Virginia Department of Health Professions
Board of Counseling

Agenda
Regulatory Committee Meeting

May 30, 2019
Board Room 1
10:00 a.m.

Call to Order – Johnston Brendel, Ed.D, LPC, LMFT, Committee Chair

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

Approval of Minutes

- Regulatory Committee Meeting – February 7, 2019*

Public Comment

The Committee 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.

Unfinished Business

- Interstate Compact Agreements
- Periodic Review Discussion
    - Regulations Governing the Certification of Rehabilitation Providers (18VAC115-40-10 et. seq.) *

New Business

- Consideration of public comment and admendments for final adoption of Regulations Govering the Registration of Peer Recovery Specialists.*
- Consideration of public comment and amendments for final adoption of Regulations Governing the Registration of Qualified Mental Health Professionals.*
- Petition for Rulemaking to accept a bachelor's degree in criminology and criminal justice to qualify for registration as a QMHP-C and to accept supervised experience obtained in another state.*
- Petition for Rulemaking to amend regulations to waive the requirement for an examination for licensed clinical social workers who can show clinical experience based in substance abuse service to become licensed substance abuse treatment practitioners.*
- Review Guidance Document 115-1.1: Possible Disciplinary or Alternative Actions for Non-Compliance with Continuing Education Requirements, revised May 1, 2015*
- Review public comment or proposed Guidance Document on Substance Abuse Treatment Functions by Regulated Professions.*
- Consideration of Virginia Sex Offender Treatment Association as an approved provider of continuing education.
- Discuss Virginia Code of Virginia § 32.1-127.1:03.F. Health records privacy - release of records.

- Consideration of a Guidance Document for Credential Appeal Process
- Degree Program Trend Discussion

Next Meeting – August 15, 2019

Meeting Adjournment

*Requires a Committee Vote

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the Board at the Regulatory Committee 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).

Approval of Counseling Regulatory Committee Meeting Minutes

February 7, 2019

VIRGINIA BOARD OF COUNSELING
REGULATORY COMMITTEE MEETING
DRAFT MINUTES
Thursday, February 7, 2019

TIME AND PLACE:	The meeting was called to order at 10:00 a.m. on Thursday, February 7, 2019, in Board Room 1 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 Danielle Hunt, LPC Vivian Sanchez-Jones, Citizen Member Holly Tracy, LPC, LMT
OTHER BOARD MEMBERS PRESENT:	Maria Stransky, LPC, CSAC, CSOTP
STAFF PRESENT:	Christy Evans, Discipline Case 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
PUBLIC IN ATTENDANCE:	No public in attendance.
ORDERING OF THE AGENDA:	Staff recommended amending the agenda to discuss new business prior to the unfinished business. The Committee agreed.
APPROVAL OF MINUTES:	Ms. Sanchez-Jones moved to approve the minutes of the January 4, 2019 meeting. Ms. Tracy seconded the motion, and it passed unanimously.
PUBLIC COMMENT:	There was no public comment.

DISCUSSIONS:

I. Unfinished Business:

- Reciprocity/Compact Agreements: No action by the Board is required at this time. The Committee will discuss this item at a future meeting.

- Periodic Review Discussion: The Committee re-visited its periodic review discussion.

Chapter	Board of Counseling	Outcome of Discussion
18 VAC 115-20	Regulations Governing the Practice of Professional Counseling	The Committee reviewed draft changes to the Regulations. Dr. Doyle moved, which was properly seconded, that the Committee recommend the draft changes to the

		Regulations Governing the Practice of Professional Counseling in concept to the full Board and that the Notice of Intended Regulatory Action (NOIRA) include a draft of the proposed changes.
18 VAC 115-50	Regulations Governing Marriage and Family Therapists	The Committee reviewed draft changes to the Regulations. Ms. Tracy moved, which was properly seconded, that the Committee recommend the changes to the Regulations Governing Marriage and Family Therapists in concept to the full Board and that the NOIRA include a draft of the proposed changes.
18 VAC 115-60	Regulations Governing Licensed Substance Abuse Treatment Practitioners	The Committee reviewed draft changes to the Regulations. Dr. Doyle moved, which was properly seconded, that the Committee recommend the changes to the Regulations Governing Licensed Substance Abuse Treatment Practitioners in concept to the full Board and that the NOIRA include a draft of the proposed changes.

- Guidance Document on Scope of practice for Certified Substance Abuse Counselors (CSAC and CSAC Assistants): The Committee reviewed and discussed Ms. Hoyle's draft guidance document related to the scope of practice for substance abuse practitioners developed to provide clarification to the public. Dr. Doyle moved, which was properly seconded, that the Committee recommend to the full board adoption of the draft guidance document with the identified changes.

II. New Business:

Petition for Rule-Making Discussion:

- Willard Vaughn, LPC, LSATP, CSAC, petitioned the Board to amend the Regulations to prohibit those that are considered "Residents in Counseling" from promoting or advertising their services independently in any manner to solicit business form the general public. The Committee discussed the petition and the public comments related to the petition. Dr. Doyle moved, which was properly seconded, that the Committee recommend to the full Board that the Board reject the petitioner's request. Ms. Tracy suggested that the Committee consider drafting a guidance document to address this issue.

- Jamie West, Resident in Marriage and Family Therapy, petitioned the Board to amend the Regulations Governing Marriage and Family Therapists to allow for up to 900 hours of supervised experience in a COAMFTE or CACREP doctoral program toward hours of residency. Mr. Yeatts presented a draft of the proposed Regulations to mirror the adopted changes to the Regulations Governing Professional Counselors. Dr. Doyle moved, which was properly seconded, that the Committee recommend to the full Board that the Board accept the petitioner's request using the drafted wording presented by Ms. Yeatts and to recommend that the Board adopt the amendments as a fast-track action.

NEXT SCHEDULED MEETING: The next Committee meeting is scheduled for May 30, 2019.

ADJOURNMENT: The meeting adjourned at 2:05 p.m.

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

Date

Jaime Hoyle, JD
Executive Director

Date

Periodic Review and Public Comments for the Regulations Governing the Certification of Rehabilitation Providers

Commonwealth of Virginia

REGULATIONS

GOVERNING THE CERTIFICATION OF REHABILITATION PROVIDERS

VIRGINIA BOARD OF COUNSELING

Title of Regulations: 18 VAC 115-40-10 et seq.

Statutory Authority: §§ 54.1-2400 and Chapter 35 of Title 54.1 of the *Code of Virginia*

Revised Date: February 8, 2017

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Henrico, VA 23233

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TABLE OF CONTENTS

Part I. General Provisions.

18VAC115-40-10. Definitions.

A. The terms "board," "certified rehabilitation provider," and " professional judgment," when used in this chapter, shall have the meanings ascribed to them in §§54.1-3500 and 54.1-3510 of the Code of Virginia.

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

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

"Experience" means on-the-job experience under appropriate supervision as set forth in this chapter.

"Internship" means a supervised field experience as part of a degree requirement obtained from a regionally accredited university as set forth in 18VAC115-40-22.

"Regionally accredited" means an institution accredited by one of the regional accreditation agencies recognized by the United States Secretary of Education as responsible for accrediting senior post-secondary institutions and training programs.

"Rehabilitation client" means an individual receiving rehabilitation services whose benefits are regulated by the Virginia Workers' Compensation Commission.

"Supervisee" means any individual who has met the education requirements and is under appropriate supervision and working towards certification according to the requirements of this chapter. Services provided by the supervisee shall not involve the exercise of professional judgment as defined in §54.1-3510 of the Code of Virginia.

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

"Supervisor" means one who provides case-related supervision, consultation, education, and guidance for the applicant. The supervisor must be credentialed as defined in 18VAC115-40-27.

"Training" means the educational component of on-the-job experience.

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 $115

certification	
Initial certification by endorsement: Processing and initial certification	$115
Certification renewal	$65
Duplicate certificate	$10
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.

18VAC115-40-23 to 18VAC115-40-24. (Reserved.)

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; and

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

5. Documentation of the applicant's national or out-of-state license or certificate 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 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.

18VAC115-40-27. Supervisor requirements.

A. A supervisor shall:

1. Be a licensed professional counselor, licensed psychologist, licensed clinical social worker, licensed marriage and family therapist, licensed substance abuse treatment practitioner, licensed physician or licensed registered nurse with a minimum of one year of experience in rehabilitation service provision;

2. Be a rehabilitation provider certified by the board who has national certification in rehabilitation service provision as outlined in subsection C of 18VAC115-40-22; or

3. Have two years experience as a board certified rehabilitation provider.

B. The supervisor shall assume responsibility for the professional activities of the supervisee.

C. At the time of application for certification by examination, the supervisor shall document for the board: (i) credentials to provide supervision in accordance with this section, (ii) the applicant's total

hours of supervision, (iii) length of work experience, (iv) competence in rehabilitation service provision, and (v) any needs for additional supervision or training.

D. Supervision by any individual whose relationship to the supervisee compromises the objectivity of the supervisor is prohibited. This includes but is not limited to immediate family members (spouses, parents, siblings, children and in-laws).

Part III. Examinations.

18VAC115-40-28. General examination requirements.

Every applicant for certification as a rehabilitation provider shall take a written examination approved by the board and achieve a passing score as determined by the board.

18VAC115-40-29. (Reserved.)

Part IV. Renewal and Reinstatement.

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

Every certificate issued by the board shall expire on January 31 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.

18VAC115-40-36 to 18VAC115-40-37. (Reserved.)

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.

18VAC115-40-39. (Reserved.)

Part V. Standards of Practice; Disciplinary Actions; Reinstatement.

18VAC115-40-40. Standards of practice.

A. The protection of the public health, safety and welfare, and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board.

B. Each person certified by the board shall:

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

2. Provide services only within the competency areas for which one is qualified by training or experience.

3. Not provide services under a false or assumed name, or impersonate another practitioner of a like, similar or different name.

4. Be aware of the areas of competence of related professions and make full use of professional, technical and administrative resources to secure for rehabilitation clients the most appropriate services.

5. Not commit any act which is a felony under the laws of this Commonwealth, other states, the District of Columbia or the United States, or any act which is a misdemeanor under such laws and involves moral turpitude.

6. Stay abreast of new developments, concepts and practices which are important to providing appropriate services.

7. State a rationale in the form of an identified objective or purpose for the provision of services to be rendered to the rehabilitation client.

8. Not engage in offering services to a rehabilitation client who is receiving services from another rehabilitation provider without attempting to inform such other providers in order to avoid confusion and conflict for the rehabilitation client.

9. Represent accurately one's competence, education, training and experience.

10. Refrain from undertaking any activity in which one's personal problems are likely to lead to inadequate or harmful services.

11. Not engage in improper direct solicitation of rehabilitation clients and shall announce services fairly and accurately in a manner which will aid the public in forming their own informed judgments, opinions and choices and which avoids fraud and misrepresentation through sensationalism, exaggeration or superficiality.

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

13. Report to the board known or suspected violations of the laws and regulations governing the practice of rehabilitation providers.

14. Report to the board any unethical or incompetent practices by other rehabilitation providers that jeopardize public safety or cause a risk of harm to rehabilitation clients.

15. Provide rehabilitation clients with accurate information of what to expect in the way of tests, evaluations, billing, rehabilitation plans and schedules before rendering services.

16. Provide services and submission of reports in a timely fashion and ensure that services and reports respond to the purpose of the referral and include recommendations, if appropriate. All reports shall reflect an objective, independent opinion based on factual determinations within the provider's area of expertise and discipline. The reports of services and findings shall be distributed to appropriate parties and shall comply with all applicable legal regulations.

17. Specify, for the referral source and the rehabilitation client, at the time of initial referral, what services are to be provided and what practices are to be conducted. This shall include the identification, as well as the clarification, of services that are available by that member.

18. Assure that the rehabilitation client is aware, from the outset, if the delivery of service is being observed by a third party. Professional files, reports and records shall be maintained for three years beyond the termination of services.

19. Never engage in nonprofessional relationships with rehabilitation clients that compromise the rehabilitation client's well-being, impair the rehabilitation provider's objectivity and judgment or increase the risk of rehabilitation client exploitation.

20. Never engage in sexual intimacy with rehabilitation clients or former rehabilitation clients, as such intimacy is unethical and prohibited.

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 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 or emotional illness or substance abuse.

18VAC115-40-60. [Repealed]

18VAC115-40-61. Reinstatement following disciplinary action.

A. Any person whose certificate has been revoked, suspended or denied renewal by the board under the provisions of 18VAC115-40-50 must submit a new application for reinstatement of certification.

B. The board in its discretion may, after a hearing, grant the reinstatement sought in subsection A of this section.

C. The applicant for such reinstatement, if approved, shall be certified upon payment of the appropriate fee applicable at the time of reinstatement.

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VIRGINIA REGULATORY TOWN HALL

Agency **Department of Health Professions**

Board **Board of Counseling**

Chapter **Regulations Governing the Certification of Rehabilitation Providers [18 VAC 115 - 40]**

All comments for this forum

Back to List of Comments

Commenter: IARP Virginia 8/28/18 8:55 pm

In support of the CRP Regulations

Type over this text and enter your comments here. You are limited to approximately 3000 words

August 13, 2018

Board of Health Professionals

c/o Ms. Elaine J. Yeatts

9960 Mayland Drive, Suite 300

Richmond, VA 23233

Dear Board of Health Professionals,

Please allow us to introduce ourselves. We represent the interests of the International Association of Rehabilitation Professionals (IARP) Virginia Chapter and the IARP VA Legislative Special Committee. We are seasoned professionals who have served Citizens with disabilities for decades practicing in small, mid-size and large companies across the Commonwealth. We would like to show our support for the Regulations Governing The Certification of Rehabilitation Providers (CRP) 18 VAC 115-40-10 et seq. in the interest of public safety. We are made up of professionals that were active at the inception of the regulations in the early 1990's and professionals appointed in recent years to revise the Vocational Rehabilitation Guidelines of the Virginia Workers' Compensation Commission (VWC) effective in October 2015.

The regulations were originally conceived in the early 1990's following a Joint Legislative Audit & Review Commission study ordered by Lieutenant Governor Don Beyer concerning the Virginia Workers' Compensation Commission. At that time the Citizens of the Commonwealth were endangered by rehabilitation professionals practicing without the appropriate skill set and/or experience. The Regulations Governing the CRP set forth Standards of Practice in 18 VAC 115-40-40. The Standards of Practice were drafted with the primary purpose of promoting the safety and welfare of the Citizens of the Commonwealth. Furthermore, the regulations establish education and supervision expectations that require rehabilitation professionals to hold nationally recognized designations in the field of rehabilitation or be eligibile by virtue of education and experience to test for such designations. These national certification designations also have a

Code of Ethics which expand on the protections offered by the Standards of Practice outlined in the regulations.

The regulations are also concurrent with the statutory guidelines outlined in §§ 54.1-2400 and Chapter 35 of Title 54.1 of the *Code of Virginia.* They ensure that the Citizens of the Commonwealth receive assistance from experienced professionals to advocate for their rehabilitation needs. The Citizens requiring these services are already vulnerable by virtue of their impairments and without skillful assistance would be at risk to be further disenfranchised by the rehabilitation process.

Thank you for your careful consideration of our comments and concerns. We believe our Citizens deserve the best possible opportunity to overcome the challenges of disability.

Respectfully,

Phyllis Carmichael

Phyllis Carmichael RN, MSN

IARP VA President

Linda F. Augins

Linda Augins, MA, CRP, CCM, CDMS, CRC

IARP VA Past President

Barbara Byers, MA, CRC, CVE, CCM, LPC

IARP VA President Elect

Legislative Special Committee Member

Patricia S. Eby

Patricia S. Eby, MS, RN, CNS, CRC, CDMS

IARP VA Secretary

Former Committee Member Appointed by The Honorable Commissioner Roger Williams

George Moore

George Moore, MA, CRC, LPC

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Adolfo Arsuaga, MS, CRC

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Robin T. Allen

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Dawn Bell, MRC,CRC,CRP

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IARP VA Legislative Chairperson

Former Chairperson of Committee Appointed by The Honorable Commissioner Roger Williams

Eleanor Fukushima

Eleanor Fukushima M. Ed, CRC

Legislative Special Committee Member

Former Committee Member Appointed by The Honorable Commissioner Roger Williams

Patricia H. Bulifant

Patricia H. Bulifant, RN, CRRN, CCM, CLCP, CRP

Legislative Special Committee Member

Former Committee Member Appointed by The Honorable Commissioner Larry Tarr

Cc: The Honorable Robert A. Rapaport, VWC

Commenter: International Association of Rehabilitation Professionals 9/5/18 2:40 pm

Support for VA 18 VAC 115-40-10

IARP—International Association of Rehabilitation Professionals

1000 Westgate Drive, Suite 252
St. Paul, MN 55114

Phone: 888-427-7722
Fax: 651-290-2266

www.rehabpro.org

August 13, 2018

Board of Health Professionals

C/o Ms. Elaine J. Yeatts

9960 Mayland Drive, Suite 300

Richmond, VA 23233

Dear Board of Health Professionals,

This is a letter of support for VA 18 VAC 115-40-10 et seq.; the Regulations Governing The Certification of Rehabilitation Providers (CRP) in the interest of public safety. The International Association of Rehabilitation Professionals (IARP) was founded more than 30 years ago to promote the betterment of people with disabilities and the professionals who serve them. IARP represents more than 2,400 rehabilitation professionals worldwide. Our VA chapter and sent a separate letter of support for the above regulations and the national/international association also wanted to support these regulatory changes to protect the citizens of the Commonwealth of VA.

Our VA section members are seasoned rehabilitation professionals who have served the VA citizens with disabilities for decades practicing in small, mid-size and large companies across the Commonwealth. IARP VA was active at the development of the WC regulations in the early 1990's and several of our members were been appointed to revise the Vocational Rehabilitation Guidelines of the Virginia Workers' Compensation Commission (VWC) effective in October 2015.

The regulations were originally conceived in the early 1990's following a Joint Legislative Audit & Review Commission study ordered by Lieutenant Governor Don Beyer concerning the Virginia Workers' Compensation Commission. At that time the citizens of the Commonwealth were endangered by rehabilitation professionals practicing without the appropriate skill set and/or experience. The Regulations Governing the CRP set forth Standards of Practice in 18 VAC 115-40-40. The Standards of Practice were drafted with the primary purpose of promoting the safety and welfare of the Citizens of the Commonwealth of VA. Furthermore, the regulations establish education and supervision expectations that require rehabilitation professionals to hold nationally recognized designations in the field of rehabilitation or be eligible by virtue of education and experience to test for such designations. These national certification designations also have a Code of Ethics which expand on the protections offered by the Standards of Practice outlined in the regulations.

The regulations are also concurrent with the statutory guidelines outlined in §§ 54.1-2400 and Chapter 35 of Title 54.1 of the Code of Virginia. They ensure that the Citizens of the Commonwealth receive assistance from experienced professionals to advocate for their rehabilitation needs. The Citizens requiring these services are already vulnerable by virtue of their impairments and without skillful assistance would be at risk to be further

disenfranchised by the rehabilitation process.

Thank you for your careful consideration of our comments and concerns. We believe our Citizens deserve the best possible opportunity to overcome the challenges of disability.

Respectfully,

Amy Vercillo ScD, LRC (MA), CRC, CDMS
National Legislative Chair, IARP

DRAFT Regulations Governing the Registration of Peer Recovery Specialists

Agenda Item: Adoption of Final Regulations for Registration of Peer Recovery Specialists

Included in the agenda package:

Staff Draft of Chapter 70 (Peer Recovery Specialists) – Recommendations from DBHDS staff

Staff Note:

The proposed regulation replace emergency regulations currently in effect; the emergency regulations expire on 6/17/19 and a request to the Governor's office for a six-month extension has been requested.

There were no public comments on the proposed regulations.

Regulatory Committee to review staff draft and recommend to full Board

Board to receive recommendation of Regulation Committee and adopt final regulations

DRAFT INCLUDES EDITS RECOMMENDED BY DBHDS AND DHP STAFF

BOARD OF COUNSELING

Initial regulations for registration

CHAPTER 70

REGULATIONS GOVERNING THE REGISTRATION OF PEER RECOVERY SPECIALISTS

Part I

General Provisions

18VAC115-70-10. Definitions.

"Applicant" means a person applying for registration as a peer recovery specialist.

"Board" means the Virginia Board of Counseling.

"DBHDS" means the Virginia Department of Behavioral Health and Developmental Services.

"Mental health professional" means a person who by education and experience is professionally qualified and licensed in Virginia to provide counseling interventions designed to facilitate an individual's achievement of human development goals and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health and development.

"Peer recovery specialist" means a person who by education and experience is professionally qualified in accordance with 12VAC35-250 to provide collaborative services to assist individuals in achieving sustained recovery from the effects of mental illness or addiction, or both.

"Registered peer recovery specialist" or "registrant" means a person who by education and experience is professionally qualified in accordance with 12VAC35-250 and registered by the board to provide collaborative services to assist individuals in achieving sustained recovery from the effects of mental illness or addiction, or both. A registered peer recovery specialist shall provide such services as an employee or independent contractor of DBHDS, a provider licensed by the DBHDS, a practitioner licensed by or holding a permit issued from the Department of Health Professions, or a facility licensed by the Department of Health.

18VAC115-70-20. Fees required by the board.

A. The board has established the following fees applicable to the registration of peer recovery specialists:

Registration	$30
Renewal of registration	$30
Late renewal	$20
Reinstatement of a lapsed registration	$60
Duplicate certificate of registration	$10
Returned check	$35
Reinstatement following revocation or suspension	$500

B. Unless otherwise provided, fees established by the board shall not be refundable.

18VAC115-70-30. Current name and address.

Each registrant shall furnish the board the registrant's current name and address of record. Any change of name or address of record or public address if different from the address of record, shall be furnished to the board within 60 days of such change. It shall be the duty and responsibility of each registrant to inform the board of the registrant's current address.

Part II

Requirements for Registration and Renewal

18VAC115-70-40. Requirements for registration as a peer recovery specialist.

A. An applicant for registration shall submit:

1. A completed application on forms provided by the board and any applicable fee as prescribed in 18VAC115-70-20; and

2. A current report from the National Practitioner Data Bank (NPDB).

B. An applicant for registration as a peer recovery specialist shall provide evidence of meeting all requirements for peer recovery specialists set by DBHDS in 12VAC35-250-30.

18VAC115-70-50. Annual renewal of registration.

All registrants shall renew their registration on or before June 30 of each year. Along with the renewal form, the registrant shall submit the renewal fee as prescribed in 18VAC115-70-20.

18VAC115-70-60. Continued competency requirements for renewal of peer recovery specialist registration.

A. Registered peer recovery specialists shall be required to have completed a minimum of eight contact hours of continuing education for each annual registration renewal. A minimum of [~~one~~ two] of these hours shall be in courses that emphasize ethics.

Registered peer recovery specialists shall complete continuing competency activities that focus on increasing knowledge or skills in one or more of the following areas:

1. Current body of mental health or substance abuse knowledge;

2. Promoting services, supports, and strategies for the recovery process;

3. Crisis intervention;

4. Values for role of peer recovery specialist;

5. Basic principles related to health and wellness;

6. Stage appropriate pathways in recovery support;

7. Ethics and boundaries;

8. Cultural sensitivity and practice;

9. Trauma and impact on recovery;

10. Community resources; or

11. Delivering peer services within agencies and organizations.

B. The following organizations, associations, or institutions are approved by the board to provide continuing education:

1. Federal, state, or local governmental agencies, public school systems, or licensed health facilities.

[2. A national or state recovery-oriented association or organization recognized by the profession.

3. A national behavioral health organization or certification body recognized by the board.

4. An agency or organization approved by DBHDS.

~~2.~~5.] The American Association for Marriage and Family Therapy and its state affiliates.

[~~3.~~6.] The American Association of State Counseling Boards.

[~~4.~~7.] The American Counseling Association and its state and local affiliates.

[~~5.~~8.] The American Psychological Association and its state affiliates.

[~~6.~~9.] The Commission on Rehabilitation Counselor Certification.

[~~7.~~10.] NAADAC, the Association for Addiction Professionals and its state and local affiliates.

[~~8.~~11.] National Association of Social Workers.

[~~9.~~12.] National Board for Certified Counselors.

~~10. A national behavioral health organization or certification body recognized by the board.~~

[~~11.~~13.] Individuals or organizations that have been approved as continuing competency sponsors by the American Association of State Counseling Boards or a counseling board in another state.

~~12. An agency or organization approved by DBHDS.~~

[14. Regionally accredited colleges or universities.]

C. Attestation of completion of continuing education is not required for the first renewal following initial registration in Virginia.

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

E. The board may grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the registrant such as temporary disability, mandatory military service, or officially declared disasters upon written request from the registrant prior to the renewal date.

F. All registrants shall maintain original documentation of official transcripts showing credit hours earned or certificates of participation for a period of three years following renewal.

G. The board may conduct an audit of registrants to verify compliance with the requirement for a renewal period. Upon request, a registrant shall provide documentation as follows:

1. Official transcripts showing credit hours earned; or

2. Certificates of participation.

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

Part III

Standards of Practice; Disciplinary Actions; Reinstatement

18VAC115-70-70. Standards of practice.

A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board.

B. Persons registered by the board shall:

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

2. Be able to justify all services rendered to clients as necessary.

3. Practice only within the competency area for which they are qualified by training or experience.

4. Report to the board known or suspected violations of the laws and regulations governing the practice of registered peer recovery specialists.

5. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services and make appropriate consultations and referrals based on the best interest of clients.

6. Stay abreast of new developments, concepts, and practices that are necessary to providing appropriate services.

7. Document the need for and steps taken to terminate services when it becomes clear that the client is not benefiting from the relationship [or the client has decided to discontinue the relationship.

8. Practice in accordance with the Virginia Peer Recovery Specialist Code of Ethics of the Department of Behavioral Health and Developmental Services, as specified in 12VAC35-250] .

C. In regard to confidentiality and client records, persons registered by the board shall:

1. Not willfully or negligently breach the confidentiality between a practitioner and a client. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

2. Disclose client records to others only in accordance with applicable law.

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

4. Maintain timely, accurate, legible, and complete written or electronic records for each client, to include dates of service and identifying information to substantiate [~~treatment~~ the recovery, resiliency, and wellness] plan, client progress, and termination.

D. In regard to dual relationships, persons registered by the board shall:

1. Not engage in dual relationships with clients or former clients that are harmful to the client's well-being, that would impair the practitioner's objectivity and professional judgment, or that would increase the risk of client exploitation. This prohibition includes such activities as providing services to close friends, former sexual partners, employees, or relatives or engaging in business relationships with clients.

2. Not engage in sexual intimacies or romantic relationships with current clients. For at least five years after cessation or termination of professional services, practitioners shall not engage in sexual intimacies or romantic relationships with a client or those included in collateral therapeutic services. Because sexual or romantic relationships are potentially exploitative, the practitioner shall bear the burden of demonstrating that there has been no exploitation. A client's consent to, initiation of, or participation in sexual behavior or involvement with a practitioner does not change the nature of the conduct nor lift the regulatory prohibition.

3. Recognize conflicts of interest and inform all parties of obligations, responsibilities, and loyalties to third parties.

E. Upon learning of evidence that indicates a reasonable probability that another mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, is or may be guilty of a violation of standards of conduct as defined in statute or regulation, persons registered by the board shall advise their clients of the client's right to report such misconduct to the Department of Health Professions in accordance with § 54.1-2400.4 of the Code of Virginia.

18VAC115-70-80. Grounds for revocation, suspension, restriction, or denial of registration.

In accordance with subdivision 7 of § 54.1-2400 of the Code of Virginia, the board may revoke, suspend, restrict, or decline to issue or renew a registration based upon the following conduct:

1. Conviction of a felony or of a misdemeanor involving moral turpitude or violation of or aid to another in violating any provision of Chapter 35 (§ 54.1-3500 et seq.) of Title 54.1 of the Code of Virginia, any other statute applicable to the practice of registered peer recovery specialists, or any provision of this chapter;

2. Procuring, attempting to procure, or maintaining a registration by fraud or misrepresentation;

3. 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, or if one is unable to practice with reasonable skill and safety to clients by reason of illness or abusive use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition;

4. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of peer recovery specialists or [~~qualified~~] mental health professionals or any provision of this chapter;

5. Performance of functions outside the board-registered area of competency;

6. Performance of an act likely to deceive, defraud, or harm the public;

7. Intentional or negligent conduct that causes or is likely to cause injury to a client;

8. Action taken against a health or mental health license, certification, registration, or application in Virginia or other jurisdiction;

9. Failure to cooperate with an employee of the Department of Health Professions in the conduct of an investigation; or

10. 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 of the Code of Virginia.

