Proposed - At Secretary's Office for 67 days
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	<u>Periodic review</u> [Action 5230] Proposed - AT Attorney General's Office [Stage 8872]
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	<u>Handling fee - returned check</u> [Action 5436] Fast-Track - At Secretary's Office for 14 days
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	<u>Credential review for foreign graduates</u> [Action 5089] Final - Register Date: 2/3/20 Effective: 3/4/20
[18 VAC 115 - 30]	Regulations Governing the Certification of Substance Abuse Counselors	<u>Updating and clarifying regulations</u> [Action 4691] Final - Register Date: 1/20/20 Effective: 2/19/20
[18 VAC 115 - 40]	Regulations Governing the Certification of Rehabilitation Providers	<u>Periodic review</u> [Action 5305] NOIRA - Register Date: 11/11/19 Proposed regs to be adopted 2/7/20
[18 VAC 115 - 80]	Regulations Governing the Registration of Qualified Mental Health Professionals [under development]	<u>Registration of QMHP-trainees</u> [Action 5444] Fast-Track - AT Attorney General's Office [Stage 8843]
[18 VAC 115 - 80]	Regulations Governing the Registration of Qualified Mental Health Professionals [under development]	 <u>Reduction in application fee for trainees</u> [Action 5437] Final - Register Date: 1/20/20 Effective: 2/19/20

**Public comment on the Notice of
Intended Regulatory Action
(NOIRA) related to the issuance
of temporary residency licenses**

Agenda Item: Public comment on NOIRA related to the issuance of a temporary license for a resident in counseling, marriage and family therapy and substance abuse treatment

Included in your agenda package are:

A copy of the NOIRA on Townhall

A copy of the comments

A copy of the emergency regulations

Regulatory Committee Recommendations:

The Committee recommended that the Board consider striking the language that requires the resident number and to retain the language which informs clients that the resident does not have authority to practice independently and is under supervision.

Board action:

Adoption of proposed regulations related to resident licenses



townhall.virginia.gov

Emergency Regulation and Notice of Intended Regulatory Action (NOIRA) Agency Background Document

Agency name	Board of Counseling, Department of Health Professions
Virginia Administrative Code (VAC) citation(s)	18VAC115-20 18VAC115-50 18VAC115-60
Regulation title(s)	Regulations Governing the Practice of Professional Counseling Regulations Governing the Practice of Marriage and Family Therapy Regulations Governing the Licensure of Substance Abuse Practitioners
Action title	Issuance of a resident license
Date this document prepared	8/22/19

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 14 (as amended, July 16, 2018), the Regulations for Filing and Publishing Agency Regulations (1 VAC 7-10), and the *Virginia Register Form, Style, and Procedure Manual for Publication of Virginia Regulations*.

Brief Summary

Please provide a brief summary (preferably no more than 2 or 3 paragraphs) of the subject matter, intent, and goals 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 or changes. If applicable, generally describe the existing regulation.

Regulations implement the statutory mandate for issuance of a temporary license for a residency in counseling. The amendments set fees for initial and renewal of a resident license, qualifications for the issuance of a license and for its renewal, limitations on the number of times a resident may renew the temporary license, and a time limit for passage of the licensing examination. Amendments in Chapter 20 for professional counselors are duplicated in Chapter

50 for marriage and family therapists and in Chapter 60 of licensed substance abuse treatment practitioners.

Acronyms and Definitions

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

N/A

Mandate and Impetus (Necessity for Emergency)

Please explain why this rulemaking is an emergency situation in accordance with Virginia Code § 2.2-4011 A and B. In doing so, please either:

- a) Indicate whether the Governor’s Office has already approved the use of emergency regulatory authority for this regulatory change.*
- b) Provide specific citations to Virginia statutory law, the appropriation act, federal law, or federal regulation that require that a regulation be effective in 280 days or less from its enactment.*

As required by § 2.2-4011, please also describe the nature of the emergency and of the necessity for this regulatory change. In addition, delineate any potential issues that may need to be addressed as part of this regulatory change.

This action implements the statutory mandate (Chapter 428 of the 2019 General Assembly) to promulgate regulations for the issuance of temporary licenses to residents in counseling. The second enactment on HB2282 requires the Board to promulgate regulations within 280 days of enactment, so the Board adopted emergency regulations to comply with the mandate.

Legal Basis

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

Regulations 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.*
4. *To establish schedules for renewals of registration, certification, licensure, permit, and the issuance of a multistate licensure privilege.*
5. *To levy and collect fees for application processing, examination, registration, certification, permitting, or licensure or the issuance of a multistate licensure privilege and renewal that are sufficient to cover all expenses for the administration and operation of the Department of Health Professions, the Board of Health Professions, and the health regulatory boards.*
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 issuance of a temporary resident license counseling is found in Chapter 35 of Title 54.1:

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

In addition to the powers granted in § [54.1-2400](#), the Board shall have the following specific powers and duties:

1. *To cooperate with and maintain a close liaison with other professional boards and the community to ensure that regulatory systems stay abreast of community and professional needs.*
2. *To conduct inspections to ensure that licensees conduct their practices in a competent manner and in conformance with the relevant regulations.*
3. *To designate specialties within the profession.*
4. *To administer the certification of rehabilitation providers pursuant to Article 2 (§ [54.1-3510](#) et seq.) of this chapter, including prescribing fees for application processing, examinations, certification and certification renewal.*
5. *[Expired.]*
6. *To promulgate regulations for the qualifications, education, and experience for licensure of marriage and family therapists. The requirements for clinical membership in the American Association for Marriage and Family Therapy (AAMFT), and the professional examination service's national marriage and family therapy examination may be considered by the Board in the promulgation of these regulations. The educational credit hour, clinical experience hour, and clinical supervision hour requirements for marriage and family therapists shall not be less than the educational*

credit hour, clinical experience hour, and clinical supervision hour requirements for professional counselors.

7. To promulgate, subject to the requirements of Article 1.1 (§ 54.1-3507 et seq.) of this chapter, regulations for the qualifications, education, and experience for licensure of licensed substance abuse treatment practitioners and certification of certified substance abuse counselors and certified substance abuse counseling assistants. The requirements for membership in NAADAC: the Association for Addiction Professionals and its national examination may be considered by the Board in the promulgation of these regulations. The Board also may provide for the consideration and use of the accreditation and examination services offered by the Substance Abuse Certification Alliance of Virginia. The educational credit hour, clinical experience hour, and clinical supervision hour requirements for licensed substance abuse treatment practitioners shall not be less than the educational credit hour, clinical experience hour, and clinical supervision hour requirements for licensed professional counselors. Such regulations also shall establish standards and protocols for the clinical supervision of certified substance abuse counselors and the supervision or direction of certified substance abuse counseling assistants, and reasonable access to the persons providing that supervision or direction in settings other than a licensed facility.

8. To maintain a registry of persons who meet the requirements for supervision of residents. The Board shall make the registry of approved supervisors available to persons seeking residence status.

9. To promulgate regulations for the registration of qualified mental health professionals, including qualifications, education, and experience necessary for such registration, and for the registration of persons receiving supervised training in order to qualify as a qualified mental health professional.

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

11. To promulgate regulations for the issuance of temporary licenses to individuals engaged in a counseling residency so that they may acquire the supervised, postgraduate experience required for licensure.

Purpose

Please describe the specific reasons why the agency has determined that this regulation is essential to protect the health, safety, or welfare of citizens. In addition, please explain any potential issues that may need to be addressed as the regulation is developed.

The purpose of this action is to ensure persons who are granted a temporary license for the purpose of completing a residency in counseling are qualified to provide mental health services to vulnerable individuals and groups. Qualifications for issuance of a resident license will ensure minimal competency to begin supervised practice, and requirements for renewal will ensure that residents have further knowledge of the ethics and standards of practice governing the behavioral health professions in order to protect health, safety, and welfare of the citizens they serve.

Substance

Please describe any changes that are proposed. Please outline new substantive provisions, all substantive changes to existing sections, or both where appropriate. Set forth the specific reasons the agency has determined that the proposed regulatory action is essential to protect the health, safety, or welfare of Virginians.

Current section number	Current requirement	Change, intent, rationale, and likely impact of new requirements
10	Sets out definitions for words and terms used in the chapter	<p>The term “residency” is amended because the Board will be licensing the resident rather than registering the residency.</p> <p>The term “resident” is amended to change Board approval to issuance of a temporary license. The word “submitted” is deleted because resident do not submit the contract; they do provide information about their supervisor, work site, and nature of services.</p> <p>The term “supervisory contract” is defined because it is used in the chapter; the definition clarifies the meaning of such a contract.</p>
20	Sets fees for the resident license in counseling	<p>Some fees in this section are rearranged for more logical order. The <u>new</u> fees are:</p> <p>Application and initial licensure for a resident - \$65 <i>This is the current fee for registration of supervision.</i></p> <p>Education only review - \$75 <i>The Board gets requests from potential applicants for a review of a person’s educational credentials to see whether they meet the qualifications for licensure. Currently, the only way that can be done is for him to submit an application for licensure (which includes many other requirements). This new fee would allow for such a review, which is typically a review of the transcript – course by course – often with request for a syllabus to determine content and a review of the program itself to determine its concentration in counseling. If it is determined that the person’s education does not qualify for licensure, he may be able to remedy the deficiency. If not, he is spared the expense of obtaining the hours of supervised experience and sitting for the examination.</i></p> <p>Annual renewal of a resident in counseling - \$30 <i>Amendments will eliminate the requirement for a resident to notify the board and pay a fee of \$30 every time he/she has a change or addition of supervisor or the work site for supervision. On average, a resident has 2 such changes each year and currently pays a \$30 fee for each.</i></p> <p>Late fee for renewal of a resident in counseling - \$10 <i>By policy, late fees are set at approximately 1/3 of the renewal fee.</i></p>

40	Sets the prerequisites for licensure by examination	There is an editorial change from “registration of supervision” to “board approval of a resident license.”
52	Establishes the requirements for a temporary license as a resident and for the residency itself	<p>In subsection A, the requirements for a temporary resident license are similar to those currently required for board approval to register a residency. The forms require verification of a supervisory contract, identification of the clinical supervisor and location of practice, and an attestation that he will be providing clinical services.</p> <p><i>Since, the Board will be granting a license, there are additional requirements for a report from NPDB and verification of any other jurisdiction in which the applicant may be licensed, certified, or registered that he does not have disciplinary action.</i></p> <p>In subsection B on the residency, there is a clarifying statement that a resident must meet the requirements of section 100 in order to maintain a current, active license.</p> <p>Currently, there are requirements relating to disclosure of information about a person in a residency to ensure the client knows that the resident is not licensed for independent practice and that he has a supervisor to whom he is responsible. Since the resident will now have a license number, that is included in the information that must be provided. Currently, the regulation says the client must be informed about the resident’s status, but it was unclear what that meant. To clarify, the amended rule says that the disclosure must include a statement that the resident does not have authority for independent practice and is under supervision.</p>
70	Sets the requirements for examination for licensure	<p>Subsection A is amended to specify that an applicant must pass the examination within six years of the date of initial issuance of a resident license.</p> <p><i>Current regulations require a residency to be completed within four years (or no less than 21 months). Current regulation also require an applicant to pass the examination within two years of approval to sit for the examination. If an applicant does not pass within that timeframe, he is allowed to reapply and must meet the requirements in effect at that time. Since a person must remain in a residency and practice under supervision until he has passed the examination (even if he has completed the 3,400 hours), and since the resident license is a “temporary” license, the Board has determined that six years should be more than ample time for an applicant to complete the residency and pass the examination. Residents are allowed to take the examination at any point during the residency, so they are encouraged to do so sooner rather than later.</i></p>
100	Sets the requirements for annual renewal of a resident license	<p>Subsection C is added to set the requirements for renewal to include:</p> <p>1) Renewal in the month of initial issuance and allowance to renew up to five times.</p> <p><i>Rather than establishing a set renewal date, which could give some applicants less than a full year of licensure,</i></p>

		<p><i>the Board will renew resident licenses of a rotating monthly basis. The limitation of five renewals is consistent with the nature of a <u>temporary</u> license and will prevent a person from becoming a permanent resident in counseling. The limitation of renewals is consistent with the timeframe for passage of the examination – so all requirements must be met within the six years one can remain in a residency.</i></p> <p>The Board has discussed the possibility of allowing reinstatement for a resident who has to take a break in the residency for good cause. That may be considered in the adoption of permanent regulation but is not necessary during the period when emergency regulations are in effect.</p> <p>2) On the annual renewal form, the resident will be required to attest that a supervisory contract is in effect with a board-approved supervisor for each of the locations at which he is currently providing clinical counseling services.</p> <p><i>Providing such information on an annual basis will be far less burdensome for residents who are currently required to notify the board each time there is an addition or change to their residency. It will also be less burdensome for staff who have to track that information.</i></p> <p>3) The resident will have to attest to completion of three hours of continuing education in ethics, standards of practice, or laws and regulations governing behavioral sciences.</p> <p><i>Supervisors often report that their biggest challenge is helping residents understand the standards of practice and the ethics of the profession. Continuing education in those areas is readily available and will enhance the supervised experience and improve the quality of licensees.</i></p>
	<p>Chapter 50 governs marriage and family therapists. The amendments to this chapter are identical to those for professional counseling in chapter 20.</p>	
	<p>Chapter 60 governs licensed substance abuse treatment practitioners. The amendments to this chapter are identical to those for professional counseling in chapter 20.</p>	

Issues

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

- 1) The advantage of a resident license to the public is greater accountability and information about the residency; there are no disadvantages. There may be an advantage to residents and the licensees or organizations for whom they work under supervision in that some third-party payors may reimburse for their services as a “licensed” professional.
- 2) The primary advantage to the agency is greater awareness of any disciplinary history prior to issuance of a license. There are no disadvantages; fees are established with the intent of covering expenditures directly related to the licensing and discipline of persons with a resident license.
- 3) The Director of the Department of Health Professions has reviewed the proposal and performed a competitive impact analysis. The Board is authorized under § 54.1-2400 “*To promulgate regulations in accordance with the Administrative Process Act (§ 2.2-4000 et seq.) which are reasonable and necessary to administer effectively the regulatory system...*” The rules for issuance of a resident license are mandated by the Code and are intended to protect the public receiving such services. Therefore, the proposed amendments are a foreseeable result of the statute requiring the Board to protect the safety and health of the citizens of the Commonwealth.

Alternatives

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

There are no alternatives to the regulatory change as promulgation of regulations was mandated by the General Assembly. The purpose of this action is the establishment of a temporary license for persons completing a residency in counseling. Amendments ensure that the public is aware of the residency status and that the license is, in fact, temporary rather than an on-going status.

Public Participation

Please indicate how the public should contact the agency to submit comments on this regulation, including ideas to assist the agency in the development of the regulation and the costs and benefits of the alternatives stated in this notice or other alternatives.

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

Anyone wishing to submit written comments for the public comment file may do so by mail, email or fax to Elaine Yeatts at elaine.yeatts@dhp.virginia.gov or at 9960 Mayland Drive, Henrico, VA

23233 or by fax at (804) 527-4434.. Comments may also be submitted through the Public Forum feature of the Virginia Regulatory Town Hall web site at: <http://www.townhall.virginia.gov>. Written comments must include the name and address of the commenter. In order to be considered, comments must be received by 11:59 pm on the last day of the public comment period.

A public hearing will be held following the publication of this stage and notice of the hearing will be posted on the Virginia Regulatory Town Hall website (<http://www.townhall.virginia.gov>) and on the Commonwealth Calendar website (<https://www.virginia.gov/connect/commonwealth-calendar>). Both oral and written comments may be submitted at that time.



Agency Department of Health Professions

Board Board of Counseling

Chapter Regulations Governing the Practice of Professional Counseling [18 VAC 115 - 20]

Action	<u>Resident license</u>
Stage	<u>Emergency/NOIRA</u>
Comment Period	Ends 1/22/2020

2 comments

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Commenter: Jane Yaun, for VACSB Regulatory Committee

1/9/20 10:14 am

Clarification requested

1) Asking for clarification to the new language which requires adding a resident's license number to all written communication. (i.e 18VAC115-20-52 B. 10) Does this include clinical documentation/ notes?

2) Same section: The added language regarding informing client that the "resident does not have authority for independent practice and is under supervision" while providing supervisor's name, professional address and phone number, may lead to unnecessary confusion by individual's served as to the qualifications. Curious as to the rationale for the added language. In addition, asking for clarification as to how often the client would need to be provided notice - assumption is only at start of services.

Commenter: Adrien Monti

1/10/20 5:05 pm

Requirement to add resident's license number

18VAC115-20-52 B. 10: The requirement to add a resident's license number to all written communication seems excessive. Each resident will registered with the board by name and will sign all documentation with legal name. Adding the license number would be time consuming and would not clarify or improve upon the clinical record. Recommendation not to require the resident's license number be added to all written communication, but only to require legal name and signature.

BOARD OF COUNSELING
Resident license
Emergency Regulations – Effective 12/23/19 to 6/22/21

Proposed Regulations

Licensed Professional Counselors

Part I

General Provisions

18VAC115-20-10. Definitions.

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in § 54.1-3500 of the Code of Virginia:

"Board"

"Counseling"

"Professional counselor"

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

"Ancillary counseling services" means activities such as case management, recordkeeping, referral, and coordination of services.

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

"CACREP" means the Council for Accreditation of Counseling and Related Educational Programs.

"Candidate for licensure" means a person who has satisfactorily completed all educational and experience requirements for licensure and has been deemed eligible by the board to sit for its examinations.

"Clinical counseling services" means activities such as assessment, diagnosis, treatment planning, and treatment implementation.

"Competency area" means an area in which a person possesses knowledge and skill and the ability to apply them in the clinical setting.

"CORE" means Council on Rehabilitation Education.

"Exempt setting" means an agency or institution in which licensure is not required to engage in the practice of counseling according to the conditions set forth in § 54.1-3501 of the Code of Virginia.

"Face-to-face" means the in-person delivery of clinical counseling services for a client.

"Group supervision" means the process of clinical supervision of no more than six persons in a group setting provided by a qualified supervisor.

"Internship" means a formal academic course from a regionally accredited college or university in which supervised, practical experience is obtained in a clinical setting in the application of counseling principles, methods, and techniques.

"Jurisdiction" means a state, territory, district, province, or country that has granted a professional certificate or license to practice a profession, use a professional title, or hold oneself out as a practitioner of that profession.

"Nonexempt setting" means a setting that does not meet the conditions of exemption from the requirements of licensure to engage in the practice of counseling as set forth in § 54.1-3501 of the Code of Virginia.

"Regional accrediting agency" means one of the regional accreditation agencies recognized by the U.S. Secretary of Education responsible for accrediting senior postsecondary institutions.

"Residency" means a postgraduate, supervised, clinical experience ~~registered with the board.~~

"Resident" means an individual who has ~~submitted~~ a supervisory contract and has ~~received board approval~~ been issued a temporary license by the board to provide clinical services in professional counseling under supervision.

"Supervision" means the ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular, documented individual or group consultation, guidance, and instruction that is specific to the clinical counseling services being performed with respect to the clinical skills and competencies of the person supervised.

"Supervisory contract" means an agreement that outlines the expectations and responsibilities of the supervisor and resident in accordance with regulations of the board.

18VAC115-20-20. Fees required by the board.

A. The board has established the following fees applicable to licensure as a professional counselor or a resident in counseling:

Active annual license renewal	\$130
Inactive annual license renewal	\$65
Initial licensure by examination: Application processing and initial licensure <u>as a professional counselor</u>	\$175
Initial licensure by endorsement: Application processing and initial licensure <u>as a professional counselor</u>	\$175
Registration of supervisor <u>Application and initial licensure as a resident in counseling</u>	\$65
Add or change supervisor <u>Pre-review of education only</u>	\$30 \$75
Duplicate license	\$10
Verification of licensure to another jurisdiction	\$30

<u>Active annual license renewal for a professional counselor</u>	<u>\$130</u>
<u>Inactive annual license renewal for a professional counselor</u>	<u>\$65</u>
<u>Annual renewal for resident in counseling</u>	<u>\$30</u>
Late renewal <u>for a professional counselor</u>	\$45
<u>Late renewal for a resident in counseling</u>	<u>\$10</u>
Reinstatement of a lapsed license <u>for a professional counselor</u>	\$200
<u>Reinstatement following revocation or suspension</u>	<u>\$600</u>
Replacement of or additional wall certificate	\$25
Returned check	\$35
Reinstatement following revocation or suspension	\$600

B. All fees are nonrefundable.

C. Examination fees shall be determined and made payable as determined by the board.

Part II

Requirements for Licensure as a Professional Counselor

18VAC115-20-40. Prerequisites for licensure by examination.

Every applicant for licensure examination by the board shall:

1. Meet the degree program requirements prescribed in 18VAC115-20-49, the ~~course work~~ coursework requirements prescribed in 18VAC115-20-51, and the experience requirements prescribed in 18VAC115-20-52;
2. Pass the licensure examination specified by the board;
3. Submit the following to the board:
 - a. A completed application;
 - b. Official transcripts documenting the applicant's completion of the degree program and coursework requirements prescribed in 18VAC115-20-49 and 18VAC115-20-51.