18VAC115-70-90. Late renewal and reinstatement.

A. A person whose registration has expired may renew it within one year after its expiration date by paying the late renewal fee and the registration fee as prescribed in 18VAC115-70-20 for the year in which the registration was not renewed and by providing documentation of completion of continuing education as prescribed in 18VAC115-70-60.

B. A person who fails to renew registration after one year or more shall:

1. Apply for reinstatement;

2. Pay the reinstatement fee for a lapsed registration; and

3. Submit evidence of current certification as a peer recovery specialist as prescribed by DBHDS in 12VAC35-250-30.

C. A person whose registration has been suspended or who has been denied reinstatement by board order, having met the terms of the order, may submit a new application and fee for reinstatement of registration as prescribed in 18VAC115-70-20. Any person whose registration has been revoked by the board may, three years subsequent to such board action, submit a new application and fee for reinstatement of registration as prescribed in 18VAC115-70-20. The board in its discretion may, after an administrative proceeding, grant the reinstatement sought in this subsection.

FORMS (18VAC115-70)

The following form is available online only at https://www.license.dhp.virginia.gov/apply/:

Registered Peer Recovery Specialists Application and Instructions

Public Comment on Proposed Regulations Governing the Registration of Qualified Mental Health Professionals

Agenda Item: Adoption of Final Regulations for Registration of Qualified Mental Health Professionals

Included in the agenda package:

Copy of Chapter 80 as proposed (Qualified Mental Health Professionals)

Copies of public comment on proposed regulation

Summary of comment

Staff Note:

The proposed regulation replace emergency regulations currently in effect; the emergency regulations expire on 6/17/19 and a request to the Governor's office for a six-month extension has been requested.

Regulatory Committee to review comment and recommend any changes to full Board

Board to receive recommendation of Regulation Committee and adopt final regulations

BOARD OF COUNSELING

Initial regulations for registration

CHAPTER 80

REGULATIONS GOVERNING THE REGISTRATION OF QUALIFIED MENTAL HEALTH PROFESSIONALS

Part I

General Provisions

18VAC115-80-10. Definitions.

"Accredited" means a school that is listed as accredited on the U.S. Department of Education College Accreditation database found on the U.S. Department of Education website. If education was obtained outside the United States, the board may accept a report from a credentialing service that deems the degree and coursework is equivalent to a course of study at an accredited school.

"Applicant" means a person applying for registration as a qualified mental health professional.

"Board" means the Virginia Board of Counseling.

"Collaborative mental health services" means those rehabilitative supportive services that are provided by a qualified mental health professional, as set forth in a service plan under the direction of and in collaboration with either a mental health professional licensed in Virginia or a person under supervision that has been approved by the Board of Counseling, Board of Psychology, or Board of Social Work as a prerequisite for licensure.

"DBHDS" means the Virginia Department of Behavioral Health and Developmental Services.

"Face-to-face" means the physical presence of the individuals involved in the supervisory relationship or the use of technology that provides real-time, visual, and audio contact among the individuals involved.

"Mental health professional" means a person who by education and experience is professionally qualified and licensed in Virginia to provide counseling interventions designed to facilitate an individual's achievement of human development goals and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health and development.

"Qualified mental health professional" or "QMHP" means a person who by education and experience is professionally qualified and registered by the board to provide collaborative mental health services for adults or children. A QMHP shall not engage in independent or autonomous practice. A QMHP shall provide such services as an employee or independent contractor of DBHDS, the Department of Corrections, or a provider licensed by DBHDS.

"Qualified mental health professional-adult" or "QMHP-A" means a registered QMHP who is trained and experienced in providing mental health services to adults who have a mental illness. A QMHP-A shall provide such services as an employee or independent contractor of DBHDS, the Department of Corrections, or a provider licensed by DBHDS.

"Qualified mental health professional-child" or "QMHP-C" means a registered QMHP who is trained and experienced in providing mental health services to children or adolescents up to the age of 22 who have a mental illness. A QMHP-C shall provide such services as an employee or independent contractor of DBHDS, the Department of Corrections, or a provider licensed by DBHDS.

"Registrant" means a QMHP registered with the board.

18VAC115-80-20. Fees required by the board.

A. The board has established the following fees applicable to the registration of qualified mental health professionals:

Registration	$50
Renewal of registration	$30
Late renewal	$20
Reinstatement of a lapsed registration	$75
Duplicate certificate of registration	$10
Returned check	$35
Reinstatement following revocation or suspension	$500

B. Unless otherwise provided, fees established by the board shall not be refundable.

18VAC115-80-30. Current name and address.

Each registrant shall furnish the board his current name and address of record. Any change of name or address of record or public address if different from the address of record shall be furnished to the board within 60 days of such change. It shall be the duty and responsibility of each registrant to inform the board of his current address.

Part II

Requirements for Registration

18VAC115-80-40. Requirements for registration as a qualified mental health professional-adult.

A. An applicant for registration shall submit:

1. A completed application on forms provided by the board and any applicable fee as prescribed in 18VAC115-80-20; and

2. A current report from the National Practitioner Data Bank (NPDB).

B. An applicant for registration as a QMHP-A shall provide evidence of:

1. A master's degree in psychology, social work, counseling, substance abuse, or marriage and family therapy from an accredited college or university with an internship or practicum of at least 500 hours of experience with persons who have mental illness;

2. A master's or bachelor's degree in human services or a related field from an accredited college with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section;

3. A bachelor's degree from an accredited college in an unrelated field that includes at least 15 semester credits or 22 quarter hours in a human services field and with no less than 3,000 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section;

4. A registered nurse licensed in Virginia with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section; or

5. A licensed occupational therapist with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section.

C. Experience required for registration.

1. To be registered as a QMHP-A, an applicant who does not have a master's degree as set forth in subdivision B 1 of this section shall provide documentation of experience in providing direct services to individuals as part of a population of adults with mental illness in a setting where mental health treatment, practice, observation, or diagnosis occurs. The services provided shall be appropriate to the practice of a QMHP-A and under the supervision of a licensed mental health professional or a person under supervision that has been approved by the Board of Counseling, Board of Psychology, or Board of Social Work as a prerequisite for licensure. Supervision obtained in another United States jurisdiction shall be provided by a mental health professional licensed in Virginia or licensed in that jurisdiction.

2. Supervision shall consist of face-to-face training in the services of a QMHP-A until the supervisor determines competency in the provision of such services, after which supervision may be indirect in which the supervisor is either on-site or immediately available for consultation with the person being trained.

3. Hours obtained in a bachelor's or master's level internship or practicum in a human services field may be counted toward completion of the required hours of experience.

4. A person receiving supervised training to qualify as a QMHP-A may register with the board. A trainee registration shall expire five years from its date of issuance.

18VAC115-80-50. Requirements for registration as a qualified mental health professional-child.

A. An applicant for registration shall submit:

1. A completed application on forms provided by the board and any applicable fee as prescribed in 18VAC115-80-20; and

2. A current report from the National Practitioner Data Bank (NPDB).

B. An applicant for registration as a QMHP-C shall provide evidence of:

1. A master's degree in psychology, social work, counseling, substance abuse, or marriage and family therapy from an accredited college or university with an internship or practicum of at least 500 hours of experience with persons who have mental illness;

2. A master's or bachelor's degree in a human services field or in special education from an accredited college with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section;

3. A registered nurse licensed in Virginia with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section; or

4. A licensed occupational therapist with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section.

C. Experience required for registration.

1. To be registered as a QMHP-C, an applicant who does not have a master's degree as set forth in subdivision B 1 of this section shall provide documentation of 1,500 hours of experience in providing direct services to individuals as part of a population of children or adolescents with mental illness in a setting where mental health treatment, practice, observation, or diagnosis occurs. The services provided shall be appropriate to the practice of a QMHP-C and under the supervision of a licensed mental health professional or a person under supervision that has been approved by the Board of Counseling, Board of Psychology, or Board of Social Work as a prerequisite for licensure. Supervision

obtained in another United States jurisdiction shall be provided by a mental health professional licensed in Virginia or licensed in that jurisdiction.

2. Supervision shall consist of face-to-face training in the services of a QMHP-C until the supervisor determines competency in the provision of such services, after which supervision may be indirect in which the supervisor is either on-site or immediately available for consultation with the person being trained.

3. Hours obtained in a bachelor's or master's level internship or practicum in a human services field may be counted toward completion of the required hours of experience.

4. A person receiving supervised training to qualify as a QMHP-C may register with the board. A trainee registration shall expire five years from its date of issuance.

18VAC115-80-60. Registration of qualified mental health professionals with prior experience.

Until December 31, 2018, persons who have been employed as QMHPs prior to December 31, 2017, may be registered with the board by submission of a completed application, payment of the application fee, and submission of an attestation from an employer that they met the qualifications for a QMHP-A or a QMHP-C during the time of employment. Such persons may continue to renew their registrations without meeting current requirements for registration provided they do not allow their registrations to lapse or have board action to revoke or suspend, in which case they shall meet the requirements for reinstatement.

Part III

Renewal of Registration

18VAC115-80-70. Annual renewal of registration.

All registrants shall renew their registrations on or before June 30 of each year. Along with the renewal form, the registrant shall submit the renewal fee as prescribed in 18VAC115-80-20.

18VAC115-80-80. Continued competency requirements for renewal of registration.

A. Qualified mental health professionals shall be required to have completed a minimum of eight contact hours of continuing education for each annual registration renewal. Persons who hold registration both as a QMHP-A and QMHP-C shall only be required to complete eight contact hours. A minimum of one of these hours shall be in a course that emphasizes ethics.

B. Qualified mental health professionals shall complete continuing competency activities that focus on increasing knowledge or skills in areas directly related to the services provided by a QMHP.

C. The following organizations, associations, or institutions are approved by the board to provide continuing education, provided the hours are directly related to the provision of mental health services:

1. Federal, state, or local governmental agencies, public school systems, licensed health facilities, or an agency licensed by DBDHS; and

2. Entities approved for continuing education by a health regulatory board within the Department of Health Professions.

D. Attestation of completion of continuing education is not required for the first renewal following initial registration in Virginia.

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

F. The board may grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the registrant, such as temporary disability, mandatory military service, or officially declared disasters, upon written request from the registrant prior to the renewal date.

G. All registrants shall maintain original documentation of official transcripts showing credit hours earned or certificates of participation for a period of three years following renewal.

H. The board may conduct an audit of registrants to verify compliance with the requirement for a renewal period. Upon request, a registrant shall provide documentation as follows:

1. Official transcripts showing credit hours earned; or

2. Certificates of participation.

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

Part IV

Standards of Practice, Disciplinary Action, and Reinstatement

18VAC115-80-90. Standards of practice.

A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board.

B. Persons registered by the board shall:

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

2. Practice only within the competency area for which they are qualified by training or experience and shall not provide clinical mental health services for which a license is required pursuant to Chapters 35 (§ 54.1-3500 et seq.), 36 (§ 54.1-3600 et seq.), and 37 (§ 54.1-3700 et seq.) of the Code of Virginia.

3. Report to the board known or suspected violations of the laws and regulations governing the practice of qualified mental health professionals.

4. Neither accept nor give commissions, rebates, or other forms of remuneration for the referral of clients for professional services and make appropriate consultations and referrals based on the interest of patients or clients.

5. Stay abreast of new developments, concepts, and practices that are necessary to providing appropriate services.

C. In regard to confidentiality and client records, persons registered by the board shall:

1. Not willfully or negligently breach the confidentiality between a practitioner and a client. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

2. Disclose client records to others only in accordance with applicable law.

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

4. Maintain timely, accurate, legible, and complete written or electronic records for each client, to include dates of service and identifying information to substantiate treatment plan, client progress, and termination.

D. In regard to dual relationships, persons registered by the board shall:

1. Not engage in dual relationships with clients or former clients that are harmful to the client's well-being, that would impair the practitioner's objectivity and professional judgment, or that would increase the risk of client exploitation. This prohibition includes such activities as providing services to close friends, former sexual partners, employees, or relatives or engaging in business relationships with clients.

2. Not engage in sexual intimacies or romantic relationships with current clients. For at least five years after cessation or termination of professional services, practitioners shall not engage in sexual intimacies or romantic relationships with a client or those included in collateral therapeutic services. Because sexual or romantic relationships are potentially exploitative, the practitioner shall bear the burden of demonstrating that there has been no exploitation. A client's consent to, initiation of, or participation in sexual behavior or involvement with a practitioner does not change the nature of the conduct nor lift the regulatory prohibition.

3. Recognize conflicts of interest and inform all parties of obligations, responsibilities, and loyalties to third parties.

E. Upon learning of evidence that indicates a reasonable probability that another mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, is or may be guilty of a violation of standards of conduct as defined in statute or regulation, persons registered by the board shall advise their clients of the client's right to report such misconduct to the Department of Health Professions in accordance with § 54.1-2400.4 of the Code of Virginia.

18VAC115-80-100. Grounds for revocation, suspension, restriction, or denial of registration.

In accordance with subdivision 7 of § 54.1-2400 of the Code of Virginia, the board may revoke, suspend, restrict, or decline to issue or renew a registration based upon the following conduct:

1. Conviction of a felony, or of a misdemeanor involving moral turpitude, or violation of or aid to another in violating any provision of Chapter 35 (§ 54.1-3500 et seq.) of Title 54.1 of the Code of Virginia, any other statute applicable to the practice of qualified mental health professionals, or any provision of this chapter;

2. Procuring, attempting to procure, or maintaining a registration by fraud or misrepresentation;

3. 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, or if one is unable to practice with reasonable skill and safety to clients by reason of illness or abusive use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition;

4. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of qualified mental health professionals or any regulation in this chapter;

5. Performance of functions outside the board-registered area of competency;

6. Performance of an act likely to deceive, defraud, or harm the public;

7. Intentional or negligent conduct that causes or is likely to cause injury to a client;

8. Action taken against a health or mental health license, certification, registration, or application in Virginia or other jurisdiction;

9. Failure to cooperate with an employee of the Department of Health Professions in the conduct of an investigation; or

10. 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 of the Code of Virginia.

18VAC115-80-110. Late renewal and reinstatement.

A. A person whose registration has expired may renew it within one year after its expiration date by paying the late renewal fee and the registration fee as prescribed in 18VAC115-80-20 for

the year in which the registration was not renewed and by providing documentation of completion of continuing education as prescribed in 18VAC115-80-80.

B. A person who fails to renew registration after one year or more shall:

1. Apply for reinstatement;

2. Pay the reinstatement fee for a lapsed registration; and

3. Submit evidence of completion of 20 hours of continuing education consistent with requirements of 18VAC115-80-80.

C. A person whose registration has been suspended or who has been denied reinstatement by board order, having met the terms of the order, may submit a new application and fee for reinstatement of registration as prescribed in 18VAC115-80-20. Any person whose registration has been revoked by the board may, three years subsequent to such board action, submit a new application and fee for reinstatement of registration as prescribed in 18VAC115-80-20. The board in its discretion may, after an administrative proceeding, grant the reinstatement sought in this subsection.

FORMS (18VAC115-80)

The following forms are available online only at https://www.license.dhp.virginia.gov/apply/:

Qualified Mental Health Profession-Adult, Application and Instructions

Qualified Mental Health Profession-Child, Application and Instructions

Qualified Mental Health Profession-Adult, Grandfathering Application and Instructions

Qualified Mental Health Profession-Child, Grandfathering Application and Instructions

Supervised Trainee, Application and Instructions

Board of Counseling

Summary of Public Comment on Regulations

18VAC115-80-10 et seq. Regulations Governing Registration of Qualified Mental Health Professionals

Proposed regulations to replace emergency regulations were published on February 4, 2019 with comment requested until April 5, 2019. A public hearing was conducted on February 8, 2019.

The following comment was received at the public hearing:

Commenters	Comment
Dianne Simons Joni Watlings	Requested that proposed regulations be amended to allow a person to qualify for registration as a QMHP-A or QMHP-C if he/she holds licensure as an occupational therapist by the Board of Medicine with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.
Judith Coleman	Commented that she had been registered as a QMHP by the Board, but in a recent audit, DBHDS cited her agency because she did not have the proper degree.

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

Commenters	Comment
81 persons	Requested that proposed regulations be amended to allow a person to qualify for registration as a QMHP-A or QMHP-C if he/she holds licensure as an occupational therapist by the Board of Medicine with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.
5 persons	Requested generally that the hours of mental health experience be reduced for occupational therapists
6 persons	Commented that requirement for supervision of a trainee by a licensed mental health professional was too burdensome and will result in a reduction in the supply of QMHPs. Several suggested the Board should allow a QMHP with experience (one commenter recommended four years) to supervise a QMHP trainee.
3 persons	Commented that all graduates with human services degrees should have the same requirements for 500 hours of experience. (Proposed regulations specify 500 hours for degrees in specific to mental health, such as psychology, but 1,500 hours of experience for other "human services" degrees). One person also expressed concern about the requirement that the hours of experience be within the preceding five years prior to applying for registration.

One person	Commented that sociology should be accepted as a human services degree
One person	Questioned how the Board can monitor the level of supervision specified for training of person qualifying as a QMHP-A or QMHP-C since there is discretion on the part of the supervisor whether the training must be on-site.
Virginia Chapter, National Association of Social Workers	Amend regulation to state that the activities of a QMHP are within the scope of practice of a social worker licensed by the Board of Social Work and such licensure qualifies them for registration as a QMHP.

Comments will be considered at the Regulatory Committee of the Board on May 30, 2019; the Committee will make recommendations to the full Board for adoption of final regulations on May 31, 2019.

DRAFT

Virginia Board of Counseling

Public Hearing

Friday, February 8, 2019

Time and Place: Friday, February 8, 2019 at 9:15 a.m.
Virginia Department of Health Professions
Perimeter Center, 2nd Floor, Board Room 1
9960 Mayland Drive, Henrico, Virginia 23233

Presiding: Kevin Doyle, Ed.D., LPC, LSATP, Chairperson

Members Present:
Barry Alvarez, LMFT
Johnston Brendel, Ed.D., LPC, LMFT
Natalie Harris, LPC, LMFT
Bev-Freda L. Jackson, Ph.D., MA, Citizen Member
Vivian Sanchez-Jones, Citizen Member
Maria Stransky, LPC, CSAC, CSOTP
Terry R. Tinsley, Ph.D., LPC, LMFT, CSOTP, NCC
Holly Tracy, LPC, LMFT
Tiffinee Yancey, Ph.D., LPC

Staff Present:
Christy Evans, Discipline Case Specialist
Jaime Hoyle, Executive Director
Jennifer Lang, Deputy Executive Director
Charlotte Lenart, Licensing Manager
Brenda Maida, Licensing Specialist

Others Present:
David E. Brown, D.C., DHP Director
James Rutkowski, Assistant Attorney General
Allyson Tysinger, Senior Assistant Attorney
Elaine Yeatts, DHP Senior Policy Analyst

Purpose of the Hearing: To hear public comment related to the proposed Regulations Governing the Registration of Peer Recovery Specialists and Regulations Governing the Registration of Qualified Mental Health Professionals.

Public Comment: Dianne Simons, Ph.D., OTR/L, FAOTA VCU Assistant Professor provided written and verbal comments regarding the history, education, licensing qualification and recognition of the occupational therapy as a provider of mental health service by congressional actions and federal agencies, QMHP requirements in other states and mental health provided by occupational therapist worldwide. Ms. Simons request the Board consider amending the requirements for Part II Requirements for Registration 18VAC115-80-40 B.5. and 18VAC115-80-50 B.4 to accept licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with person with mental illness or one year of experience in a mental health setting.

Judith Coleman, QMHP-A, QMHP-C provided public comment regarding her QMHP-C registration. Ms. Coleman stated that she was approved by the Virginia Board of Counseling for QMHP-C registration; however, during a recent audit the Virginia Department of Behavioral Health & Developmental Services (DBHDS) sited her agency due to Mr. Coleman not having a human services or special education degree. Ms. Coleman stated that this type of citation was unfair as she was approved by the Virginia Board of Counseling as a QMHP-C but DBHDS states that she does not qualify.

Joni Watlings, OTR/L provided public comment regarding requirement for occupational therapist for registration as a QMHP. Ms. Watlings supports the statements of Dr. Simons and asked the Board to consider changing the wording to the regulations regarding occupational therapist as stated by Dr. Simons.

Virginia.gov Agencies | Governor

VIRGINIA REGULATORY TOWN HALL

Logged in as
Elaine J. Yeatts

Agency Department of Health Professions

Board Board of Counseling

Chapter

Regulations Governing the Registration of Qualified Mental Health Professionals [under development] [18 VAC 115 - 80]

Action	**Initial regulations for registration**
Stage	**Proposed**
Comment Period	Ends 4/5/2019

All good comments for this forum **Show Only Flagged**

Back to List of Comments

Commenter: Shannon Bennett, Loudoun County Department of Mental Health 2/5/19 10:31 am

QMHP-E Supervision requirements

The requirement that only a licensed professional can supervise a QMHP-E's experience towards becoming a QMHP-A or QMHP-C is particularly onerous considering the current shortage of licensed mental health professionals in the state of Virginia and could lead to a shortage of QMHP's as well.

Commenter: Kristen Maisano 2/14/19 12:23 am

Internship in MH

Please consider changing ***Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C*** be changed from the current Emergency Regulations to the following replacement:

> ***Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting***.

Commenter: Nicole Ail 2/15/19 10:28 am

Request for Revision of Hours Required for Mental Health OT

My name is Nicole Ail. I am currently a Masters student in occupational therapy at Shenandoah University in Winchester, Virginia . I have two more years before I complete my degree and my plans are to practice here in Virginia after I graduate. I have an interest in working in mental health and will be completing field work in mental health within the next year. Mental health plays a very

critical role in client's needs and it is essential and neccessary to provide as much care as possible, and as soon as possible, to all of those in need.

Occupational therapists have been working in the area of mental health helping clients develop the skills to live healthier, more satisfying daily lives since the profession began over 100 years ago. Occupational therapists have been recognized in federal legislation and by federal agencies as mental health providers and we need to do the same here in Virginia.

I am writing in support of the proposed changes to the emergency regulations for occupational therapists to register as qualified mental health providers for adults and children in the state of Virginia. I support a revision of ***Part II Requirements for Registration regulation 18VAC115-80-40 B.5 to be 500 hours instead of 1,500 in order to help as many in need as soon as possible. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C***

Thank you for your time, your service to the Board of Counseling and to the Commonwealth of Virginia and your thoughtful consideration of this request.

Sincerely,

Nicole Ail

224 Hackberry Drive

Stephens City, VA 22655

nail18@su.edu

Commenter: Susan Lin

2/15/19 4:27 pm

Request for Reducing Supervision Hours Required for Occupational Therapists

By the time I had graduated with my master's in occupational therapy from VCU, I had over 60 hours of supervised Level I Fieldwork in mental health settings, and then one of my internships was in mental health (3 month placement), so I felt competent to work with individuals with mental health diagnoses. Therefore, the current regulations requiring 1,500 hours of supervision by a social worker or other licensed mental health provider for occupational therapists to register as a QMHP in Virginia seem excessive.

I respectfully request that the ***Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C*** be changed from the current Emergency Regulations to the following replacement:

> ***Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.***

Thank you for considering this request.

Commenter: Rachel Isak-Peer

2/19/19 1:23 pm

QMHP

As a mental health occupational therapist that works for the Commonwealth of Virginia, I find it particularly troubling that we have not been included as a qualified professional under the current QMHP guidelines specific by the Commonwealth of Virginia. On one hand, the state is saying we

are experts in the area of psychosocial rehabilitation, living skills, vocational skills, sensory modulation and that we play a vital role in our clients' recovery process, but then the other is saying we are not qualified enough to be included in the QMHP, a basic credential.

Occupational therapy was founded in public psychiatric hospitals over a century ago, and the birth of Psychosocial Rehabilitation Programming in Virginia is rooted here at Western State Hospital, which is attributed largely to our Occupational Therapy Department! It is demeaning that we have had such difficulty being included.

Our license clearly starts we are qualified to work in mental and physical health.

Additionally, occupational therapist are the most qualified professional to supervise mental health skill building programs (MH-SIS), which solely focus on our domain: Areas of occupation (ADLS, IADLS, social participation, work and school, rest and sleep, leisure and play. With the QMHP we could finally be considered for these jobs. OTs are crossed trained, we can recognize co-occurring issues contributing to mental illness such as traumatic brain injury, or sensory processing disorders.

OTs can evaluate (and later adapt) the lived environment of home, work, school and community to identify the strengths and barriers contributing to an individual's current status.

I am asking that the Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Commenter: Stephanie Williams, Emory & Henry College 2/21/19 5:09 pm

Legislation on QMHP

Please look at changing the current wording to this: Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting. Thank you, Stephanie Williams OTD, OTR/L, CHT

Commenter: Suzy Gordon 2/21/19 7:21 pm

OTs in mental health

Hello, my name is Suzy Gordon and I am currently an occupational therapy doctoral student at Virginia Commonwealth University. I will graduate in May and be seeking a job in mental health upon graduating. Mental health is important as it plays a very critical role in client's needs and it is essential and neccessary to provide as much care as possible, and as soon as possible, to all of those in need.

Occupational therapists have been working in the area of mental health helping clients develop the skills to live healthier, more satisfying daily lives since the profession began over 100 years ago. Occupational therapists have been recognized in federal legislation and by federal agencies as mental health providers and we need to do the same here in Virginia.

I am writing in support of the proposed changes to the emergency regulations for occupational therapists to register as qualified mental health providers for adults and children in the state of

Virginia. I support a revision of ***Part II Requirements for Registration regulation 18VAC115-80-40 B.5 to be 500 hours instead of 1,500 in order to help as many in need as soon as possible. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C***

Thank you for your time, your service to the Board of Counseling and to the Commonwealth of Virginia and your thoughtful consideration of this request.

Sincerely,

Suzy Gordon, OTDS

Virginia Commonwealth University

Commenter: Jessica Shipman, independent contractor OT 2/21/19 8:44 pm

Regulation 18VAC1115-80-40 B.5

I am asking that the **Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C** be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Commenter: Carlyn Tillage, Mary Baldwin University - MDCHS 2/21/19 9:42 pm

Occupational Therapists as QMHP

I am an occupational therapy doctorate student at Murphy Deming College of Health Sciences at Mary Baldwin University. Occupational therapy uses occupation (anything that is meaningful to a person and occupies their time i.e., showering, dressing, driving to work or the grocery store, participating in work activities, leisure pursuits, and many others) as a therapeutic intervention. My profession was founded in the mental health field, and I believe should be a QMHP in the state of Virginia.

The Accreditation Council for Occupational Therapy Education (ACOTE) sets standards for entry-level occupational therapy education, which includes requirements for coursework and at least one fieldwork supervised by a licensed professional in mental health. I personally completed coursework on mental health conditions including but not limited to major depressive disorder, anxiety, eating disorders, schizophrenia, and bipolar disorder. I learned evidence-based treatments to use with individuals diagnosed with mental health disorders, the dynamics of how to run mental health groups, how to help individuals with mental health disorders reintegrate back into the community, the importance of teaching and training living and vocational skills, and much more. At the end of that semester, I completed my fieldwork at Catawba Hospital in Virginia. When individuals are reintegrated back into the community won't they need basic living skills, won't they need vocational skills? Occupational therapists can help.

Occupational therapists are licensed by the Virginia Board of Medicine. This license states that we as occupational therapists are qualified to work in mental and physical health. Occupational therapists are more than qualified, licensed professionals to be a QMHP in the state of Virginia.

I am asking that Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C be changed to read

18VAC115-80-40 B.5. and 18VAC115-80-50 B.4. Licensure as an occupational therapist by the Board of Medicine (§ 54.1- 2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Thank you,

Carlyn Tillage, OTS

Mary Baldwin University

Murphy Deming College of Health Sciences

Commenter: Amanda McGoye, Murphy Deming College of Health Sciences 2/22/19 8:58 am

OT Certification as QMHPs

I am an occupational therapy doctorate student at Murphy Deming College of Health Sciences at Mary Baldwin University. Occupational therapy uses occupation as its core means of therapeutic intervention. Occupations are those life roles and routines that have meaning to clients and can include everyday tasks such as showering, preparing meals, and getting dressed, to more complex roles such as work, education, and leisure activities. My profession was founded in the mental health field during the era of the reconstruction aids, as meaingful occupation was used to enhance quality of life and overall well-being for servicemen returning from the war. In light of our roots and how OT presently continues to be a vital tool in mental health rehabilitation, I believe OTs should receive recongnition as QMHPs in the state of Virginia.

The Accreditation Council for Occupational Therapy Education (ACOTE) sets standards for entry-level occupational therapy education, which includes requirements for coursework and at least one fieldwork supervised by a licensed professional in mental health. I personally completed didactic coursework on mental health conditions including but not limited to major depressive disorder, anxiety, eating disorders, schizophrenia, and bipolar disorder. In addition to this course, our curriculum also requires that we complete didactic coursework specifically addressing the various psychosocial aspects of health. Through these courses I have learned evidence-based treatments to use with individuals diagnosed with mental health disorders, how to facilitate mental health treatment groups, and the valueable role that OT has in helping these clients return to community and vocational roles. At the end of that semester, I completed my fieldwork at Virginia Baptist Hospital in Lynchburg. On weekends I have also worked at Western State Hospital as part of the weekend programming staff to facilitate carry-over of the group therapy programs that occur with the weekday rehab team. I developed rapport with my clients and heard stories of how they struggled to maintain a daily routine, how they felt isolated within their community, and struggled to maintain employment, balance finances, and even cook daily meals. These struggles within this population are the core of the OT profession. We have a role. We can help.

Occupational therapists are licensed by the Virginia Board of Medicine. This license states that we as occupational therapists are qualified to work in mental and physical health. Occupational therapists are more than qualified, licensed professionals to be a QMHP in the state of Virginia.

I am asking that Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C be changed to read

18VAC115-80-40 B.5. and 18VAC115-80-50 B.4. Licensure as an occupational therapist by the Board of Medicine (§ 54.1- 2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Thank you,

Amanda McGoye, OTS

Mary Baldwin University

Murphy Deming College of Health Sciences

Commenter: Lisa Snider, Loudoun County MHSADS 2/22/19 6:41 pm

Concerns with regulations

18 VAC115-80-40	
B1/B2	All Human Service master's degrees (including psychology, sociology, social work, counseling, substance abuse, marriage and family therapy, etc.) should require the same number of experience hours, 500 hours. Given the scope of QMHP-A work and requirement of working within a DBHDS licensed program, the requirement of 1,500 hours is overly limiting and restrictive.
B2	Human Service Degrees must be defined to include sociology. Based on the grandfathering period and first year of registrations, what are the degrees those who have registered have? This information is needed to ensure there appropriate degrees are included in the regulations. Note that individuals with varying degrees have the abilities to perform the QMHP-A scope of work based on having experience and the supervision within a DBHDS licensed program.
C1	The requirement for supervision to be by a licensed mental health professional: 1. Devalues the experience and registration of a QMHP-A. 2. Places another supervision burden on LMHP's, when there is a known shortage of LMHPs in Virginia. Those providing the services, QMHP-A's, have the hands-on-experience of providing service, which is invaluable for those working towards registration. 3. Has potential consequences of costs for services increasing; and 4. Has lasting impact on Virginia's ability to ensure development of QMHP-As; thus, assuring the availability of services to Virginias for years to come. Therefore, the requirement of who must supervise a QMHP-A, with the degrees listed in B1, B2, B3, B4, B5 should be changed to be a supervisor who is: 1. A registered QMHP-A with at least 4 years of experience post qualification as a QMHP-A (note requirement for 4 years of experience as this ensures seasoned QMHP-A's have opportunity impart knowledge, skills and abilities); 2. A Licensed mental health professional in Virginia or other jurisdiction; or 3. Registered as a resident or licensed eligible mental health professional in Virginia. This change is required to ensure sustainability for providing (and individuals receiving) quality, direct mental health service in Virginia.
C2	

	It is not clear how this is should be documented or will be able to be monitored. This seems like something that belongs in the DMAS or DBHDS regulations about how services are delivered rather than something needed for registration as a QMHP-A.
18 VAC 115-80-50	
B1/B2	All qualifying Human Service master's degrees (including psychology, sociology, social work, counseling, substance abuse, marriage and family therapy, etc.) should require the same number of experience hours, 500 hours, with the ability to include internship/practicum hours. Given the scope of QMHP-C work and requirement of working within a DBHDS licensed program, the requirement of 1,500 hours is overly limiting and restrictive.
B2	Human Service Degrees must be defined to include sociology. Based on the grandfathering period and first year of registrations, what are the degrees those who have registered have? This information is needed to ensure there is appropriate degrees are included in the regulations. Note that individuals with varying degrees have the abilities to perform the QMHP-C scope of work based on having experience and the supervision within a DBHDS licensed program.
C1	The requirement for supervision to be by a licensed mental health professional: 1. Devalues the experience of a QMHP-C's. 2. Places another supervision burden on LMHP's, when there is a known shortage of LMHPs in Virginia. Those providing the services, QMHP-C's, have the hands-on-experience of providing service, which is invaluable for those working towards registration. 3. Has potential consequences of costs for services increasing; and 4. Has lasting impact on Virginia's ability to ensure development of QMHP-Cs; thus, assuring the availability of services to Virginias for years to come. Therefore, the requirement of who must supervise a QMHP-C, with the degrees listed in B1, B2, B3 and B4 should change to be a supervisor who is: 1. A registered QMHP-C with at least 4 years of experience post qualification as a QMHP-C (note requirement for 4 years of experience as this ensures seasoned QMHP-C's have opportunity to impart knowledge, skills and abilities); 2. A Licensed mental health professional in Virginia or other jurisdiction; or 3. Registered as a resident or licensed eligible mental health professional in Virginia. This change is required to ensure sustainability for providing (and children receiving) quality, direct mental health service in Virginia.
C2	It is not clear how this is should be documented or will be able to be monitored. This seems like something that belongs in the DMAS or DBHDS regulations about how services are delivered rather than something needed for registration as a QMHP-C.

Commenter: Ann Moore, Shenandoah University 2/22/19 10:47 pm

Occupational Therapist as QMHP

My name is Ann Moore. I am currently a master's student in occupational therapy at Shenandoah University in Winchester, Virginia. I have one more year before I complete my degree and my plans are to practice here in Virginia after I graduate.

Occupational therapists have been working in the area of mental health helping clients develop the skills to live healthier, more satisfying daily lives since the profession began over 100 years ago. Occupational therapists have been recognized in federal legislation and by federal agencies as mental health providers and we need to do the same here in Virginia.

I am writing in support of the proposed changes to the emergency regulations for occupational therapists to register as qualified mental health providers for adults and children in the state of Virginia. I support a revision of ***Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C***

Please consider revising the language to recognize OTs preparation at the graduate level and knowledge and practice experience in mental health. I support a change to: ***Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting***.

Thank you for your time, your service to the Board of Counseling and to the Commonwealth of Virginia and your thoughtful consideration of this request.

Sincerely,

Ann Moore

1800 Weber Ave

Chesapeake, VA 23320

amoore172@su.edu

Commenter: Michaela Payne, TCC OTA Program 2/23/19 1:17 pm

Part II Requirements for Registration regulation

Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Commenter: Tiina Shackelford, OTAS 2/23/19 4:38 pm

Changes to requirements for registration as a QMHP-C

We are asking that the ***Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C*** be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Commenter: Kate van Emmerik, James Madison University Occupational Therapy Program 2/24/19 4:09 pm

Occupational Therapists as QMHPs

I am a first-year student in the James Madison University Occupational Therapy Program. I am writing in support of the revision of requirements for occupational therapists to become Qualified Mental Health Professionals.

Occupational therapists work with people of all ages to promote independence and functionality in their everyday lives regardless of injury, illness, or diagnoses. We take three semesters of courses that are dedicated to different specialty areas, one of which is psychosocial and mental health OT practice. We are taking two classes focusing specifically on this area of practice: Psychosocial Perspectives in Occupational Therapy and a case-based learning course with cases heavy in the psychosocial and mental health practice of occupational therapy. However, psychosocial aspects of treatment are embedded throughout the entire program.

As an occupational therapy student, I am trained to treat each individual holistically and to put their best interest and goals at the heart of my client-centered practice. We are trained as generalists, so we will be prepared to practice in a wide variety of settings as stated in ACOTE standard 5.1. Mental health settings are included in this standard. One component of our training that facilitates this readiness is our completion of "at least one fieldwork experience (either Level I or Level II) must address practice in behavioral health, or psychological and social factors influencing engagement in occupation" as stated in ACOTE standard 7.1.

Master's and Doctoral occupational therapy programs yield therapists prepared to work in mental health settings to provide care for individuals with psychosocial goals who are working towards independent and meaningful lives. Occupational therapists who hold a master's degree or higher should be able to register for the QMHP title under the same requirements as those who hold a master's degree from a psychology, social work, counseling, substance abuse, or marriage and family therapy program. Occupational therapists have been practicing in mental health since the foundation of the profession, whose founders included psychiatrist Dr. William Dunton and social worker Eleanor Clark Slagle.

Individuals receiving mental health services in Virginia would benefit from occupational therapists with QMHP certicfication. The services we provide are geared towards living independent, full lives that all individuals deserve the chance to lead.

I support a revision of ***Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C***

to be changed to:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Commenter: Matthew Carpenter, Virginia Commonwealth University 2/24/19 6:08 pm

Occupational Therapist QMHP Regulations

I am an occupational therapy student who has completed one 480 hour fieldwork in a transitional living facility for individuals with Schizophrenia or Bipolar Disorder, a 480 hour fieldwork in long-term care for individuals with severe traumatic brain injury (some whose injuries were the self-

inflicted results of mental health issues and many of whom have developed mental health problems since their injury), and who is currently in the midst of a 560 hour Doctoral Capstone project working with individuals recovering from substance use disorder, homelessness, and a history of incarceration. My academic and experiential education has prepared me to work successfully with this population. I believe that the current emergency regulations for occupational therapists promulgated by the Board of Counseling are unduly and unnecessarily onerous. They will prohibit current and future occupational therapists like myself from pursuing QMHP registration.

I am asking that the Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C be changed from the emergency regulations that currently read:

B. 5. A licensed occupational therapist with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section. (Subsection C requires that the supervision occur of a licensed mental health professional or a person under supervision that has been approved by the Boards of Counseling, Psychology, or Social Work as a pre-requisite for licensure.)

AND

B. 4. A licensed occupational therapist with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section.

And that they be replaced with criteria that has the potential to expand the appropriately qualified behavioral health workforce. We suggest the following replacement:

18VAC115-80-40 B.5. and 18VAC115-80-50 B.4. Licensure as an occupational therapist by the Board of Medicine (§ 54.1- 2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Occupational therapists have been eligible for licensure as a QMHP without extra requirements in a handful of states including Oregon, Maine, and Massachusetts. Entry level Occupational Therapy degrees are currently at the minimum of a Masters level. 29 universities including Virginia Commonwealth University have already achieved accreditation at an entry level doctoral degree. Another 107 programs nationwide are in the process of developing an OTD degree. The Accreditation Council for Occupational Therapy Education (ACOTE) sets the standards for entry-level occupational therapy education programs and they include extensive requirements that include at least one mental health fieldwork experience.

Occupational Therapy is a profession that was founded by two psychiatrists, a nurse, a social worker, an architect, a crafts instructor, and a consumer who recognized the value of engagement in occupation to restore health and well-being. Mental Health is and has always been the core of occupational therapy services and intensely connected with physical health and participation in the community at-large.

Our society is in the midst of an opioid epidemic. In 2016, 64,070 Americans died from a drug overdose. This is more than the 58,220 soldiers who died in the entire Vietnam War, and is even more than the 50,682 who died in the worst year of the AIDS crisis. In 2016, in Virginia alone, 1,130 of our fellow citizens died of an opioid-related overdose. This is way too high. We need as many people working with these individuals as we can to turn this epidemic around. The current emergency regulations are preventing qualified occupational therapists from serving our population and our state.

Commenter: Taylor Reamy, James Madison University Occupational Therapy Program 2/24/19 6:45 pm

Occupational Therapists as QMHP's

I am a student of the Occupational Therapy Program at James Madison University, in which I will receive a Master's degree upon graduation. I plan to practice in Virginia after I graduate in December 2020. According to the accreditation standards for a master's degree-level educational program for occupational therapists, "at least one fieldwork experience must address practice in behavioral health, or psychological and social factors influencing engagement in occupation" as stated in ACOTE standard C.1.7. I am currently completing a psychosocial level I fieldwork in which many of my classmates are in traditional mental health settings. Throughout the rest of my time in school I will be completing two more level I fieldworks with a minimum of 40 hours in each, as well as, two level II fieldworks with about 480 hours each (both are 3 months in duration). Any of these fieldworks could be completed in a mental health setting.

As a student in an occupational therapy program, we also trained to work in a variety of different settings including practice in a mental health setting, as stated in ACOTE standard A.5.1. We take courses throughout the program that ready us for work in the psychosocial and mental health fields, as well as having psychosocial aspects built into every course that we take.

Occupational therapy as a profession was founded in the field of mental health and has continued to practice in this area for over 100 years. Occupational therapists who hold a master's level degree or higher should be able to obtain the title of QMHP under the same requirements as individuals who hold a masters degree in the fields of psychology, social work, counseling, substance abuse, or marriage and family therapy program.

Occupational therapy intervention within the field of mental health is crucial and we are trained with the knowledge and skills to help individuals seeking services to improve their lives, level of independence, and their integration into society.

I support a revision of ***Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C***

be changed to the following requirement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Thank you for your time and consideration of this request.

Commenter: Maria Binns Cannady-InnovAge PACE and St. Catherine University OTA Program 2/24/19 8:01 pm

Reduce Restrictions on QMHP Requirement for Occupational Therapists in Virginia

Dr Hoyle,

I am writing to ask you to reduce the restriction on QMHP requirements for Occupational Therapists in Virginia. I have been an Occupational Therapist in Virginia for over 20 years. I work with the frail elderly population at the Program of All Inclusive Care for the Elderly. I have also been an adjunct Lab Professor for St. Catherine University for 2 years. Part of my lab instruction involves teaching Occupational Therapy Assistant Students interview and treatment strategies for working with mental health conditions.

EDUCATION AND LICENSURE

? **OT education is at the graduate level.** Since 2007, a master's degree has been the educational requirement for entry into the profession. Currently 29 universities are accredited to offer **Occupational Therapy Doctorate (OTD)** degrees, including two in Virginia, Virginia Commonwealth University and Mary Baldwin University. Another 107 programs are in the development process to offer OTD degrees. The remaining 177 schools offer programs at the **Masters** level, including five Virginia schools - Emory & Henry College, Jefferson College of Health Sciences, James Madison University, Radford University, and Shenandoah University.

? The Accreditation Council for Occupational Therapy Education (ACOTE) sets standards for entry-level occupational therapy education programs and those standards include **extensive requirements for coursework and at least one fieldwork experience focused on mental health**

- OTs are required to pass a national certification exam and are **licensed in all states**. OTs in Virginia are licensed by the Board of Medicine, which must be renewed every two years.

QMHP REQUIREMENTS IN OTHER STATES

- While some states, like **Oregon, Maine and Massachusetts**have **no additional requirements for OTs to qualify for QMHP status beyond licensure**. Other states, including **Illinois**, require licensure and **one year of clinical experience in a mental health setting**. **Missouri recognizes OTs**with Master's degrees who have completed a **practicum in a psychiatric settingor who have had one year of experience in a psychiatric setting**.

MENTAL HEALTH OT WORLDWIDE

?In countries where national health insurance exists, like the UK, Canada and Australia, health care team members are paid equivalently for the provision of mental healthcare services as for physical healthcare services. In those countries **50% of the OT workforce works in mental health**. In the US the number of OT practitioners pursuing careers in mental health is under 5% because of the pay differential and the cost of education.

Again, please consider reducing these restrictions on OTs, as I feel this willl prohibit OTs from pursuing QMHP registration. We need more health care professionals in the community who are willing to treat children and adults who have a variety of mental health conditions.

Respectfully,

Maria Binns Cannady, OTR/L

Commenter: Charlea Olmstead, MOTS, James Madison University 2/25/19 8:53 am

Occupational Therapists are QMHPs by trade and should be recognized as such in legislation

Regardless of the practice setting, diagnosis, etc., occupational therapists are addressing the psychosocial needs of our patients. We are trained to treat the whole person including the brain and mind. A foundation in mental health is crucial to attend to our patients' needs, thus our coursework and education speaks to neurological structures and functions; mental health

diagnoses and dysfunctions; and neurological, cognitive, perceptual, and psychosocial assessments and interventions, to name a few.

The current legislation regarding occupational therapists as QMPHs is unduely and unneccessary. By education, trade, and definition, occupational therapists are qualified to work as mental health care providers. Furthermore, other professions acting as gatekeepers to services that are already in OT's scope of practice can create competition or tension in the workplace, among professions, and among practictioners. Lastly, the current legislation undermines our profession as occupational therapists and fails to recognize it as a graduate level degree.

For these reasons and more, I am advocating that **Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C** be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Commenter: Taylor Neiser, MOTS James Madison University 2/25/19 2:30 pm

Occupational Therapists as QMHP

I am a Master's of Occupational Therapy student at James Madison University. I have been learning about the wonderous field of psychosocial and mental health and our role as future OT's and have felt a passion awaken in me. I came into this program with the very strong mindset of becoming a Pediatric OT. I recognized my interest and curiosity in the mental health field as well but shyed away from it until this semester when I was placed at Western State Hospital for my first Level I placement. This placement has evolved my interest in mental health to a much more involved perspective.

I am originally from Maryland but have gone to secondary school in Virginia, first at Lynchburg College and now at JMU. I feel at home in this part of the state and have plans to stay in this general area to practice. Learning about the current requirements of OT's to become QMHP strikes me as being slightly extra work that could potentially be more cost-effective instead of beneficial for all professionals involved. The professionals who must train and supervise us for the extensive 1500 hours would have even more responsibilities placed on them that would not be necessary. I believe a requirement of 500 hours would be more doable and beneficial to all involved because there are phenomenon that we as OT's must be taught in this field, but also we operate through the lens of person-first therapy, where we consider a person's values, psychosocial factors as some of the most central factors to their success. We are trained to view a person as an active agent that is also highly influenced by their psychosocial factors. We are also sensitized to the reality of many mental health conditions and are taught effective interactive skills to empathize with clients.

I feel that we as Occupational Therapists, will have the skills and tools necessary to be considered QMHP, and that the requirement of 1500 hours to be certified QMHP may be redundant while a requirement of 500 hours supervision and training may be more beneficial to all involved. We are asking that the **Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C** be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Thank you for your time.

Taylor Neiser, MOTS

Commenter: Ariana Olazagasti, MOT, James Madison University 2/25/19 11:47 pm

Validity is being questioned in the very field that OT originated in: We deserve to be QMHPs.

Occupational Therapy originated as a mental health profession providing occupation and activity-based interventions with the idea that meaningful tasks provide more motivation and better health outcomes in clients, both physiologically and psychosocially. While our scope of practice has widened, our holistic foundation and approach to intervention remains the same; psychosocial concepts of individual's health, recovery, or rehabilitation must be addressed in order to provide true client-centered and effective care.

Occupational therapists are not only trained in mental health, but also anatomical and neurological processes associated with physiological and psychological function. As a profession that began in the very field of mental health where their validity is currently being questioned, it is imperative that Occupational Therapists be able to pursue the qualifications of QMHP with minimal barriers so that they may continue to address the current mental health crisis that is sweeping the nation. The current legislation undermines the graduate-level degree that Occupational Therapists hold, as well as the value they hold in the field of health professions, and more importantly, that of mental health.

As an MOT student at James Madison University and possible future QMHP, I stand behind the move to change **Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C** from the current Emergency Regulations to the following replacement:

"Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting."

Commenter: Jessica Margolin, Tidewater Community College OTA Program 2/26/19 7:05 am

Requirements for Registration as a QMHP-C

We are asking that the **Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C** be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Commenter: Sydney Snyder, OTAS Tidewater Community College COTA Program 2/26/19 8:55 am

Acknowledging the changes to the requirements for registration.

Changes to requirements for registration as a QMHP-C

We are asking that the ***Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C*** be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Commenter: Vivian Rhodes, OTAS Tidewater Community College 2/26/19 9:01 am

OT Regulations

We are asking that the ***Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C*** be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Commenter: Sara Brockman, OTS, Virginia Commonwealth University 2/26/19 11:24 am

Requirements for Registration as a QMHP

With a strong foundation in mental health practice from our roots as a profession, we as occupational therapists believe that the emergency regulations for occupational therapists promulgated by the Board of Counseling are unduly and unnecessarily onerous. They will prohibit OTs from pursuing QMHP registration. We are asking that the **Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C** be changed from the emergency regulations that currently read:

B. 5. A licensed occupational therapist with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section. (Subsection C requires that the supervision occur of a licensed mental health professional or a person under supervision that has been approved by the Boards of Counseling, Psychology, or Social Work as a pre-requisite for licensure.)
AND
B. 4. A licensed occupational therapist with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section.

And that they be replaced with criteria that has the potential to expand the behavioral health workforce. We suggest the following replacement:

18VAC115-80-40 B.5. and 18VAC115-80-50 B.4. Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Commenter: Gretchen Ward, Independent Contractor, 2/26/19 11:56 am

Requirements for QMHP registration for OT

My name is Gretchen Ward, I am an occupational therapist working with children, youth, and young adults at 2 private clinics in the state of VA. I previously was employed by Grafton Integrated Health Network working in behavioral health care and have 9 years of occupational therapy experience in school based and early intervention practice. I am a member of the AOTA School Based Mental Health community of practice and serve as the Policy and Advocacy coordinator for the AOTA Children and Youth Special Interest section. I also serve as the Communications Chairperson for the Virginia Occupational Therapy Association.

Mental Health is at the core of our profession as occupational therapitsts and the holistic approach of how mental, physical, and social aspects of a person impact their well being is what sets occupational therapy apart from other health professions. Students of occupational therapy complete at least one clinical learning experience in the area of mental health and are required to learn psychosocial skills in order to complete their education. I was excited to see the Virginia was leading the way recognizing occupational therapists as qualified mental health professionals, however was dismayed when I attempted to register to find an additional requirement of 1500 hours of supervision, that is not clearly defined. This requirement is an undue burden that does not take into consideration the level of education or experience of many practicing occupational therapists.

We are asking that the **Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C** be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

This change of requirement would account for the experience of those who have been working in mental health settings and the clinical component of the education for future occupational therapists looking to work in mental health.

Thank you for the opportunity to comment and your consideration,

Gretchen R. Ward, MS, OTR/L

9144 Kershaw Ct.

Manassas, VA 20110

Commenter: Alexa Taylor 2/26/19 4:02 pm

Occupational Therapist are QMHPs

I am currently a student of the Master's of Occupational Therapy Program at James Madison University. I plan to practice in the state of Virginia upon completion of this program. After spending the summer session discussing the history of occuaptional therapy in the field of mental health, this topic is extremely confusing that we should have to argue to stay in the field we began in. Mental health is one of the largest parts of occupaitonal therapy and it is addressed in every setting with each client based on their specific needs. It is unreasonable to require that a different profession be in charge of our qualification in this area. In each OT program, students are trained in

assessments, interventions, and mindfulness of the mental health aspects involved in each area of OT. We are trained to become professionals in this topic in order to assist our future clients. If OTs become QMHPs then there will be more resources for this mental health crisis we are currently facing. We are a holistic profession that believes in treating the mind as much as the body. This revision should be made in order to allow OTs to become QMHPs.

I support a revision of ***Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C***

be changed to the following requirement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Thank you for your time and consideration of this request.

Commenter: Nicole Glowatsky, Murphy Deming College of Health Sciences 2/27/19 2:39 pm

OT as QMHP

I am an occupationaly therapy doctoral student at Murphy Deming College of Health Sciences at Mary Baldwin University writing on behalf of my future profession. For over 100 years now, occupational therapy has proven an effective intervention for those with mental illness. In all OT programs across the country--both master's or doctorate level--students receive countless hours of education on psychosocial rehabilitative care for patients of all diagnoses, but especially those with mental illness. To obtain a state license to practice occupational therapy, one must display deep levels of understanding of how to provide patient-centered, individualized therapy to those with mental illness. Mental health is where our profession started; it is a setting in which the purpose of occupational therapy shines through.

I am asking that the Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Commenter: Kelli King, OTAS Tidewater Community College 2/27/19 3:40 pm

Emergency Regulations for QMHP-A and QMHP-C

We are asking that the ***Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C*** be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

2/27/19 9:27 pm

Commenter: Rebekah Vanzo, OTS, James Madison University

Occupational Therapists are QMHPs

I am an OT student at James Madison University, and upon graduation with my Master of Occupational Therapy I intend to practice in the state of Virginia.

Mental health and well-being is undeniably an integral part of occupational therapy practice; the profession itself was founded, in part, by mental health practitioners. Additionally, ACOTE Accreditation standards C. 1. 7 indicates that "at least one fieldwork experience must address practice in behavioral health, or psychological and social factors influencing engagement in occupation." While this indicates a minimum of 40 hours of fieldwork with a mental health concentration, a student could direct their level 2 fieldwork placements to have gathered 1000 hours of fieldwork with a mental health emphasis before graduating from the program. In the JMU OT program we have an entire semester concentrated on psychosocial and mental health, with classes, fieldwork, and gathering of materials in preparation for practice all guided by psychosocial frames of reference. Psychosocial issues are continuously addressed outside of this semster also. Although trained as generalists, we are well educated and prepared to provide support and treatment for the mental health needs of our clients. Approaching all clients with a holistic perspective, even clients who are not seen in a traditional mental health setting will have their mental wellbeing considered by their occupational therapist.

The title of QMHP should be allowed to occupational therapists who graduate with a master's degree or higher under the same requirements as those who graduate in psychology, social work, counseling, substance abuse, or marriage and family therapy program. To deny us this is to deny the validity of occupational therapy as an equal graduate program and profession, and undermines the extensive work occupational therapy students undertake to ensure they can effectively address the mental health needs of their clients. It is not in the best interest of our clients to have extra barriers to gain QMHP status, as it could likely lead to increased costs of treatment due to increased cost on the therapist's part to gain this title. Across the United States there is already far too little access to quality mental health care, and it does not make sense to create even more barriers.

I support a revision of ***Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C***

to be changed to:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting

Commenter: Felicity White, OTAS student at Tidewater Community College 2/28/19 10:18 am

OT

We are asking that the ***Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C*** be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Commenter: Lisa Clark

2/28/19 10:19 am

OT and COTA Mental Health regulations

As occupational therapy practitioners with many years of experience in working and teaching courses in mental health OT, and who have pursued legislation to attain QMHP status through the lobbying efforts of our Virginia Occupational Therapy Association, we believe that the emergency regulations for occupational therapists promulgated by the Board of Counseling are unduly and unnecessarily onerous. They will prohibit OTs from pursuing QMHP registration. We are asking that the Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C be changed from the emergency regulations that currently read:: B. 5. A licensed occupational therapist with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section. (Subsection C requires that the supervision occur of a licensed mental health professional or a person under supervision that has been approved by the Boards of Counseling, Psychology, or Social Work as a pre-requisite for licensure.) AND B. 4. A licensed occupational therapist with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section. And that they be replaced with criteria that has the potential to expand the behavioral health workforce. We suggest the following replacement: 18VAC115-80-40 B.5. and 18VAC115-80-50 B.4. Licensure as an occupational therapist by the Board of Medicine (§ 54.1- 2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Commenter: Peggy Riccio

2/28/19 10:40 am

OT and COTA Mental Health regulations

TAs occupational therapy practitioners with many years of experience in working and teaching courses in mental health OT, and who have pursued legislation to attain QMHP status through the lobbying efforts of our Virginia Occupational Therapy Association, we believe that the emergency regulations for occupational therapists promulgated by the Board of Counseling are unduly and unnecessarily onerous. They will prohibit OTs from pursuing QMHP registration. We are asking that the Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C be changed from the emergency regulations that currently read:: B. 5. A licensed occupational therapist with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section. (Subsection C requires that the supervision occur of a licensed mental health professional or a person under supervision that has been approved by the Boards of Counseling, Psychology, or Social Work as a pre-requisite for licensure.) AND B. 4. A licensed occupational therapist with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section. And that they be replaced with criteria that has the potential to expand the behavioral health workforce. We suggest the following replacement: 18VAC115-80-40 B.5. and 18VAC115-80-50 B.4. Licensure as an occupational therapist by the Board of Medicine (§ 54.1- 2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.ype over this text and enter your comments here. You are limited to approximately 3000 words.