Transcripts previously submitted for ~~registration of supervision~~ board approval of a resident license do not have to be resubmitted unless additional coursework was subsequently obtained;

c. Verification of ~~Supervision~~ supervision forms documenting fulfillment of the residency requirements of 18VAC115-20-52 and copies of all required evaluation forms, including verification of current licensure of the supervisor if any portion of the residency occurred in another jurisdiction;

d. Verification of any other mental health or health professional license or certificate ever held in another jurisdiction;

e. The application processing and initial licensure fee as prescribed in 18VAC115-20-20; and

f. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and

4. Have no unresolved disciplinary action against a mental health or health professional license or certificate held in Virginia or in another jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

18VAC115-20-52. ~~Residency~~ Resident license and requirements for a residency.

A. ~~Registration~~ Resident license. Applicants who ~~render~~ for temporary licensure as a resident in counseling services shall:

1. ~~With their supervisor, register their supervisory contract on the appropriate forms for board approval before starting to practice under supervision~~ Apply for licensure on a form provided by the board to include the following: (i) verification of a supervisory contract; (ii) the name and licensure number of the clinical supervisor and location for the supervised

practice; and (iii) an attestation that the applicant will be providing clinical counseling services;

2. Have submitted an official transcript documenting a graduate degree as that meets the requirements specified in 18VAC115-20-49 to include completion of the coursework and internship requirement specified in 18VAC115-20-51; and

3. Pay the registration fee;

4. Submit a current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and

5. Have no unresolved disciplinary action against a mental health or health professional license, certificate, or registration in Virginia or in another jurisdiction. The board will consider the history of disciplinary action on a case-by-case basis.

B. Residency requirements.

1. The applicant for licensure as a professional counselor shall have completed a 3,400-hour supervised residency in the role of a professional counselor working with various populations, clinical problems, and theoretical approaches in the following areas:

a. Assessment and diagnosis using psychotherapy techniques;

b. Appraisal, evaluation, and diagnostic procedures;

c. Treatment planning and implementation;

d. Case management and recordkeeping;

e. Professional counselor identity and function; and

f. Professional ethics and standards of practice.

2. The residency shall include a minimum of 200 hours of in-person supervision between supervisor and resident in the consultation and review of clinical counseling services

provided by the resident. Supervision shall occur at a minimum of one hour and a maximum of four hours per 40 hours of work experience during the period of the residency. For the purpose of meeting the 200-hour supervision requirement, in-person may include the use of secured technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident. Up to 20 hours of the supervision received during the supervised internship may be counted ~~towards~~ toward the 200 hours of in-person supervision if the supervision was provided by a licensed professional counselor.

3. No more than half of the 200 hours may be satisfied with group supervision. One hour of group supervision will be deemed equivalent to one hour of individual supervision.

4. Supervision that is not concurrent with a residency will not be accepted, nor will residency hours be accrued in the absence of approved supervision.

5. The residency shall include at least 2,000 hours of face-to-face client contact in providing clinical counseling services. The remaining hours may be spent in the performance of ancillary counseling services.

6. A graduate-level internship in excess of 600 hours, which was completed in a program that meets the requirements set forth in 18VAC115-20-49, may count for up to an additional 300 hours ~~towards~~ toward the requirements of a residency.

7. Supervised practicum and internship hours in a CACREP-accredited doctoral counseling program may be accepted for up to 900 hours of the residency requirement and up to 100 of the required hours of supervision provided the supervisor holds a current, unrestricted license as a professional counselor.

8. The residency shall be completed in not less than 21 months or more than four years. Residents who began a residency before August 24, 2016, shall complete the residency

by August 24, 2020. An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue. A resident shall meet the renewal requirements of subsection C of 18VAC115-20-100 in order to maintain a license in current, active status.

9. The board may consider special requests in the event that the regulations create an undue burden in regard to geography or disability that limits the resident's access to qualified supervision.

10. Residents may not call themselves professional counselors, directly bill for services rendered, or in any way represent themselves as independent, autonomous practitioners or professional counselors. During the residency, residents shall use their names and the initials of their degree, ~~their resident license number~~, and the title "Resident in Counseling" in all written communications. Clients shall be informed in writing ~~of the resident's status~~ that the resident does not have authority for independent practice and is under supervision and shall provide the supervisor's name, professional address, and phone number.

11. Residents shall not engage in practice under supervision in any areas for which they have not had appropriate education.

12. Residency hours approved by the licensing board in another United States jurisdiction that meet the requirements of this section shall be accepted.

C. Supervisory qualifications. A person who provides supervision for a resident in professional counseling shall:

1. Document two years of post-licensure clinical experience;
2. Have received professional training in supervision, consisting of three credit hours or 4.0 quarter hours in graduate-level coursework in supervision or at least 20 hours of

continuing education in supervision offered by a provider approved under 18VAC115-20-106; and

3. Hold an active, unrestricted license as a professional counselor or a marriage and family therapist in the jurisdiction where the supervision is being provided. At least 100 hours of the supervision shall be rendered by a licensed professional counselor. Supervisors who are substance abuse treatment practitioners, school psychologists, clinical psychologists, clinical social workers, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.

D. Supervisory responsibilities.

1. Supervision by any individual whose relationship to the resident compromises the objectivity of the supervisor is prohibited.

2. The supervisor of a resident shall assume full responsibility for the clinical activities of that resident specified within the supervisory contract for the duration of the residency.

3. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period.

4. The supervisor shall report the total hours of residency and shall evaluate the applicant's competency in the six areas stated in subdivision B 1 of this section.

5. The supervisor shall provide supervision as defined in 18VAC115-20-10.

E. Applicants shall document successful completion of their residency on the Verification of Supervision Form at the time of application. Applicants must receive a satisfactory competency evaluation on each item on the evaluation sheet. Supervised experience obtained prior to April 12, 2000, may be accepted toward licensure if this supervised experience met the board's requirements that were in effect at the time the supervision was rendered.

Part III
Examinations

18VAC115-20-70. General examination requirements; schedules; time limits.

A. Every applicant for initial licensure by examination by the board as a professional counselor shall pass a written examination as prescribed by the board. An applicant is required to have passed the prescribed examination within six years from the date of initial issuance of a resident license by the board.

B. Every applicant for licensure by endorsement shall have passed a licensure examination in the jurisdiction in which licensure was obtained.

~~C. A candidate approved to sit for the examination shall pass the examination within two years from the date of such initial approval. If the candidate has not passed the examination by the end of the two year period here prescribed:~~

- ~~1. The initial approval to sit for the examination shall then become invalid; and~~
- ~~2. The applicant shall file a new application with the board, meet the requirements in effect at that time, and provide evidence of why the board should approve the reapplication for examination. If approved by the board, the applicant shall pass the examination within two years of such approval. If the examination is not passed within the additional two year period, a new application will not be accepted.~~

~~D. C.~~ The board shall establish a passing score on the written examination.

~~E. D.~~ A candidate for examination or an applicant shall not provide clinical counseling services unless he is under supervision approved by the board resident shall remain in a residency practicing under supervision until the resident has passed the licensure examination and been granted a license as a professional counselor.

Part IV

Licensure Renewal; Reinstatement

18VAC115-20-100. Annual renewal of licensure.

~~A. All licensees shall renew licenses on or before June 30 of each year.~~

B. Every ~~license holder~~ licensed professional counselor who intends to continue an 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 competency requirements prescribed in this chapter; and
2. The renewal fee prescribed in 18VAC115-20-20.

~~C.~~ B. A licensee licensed professional counselor who wishes to place his license in an inactive status may do so upon payment of the inactive renewal fee as established in 18VAC115-20-20. No person shall practice counseling in Virginia unless he holds a current active license. A licensee who has placed himself in inactive status may become active by fulfilling the reactivation requirements set forth in subsection C of 18VAC115-20-110 ~~C.~~

C. For renewal of a resident license in counseling, the following shall apply:

1. A resident license shall expire annually in the month the resident license was initially issued and may be renewed up to five times by submission of the renewal form and payment of the fee prescribed in 18VAC115-20-20.
2. On the annual renewal, the resident shall attest that a supervisory contract is in effect with a board-approved supervisor for each of the locations at which the resident is currently providing clinical counseling services.
3. On the annual renewal, the resident in counseling shall attest to completion of three hours in continuing education courses that emphasize the ethics, standards of practice,

or laws governing behavioral science professions in Virginia, offered by an approved provider as set forth in subsection B of 18VAC115-20-106.

D. 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.

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

Marriage and Family Therapists

18VAC115-50-10. Definitions.

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in § 54.1-3500 of the Code of Virginia: (i) "board," (ii) "marriage and family therapy," (iii) "marriage and family therapist," and (iv) "practice of marriage and family therapy."

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

"Ancillary counseling services" means activities such as case management, recordkeeping, referral, and coordination of services.

"CACREP" means the Council for Accreditation of Counseling and Related Educational Programs.

"COAMFTE" means the Commission on Accreditation for Marriage and Family Therapy Education.

"Clinical marriage and family services" means activities such as assessment, diagnosis, and treatment planning and treatment implementation for couples and families.

"Face-to-face" means the in-person delivery of clinical marriage and family services for a client.

"Internship" means a formal academic course from a regionally accredited university in which supervised practical experience is obtained in a clinical setting in the application of counseling principles, methods, and techniques.

"Regional accrediting agency" means one of the regional accreditation agencies recognized by the U.S. Secretary of Education as responsible for accrediting senior post-secondary institutions and training programs.

"Residency" means a postgraduate, supervised, clinical experience ~~registered with the board.~~

"Resident" means an individual who has ~~submitted a supervisory contract to the board and has received~~ been issued a temporary license by the board approval to provide clinical services in marriage and family therapy under supervision.

"Supervision" means an ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular, documented, individual or group consultation, guidance, and instruction with respect to the clinical skills and competencies of the person ~~or persons~~ being supervised.

"Supervisory contract" means an agreement that outlines the expectations and responsibilities of the supervisor and resident in accordance with regulations of the board.

18VAC115-50-20. Fees.

A. The board has established fees for the following:

Registration of supervision <u>Application and initial licensure as a resident</u>	\$65
Add or change supervisor <u>Pre-review of education only</u>	\$30 \$75
Initial licensure by examination: Processing and initial licensure <u>as a marriage and family therapist</u>	\$175

Initial licensure by endorsement: Processing and initial licensure <u>as a marriage and family therapist</u>	\$175
Active annual license renewal <u>for a marriage and family therapist</u>	\$130
Inactive annual license renewal <u>for a marriage and family therapist</u>	\$65
<u>Annual renewal for resident in marriage and family therapy</u>	<u>\$30</u>
Penalty for late renewal <u>for a marriage and family therapist</u>	\$45
<u>Late renewal for resident in marriage and family therapy</u>	<u>\$10</u>
Reinstatement of a lapsed license <u>for a marriage and family therapist</u>	\$200
Verification of license to another jurisdiction	\$30
Additional or replacement licenses	\$10
Additional or replacement wall certificates	\$25
Returned check	\$35
Reinstatement following revocation or suspension	\$600

B. All fees are nonrefundable.

C. Examination fees shall be determined and made payable as determined by the board.

18VAC115-50-30. Application for licensure as a marriage and family therapist by examination.

Every applicant for licensure by examination by the board shall:

1. Meet the education and experience requirements prescribed in 18VAC115-50-50, 18VAC115-50-55, and 18VAC115-50-60;
2. Meet the examination requirements prescribed in 18VAC115-50-70;
3. Submit to the board office the following items:
 - a. A completed application;
 - b. The application processing and initial licensure fee prescribed in 18VAC115-50-20;

c. Documentation, on the appropriate forms, of the successful completion of the residency requirements of 18VAC115-50-60 along with documentation of the supervisor's out-of-state license where applicable;

d. Official ~~transcript or~~ transcripts submitted from the appropriate institutions of higher education, verifying satisfactory completion of the education requirements set forth in 18VAC115-50-50 and 18VAC115-50-55. Previously submitted transcripts for ~~registration of supervision~~ board approval of a resident license do not have to be resubmitted unless additional coursework was subsequently obtained;

e. Verification on a board-approved form of any mental health or health out-of-state license, certification, or registration ever held in another jurisdiction; and

f. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and

4. Have no unresolved disciplinary action against a mental health or health professional license or certificate held in Virginia or in another jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

18VAC115-50-60. Residency Resident license and requirements for a residency.

A. ~~Registration~~ Resident license. Applicants ~~who render~~ for temporary licensure as a resident in marriage and family therapy services shall:

1. ~~With their supervisor, register their supervisory contract on the appropriate forms for board approval before starting to practice under supervision~~ Apply for licensure on a form provided by the board to include the following: (i) verification of a supervisory contract; (ii) the name and licensure number of the supervisor and location for the supervised practice; and (iii) an attestation that the applicant will be providing marriage and family services.

2. Have submitted an official transcript documenting a graduate degree as that meets the requirements specified in 18VAC115-50-50 to include completion of the coursework and internship requirement specified in 18VAC115-50-55; and

3. Pay the registration fee;

4. Submit a current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and

5. Have no unresolved disciplinary action against a mental health or health professional license, certificate, or registration in Virginia or in another jurisdiction. The board will consider the history of disciplinary action on a case-by-case basis.

B. Residency requirements.

1. The applicant for licensure as a marriage and family therapist shall have completed no fewer than 3,400 hours of supervised residency in the role of a marriage and family therapist, to include 200 hours of in-person supervision with the supervisor in the consultation and review of marriage and family services provided by the resident. For the purpose of meeting the 200 hours of supervision required for a residency, in-person may also include the use of technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident. At least one-half of the 200 hours of supervision shall be rendered by a licensed marriage and family therapist.

a. Residents shall receive a minimum of one hour and a maximum of four hours of supervision for every 40 hours of supervised work experience.

b. No more than 100 hours of the supervision may be acquired through group supervision, with the group consisting of no more than six residents. One hour of group supervision will be deemed equivalent to one hour of individual supervision.

- c. Up to 20 hours of the supervision received during the supervised internship may be counted ~~towards~~ toward the 200 hours of in-person supervision if the supervision was provided by a licensed marriage and family therapist or a licensed professional counselor.
2. The residency shall include documentation of at least 2,000 hours in clinical marriage and family services of which 1,000 hours shall be face-to-face client contact with couples or families or both. The remaining hours may be spent in the performance of ancillary counseling services. For applicants who hold current, unrestricted licensure as a professional counselor, clinical psychologist, or clinical social worker, the remaining hours may be waived.
 3. The residency shall consist of practice in the core areas set forth in 18VAC115-50-55.
 4. The residency shall begin after the completion of a master's degree in marriage and family therapy or a related discipline as set forth in 18VAC115-50-50.
 5. A graduate-level internship in excess of 600 hours, which was completed in a program that meets the requirements set forth in 18VAC115-50-50, may count for up to an additional 300 hours ~~towards~~ toward the requirements of a residency.
 6. Supervised practicum and internship hours in a COAMFTE-accredited or a CACREP-accredited doctoral program in marriage and family therapy or counseling may be accepted for up to 900 hours of the residency requirement and up to 100 of the required hours of supervision provided the supervisor holds a current, unrestricted license as a marriage and family therapist or professional counselor.
 7. The board may consider special requests in the event that the regulations create an undue burden in regard to geography or disability ~~which~~ that limits the resident's access to qualified supervision.

8. Residents shall not call themselves marriage and family therapists, directly bill for services rendered, or in any way represent themselves as marriage and family therapists. During the residency, residents may use their names, the initials of their degree, their resident license number, and the title "Resident in Marriage and Family Therapy." Clients shall be informed in writing of the resident's status that the resident does not have authority for independent practice and is under supervision, along with the name, address, and telephone number of the resident's supervisor.

9. Residents shall not engage in practice under supervision in any areas for which they do not have appropriate education.

10. The residency shall be completed in not less than 21 months or more than four years. Residents who began a residency before August 24, 2016, shall complete the residency by August 24, 2020. An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue. A resident shall meet the renewal requirements of subsection C of 18VAC115-50-90 in order to maintain a resident license in current, active status.

11. Residency hours that are approved by the licensing board in another United States jurisdiction and that meet the requirements of this section shall be accepted.

C. Supervisory qualifications. A person who provides supervision for a resident in marriage and family therapy shall:

1. Hold an active, unrestricted license as a marriage and family therapist or professional counselor in the jurisdiction where the supervision is being provided;
2. Document two years post-licensure marriage and family therapy experience; and
3. Have received professional training in supervision, consisting of three credit hours or 4.0 quarter hours in graduate-level coursework in supervision or at least 20 hours of

continuing education in supervision offered by a provider approved under 18VAC115-50-96. At least one-half of the 200 hours of supervision shall be rendered by a licensed marriage and family therapist. Supervisors who are clinical psychologists, clinical social workers, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.

D. Supervisory responsibilities.

1. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period. The supervisor shall report the total hours of residency and evaluate the applicant's competency to the board.
2. Supervision by an individual whose relationship to the resident is deemed by the board to compromise the objectivity of the supervisor is prohibited.
3. The supervisor shall provide supervision as defined in 18VAC115-50-10 and shall assume full responsibility for the clinical activities of residents as specified within the supervisory contract; for the duration of the residency.

18VAC115-50-70. General examination requirements.

A. All applicants for initial licensure shall pass an examination, as prescribed by the board, with a passing score as determined by the board. The examination is waived for an applicant who holds a current and unrestricted license as a professional counselor issued by the board.

~~B. The examination shall concentrate on the core areas of marriage and family therapy set forth in subsection A of 18VAC115-50-55~~ An applicant is required to pass the prescribed examination within six years from the date of initial issuance of a resident license by the board.

~~C. A candidate approved to sit for the examination shall pass the examination within two years from the initial notification date of approval. If the candidate has not passed the examination within two years from the date of initial approval:~~

- ~~1. The initial approval to sit for the examination shall then become invalid; and~~
- ~~2. The applicant shall file a new application with the board, meet the requirements in effect at that time, and provide evidence of why the board should approve the reapplication for examination. If approved by the board, the candidate shall pass the examination within two years of such approval. If the examination is not passed within the additional two-year period, a new application will not be accepted.~~

~~D. Applicants or candidates for examination shall not provide marriage and family services unless they are under supervision approved by the board~~ C. A resident shall remain in a residency practicing under supervision until the resident has passed the licensure examination and been granted a license as a marriage and family therapist.

18VAC115-50-90. Annual renewal of license.

~~A. All licensees shall renew licenses on or before June 30 of each year.~~

~~B. All licensees~~ licensed marriage and family therapists who intend to continue an 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 competency requirements prescribed in this chapter; and
2. The renewal fee prescribed in 18VAC115-50-20.

~~C. B.~~ A licensee licensed marriage and family therapist who wishes to place his license in an inactive status may do so upon payment of the inactive renewal fee as established in 18VAC115-50-20. No person shall practice marriage and family therapy in Virginia unless he holds a current active license. A licensee who has placed himself in inactive status may become active by fulfilling the reactivation requirements set forth in 18VAC115-50-100 C.

C. For renewal of a resident license in marriage and family therapy, the following shall apply:

1. A resident license shall expire annually in the month the license was initially issued and may be renewed up to five times by submission of the renewal form and payment of the fee prescribed in 18VAC115-50-20.

2. On the annual renewal, the resident shall attest that a supervisory contract is in effect with a board-approved supervisor for each of the locations at which the resident is currently providing marriage and family therapy.

3. On the annual renewal, residents in marriage and family therapy shall attest to completion of three hours in continuing education courses that emphasize the ethics, standards of practice, or laws governing behavioral science professions in Virginia, offered by an approved provider as set forth in subsection B of 18VAC115-50-96.

D. 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.

E. After the renewal date, the license is expired; practice with an expired license is prohibited and may constitute grounds for disciplinary action.

Licensed Substance Abuse Treatment Practitioners

Part I

General Provisions

18VAC115-60-10. Definitions.

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in § 54.1-3500 of the Code of Virginia:

"Board"

"Licensed substance abuse treatment practitioner"

"Substance abuse"

"Substance abuse treatment"

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

"Ancillary services" means activities such as case management, recordkeeping, referral, and coordination of services.

"Applicant" means any individual who has submitted an official application and paid the application fee for licensure as a substance abuse treatment practitioner.

"CACREP" means the Council for Accreditation of Counseling and Related Educational Programs.

"Candidate for licensure" means a person who has satisfactorily completed all educational and experience requirements for licensure and has been deemed eligible by the board to sit for its examinations.

"Clinical substance abuse treatment services" means activities such as assessment, diagnosis, treatment planning, and treatment implementation.

"COAMFTE" means the Commission on Accreditation for Marriage and Family Therapy Education.

"Competency area" means an area in which a person possesses knowledge and skill and the ability to apply them in the clinical setting.

"Exempt setting" means an agency or institution in which licensure is not required to engage in the practice of substance abuse treatment according to the conditions set forth in § 54.1-3501 of the Code of Virginia.

"Face-to-face" means the in-person delivery of clinical substance abuse treatment services for a client.

"Group supervision" means the process of clinical supervision of no more than six persons in a group setting provided by a qualified supervisor.

"Internship" means a formal academic course from a regionally accredited university in which supervised, practical experience is obtained in a clinical setting in the application of counseling principles, methods, and techniques.

"Jurisdiction" means a state, territory, district, province, or country ~~which~~ that has granted a professional certificate or license to practice a profession, use a professional title, or hold oneself out as a practitioner of that profession.

"Nonexempt setting" means a setting ~~which~~ that does not meet the conditions of exemption from the requirements of licensure to engage in the practice of substance abuse treatment as set forth in § 54.1-3501 of the Code of Virginia.

"Regional accrediting agency" means one of the regional accreditation agencies recognized by the U.S. Secretary of Education responsible for accrediting senior postsecondary institutions.

"Residency" means a postgraduate, supervised, clinical experience ~~registered with the board.~~

"Resident" means an individual who has ~~submitted~~ a supervisory contract and has ~~received board approval~~ been issued a temporary license by the board to provide clinical services in substance abuse treatment under supervision.

"Supervision" means the ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular, documented individual or group consultation, guidance, and instruction with respect to the clinical skills and competencies of the person supervised.

"Supervisory contract" means an agreement that outlines the expectations and responsibilities of the supervisor and resident in accordance with regulations of the board.

18VAC115-60-20. Fees required by the board.

A. The board has established the following fees applicable to licensure as a substance abuse treatment practitioner or resident in substance abuse treatment:

Registration of supervision (initial) <u>Application and initial licensure as a resident in substance abuse treatment</u>	\$65
Add/change supervisor <u>Pre-review of education only</u>	\$30 \$75
Initial licensure by examination: Processing and initial licensure <u>as a substance abuse treatment practitioner</u>	\$175
Initial licensure by endorsement: Processing and initial licensure <u>as a substance abuse treatment practitioner</u>	\$175
Active annual license renewal <u>for a substance abuse treatment practitioner</u>	\$130
Inactive annual license renewal <u>for a substance abuse treatment practitioner</u>	\$65
<u>Annual renewal for resident in substance abuse treatment</u>	<u>\$30</u>
Duplicate license	\$10
Verification of license to another jurisdiction	\$30
Late renewal <u>for a substance abuse treatment practitioner</u>	\$45
<u>Late renewal for a resident in substance abuse treatment</u>	<u>\$10</u>
Reinstatement of a lapsed license <u>of a substance abuse treatment practitioner</u>	\$200
Replacement of or additional wall certificate	\$25
Returned check	\$35
Reinstatement following revocation or suspension	\$600

B. All fees are nonrefundable.

C. Examination fees shall be determined and made payable as determined by the board.

Part II

Requirements for Licensure as a Substance Abuse Treatment Practitioner

18VAC115-60-40. Application for licensure by examination.

Every applicant for licensure by examination by the board shall:

1. Meet the degree program, coursework, and experience requirements prescribed in 18VAC115-60-60, 18VAC115-60-70, and 18VAC115-60-80;
2. Pass the examination required for initial licensure as prescribed in 18VAC115-60-90;
3. Submit the following items to the board:
 - a. A completed application;
 - b. Official transcripts documenting the applicant's completion of the degree program and coursework requirements prescribed in 18VAC115-60-60 and 18VAC115-60-70. Transcripts previously submitted for ~~registration of supervision~~ board approval of a resident license do not have to be resubmitted unless additional coursework was subsequently obtained;
 - c. Verification of supervision forms documenting fulfillment of the residency requirements of 18VAC115-60-80 and copies of all required evaluation forms, including verification of current licensure of the supervisor of any portion of the residency occurred in another jurisdiction;
 - d. Documentation of any other mental health or health professional license or certificate ever held in another jurisdiction;
 - e. The application processing and initial licensure fee as prescribed in 18VAC115-60-20; and

f. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and

4. Have no unresolved disciplinary action against a mental health or health professional license or certificate held in Virginia or in another jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

18VAC115-60-80. Residency Resident license and requirements for a residency.

A. Registration Licensure. Applicants ~~who~~ render for a temporary resident license in substance abuse treatment services shall:

1. ~~With their supervisor, register their supervisory contract on the appropriate forms for board approval before starting to practice under supervision~~ Apply for licensure on a form provided by the board to include the following: (i) verification of a supervisory contract; (ii) the name and licensure number of the supervisor and location for the supervised practice; and (iii) an attestation that the applicant will be providing substance abuse treatment services;

2. Have submitted an official transcript documenting a graduate degree as that meets the requirements specified in 18VAC115-60-60 to include completion of the coursework and internship requirement specified in 18VAC115-60-70; and

3. Pay the registration fee;

4. Submit a current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and

5. Have no unresolved disciplinary action against a mental health or health professional license, certificate, or registration in Virginia or in another jurisdiction. The board will consider the history of disciplinary action on a case-by-case basis.

B. Applicants who are beginning their residencies in exempt settings shall register supervision with the board to assure acceptability at the time of application.

C. Residency requirements.

1. The applicant for licensure as a substance abuse treatment practitioner shall have completed no fewer than 3,400 hours in a supervised residency in substance abuse treatment with various populations, clinical problems and theoretical approaches in the following areas:

- a. Clinical evaluation;
- b. Treatment planning, documentation, and implementation;
- c. Referral and service coordination;
- d. Individual and group counseling and case management;
- e. Client family and community education; and
- f. Professional and ethical responsibility.

2. The residency shall include a minimum of 200 hours of in-person supervision between supervisor and resident occurring at a minimum of one hour and a maximum of four hours per 40 hours of work experience during the period of the residency.

- a. No more than half of these hours may be satisfied with group supervision.
- b. One hour of group supervision will be deemed equivalent to one hour of individual supervision.
- c. Supervision that is not concurrent with a residency will not be accepted, nor will residency hours be accrued in the absence of approved supervision.

- d. For the purpose of meeting the 200-hour supervision requirement, in-person supervision may include the use of technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident.
- e. Up to 20 hours of the supervision received during the supervised internship may be counted ~~towards~~ toward the 200 hours of in-person supervision if the supervision was provided by a licensed professional counselor.
3. The residency shall include at least 2,000 hours of face-to-face client contact in providing clinical substance abuse treatment services with individuals, families, or groups of individuals suffering from the effects of substance abuse or dependence. The remaining hours may be spent in the performance of ancillary services.
4. A graduate level degree internship in excess of 600 hours, which is completed in a program that meets the requirements set forth in 18VAC115-60-70, may count for up to an additional 300 hours ~~towards~~ toward the requirements of a residency.
5. The residency shall be completed in not less than 21 months or more than four years. Residents who began a residency before August 24, 2016, shall complete the residency by August 24, 2020. An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue. A resident shall meet the renewal requirements of subsection C of 18VAC115-60-110 in order to maintain a license in current, active status.
6. The board may consider special requests in the event that the regulations create an undue burden in regard to geography or disability ~~which~~ that limits the resident's access to qualified supervision.
7. Residents may not call themselves substance abuse treatment practitioners, directly bill for services rendered, or in any way represent themselves as independent, autonomous

practitioners or substance abuse treatment practitioners. During the residency, residents shall use their names and the initials of their degree, their resident license number, and the title "Resident in Substance Abuse Treatment" in all written communications. Clients shall be informed in writing ~~of the resident's status,~~ that the resident does not have authority for independent practice and is under supervision and shall provide the supervisor's name, professional address, and telephone number.

8. Residents shall not engage in practice under supervision in any areas for which they have not had appropriate education.

9. Residency hours that are approved by the licensing board in another United States jurisdiction and that meet the requirements of this section shall be accepted.

D. Supervisory qualifications.

1. A person who provides supervision for a resident in substance abuse treatment shall hold an active, unrestricted license as a professional counselor or substance abuse treatment practitioner in the jurisdiction where the supervision is being provided. Supervisors who are marriage and family therapists, school psychologists, clinical psychologists, clinical social workers, clinical nurse specialists, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.

2. All supervisors shall document two years post-licensure substance abuse treatment experience and at least 100 hours of didactic instruction in substance abuse treatment. Supervisors must document a three-credit-hour course in supervision, a 4.0-quarter-hour course in supervision, or at least 20 hours of continuing education in supervision offered by a provider approved under 18VAC115-60-116.

E. Supervisory responsibilities.

1. Supervision by any individual whose relationship to the resident compromises the objectivity of the supervisor is prohibited.
2. The supervisor of a resident shall assume full responsibility for the clinical activities of that resident specified within the supervisory contract for the duration of the residency.
3. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period.
4. The supervisor shall report the total hours of residency and shall evaluate the applicant's competency in the six areas stated in subdivision C 1 of this section.

F. Documentation of supervision. Applicants shall document successful completion of their residency on the Verification of Supervision form at the time of application. Applicants must receive a satisfactory competency evaluation on each item on the evaluation sheet.

Part III

Examinations

18VAC115-60-90. General examination requirements; ~~schedules~~; time limits.

A. Every applicant for ~~initial~~ licensure as a substance abuse treatment practitioner by examination shall pass a written examination as prescribed by the board. Such applicant is required to pass the prescribed examination within six years from the date of initial issuance of a resident license by the board.

B. Every applicant for licensure as a substance abuse treatment practitioner by endorsement shall have passed a substance abuse examination deemed by the board to be substantially equivalent to the Virginia examination.

C. The examination is waived for an applicant who holds a current and unrestricted license as a professional counselor issued by the board.

~~D. A candidate approved by the board to sit for the examination shall pass the examination within two years from the date of such initial board approval. If the candidate has not passed the examination within two years from the date of initial approval:~~

~~1. The initial board approval to sit for the examination shall then become invalid; and~~

~~2. The applicant shall file a complete new application with the board, meet the requirements in effect at that time, and provide evidence of why the board should approve the reapplication for examination. If approved by the board, the applicant shall pass the examination within two years of such approval. If the examination is not passed within the additional two-year period, a new application will not be accepted.~~

~~E. D.~~ The board shall establish a passing score on the written examination.

~~F. A candidate for examination or an applicant shall not provide clinical services unless he is under supervision approved by the board.~~ E. A resident shall remain in a residency practicing under supervision until the resident has passed the licensure examination and been granted a license as a substance abuse treatment practitioner.

Part IV

Licensure Renewal; Reinstatement

18VAC115-60-110. Renewal of licensure.

~~A. All licensees shall renew licenses on or before June 30 of each year.~~

~~B. Every license holder~~ substance abuse treatment practitioner who intends to continue an 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 competency requirements prescribed in this chapter; and

2. The renewal fee prescribed in 18VAC115-60-20.

~~G.~~ B. A licensee substance abuse treatment practitioner who wishes to place his license in an inactive status may do so upon payment of the inactive renewal fee as established in 18VAC115-60-20. No person shall practice substance abuse treatment in Virginia unless he holds a current active license. A licensee who has placed himself in inactive status may become active by fulfilling the reactivation requirements set forth in subsection C of 18VAC115-60-120 ~~G.~~

C. For renewal of a resident license in substance abuse treatment, the following shall apply:

1. A resident license shall expire annually in the month the resident license was initially issued and may be renewed up to five times by submission of the renewal form and payment of the fee prescribed in 18VAC115-60-20.

2. On the annual renewal, the resident shall attest that a supervisory contract is in effect with a board-approved supervisor for each of the locations at which the resident is currently providing substance abuse treatment services.

3. On the annual renewal, residents in substance abuse treatment shall attest to completion of three hours in continuing education courses that emphasize the ethics, standards of practice, or laws governing behavioral science professions in Virginia, offered by an approved provider as set forth in subsection B of 18VAC115-60-116.

D. 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.

E. After the renewal date, the license is expired; practice with an expired license is prohibited and may constitute grounds for disciplinary action.

**Notice of Intended Regulatory
Action (NOIRA) for Regulations
Governing the Certification of
Rehabilitation Providers**

Agenda Item: NOIRA on the periodic review for Regulations Governing the Certification of Rehabilitation Providers.

Included in your agenda package are:

A copy of the NOIRA on Townhall

No public comments on NOIRA

A copy of the regulations

Regulatory Committee Recommendations:

The Committee recommended approving proposed regulations as written.

Board action:

Consideration of a Regulatory Advisory Panel (RAP); or

Make recommendations that no changes be made to the regulations; or

Make recommended changes to the regulations to present to the Board.



townhall.virginia.gov

Notice of Intended Regulatory Action (NOIRA) Agency Background Document

Agency name	Board of Counseling, Department of Health Professions
Virginia Administrative Code (VAC) citation(s)	18VAC115-40
Regulation title(s)	Regulations Governing the Certification of Rehabilitation Providers
Action title	Periodic review
Date this document prepared	6/7/19

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 14 (as amended, July 16, 2018), the Regulations for Filing and Publishing Agency Regulations (1 VAC 7-10), and the *Virginia Register Form, Style, and Procedure Manual for Publication of Virginia Regulations*.

Brief Summary

Please provide a brief summary (preferably no more than 2 or 3 paragraphs) of the subject matter, intent, and goals of this regulatory change (i.e., new regulation, amendments to an existing regulation, or repeal of an existing regulation).

The intent of the amendments resulting from the periodic review is to update regulations, clarify language, and achieve some consistency among standards of practice and renewal requirements for certified and registered professions.

The Board will consider whether the addition of some hours of continuing education are necessary to ensure continued competency and will also add grounds for disciplinary actions that are found in all other chapters but are missing in Chapter 40.

Acronyms and Definitions

Please define all acronyms or technical definitions used in the Agency Background Document.

N/A

Mandate and Impetus

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

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

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

Regulations 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:

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

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

4. To administer the certification of rehabilitation providers pursuant to Article 2 (§ 54.1-3510 et seq.) of this chapter, including prescribing fees for application processing, examinations, certification and certification renewal....

Article 2. Rehabilitation Providers.

§ 54.1-3510. Definitions.

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

"Certified rehabilitation provider" means a person who is certified by the Board as possessing the training, the skills and the experience as a rehabilitation provider to form an opinion by discerning and evaluating, thereby allowing for a sound and reasonable determination or recommendation as to the appropriate employment for a rehabilitation client and who may provide vocational rehabilitation services under subdivision A 3 of § [65.2-603](#) that involve the exercise of professional judgment.

"Professional judgment" includes consideration of the client's level of disability, functional limitations and capabilities; consideration of client aptitudes, career and technical skills and abilities; education and pre-injury employment; and identification of return-to-work options and service needs which culminate in the determination or recommendation of appropriate employment for the rehabilitation client.

§ 54.1-3513. Restriction of practice; use of titles.

A. No person, other than a person licensed by the Boards of Counseling; Medicine; Nursing; Optometry; Psychology; or Social Work, shall hold himself out as a provider of rehabilitation services or use the title "rehabilitation provider" or a similar title or any abbreviation thereof unless he holds a valid certificate under this article.

B. Subsection A shall not apply to employees or independent contractors of the Commonwealth's agencies and sheltered workshops providing vocational rehabilitation services, under the following circumstances: (i) such employees or independent contractors are not providing vocational rehabilitation services under § [65.2-603](#) or (ii) such employees are providing vocational rehabilitation services under § [65.2-603](#) as well as other programs and are certified by the Commission on Rehabilitation Counselor Certification (CRCC) as certified rehabilitation counselors (CRC) or by the Commission on Certification of Work Adjustment and Vocational Evaluation Specialists (CCWAVES) as Certified Vocational Evaluation Specialists (CVE).

§ 54.1-3514. Certification of existing providers.

The Board of Counseling upon receipt of a completed application and payment of the prescribed fee on or before June 30, 1995, shall issue a certificate to any person who was actively engaged in providing rehabilitation services on January 1, 1994.

§ 54.1-3515. Certification renewal of individuals who became certified under the provisions of § 54.1-3514.

After July 1, 2001, the Board of Counseling shall not renew a certificate to any person who became certified under the provisions of § [54.1-3514](#) without documentation that such person meets the current requirements for certification established by the Board, unless such person provided rehabilitation services for at least two years immediately preceding July 1, 1997, and has done so continuously since that date without interruption and received a passing score on a Board approved examination. The Board of Counseling, pursuant to its authority in this section and in § [54.1-3505](#), shall adopt regulations to implement the 1997 revisions of the law relating to certified rehabilitation providers in 280 days or less of the date of the enactment of such revisions.

Purpose

Please describe the specific reasons why the agency has determined that this regulation is essential to protect the health, safety, or welfare of citizens. In addition, please explain any potential issues that may need to be addressed as the regulation is developed.

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

Please briefly identify and explain the new substantive provisions that are being considered, the substantive changes to existing sections that are being considered, or both.

In addition to edits for clarity and updating of terminology, the following changes will be considered:

In section 22, clarify that unresolved disciplinary action in another jurisdiction may be grounds to deny certification, but the board will consider each on a case-by-case basis.

In section 25, require “verification” of any other mental health or health license in another jurisdiction. Documentation is not necessary, provided the verification comes from the other jurisdiction; the only “licenses” the board is concerned about are mental health or health licenses.

In section 25, specify that a person who is applying for certification based on national certification or certification by another state, pursuant to subsection C of 18VAC115-40-22, must provide documentation of that certification.

In section 26, replace the words “members” with the word “persons” who are in group supervision.

In section 30, the board will consider adding some hours of continuing education for renewal, consistent with other registered or certified professions under the board. The board will seek public comment on the intent to add a CE requirement.

In section 30, the board will consider changing the renewal date from January 31st to June 30th for consistency with renewal for other professions.

In subsection B of section 30, the board will consider what “evidence” of continuing ability to perform the functions of a rehabilitation provider should be required for reinstatement, such as continuing education and/or practice in another state.

In section 38, the board will add the requirement for notification of a name change and will change the requirement from 30 to 60 days for submission of information on changes.

In section 50, the board will consider adding the following grounds for disciplinary action that exist in other regulations for the Board of Counseling:

- Conducting one’s practice in such a manner so as to make it a danger to the health and welfare of one’s clients or to the public;
- Performance of functions outside the board-certified area of competency;
- Intentional or negligent conduct that causes or is likely to cause injury to a client or clients;
- Performance of an act likely to deceive, defraud, or harm the public;
- Failure to cooperate with an employee of the Department of Health Professions in the conduct of an investigation;
- Failure to report evidence of child abuse or neglect as required in § 63.2-1509 of the Code of Virginia, or elder abuse or neglect as required in § 63.2-1606 in the Code of Virginia;
- Knowingly allowing persons under supervision to jeopardize client safety or provide care to clients outside of such person’s scope of practice or area of responsibility; and
- Violating any provisions of this chapter, including practice standards set forth in 18VAC115-40-40.

Alternatives

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

Since the requirements for certification 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.

Periodic Review and

Small Business Impact Review Announcement

This NOIRA is not being used to announce a periodic review or a small business impact review; this NOIRA is the result of the Board's periodic review.

Public Participation

Please indicate how the public should contact the agency to submit comments on this regulation, including ideas to assist the agency in the development of the regulation and the costs and benefits of the alternatives stated in this notice or other alternatives.

Also, indicate whether a public hearing is to be held to receive comments. Please include one of the following choices: 1) a panel will be appointed and the agency's contact if you're interested in serving on the panel is _____; 2) a panel will not be used; or 3) public comment is invited as to whether to use a panel to assist in the development of this regulation.

The agency is seeking comments on this regulatory action, including but not limited to: ideas to be considered in the development of this proposal, the costs and benefits of the alternatives stated in this background document or other alternatives, and the potential impacts of the regulation.

The agency is also seeking information on impacts on small businesses as defined in § 2.2-4007.1 of the Code of Virginia. Information may include: projected reporting, recordkeeping, and other administrative costs; the probable effect of the regulation on affected small businesses; and the description of less intrusive or costly alternatives for achieving the purpose of the regulation.

Anyone wishing to submit comments may do so via the Regulatory Townhall website , www.townhall.virginia.gov, or by mail, email or fax to Elaine Yeatts, Agency Regulatory Coordinator, 9960 Mayland Drive, Henrico, VA 23233 or elaine.yeatts@dhp.virginia.gov or by fax to (804) 527-4434. Written comments must include the name and address of the commenter. In order to be considered comments must be received by the last day of the public comment period.

A public hearing will be held following the publication of the proposed stage of this regulatory action and notice of the hearing will be posted on the Virginia Regulatory Town Hall website (<http://www.townhall.virginia.gov>) and on the Commonwealth Calendar website (<https://www.virginia.gov/connect/commonwealth-calendar>). Both oral and written comments may be submitted at that time.

A regulatory panel will not be used to develop the proposed regulation, which will be drafted by the Regulatory Committee of the Board.

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Project 6208 - NOIRA**BOARD OF COUNSELING****Periodic review****18VAC115-40-20. Fees required by the board.**

A. The board has established the following fees applicable to the certification of rehabilitation providers:

Initial certification by examination: Processing and initial certification	\$115
Initial certification by endorsement: Processing and initial certification	\$115
Certification renewal	\$65
Duplicate certificate	\$10
<u>Verification of certification</u>	<u>\$25</u>
Late renewal	\$25
Reinstatement of a lapsed certificate	\$125
Replacement of or additional wall certificate	\$25
Returned check	\$35
Reinstatement following revocation or suspension	\$600

B. Fees shall be paid to the board. All fees are nonrefundable.

Part II**Requirements for Certification****18VAC115-40-22. Criteria for eligibility.**

A. Education and experience requirements for certification are as follows:

1. Any baccalaureate degree from a regionally accredited college or university or a current registered nurse license in good standing in Virginia; and
2. Documentation of 2,000 hours of supervised experience in performing those services that will be offered to a workers' compensation claimant under § 65.2-603 of the Code of Virginia. Experience may be acquired through supervised training or experience or both. A supervised

internship in rehabilitation services may count toward part of the required 2,000 hours. Any individual who does not meet the experience requirement for certification must practice under the supervision of an individual who meets the requirements of 18VAC115-40-27. Individuals shall not practice in an internship or supervisee capacity for more than five years.