2/28/19 11:12 am

Commenter: Brandon Mantell, OTS James Madison University

OT as QMHP

We feel that the requirements of gaining 1,500 hours under the supervision of a social worker or other licensed mental health provider in Virginia are burdensome for a professional with a master degree or higher. In our graduate work, our studies of mental health are extensive and of high importance.

We are asking that the **Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C** be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Commenter: Lauren Carper, James Madison University 2/28/19 1:24 pm

Occupational Therapists as QMHP

I am a Master of Occupational Therapy student from James Madison University. I plan to practice in the state of Virginia for the entirety of my career following completion of the program.

Occupational Therapy as a profession is rooted in the fields of psychology, social work, medical practice, and rehabilitation. We are trained to see individuals in a holistic manner, looking at the needs of people from both the physical and psychosocial aspect in order to truly improve a person's quality of life and/or independence. This is pulled directly from the QMHP Frequently Asked Questions page provided on the Commonwealth of Virginia Board of Counseling's website as qualifications for QMHP-A prior to December 31, 2017: "Master's degree in psychology, social work, counseling, substance abuse, or marriage and family therapy from an accredited college or university, you need: • To submit a transcript • Evidence you have had an internship or practicum of at least 500 hours of experience with persons who have a mental illness. (Verification of Internship/Practicum for QMHP form)" (VA Dept. of Health Professions, 2018). It doesn't make sense to me that other fields that Occupational Therapy is rooted and grounded in by theory, intervention, evidence-based practices, and overarching goals are only required to have a Master's degree and provide evidence of at least 500 hours of experience with persons who have a mental illness when we as Master's of Occupational Therapy students will complete our program obtaining over 1,000 hours of clinical experience. Occupational Therapists work with people who are experiencing mental health crises and difficulties in all settings, practices, and with all populations. We devote an entire semester of our graduate program with a primary focus on mental health issues and how to address those as practitioners. Even though we have one semester devoted to this, we continually learn and practice those skills in every course we take and within every fieldwork, clinical experience, and volunteer experiences we partake in throughout the program. It seems excessive to place more requirements upon OTs who wish to gain the QMHP title in order to do the same job they have already been prepared to do. These proposed requirements may take time away from much needed research in the field of Occupational Therapy to show evidence that a holistic approach to treating individuals is more effective at increasing the quality of life and decreasing the mental health crises facing our nation today than other traditional approaches to health care. The requirements also undermine the training that we have completed in our graduate program and throughout our approach to leading holistic lives filled with balance between physical and mental health.

I support a revision of ***Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C*** be changed to the following requirement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Commenter: Reagan Steele, OTAS Tidewater Community College 3/1/19 4:33 pm

Emergency Regulations for QMHP-A and QMHP-C

We are asking that the ***Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C*** be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Commenter: Christiana Santos 3/4/19 1:29 pm

Regulations for QMHP

The regulations that require 1500 hours of supervision are the main area of concern for me as an occupational therapist. I work in outpatient therapy, and know of no other health professional who is available to directly supervise me on a daily basis in order to obtain these hours. I would also not be able to pay them for these hours, and therefore I have no idea how I could motivate someone to come to my setting to actively supervise me. I am unable to practice in any other location to acheive these hours, because my work hours are set. The training and supervision we receive on Fieldwork Level 2 (6 months total) during our eduction (Masters level) should qualify us for this title.

Commenter: Christiana Santos 3/4/19 1:33 pm

Regulations for QMHP

We are asking that the Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C be changed from the current Emergency Regulations to the following replacement:

- Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

3/4/19 4:43 pm

Commenter: Bob Horne, Norfolk CSB

LMHP Supervision Requirement

The requirement that an LMHP-Type provider must supervise a QMHP-E's experience towards becoming either a QMHP-A or QMHP-C will be detrimental to the public behavioral healthcare system. There is currently a shortage of licensed mental health professionals in Virginia's public behavioral healthcare system. Continuing this requirement is excessive.

Commenter: Caroline Polk 3/5/19 1:33 pm

Requirements for OTs to be Qualified MH Providers

Occupational therapists (OTs) in Virginia are now permitted to serve as Qualified Mental Healthcare Providers for adults (QMHP-A) and children (QMHP-C). Unfortunately, the proposed regulations for how an OT can become a QMHP include unduly onerous requirements that do not recognize that OTs enter the profession only after graduate-level training. Because of their training and the history of the profession, OTs are well qualified to serve as mental health providers. Given the shortage of providers for much-needed mental health care, it's vital for Virginia to take steps to expand the pool of professionals who can provide this care.

Currently, the regulations require OTs to have 1,500 hours of supervision by a social worker or other licensed mental health provider in Virginia in order to apply. I ask that the **Part II Requirements for Registration regulation 18VAC115-80-40 B.5. "Requirements for registration as a QMHP-A" and 18VAC115-80-50 B.4. "Requirements for registration as a QMHP-C"** be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Thank you for your consideration.

Commenter: Michaela Sian Crutsinger, Murphy Deming College of Health Sciences 3/6/19 6:22 pm

QMHP-C

Please consider that the roots of occupational therapy lie in mental health. Students currently being prepared to enter the field are undergoing appropriate preparation, from acadamic work to fieldwork, to enter the workforce in the field of mental health.

We are asking that the ***Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C*** be changed from the current Emergency Regulations to the following replacement:

> ***Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.***

3/7/19 12:18 pm

Commenter: McKenna Weeks, OTS, James Madison University

Occupational Therapists as QMHP

I am a current occupational therapy student at James Madison University in Harrisonburg, VA. I have lived in Virginia all my life, and I plan to practice here after successful completion of the program.

Occupational therapy programs across the country use a structured curriculum to prepare students to practice in a variety of settings including mental health. We are trained to treat clients in a holistic manner. This allows us to plan interventions that address the person as a whole to reach a state of physical, mental, and social well-being. According to the Occupational Therapy Practice Framework 3rd edition, we are competent to consider a variety of specific and global mental functions when working with clients regardless of the practice setting. These functions include thought (control and content of thought, awareness of reality vs. delusions, logical and coherent thought), higher-level cognitive (judgment, concept formation, metacognition, executive functions, praxis, cognitive flexibility, insight), emotional (regulation and range of emotions), attention, memory, consciousness, orientation, perception, temperament and personality, and more.

At JMU, we dedicate an entire semester to learning about mental health conditions, assessments, and interventions and relate them to various psychosocial frames of reference. As graduate-level professionals that receive this education in addition to hours of clinical observation and fieldwork, I believe that we deserve to be recognized as Qualified Mental Health Professionals. Occupational therapy has proven to be a successful mental health intervention for numerous years as this is where our profession originated and continues to thrive.

For these reasons, I support a revision of ***Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C***

to be changed to the following requirement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Commenter: Olivia Garcia, James Madison University 3/8/19 3:09 pm

Regulation changes for QMHP

I am currently a first-year Master's student in the JMU occupational therapy program. As such, I have learned about the fascinating history of how occupational therapy came to be. The profession began in mental health and evolved into a widespread practice that can be applied to a variety of settings. The foundational concept of occupational therapy is to view a person holistically in order to provide care for the overall well-being of a client. Mental health is an essential part of occupational therapy and is woven into each setting, even those that are not strictly mental health.

In my program we spend an entire semester learning about psychosocial occupational therapy and at this time we are placed in our first level I fieldwork in relation to mental health. I believe the reason for this is because mental health is a crucial building block to all occupational therapy practices and should be considered by great therapists when treating a client for any particular reason. Therefore, recieving a QMHP certification should be more accessible to occupational therapists as it is a major part of the profession and the current regulations do not honor that as it does to other equally qualified professions.

For that reason, I am strongly advocating that **Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-**

80-50 B.4. Requirements for registration as a QMHP-C be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Commenter: Hannah Turner, James Madison University MOTS 3/10/19 2:35 pm

OT's are QMHP's

To Whom It May Concern:

My name is Hannah Turner. I am a current Master's of Occupational Therapy student at James Madison University. I intend to spend my professional career practicing in the state of Virginia upon successful completion of our highly regarded program.

Our attention has been brought to consideration of the requirements set forth regarding OT's as registered QMHPs in the state of Virginia. These onerous prerequisites represent unjust considerations for the level training and experience of Occupational Therapy professionals in Virginia. The following points outline qualifications held by the profession as a whole that indeed support the view of OT's as QMHP's by *trade.*

Occupational Therapy holds basic foundational tenants in psychiatry and mental health. The profession considers the body AND mind holistically for treatment. We are held to high standards and attain reputable credentials qualifying us for mental health profession titles. Entry level is expected to be masters level or above with the entire profession moving toward the latter. ACOTE presents requirements for an entire semester of OT education to be focused on mental health and psychosocial efforts with at least one 12-week fieldwork experience in the mental health field of study. Occupational Therapy provides mental health services as a stronghold to our professional ideals. Medicare/Medicaid services recognize OT as a CORE component of quality mental health treatment and holistic service. Even the difficult-to-navigate world of insurance and policies view OT as a billable service for mental health diagnoses. OT is bridging the gap between physical and behavioral health. Why does the currently proposed legislation not reflect the esteem OT has gathered in the realm of mental health and psychosocial treatment? Health services administration include OT as an integral part of the interdisciplinary behavioral health workforce team. Even authorized grant money is allocated toward mental health fieldwork training annually. Other participating states have set forth far less restrictive requirements. OT is represented in approximately half of mental health efforts and services *worldwide*. As a current OTS and future practicing OT in the state of Virginia...it is my hope that my home state will choose to reflect the respect and esteem the profession of Occupational Therapy has tirelessly worked toward since the foundation of the profession itself. Occupational Therapists *are*qualified mental health professionals by trade. I support the proposed change set forth from

Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C

to the following requirement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Commenter: Erica Jackson, James Madison University MOT 3/13/19 6:54 pm

QMHP requirements for OT

Occupational Therapy is already recognized and practiced in mental health settings. It is a profession that was originally founded on the basis of fair treatment of those with psychiatric disorders during the Moral Treatment Era. Given this, the curriculum for an accredited Master's program like that of James Madison University dedicates classes to mental health disorders, psychosocial perspectives, neuroscience, and mental health related level 1 fieldwork. This specific fieldwork accounts for roughly 100 hours of time spent with a mental health population, plus 10 credit hours of classes primarily focused on mental health/neuroscience. All this does not include the possibility of selecting a mental health level 2 fieldwork; accounting for 12 weeks of full-time work at the facility. In addition, Occupational Therapy takes a holistic approach so all classes incorporate mental health in some manner. Given this plethora of time spent on the topic, Occupational Therapists graduate with strong background knowledge in mental health practice.

With such strong ties to mental health, Occupational Therapists are drawn towards these mental health practice settings; however, I am afraid the requirements for becoming a Qualified Mental Health Practitioner may lower the number of Occupational Therapists entering these practice areas. As the profession begins moving towards a doctorate level program, people are spending greater amounts of time and money to become registered and licensed Occupational Therapists so an additional 1,500 hour requirement seems to discredit the profession. Not only this, but supervision of these hours under another health care professional prompts concerns regarding interprofessional collaboration; an area that has been identified in the United States health care system as needing improvement.

I am not against additional requirements for becoming a certified Qualified Mental Health Practitioner; however, I strongly believe these requirements should reflect the merit of an Occupational Therapy degree. Therefore, I am advocating that **Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C** be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Commenter: Daryl Washington Executive Director, Fairfax Falls-Church CSB 3/15/19 11:01 am

Supervision and Education Requirements

The supervision requirements continue to be too stringent. Requiring a QMHP to have been supervised by someone with a license will continue to create hiring hardships. It is appreciated that experience and supervision in other juristictions will now be allowed to count.

We often get staff that have significant experience providing services in another country. The present language does not allow for consideration of that experience. The regulatory language should be trained to allow for that experience.

Thanks

Commenter: Caroline Puglia, MOTS, James Madison University 3/16/19 1:45 pm

Occupational Therapists as QMHP

I am currently a first year student in the James Madison University Occupational Therapy Program. I am writing in support of the revision for the requirements for occupational therapists to become Qualified Mental Health Professionals.

Occupational Therapy treats their clients holistically. The psychosocial component of rehabilitation is essential, and contributes greatly to achieving independence in the client's occupations. We dedicate a semester of occupational therapy school to understanding the importance and complexities of the psychosocial aspects when working with future clients.

Occupational therapists are trained to work with individuals of mental illness and cognitive impairments. We understand how these factors impact the person's environment (socially and physically) as well as themselves as a person, and the occupational they participate in. Many work in facilities that focus on mental health such as psychiatric facilities and specific areas in hospitals. The goal of occupational therapy in this population is to help create healthy habits and routines, as well as create goals to support their independence, and well being, in society. Our field is client centered, and implements treatment plans based on the individual's specific needs. We work together with other mental health specialists such as psychologists, psychiatrists, and social workers to achieve our client's goals.

The current requirements to become a qualified mental health professional as an occupational therapist discredits the importance of mental health to the occupational therapy field. With the time and money required to become an occupational therapist, the added 1,500 hours with supervision may lower the amount of occupational therapists entering these practice fields. Mental health is a challenging field, which does require additional experience. However I strongly believe these requirements should reflect the merit of an occupational therapy degree. Therefore I am advocating that **Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C** be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Commenter: Mikayla Moore, James Madison University 3/16/19 3:26 pm

MOTS

My name is Mikayla Moore. I am an OT student at James Madison University. Upon completion from JMU's graduate program with my Masters of Occupational Therapy, I intend to practice in the state of Virginia.

Occupational Therapy's roots are originally grounded as a mental health profession. OT also encompasses, anatomical and neurological processes to provide interventions with meaningful purposeful occupations to motivate and enhance physiological and psychosocial health outcomes in clients. Since our founding, OT's scope of practice has widened to numerous types of settings, while maintaining our holistic and evidence-based approach to client-centered services and care.

In graduate school for OT we complete an extensive semester focused on psychosocial wellness involving classes, fieldwork, assessments, guest speakers, community integration, volunteer opportunities, and case studies to enhance our knowledge and understanding of practice guided by psychosocial frames of reference. According to our ACOTE Accreditation standards, C. 1. 7 indicates that "at least one fieldwork experience must address practice in behavioral health, or psychological and social factors influencing engagement in occupation." We are required a minimum of 40 hours of fieldwork for our psychosocial concentrated setting. I personally have already dedicated over 80 hours to my mental health fieldwork setting this semester. In addition, students have the choice to direct their 12 week long, level 2 fieldwork placements with a mental health focus which add up to 1000 hours before graduating from the program. Our educational and

professional background supports the mental health needs of our clients. However, our validity is still questioned by additional requirements of 1,500 hours under supervision of a social worker or other licensed mental health provider in Virginia. Current legislation undermines graduate-level degree OTs hold, work OT students and therapists continually undertake to ensure effective practice, as well as OT's rooted values in mental health.

With the high standards addressed above, we feel that the OT's should be able to pursue the qualifications of QMHP with minimal barriers and cost demands, so that we may keep clients' best interests and continue addressing mental healthin traditional and non-traditional practice settings.

I support a revision of ***Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C***

to be changed to: ***Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting***

Commenter: Jalisa Johnson, James Madison University 3/21/19 2:47 pm

Occupational Therapists as QMHPs

My name is Jalisa Johnson. I am currently a Master of Occupational Therapy student at James Madison University, whom plans to practice and serve in the state of Virginia upon receiving licensure. One facet of occupational therapy that I cherish is our advocacy for mental health. Mental health is a fundamental aspect of occupational therapy, as it is embedded in the foundation of our profession. It globally impacts functional independence, solidifying the necessity for occupational therapy involvement, advocacy, and services. The role of occupational therapy and its importance in mental health is continually expressed within each course of my MOT program, as well as in my fieldwork placements.

All Occupational Therapists are required to take and pass a national exam and obtain licensure prior to practicing. This national exam encompasses all aspects of the human being, including the influences of mental health and management. With that being said, I believe Occupational Therapists are currently servicing as QMHPs and specific training to enhance our skills and practice is welcomed and valued. With that being said, the undue requirement of 1500 hours deserves review and amending prior to implementing this regulation.

We are asking that the **Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C** be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Thank you for your attention and consideration.

Sincerely,

Jalisa Johnson, MS, MOTS

Commenter: Theresa McCaskill 3/21/19 4:49 pm

Qualifying Out of State Experience

The current regulations require that an applicant's experience be supervised by a Virginia licensed mental health provider or a person that is approved for supervision toward licensure in Virginia. This creates a significant recruitment barrrier, preventing employers from giving fair consideration to applicants with experience from out of state. Out of State experience should be considered based on equivalency of roles.

Commenter: Jonina Moskowitz, Virginia Beach Dept. of Human Services 3/27/19 8:58 am

Supervision Requirements - QMHP-Es

We share the concern expressed by others regarding the requirement that the work of a QMHP-E be supervised by an LMHP or someone under supervision to become licensed. Licensed clinicians are needed to provide direct clinical services and recent increased requirements for their involvement in various services has already put a strain on resources for the behavioral health care system across the Commonwealth. In addition, over-reliance on those still under supervision to become licensed for supervision of QMHP-Es has the potential to undermine the residency/supervisee process, which is intended to ensure these individuals have the experience and qualifications to safely work as independent practitioners. We do appreciate recent changes allowing for inclusion of supervised experiences from other states. However, we will continue to face difficulties hiring experienced applicants, if they relocate from states without a similar requirement or were grandfathered in another state when that implemented similar requirements.

Commenter: Anita DeBord, Cumberland Mountain CSB 3/29/19 11:20 am

QMHP regs - LMHP supervision and hours of experience

We share the concern expressed by others regarding the requirement that the work of a QMHP be supervised by an LMHP. Licensed clinicians are needed to provide direct clinical services and recent increased requirements for their involvement in various services has already put a strain on resources for the behavioral health care system. In addition, there is a shortage of LMHP's across the state, and recruitment of LMHP's in our region continues to be difficult. Requiring this level of supervision will result in an increased cost of providing services, as well as a hardship on the CSB/BHA. (C.1)

We are also concerned about the difference in the hour requirement for experience of those with a masters degree. It appears that a Masters in human services and 500 internship hours meet the requirement (B.1), and a Masters in a human services field and 1500 hour of work experience meet the requirement (B.2). This is concerning, as hours of work experience should provide a better learning experience than a brief 500 hours of an educational internship. It is also concerning that experience gained requires the experience to be within the preceding 5 years prior to application for registration (B.2), yet it does not say this on the masters/internship section (B.1). There should be a common number of hours of expeirence, which can include internship/practicum. It is challenging to recruit individuals with 1500 hours of experience, especially recent graduates. Therefore, the hour requirement should be lowered, and should be consistently applied.

Commenter: Joshua Savage, Cumberland Mountain CSB 3/29/19 1:37 pm

QMHP Regulations

1 - 18VAC115-80-40.B.1 & 2: item B.2 should be merged with B.1 with 500 hours of experience due to difficulties/shortages in finding qualified candidates for a QMHP position in Virginia.

#2 - item C1 -Supervision for a QMHP should be expanded to include an experienced QMHP due to shortage of LMHPs in throughout much of Virginia.

Commenter: Courtney Roelfs, Murphy Deming College of Health Sciences 4/1/19 11:25 am

QMHP Requirements - We are more than qualified

I am a 2nd year OT student at Murphy Deming College of Health Sciences at Mary Baldwin University. Occupational therapy was founded and has roots in mental health. Occupational therapy is all about the use of everyday, meaningful activities to achieve wellness. OT helps these individuals gain real life skills, such as how to navigate their communities, work with others, and how to gain employment, to name a few. The everyday activities that we can take for granted are milestones that these individuals need appropriate support to reach. OTs look at the whole person, and use a strengths - based approach to empower these individuals to find confidence and autonomy in themselves.

As a student, I have spent many hours learning evidence-based treatment models and how to run groups with these individuals. We have learned in all our classes to consider the individual from a holistic model. With the prevalence of mental health issues at the forefront of our social landscape, OTs from all practice settings are well versed and knowledgeable in this area. I have worked for the past six months in a psychiatric rehab facility, and volunteered extensively in a local jail with individuals with mental illness. Additionally, I will complete at 12 week clinical rotation at a state run mental health hospital. This equates to 480 hours supervised by a licensed OT. I will also, as part of my doctoral education, complete 16 weeks working with individuals with mental illness gain opportunities to paid employment. This equates to 640 hours under a licensed OT. As a student, I have learned that sometimes the most meaningful thing to a person is just being able to live their life. OTs help people live their best life and give them the supports they need to make it work.

There is a shortage of mental health workers across the board. By making the requirement to become a QMHP even harder, this will undoubtedly lead to even less people working in mental health. The consequences of this could be devasting – the incidence of mental illness is constantly growing. We are at pivotal time in this country, where mental health is talked about more than ever – however, there is not enough professionals to meet the growing need. OT is needed, and we are more than qualified to provide rehabilitative services to help these individuals get back to being productive participants in their environments.

Occupational therapists are licensed by the Virginia Board of Medicine. This license states that we as occupational therapists are qualified to work in mental and physical health. Occupational therapists are more than qualified, licensed professionals to be a QMHP in the state of Virginia.

I am asking that Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C be changed to read

18VAC115-80-40 B.5. and 18VAC115-80-50 B.4. Licensure as an occupational therapist by the Board of Medicine (§ 54.1- 2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Thank you.

Sincerely,

Courtney Roelfs, OTS, Murphy Deming College of Health Sciences, Class of 2020

Commenter: Elizabeth Davidson Hoover 4/1/19 2:40 pm

OT as QMHPs

OTs started out as a profession working with mental health patients. OTs are more than qualified to work as mental health professionals especially once they have taken a level 2 internship in that area. There is no need for forced additional supervision by social workers or psychologists. (there is mutual collaboration in treatment team meetings). If the Virginia Board continues to impose these restrictions on OTs then we are going to greatly reduce the number of qualified OTs working in mental health and lose that as an area of our practice.

Commenter: Rabia Mirza, Virginia Commonwealth University 4/2/19 6:15 pm

OTs as QMHPs

Dear Jaime Hoyle,

My name is Rabia Mirza and I am a 2nd year occupational therapy doctoral student at Virginia Commonwealth University. As occupational therapists, we are educated to provide services and support mental health and wellness, rehabilitation, habilitation, and recovery-oriented approaches. Our education also includes at least one clinical fieldwork experience focused on psychosocial issues. This semester, I am completing clinicals in a residential treatment program for individuals with serious mental illness. My practicum during my final semester of school is going to be extensive involvement with an organization that follows a clubhouse model that aids individuals impacted by addiction, incarceration and homelessness. By the conclusion of my education, well over 600 hours will have been dedicated to psychoeducation and clinical involvement in a setting focusing on psychosocial challenges.

What initially drew me to this profession was its strong emphasis on treating our clients holistically. A client's motor and processing abilities are not the only things observed. Their contexts and environments, their belief systems, the meaningful activities they do, their personal goals, and their daily habits, routines and rituals are all considered when creating a treatment plan that works for them. This holistic approach not only focuses on physical health and wellness, but mental health and wellness as well. Occupational therapy origins began in the mental health field since the early 20th century, and to this day we provide mental health treatment and prevention services, with a focus on function and independence, for individuals across the lifespan.

Occupational therapy plays a vital role in mental health, and there is evidence that our interventions improve outcomes for those living in the community with serious mental illness. For these reasons, we are asking that the Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Thank you,

Rabia Mirza, OTS

Commenter: Clarissa Hull, OTR/L 4/4/19 1:15 pm

QMHP

I am currently working as an occupational therapist at Western State Hospital with clients who have a variety of mental health issues. During my graduate level program, I took a course in mental health and completed a 480 hour, 12 week full-time placement with UNC Chapel Hill's acute inpatient psychiatric units. As an OT at Western State Hospital I participate in evaluations, add to treatment plans, implement interventions, and assist with discharge planning to help our clients live their lives as successfully and independently as possible in the community. I feel as an occupational therapist working in mental health I am qualified to be a QMHP and should not have to obtain any further qualifications, as I have gained an array of knowledge through schooling, fieldwork placements, learning experiences, continuing education, and most importantly at work over the past 1.5 years.

I am asking that the ***Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C*** be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

I would add that someone with a bachelor's degree in occupational therapy, who has since been grandfathered in and working for many years in mental health, would also deserve a QMHP distinction.

Thank you for your time and consideration with this matter.

Clarissa Hull, MS, OTR/L

Commenter: Nouran Amin, Virginia Commonwealth University 4/4/19 9:24 pm

OTs being QMHPs

I am a doctoral student in Occupational Therapy at Virginia Commonwealth University and I am writing to you to ask you to reconsider the supervision requirements outlined in the emergency regulations by the Virginia Board of Counseling for occupational therapists seeking registration as a Qualified Mental Health Provider (QMHP). As a student, I have taken courses that thoroughly covered various aspects of mental health. I have also gone through multiple clinical experiences in various settings that treat mental health conditions across the lifespan, ranging from acute conditions to community reintegration. Those clinical experiences are required for accreditation of the programs we go through, and part of the requirements include at least one experience serving clients in a mental health-based setting.

Occupational therapy is a holistic practice that emphasizes the client's lived experience, and mental health is a significant aspect of that. The practice itself was founded by a team that included two psychiatrists and began in public psychiatric hospitals. The members of that team understood the value of occupation on our lives and on our ability to restore our health and mental well-being. They recognized that the mind and body are inseparable and that disrupting our abilities to engage in occupation would negatively affect both our mind and body. This form of therapy bridges between different traditional healthcare and mental health services and is key in maintaining wellbeing for our clients.

Occupational therapy has been included as a core component of quality mental health services by the Center for Medicare and Medicaid services, and must be offered at any community mental health center that bills under Medicare for partial hospitalization. It has also been included

as a member of the behavioral health workforce by the Health Resources Service Administration in 2018. In a bipartisan Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (HR6) occupational therapy was recognized, as the act promotes non-opioid and non-pharmacological approaches to pain management.

Occupational therapists across the state are asking that the **Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C** be changed from the emergency regulations that currently read:

B. 5. A licensed occupational therapist with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section. (Subsection C requires that the supervision occur of a licensed mental health professional or a person under supervision that has been approved by the Boards of Counseling, Psychology, or Social Work as a pre-requisite for licensure.)

AND

B. 4. A licensed occupational therapist with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section.

And that they be **replaced** with criteria that has the potential to expand the behavioral health workforce. We suggest the following replacement:

18VAC115-80-40 B.5. and 18VAC115-80-50 B.4. Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Thank you for your time and consideration,

Nouran Amin, OTS

You are limited to approximately 3000 words.

Commenter: Taylor Schwab, Virginia Commonwealth University 4/4/19 9:44 pm

QMHP requirements for Occupational Therapists

Dear Jamie Hoyle and Board of Counseling,

I am writing to you to address Emergency Regulations for QMHP-A and QMHP-C. The occupational therapy profession is rooted in mental health. Occupational therapy practitioners take a holistic view when treating individuals, considering the connection between mind and body, and consider the client's surrounding environment and its impact on their roles, goals, and health (including mental health). We work towards getting the client engaged in activities meaningful to them to achieve health and well-being.

Occupational therapy practitioners continue to receive significant mental health training before entering the field. Current occupational therapy training is at the graduate level. Additionally, mental health courses are required as prerequisites and specific mental health coursework is imbedded during the graduate coursework and fieldwork experiences. The The Accreditation Council for Occupational Therapy Education (ACOTE) requires occupational therapy programs to educate students on human psychology and assesses their students' ability to address a client's psychosocial needs before they enter the profession.

With the significant mental health needs in the Virginia, we should allow more qualified health professionals trained in mental health principles to enter the field without unduly regulations. The requirement of 1,500 hours puts a significant burden on both practitioning practitioners and future practitioners. Other states, including Oregon, Maine and Massachusetts have no additional requirements for OTs to qualify for QMHP status beyond licensure.

As a profession we are asking that the Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Thank you for your support in helping occupational therapists provide mental health services to our community.