B. A passing score on a board-approved examination shall be required.

C. The board may grant certification without examination to applicants certified as rehabilitation providers in other states or by nationally recognized certifying agencies, boards, associations and commissions by standards substantially equivalent to those set forth in the board's current regulation.

D. The applicant shall have no unresolved disciplinary action against a health, mental health, or rehabilitation-related license, certificate, or registration. The board will consider history of disciplinary action on a case-by-case basis.

18VAC115-40-25. Application process.

The applicant shall submit to the board:

1. A completed application form;
2. The official transcript or transcripts submitted from the appropriate institutions of higher education;
3. Documentation, on the appropriate forms, of the successful completion of the supervised experience requirement of 18VAC115-40-26. Documentation of supervision obtained outside of Virginia must include verification of the supervisor's out-of-state license or certificate;
4. Documentation of passage of the examination required by 18VAC115-40-28.
- 4- 5. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and
- ~~5- 6. Documentation of~~ Verification that the applicant's national or out-of-state license or certificate is in good standing where applicable.

18VAC115-40-26. Supervised experience requirement.

The following shall apply to the supervised experience requirement for certification:

1. On average, the supervisor and the supervisee shall consult for two hours per week in group or personal instruction. The total hours of personal instruction shall not be less than 100 hours within the 2,000 hours of experience. Group instruction shall not exceed six ~~members~~ persons in a group.
2. Half of the personal instruction contained in the total supervised experience shall be face-to-face between the supervisor and supervisee. A portion of the face-to-face instruction shall include direct observation of the supervisee-rehabilitation client interaction.

Part IV

Renewal and Reinstatement

18VAC115-40-30. Annual renewal of certificate.

Every certificate issued by the board shall expire on ~~January 31~~ June 30 of each year.

1. To renew certification, the certified rehabilitation provider shall submit a renewal form and fee as prescribed in 18VAC115-40-20.
2. Failure to receive a renewal notice and form shall not excuse the certified rehabilitation provider from the renewal requirement.

18VAC115-40-35. Reinstatement.

A. A person whose certificate has expired may renew it within one year after its expiration date by paying the renewal fee and the late renewal fee prescribed in 18VAC115-40-20.

B. A person who fails to renew a certificate for one year or more shall apply for reinstatement, pay the reinstatement fee and submit evidence regarding the continued ability to perform the functions within the scope of practice of the certification, such as continuing education, practice in another jurisdiction, or maintenance of national certification.

18VAC115-40-38. Change of address.

A certified rehabilitation provider whose address of record or public address, if different from the address of record, has changed shall submit the new address in writing to the board within 30 days of such change.

18VAC115-40-50. Grounds for revocation, suspension, probation, reprimand, censure, denial of renewal of certificate; petition for rehearing.

Action by the board to revoke, suspend, decline to issue or renew a certificate, to place such a certificate holder on probation or to censure, reprimand or fine a certified rehabilitation provider may be taken in accord with the following:

1. Procuring, attempting to procure, or maintaining a license, certificate or registration by fraud or misrepresentation.
2. Violation of, or aid to another in violating, any regulation or statute applicable to the provision of rehabilitation services.
3. The denial, revocation, suspension or restriction of a registration, license or certificate to practice in another state, or a United States possession or territory or the surrender of any such registration, license or certificate while an active administrative investigation is pending.
4. Conviction of any felony, or of a misdemeanor involving moral turpitude.
5. Providing rehabilitation services without reasonable skill and safety to clients by virtue of physical, mental or emotional illness or substance ~~abuse~~ misuse;
6. Conducting one's practice in such a manner as to be a danger to the health and welfare of one' clients or to the public;
7. Performance of functions outside the board-certified area of competency;
8. Intentional or negligent conduct that causes or is likely to cause injury to a client;
9. Performance of an act likely to deceive, defraud, or harm the public;
10. Failure to cooperate with an employee of the Department of Health Professions in the conduct of an investigation;
11. Failure to report evidence of child abuse or neglect as required by § 63.2-1509 of the Code of Virginia, or elder abuse or neglect as required by § 63.2-1606 of the Code of Virginia;
12. Knowingly allowing persons under supervision to jeopardize client safety or provide care to clients outside of such person's scope of practice or area of responsibility; or

13. Violating any provisions of this chapter, including practice standards set forth in 18VAC115-40-40.

FORMS (18VAC115-40)

Application for Certification as a Rehabilitation Provider, ~~Form 1~~ (rev. ~~8/07~~ 5/18).

General Information for Certification as a Rehabilitation Provider (rev. 7/11).

Verification of Experience for Rehabilitation Provider Certification, ~~Form 2~~ (rev. ~~8/07~~ 5/18).

~~Rehabilitation Provider Verification of Licensure/Certification (rev. 8/07)~~ Out-of-State License or Certification Verification (rev. 4/18).

Licensure/Certification Verification of Out-of-State Supervisor, ~~Form 4~~ (rev. ~~8/07~~ 4/18).

Rehabilitation Provider Application for Reinstatement of a Lapsed Certificate (rev. ~~8/07~~ 5/18).

Petition for Rule-Making (Usher)

To amend regulations accept
1500 direct/indirect service
hours, 50 hours of supervision,
and one year of experience
from a master's level internship

Agenda Item: Response to Petition for Rulemaking

Included in your agenda package are:

A copy of the petition received from Robin Usher

A copy of the comments on the petition

A copy of the emergency regulations for 18VAC115-50-52

Regulatory Committee Recommendations:

The Committee recommended to deny the petitioners request.

Board action:

To initiate rulemaking by adoption of a Notice of Intended Regulatory Action: or

To initiate rulemaking by adoption of proposed regulations by a fast-track action;
or

To reject the petitioner's request

Request for Comment on Petition for Rulemaking

Promulgating Board: **Board of Counseling**

Regulatory Coordinator: Elaine J. Yeatts
(804)367-4688
elaine.yeatts@dhp.virginia.gov

Agency Contact: Jaime Hoyle
Executive Director
(804)367-4406
jaime.hoyle@dhp.virginia.gov

Contact Address: Department of Health Professions
9960 Mayland Drive
Suite 300
Richmond, VA 23233

Chapter Affected:

18 vac 115 - **Regulations Governing the Practice of Professional
20: Counseling**

Statutory Authority: State: Chapter 35 of Title 54.1

Date Petition Received 10/29/2019

Petitioner Robin Usher

Petitioner's Request

To accept 1500 direct/indirect service hours, 50 hours of supervision, and one years from a master's level internship so long as the internship hours were acquired after 30 course hours from a CACREP accredited counseling program and in not more than 3 years of study.

Agency Plan

In accordance with Virginia law, the petition will be filed with the Register of Regulations and published on November 25, 2019 with comment requested until December 25, 2019. It will also be placed on the Virginia Regulatory Townhall and available for comments to be posted electronically. At its first meeting following the close of comment, which is scheduled for February 7, 2010, the Board will consider the request to amend regulations and all comment received in support or opposition.

Publication Date 11/25/2019 *(comment period will also begin on this date)*

Comment End Date 12/25/2019



COMMONWEALTH OF VIRGINIA

Board of Counseling

9960 Mayland Drive, Suite 300
Richmond, Virginia 23233-1463

(804) 367-4610 (Tel)
(804) 527-4435 (Fax)

Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition. If the board has not met within that 90-day period, the decision will be issued no later than 14 days after it next meets.

Please provide the information requested below. (Print or Type)		
Petitioner's full name (Last, First, Middle initial, Suffix) Usher, Robin, D.		
Street Address 3600 West Broad Street Unit 403	Area Code and Telephone Number 470-213-8299	
City Richmond	State Virginia	Zip Code 23230
Email Address (optional)	Fax (optional)	

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

Residency Requirements 18VAC115-20-49

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

Petition for the Board to accept 1500 direct/indirect service hours, 50 hours of supervision, and one year from a Master's level internship so long as the internship hours were acquired after 30 course hours from a CACREP accredited counseling program and in not more than 3 years of study. For the 1000 hours to be considered, they must be in excess of the practicum and internship hours required for licensure and they should be acquired under a supervisor who meets the Board's standard of competency for supervisors who are trained in clinical supervision. The proposed change would expediate licensure for candidates who are applying for licensure from comprehensive and well developed counseling programs while adding to the counseling workforce. These changes are necessary to address the growing burden of mental illness for Virginians while also addressing limited career opportunities for counseling Residents.

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

No other legal authority is assumed.

Signature: Date: 10/29/2019



Agency

Department of Health Professions

Board

Board of Counseling

Chapter

Regulations Governing the Practice of Professional Counseling [18 VAC 115 - 20]

8 comments

[All comments for this forum](#)[Back to List of Comments](#)**Commenter:** Anne Beverly Chow, Bluebird Counseling Center

11/25/19 11:11 am

I support this petition

Master's level clinicians should be afforded this leniency in becoming licensed clinicians. It would be more cost effective and help to accommodate Virginia's ever-growing need for mental health services.

Commenter: Robin Usher

11/25/19 4:30 pm

I Strongly Support This Petition

Residents may have had experience in counseling professions before the start of their Masters, and many graduate from well-established programs that provide a level of training that is on-par with the supervised experience of some Residents. While the Board of Counseling already accepts 500 hours of supervised experience from the Masters internship, this has done little to reduce the time that it would take for a Mental Health professional to become licensed post-Masters.

Some states have adopted polices to accept a greater number of pre-Masters hours towards the post-Masters experience, so long as the hours occur after 35 course hours, and in excess of the required practicum an internship hours. This petition requests that Virginia's policies be more in line with states that have chosen to focus on the quality of education for counselors rather than the quantity of hours acquired post-Masters.

Not making a shift towards better credentialing practices will sustain the mental health and substance abuse crisis facing Virginians today. The current licensure process ensures burnout, deters individuals from entering the counseling workforce, and setups a condition where mental health professionals are unable to find meaningful work after the completion of their Masters. The current system may also encourage the abuse of Resident clinicians as they are forced to work in settings where their work isn't fairly compensated.

Again, I strongly support changing the required hours for licensure. I feel that the change is necessary, and I believe that it could benefit all Virginias by expanding the counseling workforce

and by highlighting counseling programs that supervise their students for a much broader training experience under the foundations established by CACREP.

Commenter: Carley Graves, Virginia Tech

11/30/19 10:30 am

I support this petition

At a time where the demand for mental health counselors is extremely high this is a good step towards removing barriers for those to get into the field while still ensuring that individuals are qualified to offer mental health services. Considering the cost of education it is only right to allow some leniency for individuals putting in so many hours of work without compensation. With the increasing awareness of mental health, high divorce rates, and large amount of drug use, the wait time to get mental help is ridiculous in most areas. If there is anything that can be done to encourage qualified individuals to enter the mental health field, it should be done.

Commenter: Cynthia Miller, Ph.D., LPC

12/13/19 8:09 pm

Oppose this petition

The petitioner is asking for a significant reduction in the required hours of experience and supervision in order to be licensed in Virginia. I oppose this petition. A review of the 2014 report on Licensure Requirements for Professional Counselors published by ACA shows that the majority of states at that time required 3,000 or more hours of post-master's experience and at least 100 hours of supervision. Only two states, Florida and South Carolina, required just 1000-1500 hours of post-master's experience. I do not have the 2016 ACA report in front of me but I have no reason to suspect that the majority of states have lowered their experience requirements over the last 5 years. Moreover, under the current regulations, the petitioner's request to reduce the required supervision hours from 200 to just 50 would mean that a resident would need only six months of weekly individual supervision in order to be licensed (since the current regs allow for 50% of supervision hours to come from group supervision). That is simply not enough time for any supervisor to be feel reasonably assured that a new counselor is consistently reliable in their ability to competently perform all the functions of a professional counselor. While I agree that the licensing process is long and rigorous, I do not think that reducing the required experiential and supervision hours necessary for independent practice allows the Board to adequately meet its charge to protect the public.

Commenter: David Tsveer, New Directions Counseling Group, LLC

12/14/19 4:42 pm

I strongly agree with this petition

12/16/19 11:33 am

Commenter: Gerard Lawson, Virginia Tech

Oppose This Petition

I oppose this petition primarily because it is completely unclear what the intent is. The petition begins with: "To accept 1500 direct/indirect service hours". Does that mean 1,500 Direct and 1,500 hundred Indirect, or 1,500 Direct and Indirect combined? In either case, it would be proposing a significant reduction in the number of direct hours required. One would be a catastrophic reduction from 3,600 hour to 1,500. Let's assume the petitioner was not proposing halving the required hours. In that case, the reduction is still from 2,000 Direct hours to 1,500 and the total number of hours is reduced by 400 (from 3,400 to 3,000). Interestingly, in the actual petition, the text goes on to read, "For the 1000 hours to be considered, they must be in excess of the practicum and internship hours required for licensure..." This is the first mention of 1,000 hours, and I have no idea what that means, or where that reduction would come from.

The most concerning part is that the petition suggests, "reducing the supervision concurrent with that experience from 200 hours to 50." That is a patently bad idea. Having trained over 1,000 LPC supervisors in the past decade one of the common concerns expressed is that they have so little time to influence a positive change in supervisee knowledge, skills, and abilities in the 200 hours and two-years.

The purported rationale for this petition is to "expedite licensure" for residents from "comprehensive and well developed programs" and to "address the growing burden of mental illness for Virginians while also addressing limited career opportunities for Residents". With all due respect, the job of the Board is to protect the public and ensure client welfare. The proposed changes have the potential to reduce the quality of mental health services in Virginia, and licensing highly competent counselors should be focus of the Board not expediting licensure. Please do not accept this petition.

Commenter: Suzan K. Thompson, Ph.D., LPC, Integrative Counseling & Wellness

12/16/19 9:32 pm

I Oppose this Petition

I strongly oppose this petition. Significantly reducing the number of hours a Resident must EARN would potentially impact the skills, supervision and experience they accrue during the Residency. I don't believe this is in the best interest of the public and would cause potential harm.

Commenter: A. Adele Walker-Blue, LPC

12/19/19 11:36 am

Oppose

I am proud to be an LPC in the Commonwealth of Virginia, which has been a leading state in establishing licensing for mental health professionals, with rigorous standards. Upholding strict licensing standards such as practical experience and supervision hours consistent with those recommended by the American Counseling Association are essential for protecting the public when it comes to mental health treatment in Virginia. Additionally, this petition lacks clarity. While

the increasing need for mental health treatment may necessitate some adjustments in current system, it must be done in a thoughtful manner that does leave the public vulnerable to harm.

18VAC115-20-52. ~~Residency~~ Resident license and requirements for a residency.

A. ~~Registration~~ Resident license. Applicants ~~who render~~ for temporary licensure as a resident ~~in counseling services~~ shall:

1. ~~With their supervisor, register their supervisory contract on the appropriate forms for board approval before starting to practice under supervision.~~ Apply for licensure on a form provided by the board to include the following: (i) verification of a supervisory contract; (ii) the name and licensure number of the clinical supervisor and location for the supervised practice; and (iii) an attestation that the applicant will be providing clinical counseling services;

2. Have submitted an official transcript documenting a graduate degree ~~as~~ that meets the requirements specified in 18VAC115-20-49 to include completion of the coursework and internship requirement specified in 18VAC115-20-51; ~~and~~

3. Pay the registration fee;

4. Submit a current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and

5. Have no unresolved disciplinary action against a mental health or health professional license, certificate, or registration in Virginia or in another jurisdiction. The board will consider the history of disciplinary action on a case-by-case basis.

B. Residency requirements.

1. The applicant for licensure as a professional counselor shall have completed a 3,400-hour supervised residency in the role of a professional counselor working with various populations, clinical problems, and theoretical approaches in the following areas:

a. Assessment and diagnosis using psychotherapy techniques;

- b. Appraisal, evaluation, and diagnostic procedures;
 - c. Treatment planning and implementation;
 - d. Case management and recordkeeping;
 - e. Professional counselor identity and function; and
 - f. Professional ethics and standards of practice.
2. The residency shall include a minimum of 200 hours of in-person supervision between supervisor and resident in the consultation and review of clinical counseling services provided by the resident. Supervision shall occur at a minimum of one hour and a maximum of four hours per 40 hours of work experience during the period of the residency. For the purpose of meeting the 200-hour supervision requirement, in-person may include the use of secured technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident. Up to 20 hours of the supervision received during the supervised internship may be counted ~~towards~~ toward the 200 hours of in-person supervision if the supervision was provided by a licensed professional counselor.
3. No more than half of the 200 hours may be satisfied with group supervision. One hour of group supervision will be deemed equivalent to one hour of individual supervision.
4. Supervision that is not concurrent with a residency will not be accepted, nor will residency hours be accrued in the absence of approved supervision.
5. The residency shall include at least 2,000 hours of face-to-face client contact in providing clinical counseling services. The remaining hours may be spent in the performance of ancillary counseling services.

6. A graduate-level internship in excess of 600 hours, which was completed in a program that meets the requirements set forth in 18VAC115-20-49, may count for up to an additional 300 hours ~~towards~~ toward the requirements of a residency.
7. Supervised practicum and internship hours in a CACREP-accredited doctoral counseling program may be accepted for up to 900 hours of the residency requirement and up to 100 of the required hours of supervision provided the supervisor holds a current, unrestricted license as a professional counselor.
8. The residency shall be completed in not less than 21 months or more than four years. Residents who began a residency before August 24, 2016, shall complete the residency by August 24, 2020. An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue. A resident shall meet the renewal requirements of subsection C of 18VAC115-20-100 in order to maintain a license in current, active status.
9. The board may consider special requests in the event that the regulations create an undue burden in regard to geography or disability that limits the resident's access to qualified supervision.
10. Residents may not call themselves professional counselors, directly bill for services rendered, or in any way represent themselves as independent, autonomous practitioners or professional counselors. During the residency, residents shall use their names and the initials of their degree, their resident license number, and the title "Resident in Counseling" in all written communications. Clients shall be informed in writing ~~of the resident's status~~ that the resident does not have authority for independent practice and is under supervision and shall provide the supervisor's name, professional address, and phone number.

11. Residents shall not engage in practice under supervision in any areas for which they have not had appropriate education.

12. Residency hours approved by the licensing board in another United States jurisdiction that meet the requirements of this section shall be accepted.

C. Supervisory qualifications. A person who provides supervision for a resident in professional counseling shall:

1. Document two years of post-licensure clinical experience;

2. Have received professional training in supervision, consisting of three credit hours or 4.0 quarter hours in graduate-level coursework in supervision or at least 20 hours of continuing education in supervision offered by a provider approved under 18VAC115-20-106; and

3. Hold an active, unrestricted license as a professional counselor or a marriage and family therapist in the jurisdiction where the supervision is being provided. At least 100 hours of the supervision shall be rendered by a licensed professional counselor. Supervisors who are substance abuse treatment practitioners, school psychologists, clinical psychologists, clinical social workers, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.

D. Supervisory responsibilities.

1. Supervision by any individual whose relationship to the resident compromises the objectivity of the supervisor is prohibited.

2. The supervisor of a resident shall assume full responsibility for the clinical activities of that resident specified within the supervisory contract for the duration of the residency.

3. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period.

4. The supervisor shall report the total hours of residency and shall evaluate the applicant's competency in the six areas stated in subdivision B 1 of this section.

5. The supervisor shall provide supervision as defined in 18VAC115-20-10.

E. Applicants shall document successful completion of their residency on the Verification of Supervision Form at the time of application. Applicants must receive a satisfactory competency evaluation on each item on the evaluation sheet. Supervised experience obtained prior to April 12, 2000, may be accepted toward licensure if this supervised experience met the board's requirements that were in effect at the time the supervision was rendered.

Consideration of Guidance Document on Emotional Support Animals

DRAFT GUIDANCE DOCUMENT: EMOTIONAL SUPPORT ANIMALS

Licensees who are asked by clients to write letters or otherwise advocate for clients' use of emotional support animals, therapy animals, or other animal-assisted accommodations should consider the following:

- Service should be provided only in the context of an established clinical relationship;
- Relevant training and/or experience to support such advocacy; and
- A plan for treatment, appropriate documentation, and the justification for their advocacy, based on clinical reasons.

Sections of the standards of practice for licensed professional counselors that may be applicable include guidance to:

B. 1. Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare;

B. 2. Practice only within the boundaries of their competence, based on their education, training, supervised experience and appropriate professional experience and represent their education training and experience accurately to clients;

B. 3. Stay abreast of new counseling information, concepts, applications and practices which are necessary to providing appropriate, effective professional services;

B. 4. Be able to justify all services rendered to clients as necessary and appropriate for diagnostic or therapeutic purposes;

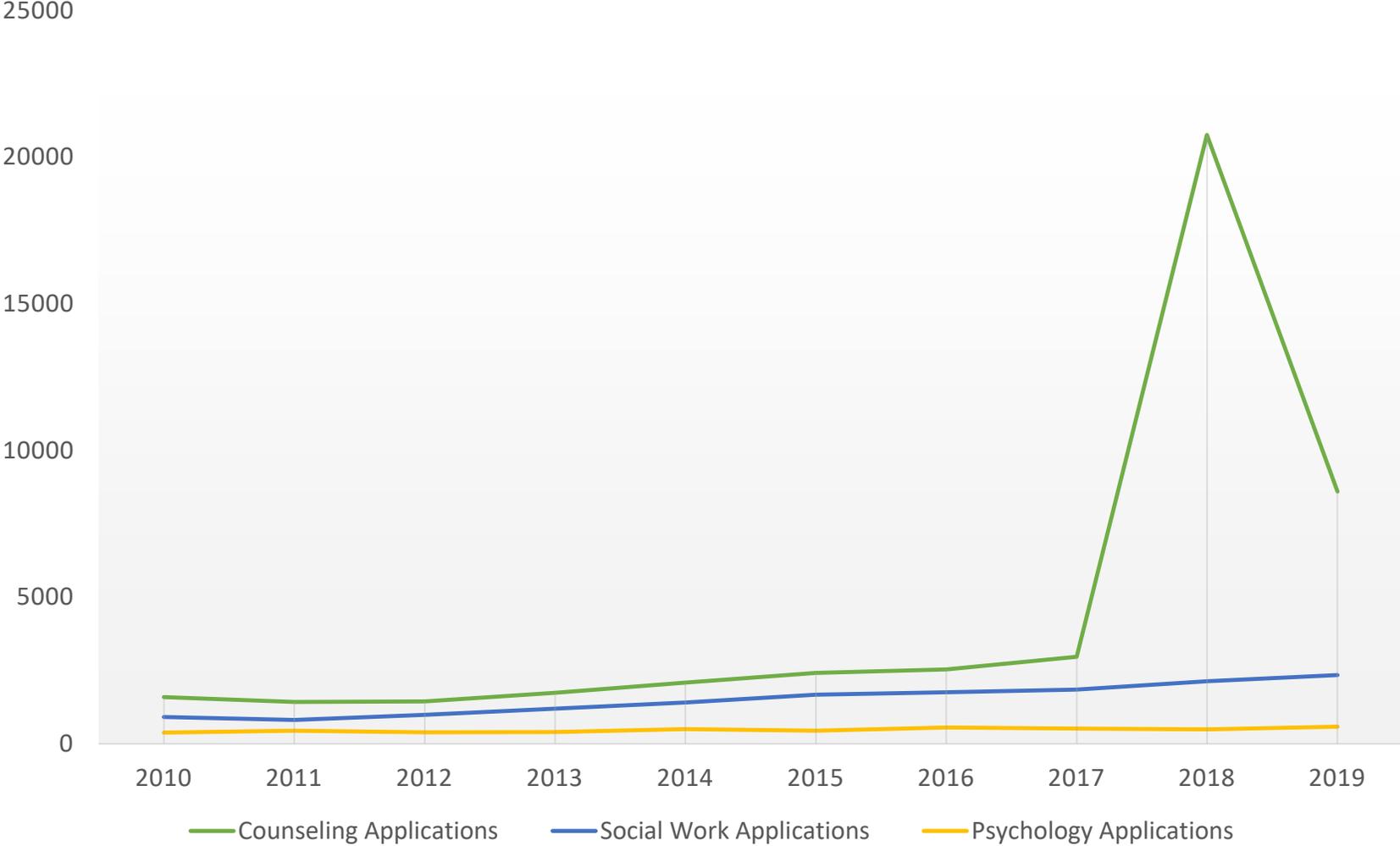
B. 5. Maintain client records for a minimum of five years or as otherwise required by law from the date of termination of the counseling relationship.

Licensees are also encouraged to seek more information and guidance from professional behavioral science associations such as the American Counseling Association (ACA).

Executive Director's Report

BSU 2019 Year End Report

BSU Applications Received



Board of Counseling License Applications by Year

Counseling	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010
LMFT	76	62	61	61	43	45	35	32	25	31
LPC	829	703	612	524	503	458	397	270	328	322
MF Res										
Initial	52	57	51	43	35	37	44	28	37	26
Add/Change	51	36	40	49	49	42	38	23	29	22
Total	103	93	91	92	84	79	82	51	66	48
ROS										
Initial	821	760	732	656	692	610	479	429	420	610
Add/Change	1032	991	892	846	794	609	497	430	393	380
Total	1853	1751	1624	1502	1486	1219	976	859	813	990
LSATP	61	61	33	7	9	6	9	7	13	5
SAT Res				0	0	0	0	0	0	0
Initial	6	2	2	5	2	0	0	1	0	0
Add/Change	3	0	0	2	0	0	0	0	0	0
Total	9	2	2	7	2	6	0	1	0	0
	2931	2672	2423	2193	2127	1813	1499	1220	1245	1396

Board of Counseling Certification Applications by Year

	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010
Counseling										
CSAC	189	166	213	115	110	113	92	86	105	112
CRP	4	2	5	7	3	5	6	20	12	31
CSAC-A	57	47	83	40	33	49	29	44	28	28
SA Trainee										
Initial	192	176	216	142	126	109	100	35	34	22
Add/Change	52	45	27	37	20	4	2	5	4	1
Total	244	221	243	179	146	113	102	40	38	23
	494	436	544	341	292	280	229	190	183	194

Board of Counseling Registration Applications by Year

	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010
Counseling										
QMHP-A	1424	8402	0	0	0	0	0	0	0	0
QMHP-C	1383	7606	0	0	0	0	0	0	0	0
QMHP-Trainee	2124	1398	0	0	0	0	0	0	0	0
Peer	141	250	0	0	0	0	0	0	0	0
	5072	17656	0	0	0	0	0	0	0	0

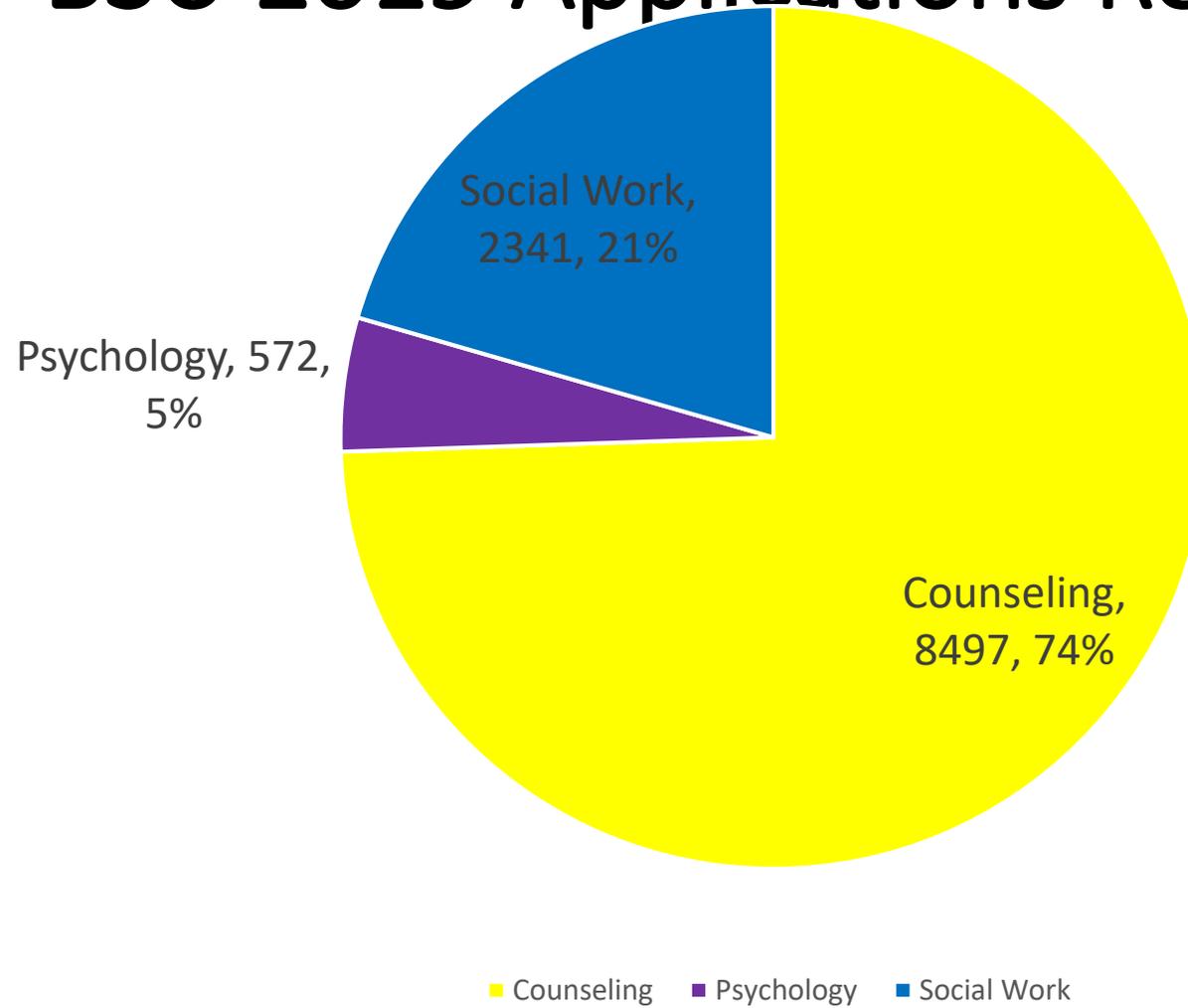
Board of Social Work Applications Year to Year

	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010
Social Work										
LBSW	13	2	0	0	0	0	0	0	0	0
LCSW	713	726	678	590	548	443	378	454	290	371
LMSW	270	285	224	261	222	235	137	107	117	91
LSW										
LSW Supervision	4	3	0	2	3	1	2	0	1	1
LCSW ROS										
Initial	730	615	492	548	891	730	675	361	254	358
Add/Change	611	496	448	354	4	1	0	60	148	90
Total	1341	1111	940	902	895	731	675	421	402	448
Total	2341	2127	1842	1755	1668	1410	1192	982	810	911

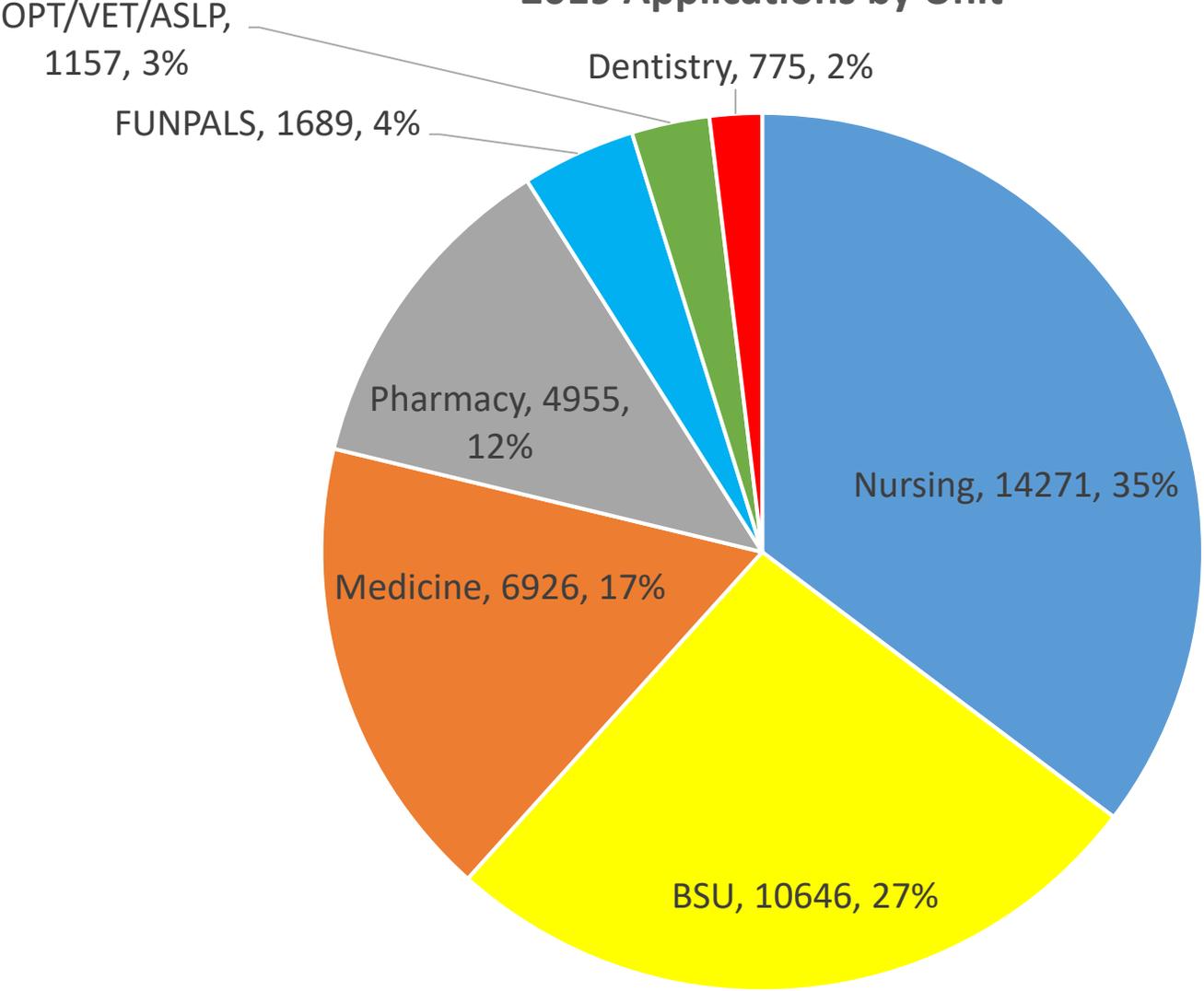
Board of Psychology Applications By Year

Psychology	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010
Applied	3	5	5	2	7	1	2	3	4	6
Clinical	333	257	310	274	240	231	226	189	273	212
Initial Resident in Training	62	99	113	128	119	116	103	116	72	78
Add/Change Clinical Supervisor	15	25								
School	3	3	3	11	3	7	9	7	5	4
Resident in School Psychology	4									
School Psy Limited	81	62	58	120	49	122	44	56	53	58
SOTP	26	21	32	23	29	25	19	21	41	24
SOTP Trainee	42	25								
Add/Change Trainee Supervisor	13	17								
	572	514	521	558	447	502	403	392	448	382

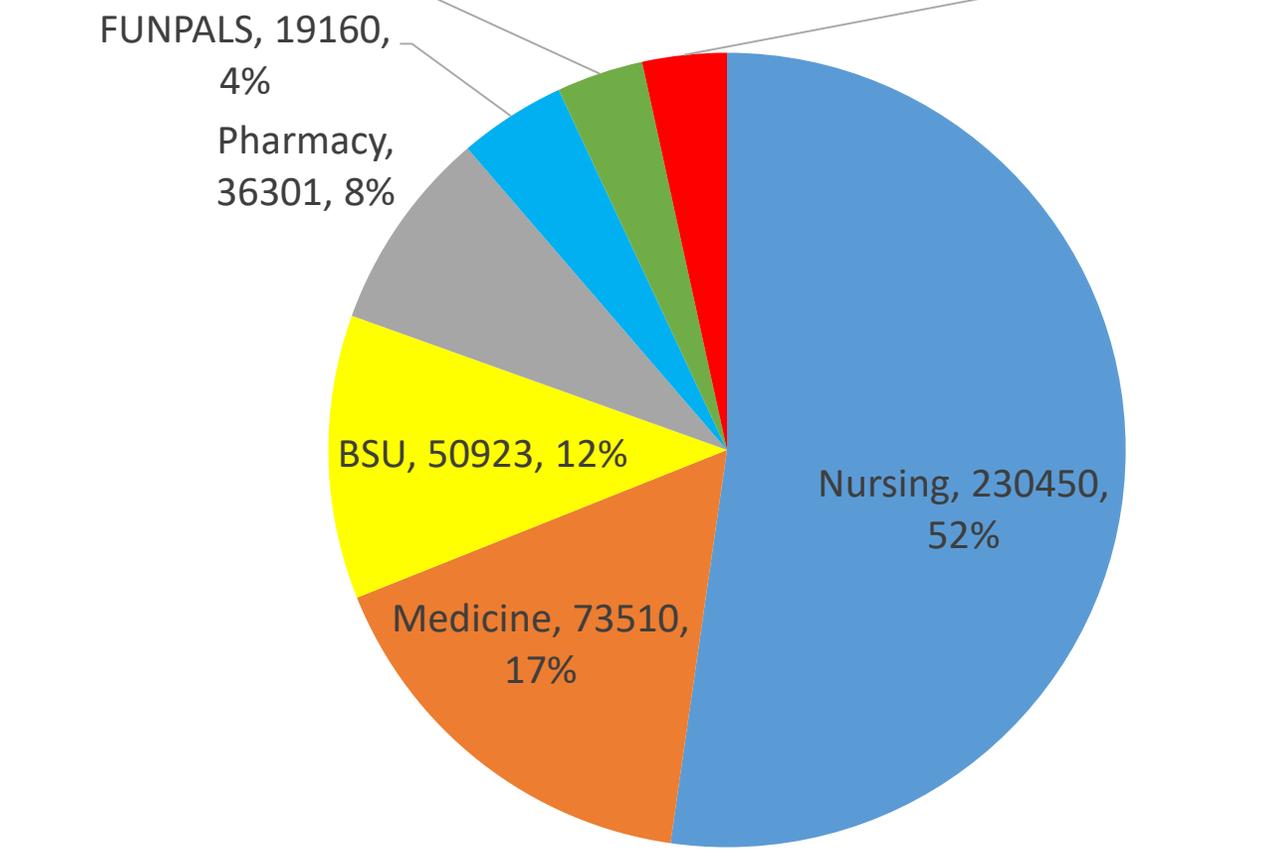
BSU 2019 Applications Received



2019 Applications by Unit



of Licensees as of 1/29/2020



■ Nursing ■ Medicine ■ BSU ■ Pharmacy ■ FUNPALS ■ Opt/Vet/ASLP ■ Dentistry

Counseling Discipline Cases

Counseling Discipline Cases						
Profession	2019		2018		2017	
	Received	Closed	Received	Closed	Received	Closed
CSAC	24	25	18	13	13	14
LMFT	37	31	17	13	21	28
LPC	158	165	103	66	97	95
QMHP-A	88	55	19	2	0	0
QMHP-C	54	40	18	1	0	0
Peer	3	4	1	0	0	0
CRP	1	1	0	0	1	2
Res in Counseling	73	53	32	17	26	28
Res in MFT	4	2	4	2	1	1
CSAC-A	1	1	1	1	2	1
SA Trainee	8	5	4	2	3	1
LSATP	10	9	2	1	2	2
QMHP-T	8	1	0	0	0	0
Total	469	392	219	118	166	172

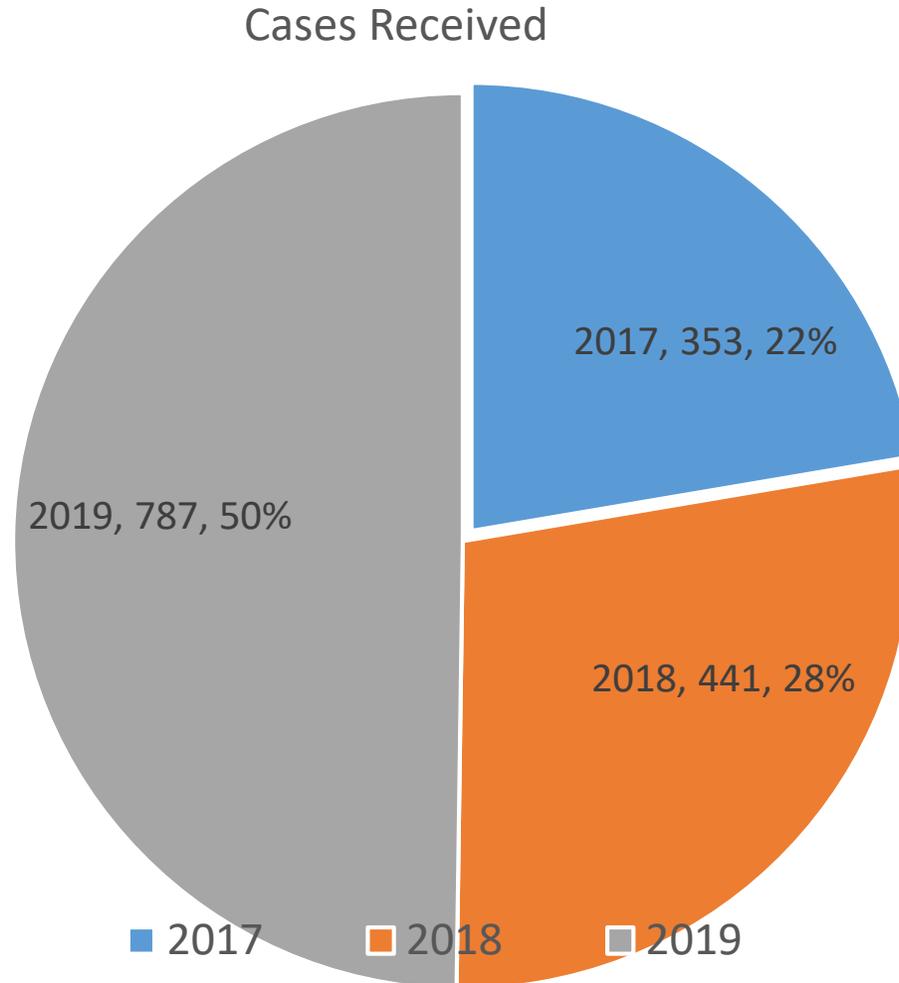
Psychology Discipline Cases

Psychology Discipline Cases						
	2019		2018		2017	
Profession	Received	Closed	Received	Closed	Received	Closed
Applied	1	1	0	0	0	0
Clinical	119	109	85	49	71	109
Clinical Resident	6	8	6	3	2	0
School	0	4	2	0	2	3
School-Limited	2	4	5	1	1	4
SOTP	45	27	11	5	11	24
SOTP Trainee	7	5	1	0	0	0
Total	180	158	110	58	87	140