Sincerely,

Taylor Schwab

Occupational Therapy Doctorate Student

Virginia Commonwealth University

Commenter: Margaret Fox, Virginia Commonwealth University 4/4/19 9:45 pm

QMHP

I am an occupational therapy student requesting a change in the qualifications required for OTs to become QMHPs. For over one hundred years, OTs have worked with individuals experiencing barriers to the things they need and want to do. OTs recognize that you cannot just treat a physical symptom without also considering the individual's emotional and mental state. In fact, this connection between the mind and the body is foundational to the effectiveness of OT practice and was central to the establishment the profession. As OTs, we use occupations, or activities of personal meaning, to facilitate healing, skill building, and successful engagement with life. We utilize these unique skills in working with people across diagnoses and life stages, including in settings focused on mental health, through our education and related experiences. In particular, we are educated on psychiatric diagnoses, mental health settings, assessments, and treatments. We are further required to complete a semester-long clinical experience focused on mental health by the Accreditation Council for OT Education. Following a 2.5 year master's or 3 year doctorate in OT, we are qualified mental health professionals. We are uniquely qualified to help people live their best lives by preventing disability and helping people adapt to life circumstances through fostering client-centered occupations that facilitate healing and growth.

The current stringent requirements on OTs to become QMHPs in Virginia are not representative of the expansive training we receive to address individuals' mental health needs. Our unique ability to contribute to mental health teams is already recognized by Medicare, as OT services have always been included as a billable service for individuals with mental health diagnoses. In 2013, the Center for Medicare and Medicaid services additionally required community mental health centers wishing to bill under Medicare partial hospitalization to offer OT services, thus recognizing OT as a core component of quality mental health. It is also worth noting that some states do not have any additional requirements for OTs to become QMHPs beyond the standard licensure that all OTs must maintain. Comparing this to the 1,500 hours of supervised experience currently required of OTs in Virginia further elucidates why this is not a reasonable, necessary, or prudent requirement. This requirement places undue burden on other professionals to serve in supervisory positions for longer than needed and on the OTs, who must go through

approximately nine additional months of inessential training to provide services they have already been trained to administer. As currently written, requirements for OTs to become QMHPs in

Virginia therefore not only limit the scope of our practice, but also prevent many individuals from receiving the comprehensive services they need and deserve. This requirement does not serve to protect individuals but rather decreases the quality of life they could be experiencing if they had better access to the range of services they need, including OT.

I therefore request that requirements for registration as a QMHP-A and QMHP-C be changed from the current Emergency Regulations to the following replacement: ***Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.***

Thank you for your time and attention on this important matter.

Commenter: Kimberly Rahimian, Virginia Commonwealth University 4/5/19 7:57 am

QMHP and OT

Dear Jaime Hoyle,

My name is Kimberly Rahimian and I am currently a graduate student at Virginia Commonwealth University in the Occupational Therapy Doctorate program. I am writing to request that the Board of Counseling reconsider the supervision requirements proposed in the Emergency Regulations for occupational therapists seeking registration as a Qualified Mental Health Provider (QMHP).

The profession of occupational therapy has strong foundational roots in recognizing the importance of meaningful activities (occupations) to promote mental health. In order to become an occupational therapist, individuals must graduate from an accredited occupational therapy program at the master's or doctorate level, undergo rigorous fieldwork training for 24 weeks full-time, and pass the National Board Certification in Occupational Therapy (NBCOT) exam. Additionally, occupational therapy is recognized federally as part of recovery-oriented, quality mental health services and professions. Occupational therapists are highly trained health care professionals, who are qualified to play a vital role in addressing several different aspects of mental health, including evaluation, developing a plan of care, and intervention.

Occupational therapists should not have to undergo additional burdensome requirements to become a QMHP. I am asking that the Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Sincerely,

Kimberly M. Rahimian, OTS

Commenter: Sara Brockman, VCU 4/5/19 3:09 pm

QMHP and OT

I am writing in regards to the current regulations for occupational therapists to become Qualified Mental Healthcare Providers for adults (QMHP-A) and children (QMHP-C). I am requesting that the current burdensome requirements be changed due to the qualifications practicing occupational therapists hold upon graduating from accredited programs and the benefits they received working in.

As a student of Virginia Commonwealth University's Occupational Therapy Doctorate program, I know first hand the ways in which an education from an accredited OT program prepares you for work in mental health settings. From learning about our profession's roots in mental health on the first day of class to participating in a psychosocial fieldwork in my second year of the program, I have absorbed knowledge and experience that promotes a deeper understanding of the lived experience of those dealing with a mental health issue. Using evidence-based practice as well as empathetic listening - two important skills developed in OT school - I feel equipped to work with individuals with various psychosocial diagnoses and know that with a year of mentorship after of school, I would excel in this setting.

Unfortunately, only 5% of all practicing OTs work in mental health settings, as the pay differential is so great that it can hardly compensate for the cost of a masters or doctoral level education. This is unfair to the individuals who are struggling with mental health disorders and who need OT services now. With a QMHP certification, occupational therapists will better be able to negotiate for fair compensation and will further promote occupational therapy as a profession that belongs in the mental health sphere.

Therefore, I am asking that the **Part II Requirements for Registration regulation 18VAC115- 80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C** be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Thank you for your time and consideration of this important issue facing our profession and, in turn, the individuals in our community who benefit from mental health-based occupational therapy services.

Sincerely,
Sara Brockman

Commenter: Katherine Howe, Virginia Commonwealth University 4/5/19 5:21 pm

OT requirements for QMHP

I would like to speak to the the proposed regulations for Occupational Therapists to become Qualified Mental Healthcare Providers for adults (QMHP-A) and children (QMHP-C). The current proposal would require an Occupational Therapist to have 1,500 hours of supervision by a social worker or other licensed mental health provider in Virginia. There are several important reasons why this requirement is excessive and unnecessary.

The profession of Occupational Therapy began in mental health settings. It was officially founded by a team which included two psychiatrists, a nurse, a social worker, an architect, a crafts instructor, and a consumer. With this foundation occupational therapists recognize the importance of the mind-body connection, and use occupation to address both physical and mental health.

Today, occupational therapists are required to obtain a Masters or Doctorate degree to enter the field. These programs must align with the Accreditation Council for Occupational Therapy Education (ACOTE) standards. One of the standards includes extensive requirements for coursework and at least one fieldwork experience focused on mental health. As a current student

of Virginia Commonwealth University's Occupational Therapy Doctorate program, I can personally attest to the significant and thorough educational focus on mental health.

Occupational Therapy continues to be recognized as a profession well suited to provide mental health services. The Center for Medicare and Medicaid Services (CMS) included Occupational Therapy as a core component of mental health in 2013. In 2015, the Substance Abuse Mental Health Services Administration (SAMHSA) included occupational therapists in staffing suggestions for new Certified Community Behavioral Health Centers. Occupational therapy education programs became eligible to receive grant funding through the Behavioral Health Workforce Education Training Grant (BHWET) which was reauthorized by Congress in 2016. Last year, the Health Resources Service Administration (HRSA) included occupational therapy as a member of a behavioral health workforce. Occupational therapy was also included in the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act.

It is also important to recognize the varying requirements for occupational therapists to become QMHPs. Some states have no additional requirements beyond licensure. Some states require one year of clinical experience in a mental health setting, while others require a practicum in a psychiatric setting.

Important information can be drawn from other countries on the involvement of occupational therapy in mental health. In the UK, Canada, and Australia health care providers are paid equally for the provision of mental healthcare services and physical healthcare services. In those countries 50% of occupational therapists work in mental health. In the U.S. the number of OT practitioners pursuing careers in mental health is under 5%. This fact holds significant relation for occupational therapy students and new graduates in pursuing careers in mental health. In addition to the pay differential and cost of education, cumbersome state requirements will likely discourage occupational therapists from entering mental health; an area of healthcare that could benefit from increased inclusion of occupational therapists.

As an occupational therapy student I have profound concern for the future of occupational therapy and the field of mental health. I am asking that the Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C be changed from the emergency regulations to the following replacement:

18VAC115-80-40 B.5. and 18VAC115-80-50 B.4. Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Thank you for your time and consideration.

Sincerely,

Katherine Howe, OTS

Commenter: Joni Watling 4/5/19 8:19 pm

QMHP and Occupational Therapy

Thank you so much for the opportunity to address the Board in person in February. There are a few things that I did not mention then that I would like to share now, on this last day of public comment.

It was almost a year ago that I left my five-year position at Fairview / University of Minnesota Medical Center's behavioral health department in Minneapolis, MN so my husband and I could relocate to Richmond, VA.
At the facility, there was a robust psychiatric inpatient program – 6 adult units, 1 young adult, 1

geriatric unit and a child/adolescent unit, with more than a dozen occupational therapists employed as part of the interdisciplinary care team. Outpatient day treatment employed another 4 occupational therapists. The OT's I mention are all in addition to the art, music, recreational & dance therapists also employed. Each unit also employed 2 social workers. Members of the interdisciplinary team included registered dieticians, nurses, psychiatrists, psychologists, chaplains and pharmacologists. Without a doubt, we all needed each other and the different perspectives each of us brought to practice and to providing culturally competent, quality, evidence-based patient care. Incidentally, at last count Regions Hospital system in St. Paul, just over the bridge from UMMC, employed more than 20 occupational therapists combined for their inpatient, outpatient & substance abuse assessment, intervention and programming needs. There are many other hospitals throughout the state with similar structure, although these institutions are by far the largest.

According to Mental Health America, Minnesota ranks #1 overall in mental health care rankings in comparison to Virginia, with an overall ranking of #33. Is this due in part to occupational therapists being the norm, and not the exception, as part of mental health treatment team? Maybe. It's hard to say, but one certainly cannot discount a cause and effect correlation. Minnesota's Occupational Therapy emphasis has always been heavily mental health oriented. The Minnesota Occupational Therapy Association holds monthly meetings & at least 90 percent of the time, the guest speaker and presentation is focused on a mental health, substance abuse or a recovery-based topic. In comparison, because there are so few OT's working in mental health here in Virginia (due to long existing norms & what has been an uptick in barriers to OT involvement due to QMHP regulations) the same cannot be said about Virginia's state association (VOTA). In particular, VOTA has strong outreach and continuing education related to school OT, in particular.

I find myself in a strange position here in Virginia. I am licensed in two states and teach mental health occupational therapy in an adjunct capacity at two different universities (Minnesota and Virginia). I have supervised dozens of fieldwork students & educated even more medical school students & nursing students about the role of occupational therapy – historically and currently in mental health and psychiatry. Here, OT seems to just be pigeonholed into a physical disability /ADL or school setting paradigm. As a result, even though students are being trained and people such as myself have skill and expertise, we experience barriers – not only due to history, but due to the onerous current QMHP requirements which require 1,500 hours of supervision – often from someone with less experience working with the mental health population than we have.

Occupational therapists want to be involved in making a positive difference in the lives of others here in Virginia. There is deep need & there is a shortage of workers in mental health. With that in mind, please change the Part II Requirements for Registration regulation to include *Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.*

Many thanks for your time and consideration.
Joni Watling, MOT, OTR/L
Doctoral Candidate University of St. Augustine for Health Sciences
Adjunct Instructor, Virginia Commonwealth University
Adjunct Instructor, University of Minnesota

Commenter: La' Shandra Russell 4/5/19 10:44 pm

LETTER TO SUPPORT VOTA'S MENTAL HEALTH LEGISLATIVE REQUEST

Good Evenining Ms. Hoyle,

My name is La' Shandra Russell and I am currently a Masters student in occupational therapy program at Shenandoah University in Leesburg, Virginia. I have less than one year before I complete my degree and my plans are to practice here in Virginia after I graduate. I have an interest in working in mental health with an interest in maternal and infant mental health. My interest in mental health practice stemmed from my experience as a fieldwork student at the Sinclair Medical Clinic in Winchester, VA where OT based mental health services is currently being offered as a part of a 5-year pilot grant program. Through this experience, I was able to see the unique perspective that OT brings to the mental health service delivery process, including addressing those physical, psychosocial and virtual barriers impacting an individual's ability to engage in occupations (activities) that are both purposeful and meaningful. Providing the individual with the opportunity to successfully engage in occupations that s/he is expected to do, wants to do and needs to do. Contributing to the individual's ability to cope with his/her stressors while engaging in occupations that supports the development of occupational and social-emotional identity. As a mom who struggled with postpartum anxiety, I have also recognized the role that OTs can serve within the area of maternal-infant mental health. Helping moms understand their sensory needs in relation to their baby and how this understanding can help guide the therapeutic process for improving mental health and developmental outcomes for both mother and baby. It is my belief that the quality of mental health is not only influenced by underlying biological process, but also through sensory experiences afforded through interactions with aspects of one's environment. As a result of the education and clinical training that OTs receive in the areas of human development, mental health, sensory integration and activity analysis, the profession of OT is in prime position to serve the mental health needs of individuals across the lifespan.

Occupational therapists have been working in the area of mental health helping clients develop the skills to live healthier, more satisfying daily lives since the profession began over 100 years ago. Occupational therapists have been recognized in federal legislation and by federal agencies as mental health providers and we need to do the same here in Virginia.

I am writing in support of the proposed changes to the emergency regulations for occupational therapists to register as qualified mental health providers for adults and children in the state of Virginia. I support a revision of ***Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C***

Please consider revising the language to recognize OTs preparation at the graduate level and knowledge and practice experience in mental health. I support a change to:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Thank you for your time, your service to the Board of Counseling and to the Commonwealth of Virginia and your thoughtful consideration of this request.

Sincerely,

La' Shandra Russell, CLVT, OTS

Occupational Therapy Student

Shenanandoah University

Student Liaison

Virginia Occupational Therapy Association

15 Elm Street

Stafford, VA 22554

lrussell17@su.edu

Comment on QMHP Regulations

From: **Jeanine Rossi** <jrossi0821@gmail.com>
Date: Wed, Feb 13, 2019 at 7:45 PM
Subject: Requirements for OTs for QMHP-A/QMHP-C
To: <jaime.hoyle@dhp.virginia.gov>

Good evening Ms. Hoyle,

I hope this email finds you well, as an Occupational Therapist in the state of VA, I am writing regarding the requirements for registration for QMHP-C and QMHP-A.

We are asking that the ***Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C*** be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

I appreciate your assistance in this matter and have a great evening.

My best,

Jeanine Rossi, OTR

From: **Eddy, Kristin M** <kmeddy@fcps.edu>
Date: Wed, Feb 13, 2019 at 7:52 PM
Subject: Public Comment on Emergency Regulations for QMHP-A and QMHP-C
To: jaime.hoyle@dhp.virginia.gov <jaime.hoyle@dhp.virginia.gov>

Dear Jamie Hoyle and Board of Counseling,

I am an occupational therapist practicing in the state of Virginia.

I am also a current member of VOTA and serve as the VOTA Ethics & Bylaws chairperson.

I write to you, to provide comment on the Emergency Regulations for QMHP-A and QMHP-C.

Please reconsider the supervisory requirements, which we are unduly onerous and do not recognize that occupational therapy is at the graduate level. Currently, the regulations require Occupational Therapists to have 1,500 hours of supervision by a social worker or other licensed mental health provider in Virginia in order to apply.

I am asking that the ***Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C*** be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Sincerely,

Kristin H. Eddy, MS OTR/L

From: **Tom and Debbie Schwind** <theschwinds@hotmail.com>
Date: Wed, Feb 13, 2019 at 8:57 PM
Subject: OT and mental health supervision
To: jaime.hoyle@dhp.virginia.gov <jaime.hoyle@dhp.virginia.gov>

Dear Jaime,

As an OT practitioner in the state of Virginia with a terminal doctorate degree, I do not support the requirements that an OT needs to be supervised for 1500 hours by a social worker.

I am asking that the ***Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C*** be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Thank you

Dr. Deborah Schwind, DHSc, M. Ed., OTR/L

From: **Graves, Jeffrey** <jeffrey.graves@dbhds.virginia.gov>
Date: Fri, Feb 15, 2019 at 2:29 PM
Subject: Occupational Therapy- QMHP-A
To: Jaime Hoyle <jaime.hoyle@dhp.virginia.gov>, <jwatling@vcu.edu>, <dfsimon@vcu.edu>

Ms. Hoyle,

The purpose of this note the express my concern over the proposed requirements for Occupational Therapists to receive the QMHP-A certification. I have worked for 6 years at Western State Hospital with persons having Serious Mental Health diagnosis such as Schizophrenia, Bipolar Disorder, Schizoaffective, etc. I also have over 15 years of experience working with persons with stroke, spinal cord injury, traumatic brain injury, autism, etc.

As OTs, we work with persons having autism, stroke, traumatic brain injury, Parkinson's, MS, Dementia and many other illnesses having an origin in the brain. Many of these diagnosis are included in the DSM V. Our education and affiliation programs provide a strong foundation for working with persons with a wide variety of illnesses. We receive education on the biological, social and cultural aspects of illness and disability. We focus on functional abilities, behavior, meaningful engagement, and independence- aspects of life fundamental to mental health. Parsing out a few diagnosis' seems an arbitrary and odd distinction to make.

Supervision by a profession other than occupational therapy to meet these requirements is, respectfully, a poor choice. Supervision should be by someone in the field with a work history in mental health. It is unlikely that Social Workers would be well supervised by psychologists who don't have a strong theoretical knowledge of the profession.

The requested criterion for qualification of OTs to meet QMHP-A are listed below.

Thanks you for taking the time to read and consider this concern. Thank you Joni and Diane for taking time to champion this concern.

Sincerely,
Jeff Graves, MS OT/L
Western State Hospital

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

From: **Godwin, Alfred K RICVAMC** <Alfred.Godwin@va.gov>
Date: Tue, Feb 19, 2019 at 1:08 PM
Subject: Requirements for QMHP
To: jaime.hoyle@dhp.virginia.gov <jaime.hoyle@dhp.virginia.gov>
Cc: Conley, Alison B RICVAMC <Alison.Conley@va.gov>

Dear Jaime Hoyle,

Hello. I write to ask the Virginia Board of Counseling to change the their QMHP requirements for occupational therapists, to more accurately reflect the mental health background and graduate level education of occupational therapists (OTs).

OTs currently graduate with either a Master of Science or a Doctoral degree, after extensive education in psychology, individual and group therapeutic interventions, and cognitive [re]training. This education provides qualified intervention to people with mental health concerns, and it brings additional resources to a mental health team. We work closely with social work, counselors, and psychologists and are licensed by the Virginia Board of Medicine.

Please consider the following:

Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C

be changed from the current Emergency Regulations to the following replacement:
Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Thank you very much for your consideration.

Sincerely,

Alfred K. Godwin, MS, OTR/L, CHT

From: **Cara K Richardson** <ckrichardson@tcc.edu>
Date: Mon, Feb 18, 2019 at 9:44 AM
Subject: mental health regulations
To: jaime.hoyle@dhp.virginia.gov <jaime.hoyle@dhp.virginia.gov>

Hello,

I teach the Occupational Therapy mental health and neuro classes to our certified occupational therapy assistant students here at Tidewater Community College. I have also interned at VCU Health inpatient psychiatry. Mental Health is part of our roots as a profession and part of our curriculum.

I am asking that the ***Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C*** be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Best,

Cara

Cara K. Richardson
Assistant Professor, Academic Fieldwork Coordinator
OTA Program
Tidewater Community College

--------- Forwarded message ---------
From: **Patricia Blease** <patricia.blease@vcuhealth.org>
Date: Mon, Feb 18, 2019 at 5:10 PM
Subject: Occupational therapy as Qualified Mental Health Providers
To: jaime.hoyle@dhp.virginia.gov <jaime.hoyle@dhp.virginia.gov>

Ms. Hoyle,

Occupational therapy is a profession which is rooted in mental health and utilizes the engagement in occupation to restore health and well-being. The connection between mind and body and engagement in occupation to promote wellness is core to our profession. The importance of occupational therapy as a provider of mental health treatment has been recognized by several federal and congressional acts.

I have committed my professional life to pursuing occupational therapy practice in the field of mental health. I have worked the entirety of my seventeen-year career in an acute adult psychiatric inpatient unit, and plan to continue to do so. I am an occupational therapist with a Master's level education. I also completed a fieldwork placement in mental health. I am licensed by the Board of Medicine and registered through National Board

Certification for Occupational Therapy. I belong to both my state and national Occupational Therapy Associations and have chosen to follow specifically a special interest section of our national organization focused on mental health. I am a clinical instructor for level II fieldwork students, a 480-hour clinical fieldwork experience, as well as level I fieldwork students, a 42-hour clinical fieldwork. I am currently advising a Doctoral level OT student in a capstone project to promote evidence-based use of technology in the mental health setting. I teach several times a year as a guest lecturer at VCU's OT school and have been recognized as a clinical instructor since 2005. I have advanced clinical standing with VCU Health as a Clinical Level III practitioner. I complete continuing education annually to maintain my licensure, certification and evidence based clinical knowledge.

The regulations set forth by the Board of Counseling are inordinately arduous and unnecessary for occupational therapy practitioners. There are many occupational therapy practitioners and students who share my passion about this area of practice and would like to be acknowledged for the education, hard work and dedication to the field of mental health by being designated as Qualified Mental Health Providers.

It is for this reason I reach out to and ask that the ***Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C*** be changed from the current Emergency Regulations to the following replacement:

> ***Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.***

Thank you for your time and consideration,
Pat Blease, MSOTR/L

From: **Kapus, Katherine RICVAMC** <Katherine.Kapus@va.gov>
Date: Tue, Feb 19, 2019 at 1:21 PM
Subject: Requesting Changes to the QMHP Requirements for OT
To: jaime.hoyle@dhp.virginia.gov <jaime.hoyle@dhp.virginia.gov>

Dear Jaime Hoyle,

Hello. I write to ask the Virginia Board of Counseling to change the their QMHP requirements for occupational therapists, to more accurately reflect the mental health background and graduate level education of occupational therapists (OTs).

OTs currently graduate with either a Master of Science or a Doctoral degree, after extensive education in psychology, individual and group therapeutic interventions, and cognitive [re]training. This education provides qualified intervention to people with mental health concerns, and it brings additional resources to a mental health team. We work closely with social work, counselors, and psychologists and are licensed by the Virginia Board of Medicine.

Please consider the following:

1. ***Part II Requirements for Registration regulation 18VAC115-80-40 B.5.,***
2. ***Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4., and***
3. ***Requirements for registration as a QMHP-C***

be changed from the current Emergency Regulations to the following replacement:

1. ***Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and***

2. ***an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.***

Thank you very much for your consideration.

Sincerely,

Katherine Kapus, MS, OTR/L

Kind Regards,

Jaime H. Hoyle, J.D., Executive Director
Boards of Counseling, Psychology, and Social Work

Virginia Department of
Health Professions

9960 Mayland Drive, Suite 300
Richmond, VA 23233
(804) 367-4406 (office)

---------- Forwarded message ---------
From: **Conley, Alison B RICVAMC** <Alison.Conley@va.gov>
Date: Tue, Feb 19, 2019 at 2:09 PM
Subject: OT and QMHP
To: jaime.hoyle@dhp.virginia.gov <jaime.hoyle@dhp.virginia.gov>

Dear Jaime Hoyle,

I hope you are well. I am one of four occupational therapists on the mental health unit at my facility. I write to ask for your assistance with changing the Virginia Board of Counseling's QMHP requirements for occupational therapists, to be more in line with the requirements for other graduate level medical and mental health professionals. OTs have an extensive educational and practicum background in mental health and currently graduate with either a Master of Science or a Doctoral degree.

Our graduate programs require extensive education in psychology, individual and group therapeutic interventions, and cognitive [re]training. This education provides qualified intervention to people with mental health concerns, and it brings additional resources to a mental health team. We work closely with social work, counselors, and psychologists and are licensed by the Virginia Board of Medicine.

Please consider the following:

Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C

be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Thank you very much for your consideration.

Sincerely,

Alison B. Conley, MS, OTR/L

From: **Vanderburg, Deborah RICVAMC** <Deborah.Vanderburg@va.gov>
Date: Tue, Feb 19, 2019 at 1:30 PM
Subject: OTs as QMHP
To: jaime.hoyle@dhp.virginia.gov <jaime.hoyle@dhp.virginia.gov>

Dear Jaime Hoyle,

Hello. I write to ask the Virginia Board of Counseling to change the their QMHP requirements for occupational therapists, to more accurately reflect the mental health background and graduate level education of occupational therapists (OTs). Occupational therapy is strongly rooted in the area of mental health. The first Occupational Therapists worked with "Shell Shocked" patients after WWI and were pioneers during the Moral treatment era and The Mental Hygiene movement of the 1960s.

OTs currently graduate with either a Master of Science or a Doctoral degree, after extensive education in psychology, individual and group therapeutic interventions, and cognitive [re]training. This education provides qualified intervention to people with mental health concerns, and it brings additional resources to a mental health team. We work closely with social work, counselors, and psychologists and are licensed by the Virginia Board of Medicine.

Please consider the following:

Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C

be changed from the current Emergency Regulations to the following replacement:
Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Thank you very much for your consideration.

Sincerely,

Deborah Vanderburg, MS, OTR/L

From: **Buckley, Erin A RICVAMC** <Erin.Buckley@va.gov>
Date: Tue, Feb 19, 2019 at 2:37 PM
Subject: OT supervision
To: jaime.hoyle@dhp.virginia.gov <jaime.hoyle@dhp.virginia.gov>

Dear Jaime Hoyle,

Hello, I write to ask the Virginia Board of Counseling to change the their QMHP requirements for occupational therapists, to more accurately reflect the mental health background and graduate level education of occupational therapists (OTs).

OTs currently graduate with either a Master of Science or a Doctoral degree, after extensive education in psychology, individual and group therapeutic interventions, and cognitive [re]training. This education provides qualified intervention to people with mental health concerns, and it brings additional resources to a mental health team. We work closely with social work, counselors, and psychologists and are licensed by the Virginia Board of Medicine.

Please consider the following:
Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C
be changed from the current Emergency Regulations to the following replacement:
Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Thank you very much for your consideration.

Sincerely,

Erin Buckley, MS, OTR/L

Dear Jaime Hoyle,

Hello. I write to ask the Virginia Board of Counseling to change the their QMHP requirements for occupational therapists, to more accurately reflect the mental health background and graduate level education of occupational therapists (OTs).

OTs currently graduate with either a Master of Science or a Doctoral degree, after extensive education in psychology, individual and group therapeutic interventions, and cognitive [re]training. This education provides qualified intervention to people with mental health concerns, and it brings additional resources to a mental health team. We work closely with social work, counselors, and psychologists and are licensed by the Virginia Board of Medicine.

Please consider the following:
Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C
be changed from the current Emergency Regulations to the following replacement:
Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Thank you very much for your consideration.

Sincerely,

Karen DeMarco, MS, OTR/L

From: **Pound, Dawne M RICVAMC** <Dawne.Pound@va.gov>
Date: Tue, Feb 19, 2019 at 4:04 PM
Subject: QMHP requirements
To: jaime.hoyle@dhp.virginia.gov <jaime.hoyle@dhp.virginia.gov>

Dear Jaime Hoyle,

Hello. I write to ask the Virginia Board of Counseling to change the their QMHP requirements for occupational therapists, to more accurately reflect the mental health background and graduate level education of occupational therapists (OTs).

OTs currently graduate with either a Master of Science or a Doctoral degree, after extensive education in psychology, individual and group therapeutic interventions, and cognitive [re]training. This education provides qualified intervention to people with mental health concerns, and it brings additional resources to a mental health team. We work closely with social work, counselors, and psychologists and are licensed by the Virginia Board of Medicine.

Please consider the following:

Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C

be changed from the current Emergency Regulations to the following replacement:
Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Thank you very much for your consideration.

Sincerely,

****
Dawne M. Pound, MS, OTR/L, ATP
Occupational Therapy Clinical Specialist
Spinal Cord Injury & Disorders
McGuire VA Medical Center
804.675.5000 (ext. 2599)

From: **Freeman, Mandy J RICVAMC** <Mandy.Freeman@va.gov>
Date: Wed, Feb 20, 2019 at 1:34 PM
Subject: Re: QMHP Requirements for occupational therapists
To: jaime.hoyle@dhp.virginia.gov <jaime.hoyle@dhp.virginia.gov>

Dear Jaime Hoyle,

Hello. I write to ask the Virginia Board of Counseling to change the their QMHP requirements for occupational therapists, to more accurately reflect the mental health background and graduate level education of occupational therapists (OTs).