Social Work Discipline Cases

Social Work Discipline Cases						
Profession	2019		2018		2017	
	Received	Closed	Received	Closed	Received	Closed
LCSW	120	114	98	52	80	111
LMSW	4	5	4	6	6	3
Registration of Supervision	14	15	10	7	14	7
Total	138	134	112	65	100	121

BSU Discipline Cases Received



	<u>109 Counseling</u>
Board Cash Balance as June 30, 2019	\$ 1,825,713
YTD FY20 Revenue	320,295
Less: YTD FY20 Direct and Allocated Expenditures	<u>885,100</u>
Board Cash Balance as December 31, 2019	<u><u>\$ 1,260,908</u></u>

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10900 - Counseling
For the Period Beginning July 1, 2019 and Ending December 31, 2019

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	231,870.00	444,600.00	212,730.00	52.15%
4002406	License & Renewal Fee	47,940.00	1,206,610.00	1,158,670.00	3.97%
4002407	Dup. License Certificate Fee	1,260.00	825.00	(435.00)	152.73%
4002409	Board Endorsement - Out	2,700.00	1,740.00	(960.00)	155.17%
4002421	Monetary Penalty & Late Fees	18,180.00	13,960.00	(4,220.00)	130.23%
4002430	Board Changes Fee	17,370.00	-	(17,370.00)	0.00%
4002432	Misc. Fee (Bad Check Fee)	245.00	140.00	(105.00)	175.00%
	Total Fee Revenue	319,565.00	1,667,875.00	1,348,310.00	19.16%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	730.00	-	(730.00)	0.00%
	Total Sales of Prop. & Commodities	730.00	-	(730.00)	0.00%
	Total Revenue	320,295.00	1,667,875.00	1,347,580.00	19.20%
5011110	Employer Retirement Contrib.				
5011120	Fed Old-Age Ins- Sal St Emp	5,465.38	8,993.00	3,527.62	60.77%
5011140	Group Insurance	870.88	1,540.00	669.12	56.55%
5011150	Medical/Hospitalization Ins.	7,557.00	16,488.00	8,931.00	45.83%
5011160	Retiree Medical/Hospitalizatn	777.72	1,376.00	598.28	56.52%
5011170	Long term Disability Ins	412.29	729.00	316.71	56.56%
	Total Employee Benefits	22,757.48	45,017.00	22,259.52	50.55%
5011200	Salaries				
5011230	Salaries, Classified	66,811.67	117,537.00	50,725.33	56.84%
5011250	Salaries, Overtime	4,894.64	-	(4,894.64)	0.00%
	Total Salaries	71,706.31	117,537.00	45,830.69	61.01%
5011300	Special Payments				
5011310	Bonuses and Incentives	1,000.00	1,000.00	-	100.00%
5011340	Specified Per Diem Payment	1,250.00	3,000.00	1,750.00	41.67%
5011380	Deferred Compnstn Match Pmts	212.00	1,288.00	1,076.00	16.46%
	Total Special Payments	2,462.00	5,288.00	2,826.00	46.56%
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	1,313.99	-	(1,313.99)	0.00%
	Total Terminatn Personal Svce Costs	1,313.99	-	(1,313.99)	0.00%
5011930	Turnover/Vacancy Benefits				
	Total Personal Services	98,239.78	167,842.00	69,602.22	58.53%
5012000	Contractual Svcs				
5012100	Communication Services				
5012110	Express Services	-	295.00	295.00	0.00%
5012120	Outbound Freight Services	27.45	-	(27.45)	0.00%
5012140	Postal Services	13,476.84	8,232.00	(5,244.84)	163.71%
5012150	Printing Services	23.50	120.00	96.50	19.58%
5012160	Telecommunications Svcs (VITA)	299.89	900.00	600.11	33.32%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10900 - Counseling
For the Period Beginning July 1, 2019 and Ending December 31, 2019

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over) Budget	
5012190	Inbound Freight Services	647.76	-	(647.76)	0.00%
	Total Communication Services	14,475.44	9,547.00	(4,928.44)	151.62%
5012200	Employee Development Services				
5012210	Organization Memberships	900.00	500.00	(400.00)	180.00%
5012240	Employee Training/Workshop/Conf	1,740.00	-	(1,740.00)	0.00%
	Total Employee Development Services	2,640.00	500.00	(2,140.00)	528.00%
5012300	Health Services				
5012360	X-ray and Laboratory Services	2,400.00	140.00	(2,260.00)	1714.29%
	Total Health Services	2,400.00	140.00	(2,260.00)	1714.29%
5012400	Mgmt and Informational Svcs	-			
5012420	Fiscal Services	23,499.89	9,280.00	(14,219.89)	253.23%
5012440	Management Services	194.39	134.00	(60.39)	145.07%
5012460	Public Infrmtl & Relatn Svcs	64.00	5.00	(59.00)	1280.00%
5012470	Legal Services	-	475.00	475.00	0.00%
	Total Mgmt and Informational Svcs	23,758.28	9,894.00	(13,864.28)	240.13%
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	82.42	-	(82.42)	0.00%
5012520	Electrical Repair & Maint Srvc	97.50	-	(97.50)	0.00%
5012530	Equipment Repair & Maint Srvc	3,264.55	-	(3,264.55)	0.00%
5012560	Mechanical Repair & Maint Srvc	-	34.00	34.00	0.00%
	Total Repair and Maintenance Svcs	3,444.47	34.00	(3,410.47)	10130.79%
5012600	Support Services				
5012630	Clerical Services	55,793.42	110,551.00	54,757.58	50.47%
5012640	Food & Dietary Services	1,367.06	1,075.00	(292.06)	127.17%
5012660	Manual Labor Services	470.62	1,170.00	699.38	40.22%
5012670	Production Services	2,712.25	5,380.00	2,667.75	50.41%
5012680	Skilled Services	7,408.20	16,764.00	9,355.80	44.19%
	Total Support Services	67,751.55	134,940.00	67,188.45	50.21%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	3,636.50	4,979.00	1,342.50	73.04%
5012830	Travel, Public Carriers	757.73	-	(757.73)	0.00%
5012850	Travel, Subsistence & Lodging	5,081.10	1,950.00	(3,131.10)	260.57%
5012880	Trvl, Meal Reimb- Not Rprtble	1,540.50	988.00	(552.50)	155.92%
	Total Transportation Services	11,015.83	7,917.00	(3,098.83)	139.14%
	Total Contractual Svcs	125,485.57	162,972.00	37,486.43	77.00%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	2,665.32	597.00	(2,068.32)	446.45%
5013130	Stationery and Forms	408.43	-	(408.43)	0.00%
	Total Administrative Supplies	3,073.75	597.00	(2,476.75)	514.87%
5013500	Repair and Maint. Supplies				
5013530	Electrcal Repair & Maint Matrl	3.31	-	(3.31)	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10900 - Counseling
For the Period Beginning July 1, 2019 and Ending December 31, 2019

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over) Budget	
	Total Repair and Maint. Supplies	3.31	-	(3.31)	0.00%
5013600	Residential Supplies				
5013630	Food Service Supplies	-	183.00	183.00	0.00%
5013640	Laundry and Linen Supplies	3.22	-	(3.22)	0.00%
	Total Residential Supplies	3.22	183.00	179.78	1.76%
	Total Supplies And Materials	3,080.28	780.00	(2,300.28)	394.91%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	54.87	46.00	(8.87)	119.28%
	Total Insurance-Fixed Assets	54.87	46.00	(8.87)	119.28%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	265.86	540.00	274.14	49.23%
5015350	Building Rentals	45.60	-	(45.60)	0.00%
5015360	Land Rentals	-	60.00	60.00	0.00%
5015390	Building Rentals - Non State	5,809.72	12,584.00	6,774.28	46.17%
	Total Operating Lease Payments	6,121.18	13,184.00	7,062.82	46.43%
5015500	Insurance-Operations				
5015510	General Liability Insurance	196.94	170.00	(26.94)	115.85%
5015540	Surety Bonds	11.62	11.00	(0.62)	105.64%
	Total Insurance-Operations	208.56	181.00	(27.56)	115.23%
	Total Continuous Charges	6,384.61	13,411.00	7,026.39	47.61%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	8.75	-	(8.75)	0.00%
	Total Computer Hrdware & Sftware	8.75	-	(8.75)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	77.00	77.00	0.00%
	Total Educational & Cultural Equip	-	77.00	77.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	42.00	42.00	0.00%
5022620	Office Furniture	6,396.53	-	(6,396.53)	0.00%
	Total Office Equipment	6,396.53	42.00	(6,354.53)	15229.83%
5022700	Specific Use Equipment				
5022710	Household Equipment	20.37	-	(20.37)	0.00%
	Total Specific Use Equipment	20.37	-	(20.37)	0.00%
	Total Equipment	6,425.65	119.00	(6,306.65)	5399.71%
	Total Expenditures	239,615.89	345,124.00	105,508.11	69.43%
	Net Revenue in Excess (Shortfall) of				
	Expenditures Before Allocated Expenditures	\$ 80,679.11	\$ 1,322,751.00	\$ 1,242,071.89	6.10%
	Allocated Expenditures				

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10900 - Counseling
For the Period Beginning July 1, 2019 and Ending December 31, 2019

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over)	% of Budget
20100	Behavioral Science Exec	109,702.76	231,276.00	121,573.25	47.43%
30100	Data Center	130,567.55	280,114.83	149,547.28	46.61%
30200	Human Resources	10,957.72	8,928.42	(2,029.30)	122.73%
30300	Finance	65,619.66	105,742.59	40,122.93	62.06%
30400	Director's Office	29,184.46	42,280.20	13,095.74	69.03%
30500	Enforcement	195,406.80	196,978.36	1,571.56	99.20%
30600	Administrative Proceedings	68,758.51	54,754.55	(14,003.97)	125.58%
30700	Impaired Practitioners	231.31	347.15	115.84	66.63%
30800	Attorney General	720.60	9,338.85	8,618.25	7.72%
30900	Board of Health Professions	21,099.67	30,765.02	9,665.35	68.58%
31100	Maintenance and Repairs	-	1,602.96	1,602.96	0.00%
31300	Emp. Recognition Program	8.37	404.02	395.65	2.07%
31400	Conference Center	87.30	384.16	296.86	22.73%
31500	Pgm Devlpmnt & Implmentn	13,139.13	18,094.59	4,955.47	72.61%
Total Allocated Expenditures		<u>645,483.83</u>	<u>981,011.69</u>	<u>335,527.86</u>	<u>65.80%</u>
Net Revenue in Excess (Shortfall) of Expenditures		<u>\$ (564,804.72)</u>	<u>\$ 341,739.31</u>	<u>\$ 906,544.03</u>	<u>165.27%</u>

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2019 and Ending December 31, 2019

Account Number	Account Description	July	August	September	October	November	December	Total
4002400	Fee Revenue							
4002401	Application Fee	45,000.00	40,795.00	40,385.00	39,260.00	32,105.00	34,325.00	231,870.00
4002406	License & Renewal Fee	28,860.00	5,665.00	2,295.00	1,805.00	1,935.00	7,380.00	47,940.00
4002407	Dup. License Certificate Fee	280.00	300.00	270.00	165.00	125.00	120.00	1,260.00
4002409	Board Endorsement - Out	510.00	450.00	510.00	480.00	300.00	450.00	2,700.00
4002421	Monetary Penalty & Late Fees	12,715.00	2,355.00	1,210.00	740.00	555.00	605.00	18,180.00
4002430	Board Changes Fee	3,150.00	3,265.00	2,975.00	3,300.00	3,000.00	1,680.00	17,370.00
4002432	Misc. Fee (Bad Check Fee)	105.00	105.00	-	-	-	35.00	245.00
	Total Fee Revenue	90,620.00	52,935.00	47,645.00	45,750.00	38,020.00	44,595.00	319,565.00
4003000	Sales of Prop. & Commodities							
4003020	Misc. Sales-Dishonored Payments	115.00	350.00	130.00	-	-	135.00	730.00
	Total Sales of Prop. & Commodities	115.00	350.00	130.00	-	-	135.00	730.00
	Total Revenue	90,735.00	53,285.00	47,775.00	45,750.00	38,020.00	44,730.00	320,295.00
5011000	Personal Services							
5011100	Employee Benefits							
5011110	Employer Retirement Contrib.	1,853.83	1,247.02	1,247.02	1,108.78	1,108.78	1,108.78	7,674.21
5011120	Fed Old-Age Ins- Sal St Emp	1,359.98	954.74	894.61	822.66	712.07	721.32	5,465.38
5011140	Group Insurance	212.02	142.62	142.62	124.54	124.54	124.54	870.88
5011150	Medical/Hospitalization Ins.	2,061.00	1,374.00	1,374.00	-	1,374.00	1,374.00	7,557.00
5011160	Retiree Medical/Hospitalizatn	189.34	127.36	127.36	111.22	111.22	111.22	777.72
5011170	Long term Disability Ins	100.37	67.52	67.52	58.96	58.96	58.96	412.29
	Total Employee Benefits	5,776.54	3,913.26	3,853.13	2,226.16	3,489.57	3,498.82	22,757.48
5011200	Salaries							
5011230	Salaries, Classified	16,330.38	10,886.92	10,886.92	9,692.77	9,507.34	9,507.34	66,811.67
5011250	Salaries, Overtime	1,815.37	1,828.62	1,042.87	28.16	38.84	140.78	4,894.64
	Total Salaries	18,145.75	12,715.54	11,929.79	9,720.93	9,546.18	9,648.12	71,706.31
5011310	Bonuses and Incentives	-	-	-	1,000.00	-	-	1,000.00

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2019 and Ending December 31, 2019

Account Number	Account Description	July	August	September	October	November	December	Total
5011340	Specified Per Diem Payment	150.00	400.00	50.00	250.00	50.00	350.00	1,250.00
5011380	Deferred Compnstn Match Pmts	60.00	40.00	40.00	24.00	24.00	24.00	212.00
	Total Special Payments	210.00	440.00	90.00	1,274.00	74.00	374.00	2,462.00
5011600	Terminatn Personal Svce Costs							
5011660	Defined Contribution Match - Hy	334.33	224.90	224.90	176.62	176.62	176.62	1,313.99
	Total Terminatn Personal Svce Costs	334.33	224.90	224.90	176.62	176.62	176.62	1,313.99
	Total Personal Services	24,466.62	17,293.70	16,097.82	13,397.71	13,286.37	13,697.56	98,239.78
5012000	Contractual Svcs							-
5012100	Communication Services							-
5012120	Outbound Freight Services	22.39	5.06	-	-	-	-	27.45
5012140	Postal Services	3,103.22	5,364.73	2,919.57	-	1,695.84	393.48	13,476.84
5012150	Printing Services	11.75	-	-	-	11.75	-	23.50
5012160	Telecommunications Svcs (VITA)	54.84	50.70	50.90	48.39	47.52	47.54	299.89
5012190	Inbound Freight Services	2.16	639.65	-	-	5.95	-	647.76
	Total Communication Services	3,194.36	6,060.14	2,970.47	48.39	1,761.06	441.02	14,475.44
5012200	Employee Development Services							
5012210	Organization Memberships	900.00	-	-	-	-	-	900.00
5012240	Employee Trainng/Workshop/Conf	1,425.00	-	-	-	315.00	-	1,740.00
	Total Employee Development Services	2,325.00	-	-	-	315.00	-	2,640.00
5012300	Health Services							
5012360	X-ray and Laboratory Services	-	2,400.00	-	-	-	-	2,400.00
	Total Health Services	-	2,400.00	-	-	-	-	2,400.00
5012400	Mgmnt and Informational Svcs							
5012420	Fiscal Services	522.65	22,654.57	196.47	-	96.37	29.83	23,499.89
5012440	Management Services	-	45.26	92.15	-	56.98	-	194.39
5012460	Public Infrmtnl & Relatn Svcs	18.00	16.00	8.00	-	12.00	10.00	64.00
	Total Mgmnt and Informational Svcs	540.65	22,715.83	296.62	-	165.35	39.83	23,758.28
5012500	Repair and Maintenance Svcs							

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2019 and Ending December 31, 2019

Account Number	Account Description	July	August	September	October	November	December	Total
5012510	Custodial Services	-	-	-	-	82.42	-	82.42
5012520	Electrical Repair & Maint Srvc	97.50	-	-	-	-	-	97.50
5012530	Equipment Repair & Maint Srvc	-	-	-	-	3,264.55	-	3,264.55
	Total Repair and Maintenance Svcs	97.50	-	-	-	3,346.97	-	3,444.47
5012600	Support Services							
5012630	Clerical Services	9,595.00	12,541.24	8,533.44	-	15,526.58	9,597.16	55,793.42
5012640	Food & Dietary Services	84.70	55.75	537.58	-	319.59	369.44	1,367.06
5012660	Manual Labor Services	55.76	140.43	183.90	3.42	56.46	30.65	470.62
5012670	Production Services	260.85	558.60	1,620.60	21.95	184.55	65.70	2,712.25
5012680	Skilled Services	1,495.81	1,137.45	1,379.12	1,735.45	1,231.20	429.17	7,408.20
	Total Support Services	11,492.12	14,433.47	12,254.64	1,760.82	17,318.38	10,492.12	67,751.55
5012800	Transportation Services							
5012820	Travel, Personal Vehicle	315.52	1,106.64	113.68	549.26	434.56	1,116.84	3,636.50
5012830	Travel, Public Carriers	-	-	522.71	79.33	-	155.69	757.73
5012850	Travel, Subsistence & Lodging	213.00	1,346.53	1,284.48	1,344.24	108.77	784.08	5,081.10
5012880	Trvl, Meal Reimb- Not Rprtble	124.50	344.50	263.50	347.00	62.25	398.75	1,540.50
	Total Transportation Services	653.02	2,797.67	2,184.37	2,319.83	605.58	2,455.36	11,015.83
	Total Contractual Svcs	18,302.65	48,407.11	17,706.10	4,129.04	23,512.34	13,428.33	125,485.57
5013000	Supplies And Materials							
5013100	Administrative Supplies							-
5013120	Office Supplies	161.76	277.28	714.17	-	811.73	700.38	2,665.32
5013130	Stationery and Forms	-	89.07	-	-	-	319.36	408.43
	Total Administrative Supplies	161.76	366.35	714.17	-	811.73	1,019.74	3,073.75
5013500	Repair and Maint. Supplies							
5013530	Electrcal Repair & Maint Matrl	-	-	-	-	-	3.31	3.31
	Total Repair and Maint. Supplies	-	-	-	-	-	3.31	3.31
5013600	Residential Supplies							

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2019 and Ending December 31, 2019

Account Number	Account Description	July	August	September	October	November	December	Total
5013640	Laundry and Linen Supplies	-	-	-	-	-	3.22	3.22
	Total Residential Supplies	-	-	-	-	-	3.22	3.22
	Total Supplies And Materials	161.76	366.35	714.17	-	811.73	1,026.27	3,080.28
5015000	Continuous Charges							
5015100	Insurance-Fixed Assets							-
5015160	Property Insurance	54.87	-	-	-	-	-	54.87
	Total Insurance-Fixed Assets	54.87	-	-	-	-	-	54.87
5015300	Operating Lease Payments							
5015340	Equipment Rentals	-	65.47	48.70	-	102.99	48.70	265.86
5015350	Building Rentals	22.80	-	-	22.80	-	-	45.60
5015390	Building Rentals - Non State	937.73	1,061.93	924.65	949.61	997.77	938.03	5,809.72
	Total Operating Lease Payments	960.53	1,127.40	973.35	972.41	1,100.76	986.73	6,121.18
5015500	Insurance-Operations							
5015510	General Liability Insurance	196.94	-	-	-	-	-	196.94
5015540	Surety Bonds	11.62	-	-	-	-	-	11.62
	Total Insurance-Operations	208.56	-	-	-	-	-	208.56
	Total Continuous Charges	1,223.96	1,127.40	973.35	972.41	1,100.76	986.73	6,384.61
5022000	Equipment							
5022170	Other Computer Equipment	-	-	-	-	-	8.75	8.75
	Total Computer Hrdware & Sftware	-	-	-	-	-	8.75	8.75
5022620	Office Furniture	-	6,396.53	-	-	-	-	6,396.53
	Total Office Equipment	-	6,396.53	-	-	-	-	6,396.53
5022710	Household Equipment	-	20.37	-	-	-	-	20.37
	Total Specific Use Equipment	-	20.37	-	-	-	-	20.37
	Total Equipment	-	6,416.90	-	-	-	8.75	6,425.65

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2019 and Ending December 31, 2019