OTs currently graduate with either a Master of Science or a Doctoral degree, after extensive education in psychology, individual and group therapeutic interventions, and cognitive [re]training. This education provides qualified intervention to people with mental health concerns, and it brings additional resources to a mental health team. We work closely with social work, counselors, and psychologists and are licensed by the Virginia Board of Medicine.

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Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C

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Thank you very much for your time and consideration.

Sincerely,

Mandy J. Freeman, MS, OTR/L
Occupational Therapist
McGuire VA Medical Center

Dear Jaime Hoyle,

Hello. I write to ask the Virginia Board of Counseling to change the their QMHP requirements for occupational therapists, to more accurately reflect the mental health background and graduate level education of occupational therapists (OTs).

OTs currently graduate with either a Master of Science or a Doctoral degree, after extensive education in psychology, individual and group therapeutic interventions, and cognitive [re]training. This education provides qualified intervention to people with mental health concerns, and it brings additional resources to a mental health team. We work closely with social work, counselors, and psychologists and are licensed by the Virginia Board of Medicine.

Please consider the following:

Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C

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Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Thank you very much for your consideration.

Sincerely,

Melissa Oliver, MS OTR/L

From: **Rebecca Lesley** <rpl281@email.vccs.edu>
Date: Thu, Feb 21, 2019 at 6:24 PM
Subject:
To: <jaime.hoyle@dhp.virginia.gov>

As an OTA student, I have been enrolled in classes specifically focusing on the mental health aspects of my chosen career. We are being trained in class and hands-on to work with clients diagnosed with mental health issues. MOTs

with internship hours or setting experience would be a true asset to the mental health field, especially in light of the scarcity of mental health professionals available.

Occupational Therapy has its roots in the mental health field and has maintained its devotion to mental health clients throughout its history. It is uniquely suited to treat the factors surrounding mental health diagnoses which prevent the clients from living independent and functional lives.

As such I am asking that the ***Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C*** be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Sincerely,

Rebecca Lesley, OTAS

From: **Cindy Bertaut** <cindybertaut@gmail.com>
Date: Fri, Feb 22, 2019 at 8:55 PM
Subject: Comments on Regulation 18VAC115-80-40 B.5
To: <jaime.hoyle@dhp.virginia.gov>

I am writing to you to comment on regulation 18VAC115-80-40 B.5.

I received my Masters Degree in Occupational Therapy in 2015 from Shenandoah University in Virginia, and live just across the Potomac River in nearby Maryland. My training in mental health during my graduate OT school studies sparked a dedicated interest in mental health practice and I have considered Occupational Therapy licensure and practice in VA.

The proposed supervisory requirements for a QMHP-A are unnecessary, given that the majority of currently practicing occupational therapists already have a graduate-level degree on par with social worker graduate degrees. Please reconsider changing the supervisory requirements for registration as a QMHP-A, under regulation 18VAC115-80-40 B.5, to "Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting."

Sincerely,

Cindy Bertaut MS, OTR/L

From: Reid, Holly Madison - reidhm <reidhm@dukes.jmu.edu>
Date: Fri, Feb 22, 2019 at 3:27 PM
Subject: QMHP Requirements for Occupational Therapists
To: jaime.hoyle@dhp.virginia.gov <jaime.hoyle@dhp.virginia.gov>

Good afternoon,

I am Holly Reid, a Master's of Occupational Therapy student at James Madison University. I am writing to express my stance on the current requirements for OTs to become Qualified Mental Health Professionals for adults and children. Like several others in this profession, I agree that a requirement of 1,500 hours of experience under the supervision of those who have similar education as occupational therapists is unnecessary.

While having experience and education in mental health is important, OT students already receive education in this area, as well as a psychosocial fieldwork experience in a mental health setting. Requiring an extra 1,500 hours of experience, especially for those who have been practicing in mental health settings for years after graduating seems arduous and time-consuming for both the OT and the professional who will supervise him or her. I agree that OTs should have experience in this areas to qualify as a QMHP-A/C, but I think this should be closer to 500 hours. I also think that therapists already practicing in a mental health setting should qualify for this title.

Thank you for your consideration.

Sincerely,
Holly Reid, MOTS
James Madison University

From: **Jillian Gomez** <jg24112@email.vccs.edu>
Date: Wed, Feb 27, 2019 at 11:22 AM
Subject: Mental Health Advocacy
To: <jaime.hoyle@dhp.virginia.gov>

We are asking that the ***Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C*** be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

From: **Kirsten Ganslow** <kbg27104@email.vccs.edu>
Date: Wed, Feb 27, 2019 at 11:23 AM
Subject: OTAS Tidewater Community College
To: <jaime.hoyle@dhp.virginia.gov>

To whom it may concern,

We are asking that the ***Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C*** be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Sincerely, Kirsten Ganslow

From: **Marlena Kastelan** <mek2888@email.vccs.edu>
Date: Wed, Feb 27, 2019 at 11:24 AM
Subject: mental health regulation change
To: <jaime.hoyle@dhp.virginia.gov>

We are asking that the ***Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C*** be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

From: **Jenna Barea** <jdb294568@email.vccs.edu>
Date: Wed, Feb 27, 2019 at 11:24 AM
Subject: Mental Health Regulation
To: <jaime.hoyle@dhp.virginia.gov>

To whom it may concern,

We are asking that the ***Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C*** be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Sincerely,

Jenna Barea, OTAS

Tidewater Community College

From: **Alix Freyer** <amf2707@email.vccs.edu>
Date: Wed, Feb 27, 2019 at 11:25 AM
Subject: Mental Health
To: <jaime.hoyle@dhp.virginia.gov>

Dear Jamie Hoyle:

We are asking that the ***Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C*** be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Thank you very much for your time and consideration.

Sincerely:

Alix Freyer, OTAS

---------- Forwarded message ---------
From: **Olmstead, Charlea Marie - olmstecm** <olmstecm@dukes.jmu.edu>
Date: Mon, Feb 25, 2019 at 9:16 AM
Subject: Occupational Therapists as QMHPs in Virginia
To: jaime.hoyle@dhp.virginia.gov <jaime.hoyle@dhp.virginia.gov>

Ms. Hoyle,

I am emailing you regarding occupational therapists as QMHPs and the current legislation:

Regardless of the practice setting, diagnosis, etc., occupational therapists are addressing the psychosocial needs of our patients. We are trained to treat the whole person including the brain and mind. A foundation in mental health is crucial to attend to our patients' needs, thus our coursework and education speaks to neurological structures and functions; mental health diagnoses and dysfunctions; and neurological, cognitive, perceptual, and psychosocial assessments and interventions, to name a few.

The current legislation regarding occupational therapists as QMPHs is unduly and unnecessary. By education, trade, and definition, occupational therapists are qualified to work as mental health care providers. Furthermore, other professions acting as gatekeepers to services that are already in OT's scope of practice can create competition or tension in the workplace, among professions, and among practitioners. Lastly, the current legislation undermines our profession as occupational therapists and fails to recognize it as a graduate level degree.

For these reasons and more, I am advocating that Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Charlea Olmstead
Occupational Therapy Student
James Madison University 2020

---------- Forwarded message ---------
From: **Christine Gentry** <gentrych1@gmail.com>
Date: Sun, Feb 24, 2019 at 12:48 PM
Subject: QMHP for Occupational Therapists
To: <jaime.hoyle@dhp.virginia.gov>

Dear Jaime Hoyle,

Hello. I write to ask the Virginia Board of Counseling to change the their QMHP requirements for occupational therapists, to more accurately reflect the mental health background and graduate level education of occupational therapists (OTs).

OTs currently graduate with either a Master of Science or a Doctoral degree, after extensive education in psychology, individual and group therapeutic interventions, and cognitive [re]training. This education provides qualified intervention to people with mental health concerns, and it brings additional resources to a mental health team. We work closely with social work, counselors, and psychologists and are licensed by the Virginia Board of Medicine.

Please consider the following:

Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C

be changed from the current Emergency Regulations to the following replacement:
Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Thank you very much for your consideration.

Sincerely,

Christine Gentry, MA OTR/L

From: **JoAnn Kennedy** <otjoann@gmail.com>
Date: Tue, Mar 5, 2019 at 9:20 PM
Subject: Occupational Therapists as mental health practitioners
To: <jaime.hoyle@dhp.virginia.gov>

I am asking that the **Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C** be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

For over a hundred years, the occupational therapy profession has developed a unique base of mental health theory, knowledge, and practice that is distinct from other mental health professions. We use our knowledge of neuroscience, anatomy, physiology, human development, and occupational science to provide activities that support health, wellness, and function in activities of daily living. Our interventions are much less verbally-based than psychotherapy. Rather, we use vocational, avocational, sensory, motor, and daily living activities to improve the lives of our clients. We are also experts in the use of adaptive equipment that can allow clients to function more independently in daily life. These are areas where my social work colleagues routinely ask me to support their interventions because they recognize that their clients need an approach that is complementary to mine. I do not know of any social workers who would ethically be able to supervise occupational therapists because they lack the coursework and experience in the occupational therapy field.

Entry level occupational therapists must earn a masters or doctorate degree [requiring extensive coursework in occupational therapy methods for mental health intervention and months of supervised full-time internships] to qualify for licensure in Virginia. Further regulating entry into practice by requiring other mental health professionals to supervise occupational therapists is not only unnecessary, but would be detrimental to fulfilling the state's need for more mental health professionals to serve our ailing mental health care system.

Please reconsider before finalizing regulations on mental health occupational therapy professionals,

~JoAnn Kennedy, OTD, MS, OTR/L

From: **Brognano, Erin Q** <eqbrognano@fcps.edu>
Date: Mon, Apr 1, 2019 at 8:32 AM
Subject: Public comment regarding regulations for occupational therapists as qualified mental health professionals
To: jaime.hoyle@dhp.virginia.gov <jaime.hoyle@dhp.virginia.gov>

Dear Jaime Hoyle,

I am writing to you regarding my concern as an occupational therapist about the qualifications/regulations for us to be registered as qualified mental health providers in the state of Virginia. The history of our profession as well as our education requirements, combined with work experience, make occupational therapists highly qualified as mental health providers. For example, in 2018, the Health Resources Service Administration (HRSA) included occupational therapy as members of the behavioral workforce alongside psychiatric nurses, nurse practitioners, social workers, substance use disorder prevention and treatment counselors, marriage and family therapists, and professional counselors. Occupational therapy was also included in the bipartisan Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (HR6), legislation which contained provisions related to multi-disciplinary, evidence-based, non-pharmacological based treatments for pain management and opioid abuse prevention.

As occupational therapy practitioners with many years of experience in working and teaching courses in mental health OT, and who have pursued legislation to attain QMHP status through the lobbying efforts of our Virginia Occupational Therapy Association, we believe that the emergency regulations for occupational therapists promulgated by the Board of Counseling are unduly and unnecessarily onerous. They will prohibit OTs from pursuing QMHP registration.
We are asking that the **Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C** be changed from the emergency regulations that currently read::
B. 5. A licensed occupational therapist with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section. (Subsection C requires that the supervision occur of a licensed mental health professional or a person under supervision that has been approved by the Boards of Counseling, Psychology, or Social Work as a pre-requisite for licensure.)
AND
B. 4. A licensed occupational therapist with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section.
And that they be replaced with criteria that has the potential to expand the behavioral health workforce. We suggest the following replacement:
18VAC115-80-40 B.5. and 18VAC115-80-50 B.4. Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Thank you for your time.

Sincerely,

Erin Q. Brognano, MS, OTR/L
Physical & Occupational Therapy Services
Fairfax County Public Schools
eqbrognano@fcps.edu
571.423.4864

From: Heidi Hutson <hhutson17@su.edu>

Date: Fri, Apr 5, 2019 at 9:25 PM

Subject: Occupational Therapists as Qualified Mental Health Professionals

Dear Ms. Hoyle,

My name is Heidi Zapanta. I am currently a Masters student in occupational therapy at Shenandoah University in Leesburg, Virginia . I will complete my degree in December of this year and my plans are to practice here in Virginia after I graduate. I have an interest in working in mental health.

I have had mental health fieldwork I experience at Western State Hospital. There are several occupational therapists serving Western State working with patients on cooking skills, independent living skills, vocational skills, and many other therapeutic activities as well. It was a privilege to witness the positive impact the work of these highly therapists has on the mental health of patients and how it prepares these patients to return to life as productive citizens of our commonwealth. Counseling has a very important place in mental health. At the same time, engaging in meaningful occupations or activities has a power that cannot be replaced by anything else. Occupational therapists are experts in assessing why an individual is having challenges engaging in important activities and making modifications to enable the individual to become more successful and also more satisfied with their lives. Occupational therapist education includes extensive training in understanding and treating mental illness using the recovery model.

Occupational therapists have been working in the area of mental health helping clients develop the skills to live healthier, more satisfying daily lives since the profession began over 100 years ago. Occupational therapists have been recognized in federal legislation and by federal agencies as mental health providers and we need to do the same here in Virginia.

I am writing in support of the proposed changes to the emergency regulations for occupational therapists to register as qualified mental health providers for adults and children in the state of Virginia. I support a revision of Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C

Please consider revising the language to recognize OTs preparation at the graduate level and knowledge and practice experience in mental health. I support a change to:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

Thank you for your time, your service to the Board of Counseling and to the Commonwealth of Virginia and your thoughtful consideration of this request.

Sincerely,

Heidi Zapanta

Masters of Science Occupational Therapy Student

Shenandoah University class of 2019

February 18, 2019

To the Board of Counseling,

I am writing you as an Occupational Therapist (OTR/L) practicing in inpatient psychiatry at the University of Virginia Health System. I am passionate about the unique perspective that occupational therapy provides for individuals whose daily lives are impacted by mental health challenges. I use my knowledge of occupations to empower clients to participate more fully in their daily lives. I facilitate groups to equip them with life skills they can utilize when they leave the inpatient setting.

I am grateful that the University of Virginia Health System values the role of occupational therapists working in mental health. I am fortunate that our services are funded in the inpatient setting. I am aware, however that there are challenges to occupational therapists working in community based settings, where I believe this population needs us most. Enabling occupational therapists to becomes Qualified Mental Health Professionals will open doors for practice settings to hire occupational therapists as they will be able to access reimbursement for our services. I believe occupational therapists could make meaningful contributions to the interdisciplinary teams working in these settings.

The current Emergency Regulations create a barrier that will prevent many occupational therapists from attaining QMHP status, regardless of their years of education and/or experience related to mental health.

I respectfully request that the Part II Requirements for Registration regulation 18VAC115-80-40 B.5. Requirements for registration as a QMHP-A and 18VAC115-80-50 B.4. Requirements for registration as a QMHP-C be changed from the current Emergency Regulations to the following replacement:

Licensure as an occupational therapist by the Board of Medicine (§ 54.1-2900 of the Code of Virginia) with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.

I believe my Master's level education, including my 500 hours spent as a fieldwork student in an inpatient psychiatric setting, has equipped me with the skills necessary to provide quality, evidence-based services for individuals with mental illness.

Thank you for your time and consideration.

Sincerely,

Savanah Howe OTR/L
38 Emerson Lane
Harrisonburg VA 22802

February 24, 2019

Melissa Leupp
145 S. Garfield St.
Arlington, VA 22204
Melissa.Leupp@apsva.us

Jaime Hoyle, Executive Director
Virginia Department of Health Professions, Board of Counseling
9960 Mayland Drive, Suite 300
Richmond, VA 23233

Dear Mr. Hoyle:
I am writing to express my concern about proposed supervision requirements for occupational therapists seeking registration as a qualified mental health provider. Occupational therapy was founded over 100 years ago by two psychiatrists and team members who recognized the value of engagement in occupations to restore and maintain mental health and well being.

Occupational therapy practitioners currently complete mental health course work and at least one fieldwork experience focused on mental health. It is interesting to note that 50% of occupational therapists in countries with national healthcare work in mental health. In the United States, less than 5% of occupational therapists work in mental health likely due to the difference in salary.

Other states have more limited or no additional requirements for occupational therapists to become mental health providers. I therefore hope that you consider requirements that more accurately reflect and respect the education level and experience of occupational therapists. An internship of at least 500 hours focusing on clients with mental illness or one year experience in mental health is a suggested replacement.

Thank you very much for your time and consideration.

Sincerely,

Melissa Leupp, MS, OTR/L

4860 Cox Road, Suite 200 Glen Allen, VA 23060
(P) 804.204.1339 (F) 804.510.0381 naswva@naswva.com » www.naswva.org

NASW VIRGINIA CHAPTER
National Association of Social Workers

Thank you for the opportunity to make public comment regarding how a change in the QMHP proposed regulations will harm the ability of Licensed Bachelor Social Workers (LBSW) and Licensed Masters Social Workers (LMSW) to engage in their scope of practice (Currently both of these licensees are called Licensed Social Worker). Under *Chapter 37 of Title 54.1 of the Code of Virginia, Social Work,* the LBSW and LMSW are authorized to practice social work which includes the provision of case management and supportive services.

The Department of Behavioral Health and Developmental Services definition of QMHP, prior to their current proposed regulations, had specifically included social workers. The DBHDS's Final Text proposed regulations for QMHP that did not contain this inclusive language. The Board of Counseling's proposed definition for the regulations for QMHP also does not include social workers. The lack of inclusion of this language disenfranchises LBSW and LMSW's from practicing within their scope of practice. The proposed regulation puts an undue burden on the LBSW and LMSW, as the proposal puts individuals with these credential (and LSW) in the position of having to acquire their QMHP. This requirement will inevitably be an obstacle to employment in the public sector of behavioral health resulting in unintended consequences for clients attempting to access care. If increased numbers of LBSW and LMSW credentialed individuals are unable to secure employment due to the proposed requirement, ultimately there will be less qualified individuals providing mental and behavioral health to the vulnerable populations in Virginia.

The Board of Counseling's proposed that a definition of the regulation stating, "Collaborative mental health services" include *"supportive services."* The Board of Health Professions *Policies and Procedures for the Evaluation of the Need to Regulate Health Occupations and Professions* delineates Criteria for three levels of regulation as noted below:

Criteria for Regulation

Registration. *Registration requires only that an individual file his name, location, and possibly background information with the State. No entry standard is typically established for a registration program.*

Statutory Certification. *Certification by the state is also known as "title protection." No scope of practice is reserved to a particular group, but only those individuals who meet certification standards (defined in terms of education and minimum competencies which can be measured) may title or call themselves by the protected title.*

> ***Licensure***. *Licensure confers a monopoly upon a specific profession whose practice is well defined. It is the most restrictive level of occupational regulation. It generally involves the delineation in statute of a scope of practice which is reserved to a select group based upon their possession of unique, identifiable, minimal competencies for safe practice. In this sense, state* licensure typically endows an occupation or profession with a monopoly in a specified scope of practice.
> *https://www.dhp.virginia.gov/bhp/guidelines/75-2.doc*

Individuals credentialed at the LBSW and LMSW levels have met the criteria for the highest level of professional regulation and therefore meet and/or exceed the above criteria. Individuals with such credentials should not be required to acquire the QMHP, which is a lower level credential specific to the regulation of "registration." Individuals who have achieved the LBSW and LMSW credentials have passed a licensing exam to ensure that they have acquired the necessary competencies to practice in their field. In passing this exam, those individuals have been awarded licensure and are registered with the state. Therefore, LBSW and LMSW individuals are well equipped to deliver services which their scope of practice allows under their license. It is the opinion of NASW Virginia Chapter that DMAS requires the specific title QMHP for billing purposes only and is not considering scope of training or level of practice beyond this.

We request that the Board of Counseling proposed regulations be amended to include language such as:

Providing documentation of a current Licensed Social Worker, License Bachelor Social Worker or Licensed Masters Social Worker from the Virginia Board of Social Work is documentation that the activities of a QMHP are in the scope of practice of their license and therefore are accepted by the Board of Counseling as sufficient evidence of meeting all the requirements for registration as a QMHP.

Respectfully Submitted,

National Association of Social Workers, Virginia Chapter
NASWVA

Petition for Rule-Making (Morganegg)

To amend Guidance Document 115-8 and Regulations to include criminology and criminal justice as human service or related degree and allow for supervised experience obtained in another state.

Agenda Item: Response to Petition for Rulemaking

Included in your agenda package are:

A copy of the petition received from Morgan Morganegg

Copy of Guidance Document 115-8

Copy of change in the proposed regulations replacing emergency regulations

Staff Note:

There were no comments on the petition

Action on petition:

To initiate rulemaking by adoption of a Notice of Intended Regulatory Action or a fast-track action; or

To reject the petitioner's request.

(The Board also needs to decide whether it wants to amend its guidance on approved degrees)

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.

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle initial, Suffix,) **Morganegg, Michelle E.**		
Street Address **2490 Edwardsville Rd.**	**Area Code and Telephone Number** 540-912-0115	
City **Hardy**	**State** **VA**	**Zip Code** **24101**
Email Address (optional) **m.morganegg@gmail.com**	**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.

A) "Can I qualify to register as a QMHP-C if I have a bachelor's degree in an unrelated field? No, QMHP-C is considered a specialty, and therefore an unrelated degree is not currently an option." I graduated with a BS in Criminology and Criminal Justice, however, I have worked with at-risk youths and youths in foster care since my graduation. This has required me to undergo extensive training specific to this field. Under your current regulations, all of my training amounts to nothing despite its relevance.

B) "Evidence of 1,500 hours of supervised experience obtained within a 5-year period" (Within VA).

I have been told directly that my hours of supervision do not, and will not, count towards licensure because they were not acquired in the state of Virginia. The Board has essentially disqualified anyone that has moved here from a different state. I began my residency here in August of 2018 and have been unable to gain employment due to the restrictions placed by the Board. This has placed a hardship on my family and had we known that this would be an issue my husband would have declined his transfer here.

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

Anyone who has not worked as a QMHP in the state of Virginia has no way to gain licensure. This is unacceptable for military families, or anyone who chose to move to Virginia from another state. Our experience is not invalid simply because we've moved from elsewhere.

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.

The rules were issued by this Board without consideration to all factors (new residents, degree scope vs. work experience and training). Therefore, only the Board can amend the regulations that have restricted experienced people from gaining employment.

Signature: Michelle Morgan **Date: 12/19/2018**

Board of Counseling

Approved Degrees in Human Services and Related Fields for QMHP Registration

Regulations for the Virginia Board of Counseling provide in 18VAC115-80-40 that a person may qualify as a QMHP-A with a "master's or bachelor's degree in human services or a related field from an accredited college." Section 18VAC115-80-50 provides that "a person may qualify as a QMHP-C with a "master's or bachelor's degree in human services or in special education from an accredited college."

The Board recognizes the following degrees as "human services or related fields:"

Art Therapy
Behavioral Sciences
Child Development
Child and Family Studies/Services
Cognitive Sciences
Community Mental Health
Counseling (Mental health, Vocational, Pastoral, etc.)
Counselor Education
Early Childhood Development
Education (with a focus in psychology and/or special education)
Educational Psychology
Family Development/Relations
Gerontology
Health and Human Services
Human Development
Human Services
Marriage and Family Therapy
Music Therapy
Nursing
Psychiatric Rehabilitation
Psychology
Rehabilitation Counseling
School Counseling
Social Work
Special Education
Therapeutic Recreation
Vocational Rehabilitation
Sociology – (accepted until May 31, 2021)

The Board may consider other degrees in human services or in fields related to the provision of mental health services.

18VAC115-80-50. Requirements for registration as a qualified mental health professional-child.

A. An applicant for registration shall submit:

1. A completed application on forms provided by the board and any applicable fee as prescribed in 18VAC115-80-20; and

2. A current report from the National Practitioner Data Bank (NPDB).

B. An applicant for registration as a QMHP-C shall provide evidence of:

1. A master's degree in psychology, social work, counseling, substance abuse, or marriage and family therapy from an accredited college or university with an internship or practicum of at least 500 hours of experience with persons who have mental illness;

2. A master's or bachelor's degree in a human services field or in special education from an accredited college with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section;

3. A registered nurse licensed in Virginia with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section; or

4. A licensed occupational therapist with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section.

C. Experience required for registration.

1. To be registered as a QMHP-C, an applicant who does not have a master's degree as set forth in subdivision B 1 of this section shall provide documentation of 1,500 hours of experience in providing direct services to individuals as part of a population of children or adolescents with mental illness in a setting where mental health treatment, practice, observation, or diagnosis occurs. The services provided shall be appropriate to the practice of a QMHP-C and under the supervision of a licensed mental health professional or a person under supervision that has been approved by the Board of Counseling, Board of Psychology, or Board of Social Work as a prerequisite for licensure. Supervision obtained in another United States jurisdiction shall be provided by a mental health professional licensed in Virginia or licensed in that jurisdiction.

2. Supervision shall consist of face-to-face training in the services of a QMHP-C until the supervisor determines competency in the provision of such services, after which supervision may be indirect in which the supervisor is either on-site or immediately available for consultation with the person being trained.

3. Hours obtained in a bachelor's or master's level internship or practicum in a human services field may be counted toward completion of the required hours of experience.

4. A person receiving supervised training to qualify as a QMHP-C may register with the board. A trainee registration shall expire five years from its date of issuance.

Petition for Rule-Making (Hayter)

To amend regulations to allow LCSWs who can show clinical experience in substance abuse services and hold a CSAC be waived from taking the substance abuse licensure examination.

Agenda Item: Response to Petitions for Rulemaking

Included in your agenda package are:

A copy of the petition received from Michael Hayter

Copy of draft regulations for LSATP – Periodic review action

Staff Note:

There were no comments on the petition

Action on petition:

To initiate rulemaking by adoption of a Notice of Intended Regulatory Action or a fast-track action; or

To reject the petitioner's request.

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.

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle Initial, Suffix,) Hayter, Michael E.		
Street Address 26535 Watauga road	**Area Code and Telephone Number** 276-494-4466	
City Abingdon	**State** Virginia	**Zip Code** 24211
Email Address (optional) haytermike@yahoo.com	**Fax (optional)** 276-2186	

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.

18VAC115-60-50. Prerequisites for licensure by endorsement - Section #5 Prerequisites for licensure by endorsement. "The examination is waived for an applicant who holds a current and unrestricted license as a professional counselor within the Commonwealth of Virginia".

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Board of Counseling

July 2002

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

The LICENSED SUBSTANCE ABUSE TREATMENT PRACTITIONERS examination is waived for an applicant who holds a current and unrestricted license as a professional counselor within the Commonwealth of Virginia. The professional counselor is noted as a LPC.

Applicants who have obtained the Licensed Professional Counselor (LPC) licensure should not be exempted from taking the licensure exam for the Licensed Substance Abuse Treatment Practitioner (LASATP). Obtaining the LPC licensure does not necessarily note that they have significant enough of both mental health and substance abuse experience in their practicum experience to warrant licensure without an examination for LSATP.

Licensed Clinical Social Workers (LCSW) have extensive experience in mental health and or substance abuse clinical services in their practicum and practice. LCSW candidates must undergo the examination regardless of their clinical experiences.

LCSW licensees are also "professional counselors" in their own right and should be afforded their own opportunity to have the waiver for the LSATP as do LPCs.

I propose that LCSW holders who can show clinical experience based in substance abuse services (hold an CSAC credential already for several years) should have the waiver from the examination as LPCs do currently and be granted the LSATP licensure with appropriate payments and registration.

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.

VIRGINIA BOARD OF COUNSELING
Title of Regulations: 18 VAC 115-60-10 et seq.
Statutory Authority: §§ 54.1-2400 and Chapter 35 of Title 54.1 of the *Code of Virginia*

Signature: Mkayler LCSW, CSAC Date: 12-17-2018

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Part II

Requirements for Licensure

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

Every applicant for ~~examination for~~ licensure by examination by the board shall:

1. Meet the degree program, course work 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; and

~~2.~~ 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 course work requirements prescribed in 18VAC115-60-60 and 18VAC115-60-70. Transcripts previously submitted for registration of supervision do not have to be resubmitted unless additional coursework was subsequently obtained;

c. Verification of supervision forms documenting fulfillment of the ~~experience~~ 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; ~~and~~

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 Data Bank (NPDB).

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.

18VAC115-60-50. Prerequisites for licensure by endorsement.