Account Number	Account Description	July	August	September	October	November	December	Total
Total Expenditures		44,154.99	73,611.46	35,491.44	18,499.16	38,711.20	29,147.64	239,615.89
Allocated Expenditures								
20100	Behavioral Science Exec	24,657.34	17,093.89	17,333.16	14,762.08	18,205.04	17,651.26	109,702.76
20200	Opt\Vet-Med\ASLP Executive Dir	-	-	-	-	-	-	-
20400	Nursing / Nurse Aid	-	-	-	-	-	-	-
20600	Funeral\LTCA\PT	-	-	-	-	-	-	-
30100	Data Center	30,215.98	30,068.40	9,787.44	19,053.81	30,397.96	11,043.96	130,567.55
30200	Human Resources	1,410.32	135.16	86.23	9,122.76	122.24	81.01	10,957.72
30300	Finance	13,279.94	10,810.33	9,900.28	22,366.25	(2,910.32)	12,173.18	65,619.66
30400	Director's Office	6,355.78	4,430.35	4,378.87	4,029.57	5,349.15	4,640.74	29,184.46
30500	Enforcement	40,177.09	29,127.01	31,118.53	27,307.10	34,204.94	33,472.12	195,406.80
30600	Administrative Proceedings	19,354.37	17,402.37	5,439.10	5,102.26	7,832.13	13,628.29	68,758.51
30700	Impaired Practitioners	37.50	45.98	67.58	22.03	34.70	23.51	231.31
30800	Attorney General	-	-	-	-	720.60	-	720.60
30900	Board of Health Professions	4,570.51	3,784.19	2,861.90	3,402.68	3,693.82	2,786.58	21,099.67
31000	SRTA	-	-	-	-	-	-	-
31100	Maintenance and Repairs	-	-	-	-	-	-	-
31300	Emp. Recognition Program	3.69	-	-	-	4.68	-	8.37
31400	Conference Center	10.45	24.44	(5.16)	8.08	34.39	15.10	87.30
31500	Pgm Devlpmnt & Implmntn	2,706.00	2,228.27	1,996.14	1,683.09	2,569.22	1,956.40	13,139.13
98700	Cash Transfers	-	-	-	-	-	-	-
Total Allocated Expenditures		142,778.96	115,150.39	82,964.08	106,859.69	100,258.56	97,472.15	645,483.83
Net Revenue in Excess (Shortfall) of Expenditures		\$ (96,198.95)	\$ (135,476.85)	\$ (70,680.52)	\$ (79,608.85)	\$ (100,949.76)	\$ (81,889.79)	\$ (564,804.72)

Discipline Report

Discipline Reports

10/04/2019 - 01/24/2020

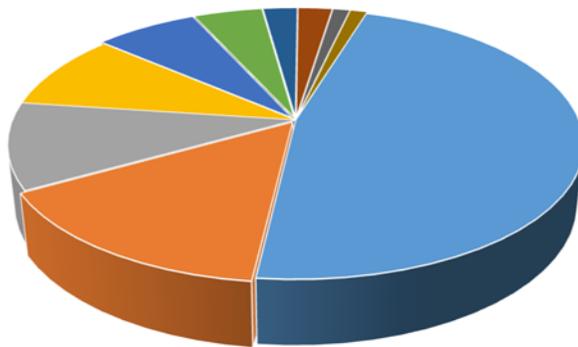
NEW CASES RECEIVED IN BOARD 10/04/2019 - 01/24/2020				
	Counseling	Psychology	Social Work	BSU Total
Cases Received for Board review	110	46	29	<i>185</i>

OPEN CASES (as of 01/24/2020)				
Open Case Stage	Counseling	Psychology	Social Work	BSU Total
Probable Cause Review	84	64	64	
Scheduled for Informal Conferences	17	1	2	
Scheduled for Formal Hearings	1	1	0	
Other (pending CCA, PHCO, hold, etc.)	2	0	2	
Cases with APD for processing (IFC, FH, Consent Order)	18	2	4	
TOTAL CASES AT BOARD LEVEL	122	68	72	<i>262</i>
OPEN INVESTIGATIONS	88	28	26	<i>142</i>
TOTAL OPEN CASES	210	96	98	<i>404</i>

UPCOMING CONFERENCES AND HEARINGS	
Informal Conferences	February 3, 2020 (Agency Subordinate) February 28, 2020 (Special Conference Cmte) March 23, 2020 (Agency Subordinate) April 13, 2020 (Agency Subordinate) May 8, 2020 (Special Conference Cmte) June 19, 2020 (Special Conference Cmte) June 22, 2020 (Agency Subordinate)
Formal Hearings	Following scheduled board meetings, as necessary

CASES CLOSED (10/04/2019 - 01/24/2020)	
Closed – no violation	67
Closed – undetermined	5
Closed – violation	9
Credentials/Reinstatement – Denied	5
Credentials/Reinstatement – Approved	1
TOTAL CASES CLOSED	87

Closed Case Categories



- No jurisdiction (41)
- Diagnosis/Treatment (13)
- Inappropriate Relationship (9)
- Inability Safely Practice (8)
- Applications (6)
- Fraud, patient care (4)
- Abuse/Abandonment/Neglect (2)
- Business Practice Issues (2)
- Confidentiality (1)
- Misappropriation of Patient Property (1)

AVERAGE CASE PROCESSING TIMES (counted on closed cases)	
Average time for case closures	140
Avg. time in Enforcement (investigations)	80
Avg. time in APD (IFC/FH preparation)	93
Avg. time in Board (includes hearings, reviews, etc).	82
Avg. time with board member (probable cause review)	25



AGENCY REPORTS

CASES RECEIVED, OPEN, & CLOSED REPORT SUMMARY BY BOARD

FISCAL YEAR 2020, QUARTER ENDING SEPTEMBER 30, 2020 (Q1)

The "Received, Open, Closed" table below shows the number of received and closed cases during the quarters specified and a "snapshot" of the cases still open at the end of the quarter.

COUNSELING	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020
Number of Cases Received	17	40	35	28	37	31	45	56	54	76	72	99
Number of Cases Open	69	58	56	61	72	84	102	124	150	176	144	166
Number of Cases Closed	43	60	42	26	29	23	33	29	28	51	103	77

PSYCHOLOGY	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020
Number of Cases Received	26	13	22	23	23	28	26	20	31	38	27	55
Number of Cases Open	87	49	34	46	44	52	57	64	83	75	75	97
Number of Cases Closed	17	52	38	16	24	19	24	13	11	46	29	34

SOCIAL WORK	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020
Number of Cases Received	12	28	21	14	27	15	34	35	25	33	39	27
Number of Cases Open	70	54	39	39	48	52	71	93	95	97	90	88
Number of Cases Closed	17	46	39	15	19	11	18	13	23	31	48	30



AGENCY REPORTS

AVERAGE TIME TO CLOSE A CASE (IN DAYS) PER QUARTER FISCAL YEAR 2020, QUARTER ENDING SEPTEMBER 30, 2020 (Q1)

*The average age of cases closed is a measurement of how long it takes, on average, for a case to be processed from entry to closure. These calculations include only cases closed within the quarter specified.

BOARD	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020
Counseling	292.8	247.9	106.1	251.5	128.2	153.7	185.0	164.2	161.3	251.0	279.0	173.0
Psychology	291.7	357.7	252.7	119.5	183.3	118.8	175.2	170.4	228.6	225.0	153.0	72.0
Social Work	407.6	366.2	228.8	292.7	123.6	277.5	237.2	113.8	200.7	263.0	211.0	271.0
Agency Totals	207.7	222.8	194.1	255.7	186.5	196.4	201.1	173.8	169.2	258.0	204.0	214.0

PERCENTAGE OF CASES OF ALL TYPES CLOSED WITHIN 365 CALENDAR DAYS*

FISCAL YEAR 2020, QUARTER ENDING SEPTEMBER 30, 2020 (Q1)

*The percent of cases closed in fewer than 365 days shows, from the total of all cases closed during the specified period, the percent of cases that were closed in less than one year.

BOARD	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020
Counseling	78.6%	84.7%	97.5%	76.9%	97.0%	91.3%	84.8%	89.7%	89.3%	73.8%	68.0%	84.8%
Psychology	50.0%	44.2%	81.6%	92.9%	85.2%	100%	90.5%	92.3%	81.8%	86.4%	93.1%	95.7%
Social Work	62.5%	41.3%	92.3%	73.3%	100%	81.8%	66.7%	84.2%	78.3%	50.9%	70.8%	46.7%
Agency Totals	85.1%	81.7%	86.7%	82.2%	86.7%	87.6%	80.6%	85.5%	84.0%	76.4%	82.3%	78.2%

Licensing Report

LICENSING REPORT

As of January 28, 2020

Application Satisfaction Survey			
2nd Quarter (October 1 – December 31, 2019)			
Respondents:	30	Satisfaction Percentage:	96 %

TOTALS AS OF JANUARY 2, 2020

There were 38,895 licensees, certificate holders and registrants as of January 2, 2020. The number of current licenses, certifications and registrations are listed in the below chart.

Current Licenses	
Certified Substance Abuse Counselor	1926
Substance Abuse Trainee	1953
Substance Abuse Counseling Assistant	251
Licensed Marriage and Family Therapist	919
Marriage & Family Therapist Resident *	352
Licensed Professional Counselor	6221
Resident in Counseling *	9156
Substance Abuse Treatment Practitioner	272
Substance Abuse Treatment Residents	8
Rehabilitation Provider	230
Qualified Mental Health Prof-Adult	7534
Qualified Mental Health Prof-Child	6720
Trainee for Qualified Mental Health Prof	3071
Registered Peer Recovery Specialist	282
Total	38,895

*Resident numbers represent initial and add/change approved application. Current resident numbers are significantly lower.

NOVEMBER 2019

There were 475 licenses issued for Counseling for the month of **November**. The number of licenses, certification and registration issued are listed in the below chart. During this month the Board received 549 applications.

Licenses, Certifications, Registrations issued November 2019	
Certified Substance Abuse Counselor	3
Substance Abuse Trainee	22
Substance Abuse Counseling Assistant	3
Licensed Marriage and Family Therapist	9
Marriage & Family Therapist Resident *	4
Licensed Professional Counselor	71
Resident in Counseling *	156
Substance Abuse Treatment Practitioner	4
Substance Abuse Treatment Residents	0
Rehabilitation Provider	1
Qualified Mental Health Prof-Adult	46
Qualified Mental Health Prof-Child	40
Trainee for Qualified Mental Health Prof	110
Registered Peer Recovery Specialist	6
Total	475

*Resident numbers represent initial and add/change approved applications.

DECEMBER 2019

There were 486 licenses issued for Counseling for the month of **December**. The number of licenses, certification and registration issued are listed in the below chart. During this month the Board received 502 applications.

Licenses, Certifications, Registrations issued December 2019	
Certified Substance Abuse Counselor	10
Substance Abuse Trainee	28
Substance Abuse Counseling Assistant	0
Licensed Marriage and Family Therapist	10
Marriage & Family Therapist Resident *	6
Licensed Professional Counselor	66
Resident in Counseling *	116
Substance Abuse Treatment Practitioner	3
Substance Abuse Treatment Residents	1
Rehabilitation Provider	0
Qualified Mental Health Prof-Adult	79
Qualified Mental Health Prof-Child	68
Trainee for Qualified Mental Health Prof	91
Registered Peer Recovery Specialist	8
Total	486

*Resident numbers represent initial and add/change approved applications.

JANUARY 2020

There were 4,850 licenses, certifications, registrations issued for Counseling for the month of **January**. The number of licenses, certification and registration issued are listed in the below chart. During this month the Board received 485 applications. (No add/change applications were processed this month for residents.)

Licenses, Certifications, Registrations issued as of January 28, 2020	
Certified Substance Abuse Counselor	5
Substance Abuse Trainee	19
Substance Abuse Counseling Assistant	4
Licensed Marriage and Family Therapist	2
Marriage & Family Therapist Resident *	218
Licensed Professional Counselor	51
Resident in Counseling *	4320
Substance Abuse Treatment Practitioner	5
Substance Abuse Treatment Residents	6
Rehabilitation Provider	1
Qualified Mental Health Prof-Adult	50
Qualified Mental Health Prof-Child	38
Trainee for Qualified Mental Health Prof	124
Registered Peer Recovery Specialist	7
Total	4,850

*Resident numbers represent the issuance of temporary resident licenses. Of the 4,500 residents, approximately 1,500 were approved prior to 2014.



Additional Information:

Credential Committee: The Credential Committee met on January 24, 2020 to review applications and provide staff with guidance. The Committee reviewed 40 applications. The results of the review are as follows:

- 11 applications met the minimum requirements for licensure, certification or registration.
- 22 applications did not meet the minimum requirements for licensure, certification or registration.
- 7 applications needed more information from the applicant for further review.

QMHP and RPRSs:

- On November 22, 2019, Board staff developed and emailed an announcement to all QMHPs and RPRSs applicants and registrants. This notice identified the key changes and provided a link to the new regulations which went into effect November 13, 2019.
- The QMHP and RPRS Information section of the website offers applicants and registrants resource information related to the application process and registration requirements in one central location.
- Supporting documentation, FAQs and online applications were updated to reflect the changes in the regulations.

Residents:

- On December 16, 2019, Board staff sent an email notification to all residents (pending or current), LPCs, LMFTs and LSATPs relating to the emergency regulations for the issuance of temporary resident licenses. This notice identified the key changes to the regulations and provided a comparison chart and FAQs to help residents, licensees and applicants navigate the emergency regulations.
- All applications were updated in December to reflect the new changes.
- Licensure Process Handbook was updated to reflect changes.
- Supervisory Contract was developed and posted.
- Temporary resident license information was updated on DHPs website under "License Lookup" on January 24, 2020. In addition, over 4,300 paper resident licenses were printed the week of January 26, 2020 and mailed to all licensees to the address of record.

CSAC and CSAC-As:

- On January 16, 2020, Board staff provided notification by email to all applicants, certificate holders' and licensees information related to the new regulations that will be effective February 19, 2020. This notice identified the key changes and provided a comparison chart and FAQs to help guide and navigate the changing regulations.
- All applications were updated in January to reflect the new changes.
- Certification Process Handbook was updated to reflect changes.
- CSAC Supervisory Contract was developed.



Upcoming Board Meetings	
Regulatory Committee Meetings	May 1, 2020 July 31, 2020 October 30, 2020
Quarterly Board Meetings	May 15, 2020 August 21, 2020 November 13, 2020

Board of Health Professions Report

DRAFT

In Attendance

Sahil Chaudhary, Citizen Member
Helene Clayton-Jeter, OD, Board of Optometry
Kevin Doyle, EdD, LPC, LSATP, Board of Counseling
Louise Hershkowitz, CRNA, MSHA, Board of Nursing
Allen Jones, Jr., DPT, PT, Board of Physical Therapy
Louis Jones, FSL, Board of Funeral Directors and Embalmers
Derrick Kendall, NHA, Board of Long-Term Care Administrators
Ryan Logan, RPh, Board of Pharmacy
Kevin O'Connor, MD, Board of Medicine
John Salay, MSW, LCSW, Board of Social Work
Herb Stewart, PhD, Board of Psychology
James Watkins, DDS, Board of Dentistry
James Wells, RPh, Citizen Member

Absent

Steve Karras, DVM, Board of Veterinary Medicine
Alison King, PhD, CCC-SLP, Board of Audiology & Speech-Language Pathology
Martha Rackets, PhD, Citizen Member
Maribel Ramos, Citizen Member
Vacant - Citizen Member

DHP Staff

David Brown, DC, Director DHP
Barbara Allison-Bryan, MD, Deputy Director DHP
Elizabeth A. Carter, PhD, Executive Director BHP
Yetty Shobo, PhD, Deputy Executive Director BHP
Laura Jackson, MSHSA, Operations Manager BHP
Charis Mitchell, Assistant Attorney General
Rajana Siva, MBA, Research Analyst BHP
Elaine Yeatts, Senior Policy Analyst DHP

Speakers

No speakers signed-in

Observers

Scott Johnson, Hancock Daniel & Johnson, PC

Emergency Egress

Elizabeth Carter, PhD

Call to Order

Dr. Jones, Jr.
Time: 10:00 a.m.
Quorum: Established

Public Comment

No public comment was provided

Approval of Minutes

Motion

Dr. Jones, Jr.

A motion to accept meeting minutes from the August 29, 2019 Full Board meeting was made and properly seconded. All members were in favor, none opposed.

Director's Report

Dr. Brown announced that the agencies Board Member Training held October 7, 2019 was rated a 4.5 out of 5. He noted that additional information will be made available to board members on the agencies website. Dr. Brown stated that the agency's website upgrade was going well and that several boards have made the transition. He requested that the board members go to the website and look to see if it is more user friendly. Boards will now be able to make their own postings, reducing the need for Data to post the information on their behalf.

Dr. Allison-Bryan reviewed building security changes that have gone into effect and those that are yet to be implemented.

The Council on Licensure, Enforcement and Regulation (CLEAR) is an organization designed to help those in professional regulation have access to resources. At the annual CLEAR meeting in September, DHP's research and analysis into the workload of the Enforcement Division staff was presented by DHP's Enforcement Director Ms. Schmitz and Visual Research, Inc. President Neal Kauder.

Welcome

Dr. Jones, Jr. introduced newly appointed Board of Health Professions board members Louise Herskowitz with the Board of Nursing and Steve Karras with the Board of Veterinary Medicine.

Legislative and Regulatory Report

Ms. Yeatts provided an overview of the regulations distributed during the meeting. She advised that the agency has hired a P-14 law student to assist with the review and analysis of mandated and/or discretionary regulations. A link to the report will be posted on the agencies webpage once it is completed.

Board Chair Report

Dr. Jones, Jr. thanked agency staff for the high level of training provided at the October board member training.

Sanction Reference Points Review

Mr. Kauder with VisualResearch, Inc. provided a PowerPoint presentation discussing the SRP worksheet updates made for the Boards of Funeral Directors and Embalmers, Long-Term Care Administrators, Physical Therapy and Dentistry and that the review for the Board of Nursing is still in progress. (Attachment 1)

Executive Director's Report

Dr. Carter reviewed the Board's budget and provided insight into the agency's statistics and performance.

Dr. Carter provided an overview of the meetings she attended at The National Conference of State Legislatures Multi-State Learning Consortium in Utah and the The Council of State Governments Occupational Licensing Learning Seminar in Kentucky.

Healthcare Workforce Data Center

Dr. Shobo provided an overview of the PowerPoint presentation she presented at the Home Care and Health Medicaid Conference in September. She also provided an update on the status of requests made for the sharing of the agency's workforce data.

Medicaid utilization will be added as a survey item on the 2020 workforce surveys. Discussion ensued on how best to collect the information.

Lunch

12:20 working lunch

Board Member Introductions

Staff and board members in attendance introduced themselves to the newly appointed board members.

Individual Board Reports

Board of Psychology - Dr. Stewart (Attachment 2)

Board of Nursing - Ms. Hershkowitz provided licensure count for the Board of Nursing professions. She stated that the Board is working with VisualResearch Inc. on massage therapy SRP worksheets. The Board is also working on conversion therapy; and identifying ways that board members could better balance personal life/work with the time demands of the Board. Elimination of regulations for nurse practitioner prescriptive authority has been finalized.

Board of Counseling - Dr. Doyle (Attachment 3)

Board of Long-Term Care Administrators - Mr. Kendall (Attachment 4)

Board of Pharmacy - Mr. Logan announced that the Board of Pharmacy has received two new member appointments. The board is implementing a process to cease mailing a hard copy license, registration or permit that bear an expiration date. The Board is very concerned with the use of vape products currently on the market. The Board is in the process of increasing licensure fees.

Board of Optometry - Dr. Clayton-Jeter (Attachment 5)

Board of Physical Therapy - Dr. Jones, Jr. (Attachment 6)

Board of Social Work - Mr. Salay (Attachment 7)

Board of Funeral Directors and Embalmers - Mr. Jones (Attachment 8)

Board of Dentistry - Dr. Watkins (Attachment 9)

Board of Medicine - Dr. O'Connor stated that the Board of Medicine continues to see an increase in complaints. The board is resisting entry into the licensure compact by implementing an expedited licensure process. A new board president has been appointed. The board is also working on conversion therapy for adults and children.

Practitioner Self-Referral

Mr. Salay provided an overview of the Practitioner Self-Referral request made by Telomerix Stem Cell Biobank, LLC and the agency subordinate recommendation to the Full Board. After brief discussion, it was determined that this arrangement does not constitute a self-referral.

Motion

The practitioner self-referral request made by Telomerix Stem Cell Biobank, LLC was determined to not be a referral. A motion was made to accept the agency subordinates recommendation. The motion was properly seconded, with all members in favor, none opposed.

Election of Officers

The Nominating Committee Chair, Dr. Clayton-Jeter, reported on individuals interested in the position of Board Chair as follows: Dr. Jones, Jr. and Dr. Stewart. Both individuals acknowledged their interest and reasoning for seeking the position. There were no nominations from the floor. Prior to voting, Dr. Stewart withdrew his interest in the Board Chair position, making Dr. Jones, Jr. the only individual seeking the seat.

By acclamation Dr. Jones, Jr. was appointed Chair of the Board of Health Professions for a one year term. All members were in favor, none opposed.

The Nominating Committee Chair, Dr. Clayton-Jeter, reported on individuals interested in the position of Board Vice Chair as follows: Dr. Doyle, Dr. Stewart and Mr. Salay. Prior to voting, Mr. Salay and Dr. Doyle withdrew their interest in the Board Vice Chair position, making Dr. Stewart the only individual seeking the seat.

By acclamation Dr. Stewart was appointed Vice Chair of the Board of Health Professions for a one year term. All members were in favor, none opposed.