A. Every applicant for licensure by endorsement shall submit:

1. A completed application;

2. The application processing and initial licensure fee as prescribed in 18VAC115-60-20;

3. Verification of all mental health or health professional licenses or certificates ever held in any other jurisdiction. In order to qualify for endorsement, the applicant shall have no unresolved disciplinary action against a license or certificate. The board will consider history of disciplinary action on a case-by-case basis;

4. Further documentation of one of the following:

a. A current substance abuse treatment license in good standing in another jurisdiction obtained by meeting requirements substantially equivalent to those set forth in this chapter; or

b. A mental health license in good standing in a category acceptable to the board which required completion of a master's degree in mental health to include 60 graduate semester hours in mental health; and

(1) Board-recognized national certification in substance abuse treatment;

(2) If the master's degree was in substance abuse treatment, two years of post-licensure experience in providing substance abuse treatment;

(3) If the master's degree was not in substance abuse treatment, five years of post-licensure experience in substance abuse treatment plus 12 credit hours of didactic training in the substance abuse treatment competencies set forth in 18VAC115-60-70 C; or

(4) Current substance abuse counselor certification in Virginia in good standing or a Virginia substance abuse treatment specialty licensure designation with two years of post-licensure or certification substance abuse treatment experience;

c. Documentation of education and supervised experience that met the requirements of the jurisdiction in which he was initially licensed as verified by an official transcript and a certified copy of the original application materials and evidence of post-licensure clinical practice for ~~five~~ twenty-four of the last ~~six years~~ 60 months immediately preceding his licensure application in Virginia. Clinical practice shall mean the rendering of direct clinical substance abuse treatment services or clinical supervision of such services.

5. Verification of a passing score on a substance abuse licensure examination as established by the jurisdiction in which licensure was obtained. The examination is waived for an applicant who holds a current and unrestricted license as a professional counselor within the Commonwealth of Virginia;

6. Official transcripts documenting the applicant's completion of the education requirements prescribed in 18VAC115-60-60 and 18VAC115-60-70; ~~and~~

7. An affidavit of having read and understood the regulations and laws governing the practice of substance abuse treatment in Virginia; and

8. A current report from the U. S. Department of Health and Human Services Data Bank (NPDB).

B. In lieu of transcripts verifying education and documentation verifying supervised experience, the board may accept verification from the credentials registry of the American Association of State Counseling Boards or any other board-recognized entity.

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.

B. Every applicant for licensure as a substance abuse treatment practitioner by endorsement shall have passed ~~an~~ 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.

~~C.~~ D. A candidate approved by the board to sit for the examination shall ~~take~~ pass the examination within two years from the date of such initial board approval. If the candidate has not ~~taken~~ passed the examination ~~by the end of the two-year period prescribed in this subsection~~ 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. ~~In order to be considered for the examination later, the~~ 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 re-application 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. Applicants who fail the examination twice in succession shall document completion of 45 clock hours of additional education or training acceptable to the board, addressing the areas of deficiency as reported in the examination results prior to obtaining board approval for reexamination.~~

E. 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.

Review Guidance Document 115-1.1: Possible Disciplinary or Alternative Actions For Non-Compliance with Continuing Education Requirements
Revised: May 1, 2015

Virginia Board of Counseling

Possible Disciplinary or Alternative Actions
For
Non-Compliance with Continuing Education Requirements

Revised: May 1, 2015

The Board has adopted the following guidelines for resolution of cases of non-compliance with continuing education requirements:

CAUSE	POSSIBLE ACTION
Short due to unacceptable hours	Confidential Consent Agreement; 30 day make up
Short 1 - 10 hours	Confidential Consent Agreement; 30 day make up
Short 11 - 15 hours	Consent Order; Monetary penalty of $300; 30 day make up
Short 16 - 20 hours	Consent Order; Monetary penalty of $500; 30 day make up
Did not respond to audit request	Informal Fact-Finding Conference

NOTE: In all cases the licensee will be audited the following renewal cycle.

Review Public Comments related to proposed Guidance Document 115-11: Scopes of Practice for Person Regulations by the Board to provide Substance Abuse Treatment

Agenda Item: Review of Guidance documents

Staff Note:

The Board received comment on Guidance Document 115-11. There was no comment that the guidance was "contrary to state law or regulation," but the Board may want to consider the comment and decide whether or not to revise the document.

Included in your agenda package:

Copy of public comment on 115-11

Copy of guidance document adopted at the February meeting

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Logged in as
Elaine J. Yeatts

Agency Department of Health Professions

Board Board of Counseling

Edit Notice

General Notice

Scopes of practice for substance abuse treatment

Date Posted: 2/21/2019

Expiration Date: 4/17/2019

Submitted to Registrar for publication: YES

30 Day Comment Forum closed. Began on 3/18/2019 and ended 4/17/2019 [3 comments]

This document provides guidance on the scopes of practice for persons regulated by the Board to provide Substance Abuse Treatment.

To view the document, refer to Guidance Documents under the Board of Counseling

Contact Information

Name / Title:	Jaime Hoyle / *Executive Director*
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Elaine J. Yeatts

Agency Department of Health Professions

Board Board of Counseling

All good comments for this forum Show Only Flagged

Back to List of Comments

Commenter: Stephen Shearer 4/5/19 5:53 pm

Clarification Paragraph

Comments on: Clarifying Information
The scope of practice for CSACs includes substance abuse counseling with individuals and groups. The Code of Virginia § 54.1-3507.1 indicates that CSACs are "qualified to be responsible for client care of persons with a primary diagnosis of substance abuse or dependence." Providing counseling to persons with a dual diagnosis is outside the scope of practice for CSACs. As such, CSACs cannot provide counseling to persons with a dual diagnosis.

The above Clarification Information states that "CSACs cannot provide counseling to persons with a dual
diagnosis." This is somewhat confusing, since most patients with a "primary diagnosis of substance abuse or dependence," if properly assessed, will also have some type cooccuring disorder. I agree that the CSAC must stay within his/her area of competency of providing appropriate care interventions to persons with a primary diagnosis of substance abuse or dependence, but this will often time occur with a person who is "with a dual diagnosis." If a clarification note is necessary, perhaps it be better to state something like "When counseling or providing other related substance use services to individuals with a primary diagnosis of substance abuse or dependency, if the person with the primary diagnosis of substance abuse or dependency is also dually diagnosed, the CSAC is not permitted to address those clinical areas that are within the individuals dual diagnosis."

It would appear that the term "dual diagnosis" is an outdated term and may be replaced with "cooccuring disorder" as a term. Also, it appears that moving from "substance abuse or dependency" to "use disorder" is a more current term.

Thank you for the opportunity to provide feedback on this this important process of providing clarification to scopes of practice.

Stephen Shearer

LADC, CADC, Certified Clinical Supervisor, Certified Employ Assistance Professional, Certified Professional in Healthcare Quality, Certified Joint Commission Professioinal.

Commenter: Lisa Snider, Loudoun County MHSADS 4/16/19 9:25 pm

Concern with not allowing counseling with dual diagnosis

Agree with the comments/concerns noted by Stephen Shearer related to "Providing counseling to persons with a dual diagnosis is outside the scope of practice for CSACs. As such, CSACs cannot provide counseling to persons with a dual diagnosis".

As stated many individuals with a substance use disorder diagnosis have a co-occurring diagnosis. If CSACs cannot provide counseling for those with a dual or co-occurring diagnosis, this presents individuals seeking substance use disorder treatment with fewer options for seeking counseling. This is a concern and places unnecessary barriers to receiving treatment.

CSACs must stay with his/her competency of providing appropriate interventions related to the individuals' substance abuse disorders. However, CSACs should not be excluded from providing services to those with a co-occurring diagnosis. Recommend the clarification to be changed to "CSACs provide individuals with a primary diagnosis of substance use disorder counseling and other related substance use recovery services. If a person with a primary substance use disorder diagnosis and another co-occurring diagnosis, the CSAC is only permitted to provide services related to the individual's substance abuse disorder diagnosis."

Commenter: Addiction Recovery Systems (ARS) 4/17/19 10:54 am

Concern with Clarifying Information Paragraph

This comment supports the previously noted concerns of Stephen Shearer and Lisa Snider regarding the Board of Counseling's "Clarifying Information" paragraph, stating, in relevant part, that "[p]roviding counseling to persons with a dual diagnosis is outside the scope of practice for CSACs. As such, CSACs cannot provide counseling to persons with a dual diagnosis."

ARS agrees with Mr. Shearer and Ms. Snider that CSACs must provide appropriate intervention services by staying within his/her area of training and competency, and we believe this understanding is consistent with the language of Virginia Code Section 54.1-3507. The code section identifies what a CSAC must be qualified to do. The only express limitation is that they "shall not engage in independent or autonomous practice." Respectfully, we believe an additional limitation that prevents CSACs from providing any services to individuals with a co-occurring diagnosis, as outlined in the clarifying note, exceeds the scope and intent of the statute.

Further, it is well accepted that individuals seeking substance abuse treatment may frequently have a co-occurring diagnosis. We find the Board of Counseling's current interpretation of Virginia Code Section 54.1-3507 to be inconsistent with the national movement of holistic mental health treatment and have concerns that this interpretation may ultimately have the unintended consequence of discouraging or preventing individuals with a co-occurring diagnosis from receiving necessary treatment.

To the extent a clarifying note is necessary, we request that the Board of Counseling consider the following:

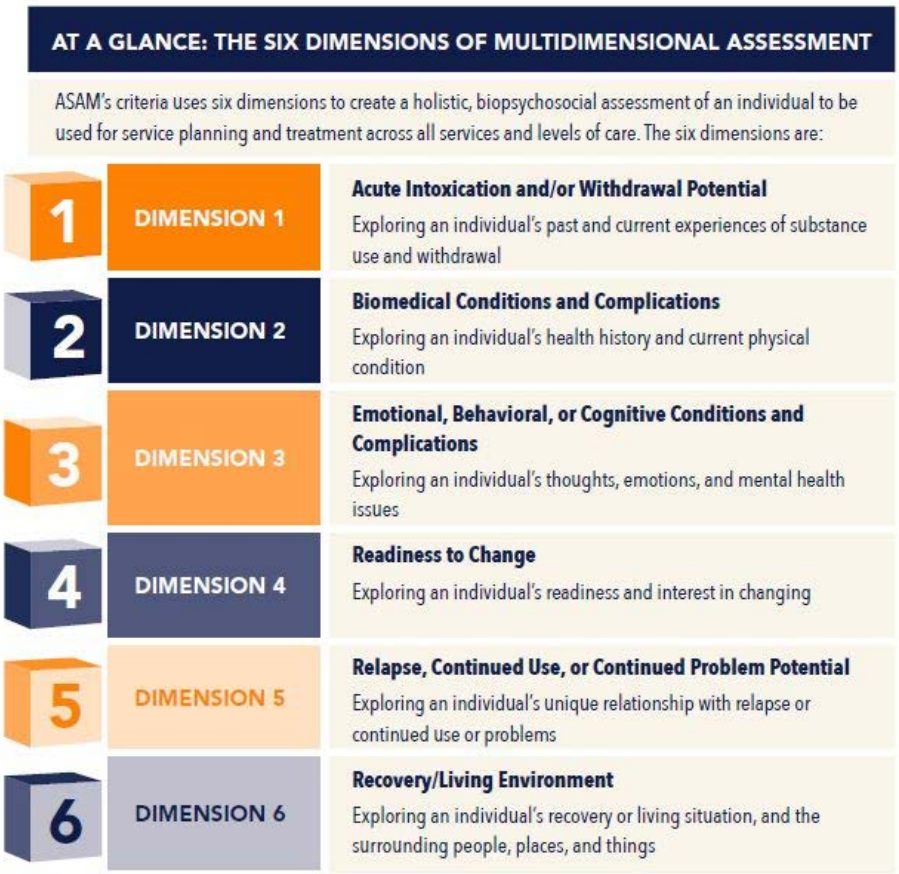
"The Code of Virginia § 54.1-3507.1 indicates that CSACs shall be "qualified to be responsible for client care of persons with a primary diagnosis of substance abuse or treatment." If the person seeking treatment has a co-occurring diagnosis, the CSAC's intervention services shall be limited to substance abuse treatment and appropriate referral activities."

Recommended Changes by DMAS

It has been suggested that the Guidance Document include the distinction between a “Diagnostic Assessment” and the "American Society of Addiction Medicine (ASAM) multidimensional assessment", both of which are required for Medicaid ARTS reimbursement for services. The ASAM multidimensional assessment pertains to the individual's substance use disorder that determines a level of care placement or continuation of care. This is different from the Diagnostic Assessment that would be based on the DSM-V by a licensed practitioner.

CSACs are not able to diagnose but they are capable of assessing the 6 multidimensions of the ASAM Criteria and making "recommendations" for a level of care that would then have to be “signed off” or "approved" by a licensed professional that is supervising the CSAC.

The ASAM multidimensional assessment is below.



Board of Counseling

Scopes of Practice for Persons Regulated by the Board to provide Substance Abuse Treatment

The Code of Virginia § 54.1-3500 defines "counseling" as "the application of principles, standards, and methods of the counseling profession in (i) conducting assessments and diagnoses for the purpose of establishing treatment goals and objectives and (ii) planning, implementing, and evaluating treatment plans using treatment interventions to facilitate human development and to identify and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health."

The Code of Virginia § 54.1-3500 defines "Substance abuse treatment" as "(i) the application of specific knowledge, skills, substance abuse treatment theory, and substance abuse treatment techniques to define goals and develop a treatment plan of action regarding substance abuse or dependence prevention, education, or treatment in the substance abuse or dependence recovery process and (ii) referrals to medical, social services, psychological, psychiatric, or legal resources when such referrals are indicated."

License Required

The Code of Virginia § 54.1-3506 requires a license to engage in the practice of counseling, marriage and family therapy, or the independent practice of substance abuse treatment. The scopes of practice for Licensed Professional Counselors (LPCs) and Licensed Marriage and Family Therapists (LMFTs) include counseling and substance abuse treatment. No other license or certification is required for these licensees to perform these functions.

Scope of Practice for a Licensed Substance Abuse Treatment Practitioner (LSATP)

The scope of practice for a Licensed Substance Abuse Treatment Practitioner (LSATP) is defined in § 54.1-3507, which states that: "A licensed substance abuse treatment practitioner shall be qualified to (i) perform on an independent basis the substance abuse treatment functions of screening, intake, orientation, assessment, treatment planning, treatment, case management, substance abuse or dependence crisis intervention, client education, referral activities, recordkeeping, and consultation with other professionals; (ii) exercise independent professional judgment, based on observations and objective assessments of a client's behavior, to evaluate current functioning, to diagnose and select appropriate remedial treatment for identified problems, and to make appropriate referrals; and (iii) supervise, direct and instruct others who provide substance abuse treatment."

Scope of Practice for a Certified Substance Abuse Counselor (CSAC)

The scope of practice for a Certified Substance Abuse Counselor is defined in § 54.1-3507.1, which states that: "A certified substance abuse counselor shall be (i) qualified to perform, under appropriate supervision or direction, the substance abuse treatment functions of screening, intake, orientation, the administration of substance abuse assessment instruments, recovery and

relapse prevention planning, substance abuse treatment, case management, substance abuse or dependence crisis intervention, client education, referral activities, record keeping, and consultation with other professionals; (ii) qualified to be responsible for client care of persons with a primary diagnosis of substance abuse or dependence; and (iii) qualified to supervise, direct and instruct certified substance abuse counseling assistants. Certified substance abuse counselors shall not engage in independent or autonomous practice. "

Scope of Practice for a Certified Substance Abuse Counselor Assistant (CSAC-A)

The scope of practice for Certified Substance Abuse Counselor Assistants is defined in § 54.1-3507.2, which states that: "A certified substance abuse counseling assistant shall be qualified to perform, under appropriate supervision or direction, the substance abuse treatment functions of orientation, implementation of substance abuse treatment plans, case management, substance abuse or dependence crisis intervention, record keeping, and consultation with other professionals. Certified substance abuse counseling assistants may participate in recovery group discussions, but shall not engage in counseling with either individuals or groups or engage in independent or autonomous practice."

Scope of Practice for a Peer Recovery Specialist

Code of Virginia § 54.1-3500 defines a peer recovery specialist is "a person who by education and experience is professionally qualified in accordance with 12VAC35-20 to provide collaborative services to assist individuals in achieving sustained recovery from the effects of mental illness, addiction, or both. A registered peer recovery specialist (RPRS) shall provide such services as an employee or independent contractor of DBHDS, a provider licensed by DBHDS, a practitioner licensed by or holding a permit issued from the Department of Health Professions, or a facility licensed by the Department of Health."

A peer recovery specialist offers support and assistance in helping others in the recovery and community-integration process.

Clarifying Information

The scope of practice for CSACs includes substance abuse counseling with individuals and groups. The Code of Virginia § 54.1-3507.1 indicates that CSACs are "qualified to be responsible for client care of persons with a primary diagnosis of substance abuse or dependence." Providing counseling to persons with a dual diagnosis is outside the scope of practice for CSACs. As such, CSACs cannot provide counseling to persons with a dual diagnosis.

The Board of Counseling interprets the function of "record keeping" to include the gathering of demographic information. CSAC-As can perform this function as within their scope of practice. However, CSAC-As cannot perform the function of intake or screening. Only a CSAC, LSATP, LPC, or LMFT shall perform these functions.

Scopes of Practice for Persons Regulated by the Board of Counseling to provide Substance Abuse Treatment

	LPC	LMFT	LSATP	CSAC	CSAC-A
Provide Substance Abuse Treatment Independently	yes	yes	yes	No	No
Perform only under supervision of Licensed Mental Health Professional				Yes	Yes
Screening	Yes	Yes	Yes	Yes	No
Intake	Yes	Yes	Yes	Yes	No
Orientation	Yes	Yes	Yes	Yes	Yes
Administration of Substance Abuse Assessment Instruments	Yes	Yes	Yes	Yes	No
Recovery and relapse Prevention Planning	Yes	Yes	Yes	Yes	No
Assessment	Yes	Yes	Yes	No	No
Treatment Planning	Yes	Yes	Yes	Yes	No
Substance Abuse Treatment	Yes	Yes	Yes	Yes	No
Implementation of Substance Abuse Treatment Plans	Yes	Yes	Yes	Yes	Yes
Case Management	Yes	Yes	Yes	Yes	Yes
Substance Abuse or dependence crisis intervention	Yes	Yes	Yes	Yes	Yes
Client Education	Yes	Yes	Yes	Yes	No
Referral Activities	Yes	Yes	Yes	Yes	No
Recordkeeping	Yes	Yes	Yes	Yes	Yes
Consultation with other Professionals	Yes	Yes	Yes	Yes	Yes
Exercise Independent Professional Judgment, to evaluate current functioning	Yes	Yes	Yes	No	No
Exercise Independent Professional Judgment to diagnose and select appropriate remedial treatment for identified problems	Yes	Yes	Yes	No	No
Exercise Independent Professional judgment to make appropriate referrals	Yes	Yes	Yes	No	No
Supervise, Direct and Instruct others who provide Substance Abuse Treatment	Yes	Yes	Yes	Yes (Only CSAC-A's)	No
Provide Independent Substance Abuse Counseling	Yes	Yes	Yes	No	No
Provide counseling to persons with Dual Diagnosis	Yes	Yes	Yes	No	No
Coordinate, Facilitate, Participate in Recovery Group Discussions	Yes	Yes	Yes	Yes	Yes
Lead Recovery Group Discussions	Yes	Yes	Yes	Yes	No
Substance Abuse Counseling with Individuals	Yes	Yes	Yes	Yes	No
Substance Abuse Counseling with Groups	Yes	Yes	Yes	Yes	No

Supervision Requirements for Persons Providing Substance Abuse Treatment Pursuant to Code of Virginia 54.1-3500 et.seq.

	Independent	Authority to Supervise, Direct, or Instruct	Required to be under the Supervision of:
LMHP*	Yes	Yes	Not required
LSATP	Yes	Yes	Not required
LSATP Applicant	No (Must practice under supervision)	No	LSATP or LMHP
CSAC	No (Must practice under supervision)	Only CSAC-As and CSAC Applicants	LSATP or LMHP
CSAC Applicant	No (Must practice under supervision)	No	LSATP, LMHP, or CSAC
CSAC-A	No (Must practice under supervision)	No	LSATP, LMHP, or CSAC
CSAC-A Applicant	No (Must practice under supervision)	No	LSATP, LMHP, or CSAC

*LMHP means a Licensed Mental Health Provider and includes Licensed Professional Counselors (LPCs), Licensed Marriage and Family Therapists (LMFTs), Licensed Clinical Psychologists (LCPs), and Licensed Clinical Social Workers (LCSWs)

Virginia Code

§ 32.1-127.1:03.F

Health Records Privacy

§ 32.1-127.1:03. Health records privacy

A. There is hereby recognized an individual's right of privacy in the content of his health records. Health records are the property of the health care entity maintaining them, and, except when permitted or required by this section or by other provisions of state law, no health care entity, or other person working in a health care setting, may disclose an individual's health records.

Pursuant to this subsection:

1. Health care entities shall disclose health records to the individual who is the subject of the health record, except as provided in subsections E and F and subsection B of § 8.01-413.

2. Health records shall not be removed from the premises where they are maintained without the approval of the health care entity that maintains such health records, except in accordance with a court order or subpoena consistent with subsection C of § 8.01-413 or with this section or in accordance with the regulations relating to change of ownership of health records promulgated by a health regulatory board established in Title 54.1.

3. No person to whom health records are disclosed shall redisclose or otherwise reveal the health records of an individual, beyond the purpose for which such disclosure was made, without first obtaining the individual's specific authorization to such redisclosure. This redisclosure prohibition shall not, however, prevent (i) any health care entity that receives health records from another health care entity from making subsequent disclosures as permitted under this section and the federal Department of Health and Human Services regulations relating to privacy of the electronic transmission of data and protected health information promulgated by the United States Department of Health and Human Services as required by the Health Insurance Portability and Accountability Act (HIPAA)(42 U.S.C. § 1320d et seq.) or (ii) any health care entity from furnishing health records and aggregate or other data, from which individually identifying prescription information has been removed, encoded or encrypted, to qualified researchers, including, but not limited to, pharmaceutical manufacturers and their agents or contractors, for purposes of clinical, pharmaco-epidemiological, pharmaco-economic, or other health services research.

4. Health care entities shall, upon the request of the individual who is the subject of the health record, disclose health records to other health care entities, in any available format of the requester's choosing, as provided in subsection E.

B. As used in this section:

"Agent" means a person who has been appointed as an individual's agent under a power of attorney for health care or an advance directive under the Health Care Decisions Act (§ 54.1-2981 et seq.).

"Certification" means a written representation that is delivered by hand, by first-class mail, by overnight delivery service, or by facsimile if the sender obtains a facsimile-machine-generated confirmation reflecting that all facsimile pages were successfully transmitted.

"Guardian" means a court-appointed guardian of the person.

"Health care clearinghouse" means, consistent with the definition set out in 45 C.F.R. § 160.103, a public or private entity, such as a billing service, repricing company, community health management information system or community health information system, and "value-added" networks and switches, that performs either of the following functions: (i) processes or facilitates the processing of health information received from another entity in a nonstandard format or containing nonstandard data content into standard data elements or a standard transaction; or (ii) receives a standard transaction from another entity and processes or facilitates the processing of health information into nonstandard format or nonstandard data content for the receiving entity.

"Health care entity" means any health care provider, health plan or health care clearinghouse.

"Health care provider" means those entities listed in the definition of "health care provider" in § 8.01-581.1, except that state-operated facilities shall also be considered health care providers for the purposes of this section. Health care provider shall also include all persons who are licensed, certified, registered or permitted or who hold a multistate licensure privilege issued by any of the health regulatory boards within the Department of Health Professions, except persons regulated by the Board of Funeral Directors and Embalmers or the Board of Veterinary Medicine.

"Health plan" means an individual or group plan that provides, or pays the cost of, medical care. "Health plan" includes any entity included in such definition as set out in 45 C.F.R. § 160.103.

"Health record" means any written, printed or electronically recorded material maintained by a health care entity in the course of providing health services to an individual concerning the individual and the services provided. "Health record" also includes the substance of any communication made by an individual to a health care entity in confidence during or in connection with the provision of health services or information otherwise acquired by the health care entity about an individual in confidence and in connection with the provision of health services to the individual.

"Health services" means, but shall not be limited to, examination, diagnosis, evaluation, treatment, pharmaceuticals, aftercare, habilitation or rehabilitation and mental health therapy of any kind, as well as payment or reimbursement for any such services.

"Individual" means a patient who is receiving or has received health services from a health care entity.

"Individually identifying prescription information" means all prescriptions, drug orders or any other prescription information that specifically identifies an individual.

"Parent" means a biological, adoptive or foster parent.

"Psychotherapy notes" means comments, recorded in any medium by a health care provider who is a mental health professional, documenting or analyzing the contents of conversation during a private counseling session with an individual or a group, joint, or family counseling session that are separated from the rest of the individual's health record. "Psychotherapy notes" does not include annotations relating to medication and prescription monitoring, counseling session start and stop times, treatment modalities and frequencies, clinical test results, or any summary of any symptoms, diagnosis, prognosis, functional status, treatment plan, or the individual's progress to date.

C. The provisions of this section shall not apply to any of the following:

1. The status of and release of information governed by §§ 65.2-604 and 65.2-607 of the Virginia Workers' Compensation Act;

2. Except where specifically provided herein, the health records of minors;

3. The release of juvenile health records to a secure facility or a shelter care facility pursuant to § 16.1-248.3;or

4. The release of health records to a state correctional facility pursuant to § 53.1-40.10 or a local or regional correctional facility pursuant to § 53.1-133.03.