Education Committee Report

The Education Committee meeting will be rescheduled.

New Business

Dr. O'Connor offered to take the discussion of stem cell storage to the Board of Medicine.

Dr. Clayton-Jeter requested that an agenda item be added to the February 27, 2020 Full Board meeting to determine if the Board should consider extending the Chair and Vice Chair term of one year to two years.

Telehealth

The boards of Social Work and Psychology provided information regarding the impact of telehealth on their respective boards.

Next Full Board Meeting

Dr. Jones, Jr. advised the Board that the next meeting is scheduled for February 27, 2020 at 10:00 a.m.

Adjourned

1:28 p.m.

Chair

Allen Jones, Jr., DPT, PT

Signature

_____ / /

Board Executive Director

Elizabeth A. Carter, PhD

Signature

_____ / /

Sanctioning Reference Points Update

December 2, 2019

Prepared for:
Department of Health Professions
Board of Health Professions

Neal Kauder, President
804.794.3144
vis-res.com



ATTACHMENT 1

Sanctioning Reference Points Development

SRPs have multiple goals and purposes:

- make sanctioning more predictable

- reduce unwarranted disparity

- education tool for new board members

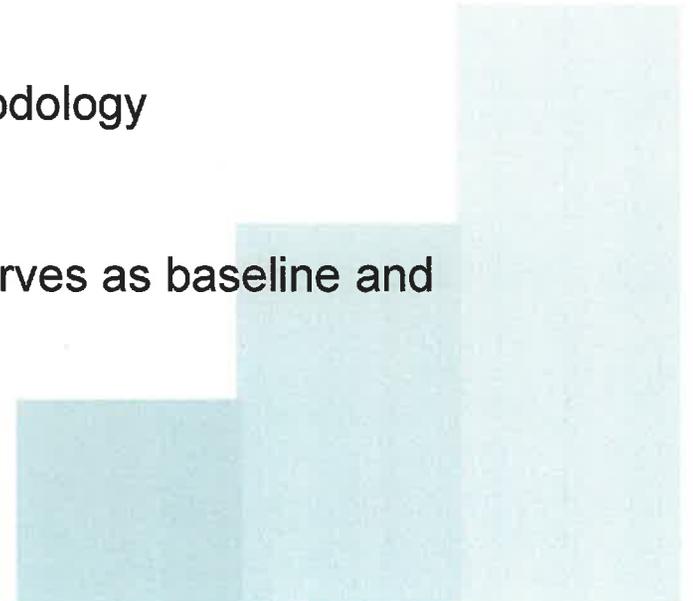
- add empirical element to a process

- help 'predict' future caseloads (need for services, terms)

Empirical information unavailable on factors that effect sanction decisions – aggravating or mitigating factors, etc.

Comprehensive qualitative and quantitative methodology

Descriptive model/normative adjustment - data serves as baseline and boards modify to serve goals



SRP Project Update

- Funeral, January 2018
- Long-Term Care Administrators, June 2018
- Physical Therapy, November 2018
 - These 3 boards had not been reexamined in roughly ten years
 - Case types revised to reflect current culture. For example, LTC no longer explicitly adds points for “CE” cases. Funeral updated monetary penalty amounts.
- Dentistry, September 2019
 - Reduced the number of worksheets from 3 to 1. Monetary Penalty amounts added to SRP worksheet sanctioning thresholds.
- Nursing, In Progress
 - Addressing concerns regarding LMTs being grouped with other occupation types. First revision of CNA worksheet.

SRP Project For Board of Nursing

11/20/19 – Full Board SRP update and training takeaways

- Treatment of LMTs within the SRP system
 - A separate worksheet was needed
 - Relatively low n= sizes given how significant factors, points and sanctioning recommendation ranges are derived
- Treatment of cases where “evaluation” (mental/drug/alcohol) is required
 - These types of cases are not violations; more explicit language should state they are not scored under SRP system
- Clarification of certain factors such as “act of commission,” “past difficulties,” and “three or more employers in the past five years.”
- Future training efforts
 - Training of the BON after the new manual is adopted for use

How do you decide when to revise?

- Changes in sanctioning culture
- New disposition methods are introduced (CCA, Advisory Letters, etc.)
- Use of Pre-Defined sanctions emerge as new policy (monetary penalties for CE)
- A new profession gets regulated
- Changes in case types (e.g., LTC - business practices now neglect)
- New factors become important or other factors become less relevant
- Information from agreement monitoring (e.g., a recurring departure reason)

Multiple Techniques for Revising Worksheets

Original SRP worksheets used multi-variate statistics to identify relevant factors and points – works well with a large number of cases, not available for some boards

Also integrate use of a “SOLVER” - simulates a “best fit” approach by analyzing thousands of “what-if” scenarios, effective on any size database – *even small ones*

New system based on both multivariate statistics and SOLVER to get worksheets that are most representative of sanctioning practices

Virginia Department of Health Professions

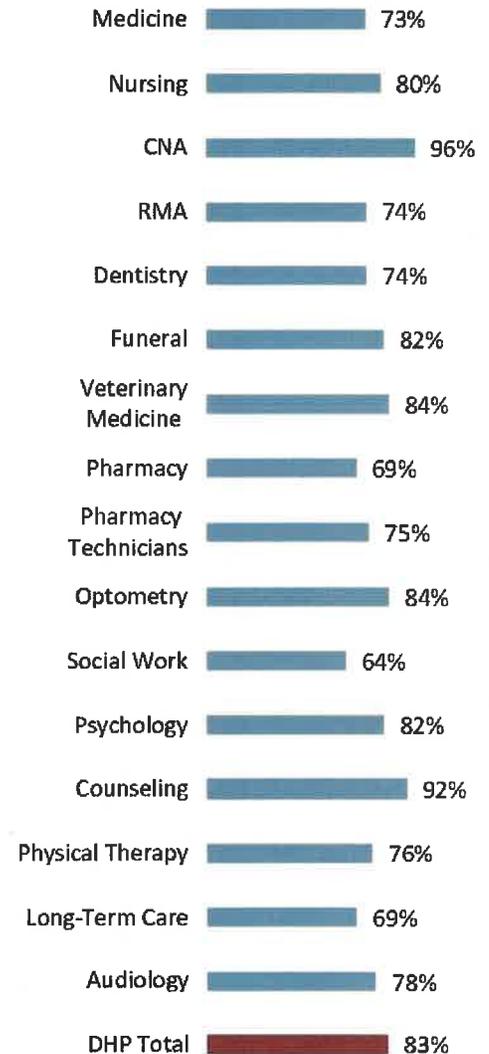
Sanctioning Reference Points (SRP) Agreement Analysis

Data through September 30, 2019

David E. Brown, D.C.
Director

Board	Start Date	Completed Worksheets	Agreement		Departures			
			#	%	Aggravating #	Aggravating %	Mitigating #	Mitigating %
Medicine	Aug-04	256	188	73%	10	4%	58	23%
Nursing	Jul-05	2088	1678	80%	335	16%	75	4%
CNA	Jul-05	1174	1129	96%	23	2%	22	2%
RMA	Jun-13	99	73	74%	22	22%	4	4%
Dentistry	Jun-06	251	186	74%	21	8%	44	18%
Funeral	May-07	55	45	82%	2	4%	8	15%
Veterinary	May-07	157	132	84%	15	10%	10	6%
Medicine	May-07	157	132	84%	15	10%	10	6%
Pharmacy	Nov-07	136	94	69%	11	8%	31	23%
Pharmacy	Nov-07	136	94	69%	11	8%	31	23%
Technicians	Jun-13	12	9	75%	1	8%	2	17%
Optometry	Dec-08	19	16	84%	2	11%	1	5%
Social Work	Jun-09	25	16	64%	3	12%	6	24%
Psychology	Jun-09	11	9	82%			2	18%
Counseling	Jun-09	38	35	92%	1	3%	2	5%
Physical Therapy	Nov-09	21	16	76%	5	24%		
Long-Term Care	Mar-10	29	20	69%	4	14%	5	17%
Audiology	Jun-10	9	7	78%			2	22%
DHP Total		4387	3659	83%	456	10%	272	6%

Agreement by Board



	Licenses/Cert/Reg (As of 12/2/2019)
Applied	26
Resident in Training	874
Clinical Psychologist	3711
Resident in School Psychology	8
School	94
School – Limited	584
Sex Offender Treatment Provider	415
Sex Offender Treatment Provider-Trainee	154
Total	5866

Regulatory Changes

Section	Change	Stage
18VAC125-20	The Board intends to specify in section 150 that the standard of practice requiring licensed psychologists to “avoid harming patients or clients, research participants, students and others for whom they provide professional services and minimize harm when it is foreseeable and unavoidable” includes the provision of conversion therapy and to define what conversion therapy is and is not. The goal is to align regulations of the Board with the stated policy and ethics for the profession.	Proposed Stage: At DPB
18VAC125-20	Periodic Review: The Board intends to update its regulations for consistency and clarity, reduce the regulatory hurdle for licensure by endorsement, increase the opportunities for continuing education credits, specify a time frame within which an applicant must have passed the national examination, and simplify the requirement for individual supervision in a residency. The Board will also consider requiring all psychology doctoral programs to be accredited by the American Psychological Association, the Canadian Psychologic Association or another accrediting body acceptable to the Board within three years of the effective date of the regulation. Finally, the Board intends to revamp its regulations on standards of conduct to emphasize rules for professionalism, confidentiality, client records, and prohibitions on dual relationships.	Proposed stage: Approved by Governor Public Comment period ends 1/24/2020 Public Hearing 12/3/2019 Under review at the Governor’s Office.
18VAC125-20	Reduction in Renewal Fee	Final Effective Date: 1/8/2020
18VAC125-20	Handling Fee: The Office of the Comptroller has advised	Fast Track- at DPB

the Department that the costs for handling a returned check or dishonored credit card or debit card payment is \$50, as set forth in § 2.2-4805 of the Code of Virginia. Therefore, all board regulations are being amended to delete the returned check fee of \$35 and replace it with a handling fee of \$50

Psychology has received more cases in October than closed cases. Psychology has closed 8 patient care cases and 4 non-patient care cases for a total of 12 cases.

<u>Cases Closed</u>	
<u>Patient Care</u>	<u>8</u>
<u>Non Patient Care</u>	<u>4</u>
<u>Total</u>	<u>12</u>

The board has received 11 patient care cases and 5 non-patient care cases for a total of 16 cases.

<u>Cases Received</u>	
<u>Patient Care</u>	<u>11</u>
<u>Non Patient Care</u>	<u>5</u>
<u>Total</u>	<u>16</u>

As of October 31, 2019, there are 92 Patient care cases open and 11 non-patient care cases open for a total of 103 cases.

<u>Cases Open</u>	
<u>Patient Care</u>	<u>92</u>
<u>Non Patient Care</u>	<u>11</u>
<u>Total</u>	<u>103</u>

Next Meeting:
January 28, 2020

	Total Licenses/certifications/registrations
CSAC	1,915
CSAC-A	248
Substance Abuse Trainee	1814
LMFT	908
LPC	6153
ROS (initial and add/change)	9188
QMHP-A	7442
QMHP-C	6645
Peer	272
MFT ROS (initial and add/change)	352
LSATP	269
Substance Abuse Res	7
QMHP Trainee	2980
Rehab Counselor	230
Total	38542

Regulatory Changes

Section	Change	Stage
18VAC115-15	Periodic Review – Agency Subordinate	Fast-track Register Date: 10/28/19 Effective Date: 12/12/2019
18VAC115-20	Requirement for CACREP accreditation for educational programs	Proposed: At Governor's Office. But the Board recommended withdrawing the action at its last meeting
18VAC115-20	Periodic Review	Noira Register Date: 8/19/2019 Board voted on Proposed Regulations at its last meeting
18VAC115-20	Resident License: Regulations implement the statutory mandate for issuance of a temporary license for a residency in counseling. The amendments set fees for initial and renewal of a resident license, qualifications for the issuance of a license and for its renewal, limitations on the number of times a resident may renew the temporary license, and a time limit for passage of the licensing examination. Amendments in Chapter 20 for professional counselors are duplicated in Chapter 50 for marriage and family therapists and in Chapter 60 of licensed substance abuse treatment practitioners.	Noira/Emergency: Approved by Governor today
18VAC115-20, 18 VAC115-30, 18VAC115-50, 18VAC115-60	Specify in Regulations that the standard of practice requiring persons licensed, certified or registered by the board to "Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare" precludes the provision of conversion therapy and to define what conversion therapy is and is not.	Proposed: At Secretary's Office
18VAC115-20	Provide a pathway for foreign trained graduates in counseling to obtain licensure as a professional counselor in Virginia. The Board intends to adopt language similar to psychology, which provides that graduates of programs that are not within the US or Canada can qualify for licensure if they can provide documentation from an acceptable credential evaluation	Final: At DPB

	service that allows the board to determine if the program meets the requirements set forth in the regulation.	
18VAC115-20	Acceptance of supervised practicum and internship hours in a doctoral program accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). The intent is to recognize hours acquired in an accredited doctoral programs as meeting a portion of the hours of residency required for licensure.	Final Regulations. Under review with Secretary of Health and Human Resources
18VAC115-30	Updating and clarifying CSAC and CSAC-A regulations: The Board intends to amend regulations for certified substance abuse counselors (CSAC) and counseling assistants to clarify portions that have confused applicants, add more specific requirements for supervised practice to better ensure accountability and quality in the experience, add time limits for completion of experience to avoid perpetual supervisees who may continue to practice without passage of an examination and completion of certification, add requirements for continuing education as a requisite for renewal to ensure on-going competency to practice, and place additional standards of practice in regulation to address issues the Board has seen in complaints and disciplinary proceedings and for consistency with other professions in behavioral health.	Final Stage: At Governor's Office
18VAC-115-70	Regulations for registration of peer recovery specialists promulgated pursuant to a mandate of Chapters 418 and 426 of the 2017 Acts of the Assembly	Effective Date: 11/13/2019
18VAC-115-80	Regulations for registration of qualified mental health professionals promulgated pursuant to a mandate of Chapters 418 and 426 of the 2017 Acts of the Assembly.	Effective Date: 11/13/2019

Counseling Monthly Snapshot for October 2019

Counseling has received more cases in October than closed cases. Counseling has closed 15 patient care cases and 9 non-patient care cases for a total of 24 cases.

Cases Closed	
Patient Care	15
Non-Patient Care	9
Total	24

The department has received 25 patient care cases and 9 non-patient care cases for a total of 34 cases.

Cases Received	
Patient Care	25
Non-Patient Care	9
Total	34

As of October 31, 2019, there are 152 Patient care cases open and 49 non-patient care cases open for a total of 201 cases.

Cases Open	
Patient Care	152
Non-Patient Care	49
Total	201

NEXT MEETING: February 7, 2020

Board of Long-Term Care Administrators

Last Meeting: September 27, 2019

Next Meeting: December 17, 2019

Updates:

- At the meeting on September 17, the Board considered recommendations made by the Regulatory Advisory Panel (“RAP”) convened to look at the training of prospective administrators in the assisted living and nursing home settings, “Administrators-in-Training.” The “RAP” made a number of recommendations regarding possible action items for consideration by the full Board, including possible ways to address concerns related workforce needs, pathways to licensure, and adequate and quality training, engagement of preceptors, and ensuring appropriate settings for training. The recommendations or action items fell into two main categories: areas for continued collaboration and areas for possible regulatory changes. The Board has voiced its support for continued collaboration, and will consider some of the more regulatory proposals at its meeting in December, with some additional research and discussion at that time.
- Also at the September meeting, the Board adopted a fast-track regulation related to the handling fees for dishonored checks or payments.
- Appointments/Reappointments - Two Board members, Martha Hunt, ALFA, and Mitch Davis, NHA, were recently reappointed to second terms of the Board. There were three newly appointed Board members as well: Jenny Inker, ALFA, Ashley Jackson, NHA, and Ali Faruk, Citizen Member.

Statistics

Last board meeting held on November 8, 2019. Next board meeting scheduled for February 2, 2020.

May 1 – November 30, 2019

Board – 3	Committee – 3	Disciplinary – 0
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Complaints (no further update)

FY2016 Received - 13	FY2017 Received - 36	FY2018 Received - 42	Y-T-D FY2019 Received – 16
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Licenses (in state/out of state based on address of record provided by licensee)

Y-T-D as of 12/2/2019

Total – 2013	TPA – 1,212/434	DPA – 18/78	Professional Designations – 270/1
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Continuing Education

The Board voted to conduct a continuing education audit for the previous licensing year.

Regulatory Changes

The following regulatory actions are underway:

- Periodic review will become effective on December 11, 2019. Ms. Knachel will send a mass email to licensees prior to the effective date.
- Emergency regulation for Waiver of Electronic Prescribing adopted, and a Notice of Intended Regulatory Action (NOIRA) will replace the emergency regulations.
- Regulatory amendment to adjust fees for returned checks was adopted.
- Final regulatory amendment to add gabapentin to TPA formulary was adopted.
- Final regulatory amendment to authorize issuance of inactive licenses adopted.
- Board amended 18VAC105-20-20 remove fees associated with Professional Designations; to amend 18VAC105-20-40 and repeal 18VAC105-20-50 by fast track action as recommended by the Professional Designation Committee
- Bylaws amended to change the effective date to January 1 of each year for newly elected board president.

Board of Physical Therapy

Last Meeting: November 12, 2019

Next Meeting: February 13, 2020

Updates:

- **Physical Therapy Licensure Compact**
 - The Board's emergency regulations related to implementation of the Compact have been approved, and will become effective January 1, 2020. On that same date, the Board will also begin requiring criminal background checks for applicants for licensure.
 - At the Board's meeting in November, Board members received a presentation from the PT Compact's Administrator, TJ Cantwell, regarding implementation of the Compact, how licensees obtain "Compact privileges" to practice in our state/other states, and what information will be communicated to the Board.
- Recently, at a meeting of the Federation of State Boards of Physical Therapy, Dr. Elizabeth Locke, a Board member and faculty member at ODU, participated in a co-presentation entitled "The Adversity to Diversity," which focused not only on diversity within the PT profession itself, but also on the importance of diverse Board representation. Dr. Locke's presentation was well-received by attendees. Dr. Locke has agreed to give her presentation to the Board at an upcoming meeting.
- At the November meeting, the Board adopted a fast-track regulation related to the handling fees for dishonored checks or payments.

	Total Number (as of 12/2/2019)
Associate	1
LBSW	15
LCSW	7,243
LMSW	781
LBSW Supervision	7
ROS (initial and add/change)	2,460
Total	10,516

Regulatory Changes

Section	Change	Stage
18VAC140-20	Hours of ethics for continue education	Effective Date 11/13/2019
18VAC140-20	Unprofessional Conduct/Practice of Conversion Therapy	Proposed: At Secretary's office
18VAC140-20	Reduction in CE requirement for supervisors: The Board proposes amendments to clarify that the definition of "face-to-face" includes the contact a supervisee and a client must have; to reduce the number of hours of continuing education required to become an approved supervisor; and to eliminate the requirement that those hours must be repeated every five years to remain an approved supervisor.	Fast Track stage withdrawn (because of opposition). The board will decide at its next meeting if it wants to withdraw the action or adopt a NOIRA instead of the fast track action.
18VAC140-20	Change in returned check fee	Fast Track- Approved by Governor Public Comment: 12/23/2019-1/22/2020 Effective Date: 1/31/2020
18VAC140-20	Reduction in fees and elimination of supervised experience requirement for LBSW	Fast Track: At Governor's Office

Social Work Monthly Snapshot for October 2019

Social Work has received more cases in October than closed cases. Social Work has closed 5 patient care cases and 2 non-patient care cases for a total of 7 cases.

Closed Cases	
Patient Care	5
Non Patient Care	2
Total	7

The department has received 6 patient care cases and 6 non-patient care cases for a total of 11 cases.¹

Received Cases	
Patient Care	6
Non Patient Care	4
Total	10

As of October 31, 2019, there are 77 Patient care cases open and 14 non-patient care cases open for a total of 91 cases.

Open Cases	
Patient Care	77
Non patient care	14
Total	91

News Update:

The Board wants to focus on workforce issues and ensuring that any regulatory and policy changes protect the public but also ensure that the workforce needs are met. The Board is also discussing the LMSW in more detail to determine that it is in line with the ASWB model Act and promotes mobility.

Next Board Meeting:

December 5, 2019

¹ The cases received and cases closed figures exclude Compliance Tracking Cases

Board of Funeral Directors and Embalmers

Last Meeting: October 10, 2019

Next Meeting: January 14, 2020

Updates:

- The Board is currently undergoing a periodic review of three sets of regulations, including regulations for the practice of funeral services, for preneed funeral contracts, and for funeral service interns. The Board adopted proposed amendments at the Board's October meeting. With regard to the regulations for funeral service interns, one of the proposed amendments under consideration by the Board includes the possible reduction of the current number of hours for intern training from 3,000 hours to 2,000 hours.
- Also at the October meeting, the Board adopted a fast-track regulation related to the handling fees for dishonored checks or payments.
- The Board held elections in October – Mia Mimms, FSL, was elected as President; Tommy Slusser, FSL, was elected as Vice-President; and Dr. Scott Hickey, MD, citizen member, was elected as Secretary-Treasurer.
- Finally, two Board members, Blair Nelsen and Frank Walton, were recently reappointed to second terms on the Board. The Governor appointed one new Board member, Jason Graves.