D. Health care entities may, and, when required by other provisions of state law, shall, disclose health records:

1. As set forth in subsection E, pursuant to the written authorization of (i) the individual or (ii) in the case of a minor, (a) his custodial parent, guardian or other person authorized to consent to treatment of minors pursuant to § 54.1-2969 or (b) the minor himself, if he has consented to his own treatment pursuant to § 54.1-2969, or (iii) in emergency cases or situations where it is impractical to obtain an individual's written authorization, pursuant to the individual's oral authorization for a health care provider or health plan to discuss the individual's health records with a third party specified by the individual;

2. In compliance with a subpoena issued in accord with subsection H, pursuant to a search warrant or a grand jury subpoena, pursuant to court order upon good cause shown or in compliance with a subpoena issued pursuant to subsection C of § 8.01-413. Regardless of the manner by which health records relating to an individual are compelled to be disclosed pursuant to this subdivision, nothing in this subdivision shall be construed to prohibit any staff or employee of a health care entity from providing information about such individual to a law-enforcement officer in connection with such subpoena, search warrant, or court order;

3. In accord with subsection F of § 8.01-399 including, but not limited to, situations where disclosure is reasonably necessary to establish or collect a fee or to defend a health care entity or the health care entity's employees or staff against any accusation of wrongful conduct; also as required in the course of an investigation, audit, review or proceedings regarding a health care entity's conduct by a duly authorized law-enforcement, licensure, accreditation, or professional review entity;

4. In testimony in accordance with §§ 8.01-399 and 8.01-400.2;

5. In compliance with the provisions of § 8.01-413;

6. As required or authorized by law relating to public health activities, health oversight activities, serious threats to health or safety, or abuse, neglect or domestic violence, relating to contagious disease, public safety, and suspected child or adult abuse reporting requirements, including, but not limited to, those contained in §§ 16.1-248.3, 32.1-36, 32.1-36.1, 32.1-40, 32.1-41, 32.1-127.1:04, 32.1-276.5, 32.1-283, 32.1-283.1, 32.1-320, 37.2-710, 37.2-839, 53.1-40.10, 53.1-133.03, 54.1-2400.6, 54.1-2400.7, 54.1-2400.9, 54.1-2403.3, 54.1-2506, 54.1-2966, 54.1-2967, 54.1-2968, 54.1-3408.2, 63.2-1509, and 63.2-1606;

7. Where necessary in connection with the care of the individual;

8. In connection with the health care entity's own health care operations or the health care operations of another health care entity, as specified in 45 C.F.R. § 164.501, or in the normal course of business in accordance with accepted standards of practice within the health services setting; however, the maintenance, storage, and disclosure of the mass of prescription dispensing records maintained in a pharmacy registered or permitted in Virginia shall only be accomplished in compliance with §§ 54.1-3410, 54.1-3411, and 54.1-3412;

9. When the individual has waived his right to the privacy of the health records;

10. When examination and evaluation of an individual are undertaken pursuant to judicial or administrative law order, but only to the extent as required by such order;

11. To the guardian ad litem and any attorney representing the respondent in the course of a guardianship proceeding of an adult patient who is the respondent in a proceeding under Chapter 20 (§ 64.2-2000 et seq.) of Title 64.2;

12. To the guardian ad litem and any attorney appointed by the court to represent an individual who is or has been a patient who is the subject of a commitment proceeding under § 19.2-169.6, Article 5 (§ 37.2-814 et seq.) of Chapter 8 of Title 37.2, Article 16 (§ 16.1-335 et seq.) of Chapter 11 of Title 16.1, or a judicial authorization for treatment proceeding pursuant to Chapter 11 (§ 37.2-1100 et seq.) of Title 37.2;

13. To a magistrate, the court, the evaluator or examiner required under Article 16 (§ 16.1-335 et seq.) of Chapter 11 of Title 16.1 or § 37.2-815, a community services board or behavioral health authority or a designee of a community services board or behavioral health authority, or a law-enforcement officer participating in any proceeding under Article 16 (§ 16.1-335 et seq.) of Chapter 11 of Title 16.1, § 19.2-169.6, or Chapter 8 (§ 37.2-800 et seq.) of Title 37.2 regarding the subject of the proceeding, and to any health care provider evaluating or providing services to the person who is the subject of the proceeding or monitoring the person's adherence to a treatment plan ordered under those provisions. Health records disclosed to a law-enforcement officer shall be limited to information necessary to protect the officer, the person, or the public from physical injury or to address the health care needs of the person. Information disclosed to a law-enforcement officer shall not be used for any other purpose, disclosed to others, or retained;

14. To the attorney and/or guardian ad litem of a minor who represents such minor in any judicial or administrative proceeding, if the court or administrative hearing officer has entered an order granting the attorney or guardian ad litem this right and such attorney or guardian ad litem presents evidence to the health care entity of such order;

15. With regard to the Court-Appointed Special Advocate (CASA) program, a minor's health records in accord with § 9.1-156;

16. To an agent appointed under an individual's power of attorney or to an agent or decision maker designated in an individual's advance directive for health care or for decisions on anatomical gifts and organ, tissue or eye donation or to any other person consistent with the provisions of the Health Care Decisions Act (§ 54.1-2981 et seq.);

17. To third-party payors and their agents for purposes of reimbursement;

18. As is necessary to support an application for receipt of health care benefits from a governmental agency or as required by an authorized governmental agency reviewing such

application or reviewing benefits already provided or as necessary to the coordination of prevention and control of disease, injury, or disability and delivery of such health care benefits pursuant to § 32.1-127.1:04;

19. Upon the sale of a medical practice as provided in § 54.1-2405;or upon a change of ownership or closing of a pharmacy pursuant to regulations of the Board of Pharmacy;

20. In accord with subsection B of § 54.1-2400.1, to communicate an individual's specific and immediate threat to cause serious bodily injury or death of an identified or readily identifiable person;

21. Where necessary in connection with the implementation of a hospital's routine contact process for organ donation pursuant to subdivision B 4 of § 32.1-127;

22. In the case of substance abuse records, when permitted by and in conformity with requirements of federal law found in 42 U.S.C. § 290dd-2 and 42 C.F.R. Part 2;

23. In connection with the work of any entity established as set forth in § 8.01-581.16 to evaluate the adequacy or quality of professional services or the competency and qualifications for professional staff privileges;

24. If the health records are those of a deceased or mentally incapacitated individual to the personal representative or executor of the deceased individual or the legal guardian or committee of the incompetent or incapacitated individual or if there is no personal representative, executor, legal guardian or committee appointed, to the following persons in the following order of priority: a spouse, an adult son or daughter, either parent, an adult brother or sister, or any other relative of the deceased individual in order of blood relationship;

25. For the purpose of conducting record reviews of inpatient hospital deaths to promote identification of all potential organ, eye, and tissue donors in conformance with the requirements of applicable federal law and regulations, including 42 C.F.R. § 482.45, (i) to the health care provider's designated organ procurement organization certified by the United States Health Care Financing Administration and (ii) to any eye bank or tissue bank in Virginia certified by the Eye Bank Association of America or the American Association of Tissue Banks;

26. To the Office of the State Inspector General pursuant to Chapter 3.2 (§ 2.2-307 et seq.) of Title 2.2;

27. To an entity participating in the activities of a local health partnership authority established pursuant to Article 6.1 (§ 32.1-122.10:001 et seq.) of Chapter 4, pursuant to subdivision 1;

28. To law-enforcement officials by each licensed emergency medical services agency, (i) when the individual is the victim of a crime or (ii) when the individual has been arrested and has received emergency medical services or has refused emergency medical services and the health records consist of the prehospital patient care report required by § 32.1-116.1;

29. To law-enforcement officials, in response to their request, for the purpose of identifying or locating a suspect, fugitive, person required to register pursuant to § 9.1-901 of the Sex Offender and Crimes Against Minors Registry Act, material witness, or missing person, provided that only the following information may be disclosed: (i) name and address of the person, (ii) date and place of birth of the person, (iii) social security number of the person, (iv) blood type of the person, (v) date and time of treatment received by the person, (vi) date and time of death of the

person, where applicable, (vii) description of distinguishing physical characteristics of the person, and (viii) type of injury sustained by the person;

30. To law-enforcement officials regarding the death of an individual for the purpose of alerting law enforcement of the death if the health care entity has a suspicion that such death may have resulted from criminal conduct;

31. To law-enforcement officials if the health care entity believes in good faith that the information disclosed constitutes evidence of a crime that occurred on its premises;

32. To the State Health Commissioner pursuant to § 32.1-48.015 when such records are those of a person or persons who are subject to an order of quarantine or an order of isolation pursuant to Article 3.02 (§ 32.1-48.05 et seq.) of Chapter 2;

33. To the Commissioner of the Department of Labor and Industry or his designee by each licensed emergency medical services agency when the records consist of the prehospital patient care report required by § 32.1-116.1 and the patient has suffered an injury or death on a work site while performing duties or tasks that are within the scope of his employment;

34. To notify a family member or personal representative of an individual who is the subject of a proceeding pursuant to Article 16 (§ 16.1-335 et seq.) of Chapter 11 of Title 16.1 or Chapter 8 (§ 37.2-800 et seq.) of Title 37.2 of information that is directly relevant to such person's involvement with the individual's health care, which may include the individual's location and general condition, when the individual has the capacity to make health care decisions and (i) the individual has agreed to the notification, (ii) the individual has been provided an opportunity to object to the notification and does not express an objection, or (iii) the health care provider can, on the basis of his professional judgment, reasonably infer from the circumstances that the individual does not object to the notification. If the opportunity to agree or object to the notification cannot practicably be provided because of the individual's incapacity or an emergency circumstance, the health care provider may notify a family member or personal representative of the individual of information that is directly relevant to such person's involvement with the individual's health care, which may include the individual's location and general condition if the health care provider, in the exercise of his professional judgment, determines that the notification is in the best interests of the individual. Such notification shall not be made if the provider has actual knowledge the family member or personal representative is currently prohibited by court order from contacting the individual;

35. To a threat assessment team established by a local school board pursuant to § 22.1-79.4, by a public institution of higher education pursuant to § 23.1-805, or by a private nonprofit institution of higher education; and

36. To a regional emergency medical services council pursuant to § 32.1-116.1, for purposes limited to monitoring and improving the quality of emergency medical services pursuant to § 32.1-111.3.

Notwithstanding the provisions of subdivisions 1 through 35, a health care entity shall obtain an individual's written authorization for any disclosure of psychotherapy notes, except when disclosure by the health care entity is (i) for its own training programs in which students, trainees, or practitioners in mental health are being taught under supervision to practice or to improve their skills in group, joint, family, or individual counseling; (ii) to defend itself or its employees or staff against any accusation of wrongful conduct; (iii) in the discharge of the duty,

in accordance with subsection B of § 54.1-2400.1, to take precautions to protect third parties from violent behavior or other serious harm; (iv) required in the course of an investigation, audit, review, or proceeding regarding a health care entity's conduct by a duly authorized law-enforcement, licensure, accreditation, or professional review entity; or (v) otherwise required by law.

E. Health care records required to be disclosed pursuant to this section shall be made available electronically only to the extent and in the manner authorized by the federal Health Information Technology for Economic and Clinical Health Act (P.L. 111-5) and implementing regulations and the Health Insurance Portability and Accountability Act (42 U.S.C. § 1320d et seq.) and implementing regulations. Notwithstanding any other provision to the contrary, a health care entity shall not be required to provide records in an electronic format requested if (i) the electronic format is not reasonably available without additional cost to the health care entity, (ii) the records would be subject to modification in the format requested, or (iii) the health care entity determines that the integrity of the records could be compromised in the electronic format requested. Requests for copies of or electronic access to health records shall (a) be in writing, dated and signed by the requester; (b) identify the nature of the information requested; and (c) include evidence of the authority of the requester to receive such copies or access such records, and identification of the person to whom the information is to be disclosed; and (d) specify whether the requester would like the records in electronic format, if available, or in paper format. The health care entity shall accept a photocopy, facsimile, or other copy of the original signed by the requester as if it were an original. Within 30 days of receipt of a request for copies of or electronic access to health records, the health care entity shall do one of the following: (1) furnish such copies of or allow electronic access to the requested health records to any requester authorized to receive them in electronic format if so requested; (2) inform the requester if the information does not exist or cannot be found; (3) if the health care entity does not maintain a record of the information, so inform the requester and provide the name and address, if known, of the health care entity who maintains the record; or (4) deny the request (A) under subsection F, (B) on the grounds that the requester has not established his authority to receive such health records or proof of his identity, or (C) as otherwise provided by law. Procedures set forth in this section shall apply only to requests for health records not specifically governed by other provisions of state law.

F. Except as provided in subsection B of § 8.01-413, copies of or electronic access to an individual's health records shall not be furnished to such individual or anyone authorized to act on the individual's behalf when the individual's treating physician or the individual's treating clinical psychologist has made a part of the individual's record a written statement that, in the exercise of his professional judgment, the furnishing to or review by the individual of such health records would be reasonably likely to endanger the life or physical safety of the individual or another person, or that such health record makes reference to a person other than a health care provider and the access requested would be reasonably likely to cause substantial harm to such referenced person. If any health care entity denies a request for copies of or electronic access to health records based on such statement, the health care entity shall inform the individual of the individual's right to designate, in writing, at his own expense, another reviewing physician or clinical psychologist, whose licensure, training and experience relative to the individual's condition are at least equivalent to that of the physician or clinical psychologist upon whose opinion the denial is based. The designated reviewing physician or clinical psychologist shall make a judgment as to whether to make the health record available to the individual.

The health care entity denying the request shall also inform the individual of the individual's right to request in writing that such health care entity designate, at its own expense, a physician or clinical psychologist, whose licensure, training, and experience relative to the individual's condition are at least equivalent to that of the physician or clinical psychologist upon whose professional judgment the denial is based and who did not participate in the original decision to deny the health records, who shall make a judgment as to whether to make the health record available to the individual. The health care entity shall comply with the judgment of the reviewing physician or clinical psychologist. The health care entity shall permit copying and examination of the health record by such other physician or clinical psychologist designated by either the individual at his own expense or by the health care entity at its expense.

Any health record copied for review by any such designated physician or clinical psychologist shall be accompanied by a statement from the custodian of the health record that the individual's treating physician or clinical psychologist determined that the individual's review of his health record would be reasonably likely to endanger the life or physical safety of the individual or would be reasonably likely to cause substantial harm to a person referenced in the health record who is not a health care provider.

Further, nothing herein shall be construed as giving, or interpreted to bestow the right to receive copies of, or otherwise obtain access to, psychotherapy notes to any individual or any person authorized to act on his behalf.

G. A written authorization to allow release of an individual's health records shall substantially include the following information:

AUTHORIZATION TO RELEASE CONFIDENTIAL HEALTH RECORDS

Individual's Name _____

Health Care Entity's Name _____

Person, Agency, or Health Care Entity to whom disclosure is to be made

_____

Information or Health Records to be disclosed

_____

Purpose of Disclosure or at the Request of the Individual

_____

As the person signing this authorization, I understand that I am giving my permission to the above-named health care entity for disclosure of confidential health records. I understand that the health care entity may not condition treatment or payment on my willingness to sign this authorization unless the specific circumstances under which such conditioning is permitted by law are applicable and are set forth in this authorization. I also understand that I have the right to revoke this authorization at any time, but that my revocation is not effective until delivered in writing to the person who is in possession of my health records and is not effective as to health records already disclosed under this authorization. A copy of this authorization and a notation concerning the persons or agencies to whom disclosure was made shall be included with my original health records. I understand that health information disclosed under this authorization

might be redisclosed by a recipient and may, as a result of such disclosure, no longer be protected to the same extent as such health information was protected by law while solely in the possession of the health care entity.

This authorization expires on (date) or (event) _____

Signature of Individual or Individual's Legal Representative if Individual is Unable to Sign

_____

Relationship or Authority of Legal Representative

_____

Date of Signature _____

H. Pursuant to this subsection:

1. Unless excepted from these provisions in subdivision 9, no party to a civil, criminal or administrative action or proceeding shall request the issuance of a subpoena duces tecum for another party's health records or cause a subpoena duces tecum to be issued by an attorney unless a copy of the request for the subpoena or a copy of the attorney-issued subpoena is provided to the other party's counsel or to the other party if pro se, simultaneously with filing the request or issuance of the subpoena. No party to an action or proceeding shall request or cause the issuance of a subpoena duces tecum for the health records of a nonparty witness unless a copy of the request for the subpoena or a copy of the attorney-issued subpoena is provided to the nonparty witness simultaneously with filing the request or issuance of the attorney-issued subpoena.

No subpoena duces tecum for health records shall set a return date earlier than 15 days from the date of the subpoena except by order of a court or administrative agency for good cause shown. When a court or administrative agency directs that health records be disclosed pursuant to a subpoena duces tecum earlier than 15 days from the date of the subpoena, a copy of the order shall accompany the subpoena.

Any party requesting a subpoena duces tecum for health records or on whose behalf the subpoena duces tecum is being issued shall have the duty to determine whether the individual whose health records are being sought is pro se or a nonparty.

In instances where health records being subpoenaed are those of a pro se party or nonparty witness, the party requesting or issuing the subpoena shall deliver to the pro se party or nonparty witness together with the copy of the request for subpoena, or a copy of the subpoena in the case of an attorney-issued subpoena, a statement informing them of their rights and remedies. The statement shall include the following language and the heading shall be in boldface capital letters:

NOTICE TO INDIVIDUAL

The attached document means that (insert name of party requesting or causing issuance of the subpoena) has either asked the court or administrative agency to issue a subpoena or a subpoena has been issued by the other party's attorney to your doctor, other health care providers (names of health care providers inserted here) or other health care entity (name of health care entity to be inserted here) requiring them to produce your health records. Your doctor, other health care

provider or other health care entity is required to respond by providing a copy of your health records. If you believe your health records should not be disclosed and object to their disclosure, you have the right to file a motion with the clerk of the court or the administrative agency to quash the subpoena. If you elect to file a motion to quash, such motion must be filed within 15 days of the date of the request or of the attorney-issued subpoena. You may contact the clerk's office or the administrative agency to determine the requirements that must be satisfied when filing a motion to quash and you may elect to contact an attorney to represent your interest. If you elect to file a motion to quash, you must notify your doctor, other health care provider(s), or other health care entity, that you are filing the motion so that the health care provider or health care entity knows to send the health records to the clerk of court or administrative agency in a sealed envelope or package for safekeeping while your motion is decided.

2. Any party filing a request for a subpoena duces tecum or causing such a subpoena to be issued for an individual's health records shall include a Notice in the same part of the request in which the recipient of the subpoena duces tecum is directed where and when to return the health records. Such notice shall be in boldface capital letters and shall include the following language:

NOTICE TO HEALTH CARE ENTITIES

A COPY OF THIS SUBPOENA DUCES TECUM HAS BEEN PROVIDED TO THE INDIVIDUAL WHOSE HEALTH RECORDS ARE BEING REQUESTED OR HIS COUNSEL. YOU OR THAT INDIVIDUAL HAS THE RIGHT TO FILE A MOTION TO QUASH (OBJECT TO) THE ATTACHED SUBPOENA. IF YOU ELECT TO FILE A MOTION TO QUASH, YOU MUST FILE THE MOTION WITHIN 15 DAYS OF THE DATE OF THIS SUBPOENA.

YOU MUST NOT RESPOND TO THIS SUBPOENA UNTIL YOU HAVE RECEIVED WRITTEN CERTIFICATION FROM THE PARTY ON WHOSE BEHALF THE SUBPOENA WAS ISSUED THAT THE TIME FOR FILING A MOTION TO QUASH HAS ELAPSED AND THAT:

NO MOTION TO QUASH WAS FILED; OR

ANY MOTION TO QUASH HAS BEEN RESOLVED BY THE COURT OR THE ADMINISTRATIVE AGENCY AND THE DISCLOSURES SOUGHT ARE CONSISTENT WITH SUCH RESOLUTION.

IF YOU RECEIVE NOTICE THAT THE INDIVIDUAL WHOSE HEALTH RECORDS ARE BEING REQUESTED HAS FILED A MOTION TO QUASH THIS SUBPOENA, OR IF YOU FILE A MOTION TO QUASH THIS SUBPOENA, YOU MUST SEND THE HEALTH RECORDS ONLY TO THE CLERK OF THE COURT OR ADMINISTRATIVE AGENCY THAT ISSUED THE SUBPOENA OR IN WHICH THE ACTION IS PENDING AS SHOWN ON THE SUBPOENA USING THE FOLLOWING PROCEDURE:

PLACE THE HEALTH RECORDS IN A SEALED ENVELOPE AND ATTACH TO THE SEALED ENVELOPE A COVER LETTER TO THE CLERK OF COURT OR ADMINISTRATIVE AGENCY WHICH STATES THAT CONFIDENTIAL HEALTH RECORDS ARE ENCLOSED AND ARE TO BE HELD UNDER SEAL PENDING A RULING ON THE MOTION TO QUASH THE SUBPOENA. THE SEALED ENVELOPE AND THE COVER LETTER SHALL BE PLACED IN AN OUTER ENVELOPE OR PACKAGE FOR TRANSMITTAL TO THE COURT OR ADMINISTRATIVE AGENCY.

3. Upon receiving a valid subpoena duces tecum for health records, health care entities shall have the duty to respond to the subpoena in accordance with the provisions of subdivisions 4, 5, 6, 7, and 8.

4. Except to deliver to a clerk of the court or administrative agency subpoenaed health records in a sealed envelope as set forth, health care entities shall not respond to a subpoena duces tecum for such health records until they have received a certification as set forth in subdivision 5 or 8 from the party on whose behalf the subpoena duces tecum was issued.

If the health care entity has actual receipt of notice that a motion to quash the subpoena has been filed or if the health care entity files a motion to quash the subpoena for health records, then the health care entity shall produce the health records, in a securely sealed envelope, to the clerk of the court or administrative agency issuing the subpoena or in whose court or administrative agency the action is pending. The court or administrative agency shall place the health records under seal until a determination is made regarding the motion to quash. The securely sealed envelope shall only be opened on order of the judge or administrative agency. In the event the court or administrative agency grants the motion to quash, the health records shall be returned to the health care entity in the same sealed envelope in which they were delivered to the court or administrative agency. In the event that a judge or administrative agency orders the sealed envelope to be opened to review the health records in camera, a copy of the order shall accompany any health records returned to the health care entity. The health records returned to the health care entity shall be in a securely sealed envelope.

5. If no motion to quash is filed within 15 days of the date of the request or of the attorney-issued subpoena, the party on whose behalf the subpoena was issued shall have the duty to certify to the subpoenaed health care entity that the time for filing a motion to quash has elapsed and that no motion to quash was filed. Any health care entity receiving such certification shall have the duty to comply with the subpoena duces tecum by returning the specified health records by either the return date on the subpoena or five days after receipt of the certification, whichever is later.

6. In the event that the individual whose health records are being sought files a motion to quash the subpoena, the court or administrative agency shall decide whether good cause has been shown by the discovering party to compel disclosure of the individual's health records over the individual's objections. In determining whether good cause has been shown, the court or administrative agency shall consider (i) the particular purpose for which the information was collected; (ii) the degree to which the disclosure of the records would embarrass, injure, or invade the privacy of the individual; (iii) the effect of the disclosure on the individual's future health care; (iv) the importance of the information to the lawsuit or proceeding; and (v) any other relevant factor.

7. Concurrent with the court or administrative agency's resolution of a motion to quash, if subpoenaed health records have been submitted by a health care entity to the court or administrative agency in a sealed envelope, the court or administrative agency shall: (i) upon determining that no submitted health records should be disclosed, return all submitted health records to the health care entity in a sealed envelope; (ii) upon determining that all submitted health records should be disclosed, provide all the submitted health records to the party on whose behalf the subpoena was issued; or (iii) upon determining that only a portion of the submitted health records should be disclosed, provide such portion to the party on whose behalf the subpoena was issued and return the remaining health records to the health care entity in a sealed envelope.

8. Following the court or administrative agency's resolution of a motion to quash, the party on whose behalf the subpoena duces tecum was issued shall have the duty to certify in writing to the subpoenaed health care entity a statement of one of the following:

a. All filed motions to quash have been resolved by the court or administrative agency and the disclosures sought in the subpoena duces tecum are consistent with such resolution; and, therefore, the health records previously delivered in a sealed envelope to the clerk of the court or administrative agency will not be returned to the health care entity;

b. All filed motions to quash have been resolved by the court or administrative agency and the disclosures sought in the subpoena duces tecum are consistent with such resolution and that, since no health records have previously been delivered to the court or administrative agency by the health care entity, the health care entity shall comply with the subpoena duces tecum by returning the health records designated in the subpoena by the return date on the subpoena or five days after receipt of certification, whichever is later;

c. All filed motions to quash have been resolved by the court or administrative agency and the disclosures sought in the subpoena duces tecum are not consistent with such resolution; therefore, no health records shall be disclosed and all health records previously delivered in a sealed envelope to the clerk of the court or administrative agency will be returned to the health care entity;

d. All filed motions to quash have been resolved by the court or administrative agency and the disclosures sought in the subpoena duces tecum are not consistent with such resolution and that only limited disclosure has been authorized. The certification shall state that only the portion of the health records as set forth in the certification, consistent with the court or administrative agency's ruling, shall be disclosed. The certification shall also state that health records that were previously delivered to the court or administrative agency for which disclosure has been authorized will not be returned to the health care entity; however, all health records for which disclosure has not been authorized will be returned to the health care entity; or

e. All filed motions to quash have been resolved by the court or administrative agency and the disclosures sought in the subpoena duces tecum are not consistent with such resolution and, since no health records have previously been delivered to the court or administrative agency by the health care entity, the health care entity shall return only those health records specified in the certification, consistent with the court or administrative agency's ruling, by the return date on the subpoena or five days after receipt of the certification, whichever is later.

A copy of the court or administrative agency's ruling shall accompany any certification made pursuant to this subdivision.

9. The provisions of this subsection have no application to subpoenas for health records requested under § 8.01-413, or issued by a duly authorized administrative agency conducting an investigation, audit, review or proceedings regarding a health care entity's conduct.

The provisions of this subsection shall apply to subpoenas for the health records of both minors and adults.

Nothing in this subsection shall have any effect on the existing authority of a court or administrative agency to issue a protective order regarding health records, including, but not limited to, ordering the return of health records to a health care entity, after the period for filing a motion to quash has passed.

A subpoena for substance abuse records must conform to the requirements of federal law found in 42 C.F.R. Part 2, Subpart E.

I. Health care entities may testify about the health records of an individual in compliance with §§ 8.01-399 and 8.01-400.2.

J. If an individual requests a copy of his health record from a health care entity, the health care entity may impose a reasonable cost-based fee, which shall include only the cost of supplies for and labor of copying the requested information, postage when the individual requests that such information be mailed, and preparation of an explanation or summary of such information as agreed to by the individual. For the purposes of this section, "individual" shall subsume a person with authority to act on behalf of the individual who is the subject of the health record in making decisions related to his health care.

K. Nothing in this section shall prohibit a health care provider who prescribes or dispenses a controlled substance required to be reported to the Prescription Monitoring Program established pursuant to Chapter 25.2 (§ 54.1-2519 et seq.) of Title 54.1 to a patient from disclosing information obtained from the Prescription Monitoring Program and contained in a patient's health care record to another health care provider when such disclosure is related to the care or treatment of the patient who is the subject of the record.

1997, c. 682;1998, c. 470;1999, cc. 812, 956, 1010;2000, cc. 810, 813, 923, 927;2001, c. 671;2002, cc. 568, 658, 835, 860;2003, cc. 471, 907, 983;2004, cc. 49, 64, 65, 66, 67, 163, 773, 1014, 1021; 2005, cc. 39, 101, 642, 697;2006, c. 433;2007, c. 497;2008, cc. 315, 782, 850, 870;2009, cc. 606, 651 , 813, 840;2010, cc. 185, 340, 406, 456, 524, 778, 825;2011, cc. 499, 668, 798, 812, 844, 871;2012, cc. 386, 402, 479;2016, c. 554;2017, cc. 457, 712, 720;2018, c. 165.

The chapters of the acts of assembly referenced in the historical citation at the end of this section may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

Credential Appeal Process FAQs

Credential Appeals FAQ's

I received a letter of ineligibility advising that board staff is unable to approve my application. What does this mean?

Board staff is only authorized to approve applications that clearly meet the requirements in the regulations governing practice. If staff is unable to make a determination regarding your degree, coursework, experience, criminal history, etc., you will receive a letter detailing the specific reasons that your application was not approved and your right to appeal the decision to an informal conference before a committee of the board.

Am I required to appeal this decision to an informal conference in order to keep my application open?

No. Your application is valid for one year from the date it was originally received by the board. Therefore, you have one year to provide additional information indicating that you have met the requirements or appeal the matter to an informal conference. Some deficiencies can be resolved within a year (e.g., missing coursework) by providing additional information or completing the missing requirements. If you plan to complete the missing requirements within a year, it is not necessary to appeal staff's decision. However, if you feel that you have met all of the requirements and you cannot otherwise satisfy the missing requirements within a year, you have the option to appeal the decision. Please keep in mind the timeframe for appeals when making your decision.

What happens if I don't appeal?

If you do not appeal the letter of ineligibility, and you do not provide additional information to satisfy the requirements, your application will expire one year from the date it was received by board staff. If your application expires, you can reapply with the board.

If I appeal the decision, when will I be scheduled for an informal conference?

The timeframe to appear at an informal conference varies. In some cases, we may be required to complete an investigation, which will delay the matter further. The time to process the case for an informal conference also depends on the amount of cases waiting to be heard by the committee. In general, this process can take approximately nine months to a year from the time you appeal to the date of the informal conference.

I don't want to appeal my case but I want the board to consider a general change in regulations. What are my options?

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. The petition can be found on the board's website at https://www.dhp.virginia.gov/counseling/counseling_laws_regs.htm. Please be advised that this petition is only to request that the board consider changes in regulations and does not have any effect on your application.

Informal Conference Information

How will I be notified of the informal conference date?

Within 30 days from the scheduled date, a Notice of Informal Conference will be drafted and mailed to you. The Notice will include the date and time of the conference, the allegations, and a copy of your licensure application file and/or any investigative material necessary for review. A copy of the Notice will be mailed by regular mail and the Notice with the additional application and/or investigative material will be sent by certified mail, which you may have to pick up from the post office. In order to ensure that you receive the information in a timely manner, please keep the board updated with any address changes.

Can the committee consider my prior experience in lieu of required education?

No. The regulations are specific regarding the required degree and coursework. Prior experience cannot be considered in lieu of education.

Is this appeal public information or private?

All notices of proceedings and subsequent orders are public information pursuant to Virginia Code § 54.1-2400.2(G).

What can I expect at the Informal Conference?

For more information about the informal conference process, please review the FAQ's on the agency's website at https://www.dhp.virginia.gov/Enforcement/DisciplineFAQ.htm. While these questions specifically address disciplinary proceedings, the informal conferences for credentialing matters follow the same procedures.