AGENDA
BOARD OF COUNSELING
Regulatory Advisory Panel (RAP)
Monday, April 9, 2018 – 2:00 p.m.
Second Floor – Perimeter Center, Board Room 2

2:00 p.m. **Call to Order – Kevin Doyle, Ed.D., LPC, LSATP, Chairperson**

I. **Welcome and Introductions**
   A. Emergency evacuation instructions

II. **Purpose of the Regulatory Advisory Panel**

III. **Discuss Public Comment Related to Qualified Mental Health Professionals (QMHP) Emergency Regulations***

4:00 p.m. **Adjournment**

* Public comment period is closed

Emergency Regulations Governing the Registration of Qualified Mental Health Professionals

Commonwealth of Virginia

Emergency REGULATIONS

GOVERNING THE REGISTRATION OF QUALIFIED MENTAL HEALTH PROFESSIONALS

VIRGINIA BOARD OF COUNSELING

Title of Regulations: 18 VAC 115-80-10 et seq.

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

Effective Date: December 18, 2017

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Part I. General Provisions.

18VAC115-80-10. Definitions.

"Accredited" means a school that is listed as accredited on the United States Department of Education College Accreditation database found on the United States Department of Education website.

"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 Boards of Counseling, Psychology, or Social Work as a pre-requisite 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 which 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 the DBHDS or a provider licensed by the 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 the DBHDS or a provider licensed by the 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 who have a mental illness. A QMHP-C shall provide such services as an employee or independent contractor of the DBHDS or a provider licensed by the 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 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 QMHP-A.

A. An applicant for registration shall submit a completed application on forms provided by the board and any applicable fee as prescribed in 18VAC115-80-20.

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

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. In order to be registered as a QMHP-A, an applicant who does not have a master's degree as set forth in subsection 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 Boards of Counseling, Psychology, or Social Work as a pre-requisite for licensure.

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 towards completion of the required hours of experience.

4. A person receiving supervised training in order to qualify as a QMHP-A may register with the board.

18VAC115-80-50. Requirements for registration as a QMHP-C.

A. An applicant for registration shall submit a completed application for forms provided by the board and any applicable fee as prescribed in 18VAC115-80-20.

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

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. In order to be registered as a QMHP-C, an applicant who does not have a master's degree as set forth in subsection 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 Boards of Counseling, Psychology, or Social Work as a pre-requisite for licensure.

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 towards completion of the required hours of experience.

4. A person receiving supervised training in order to qualify as a QMHP-C may register with the board.

18VAC115-80-60. Registration of QMHPs 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 registration without meeting current requirements for registration provided they do not allow their registration 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 registration on or before June 30 of each year. Along with the renewal form, the registrant shall submit the renewal fee as prescribed in 18VAC115-80-20.

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. 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, or licensed health facilities; 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; 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 Code of Virginia, Title 54.1, Chapters 35, 36, and 37.

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 which 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, or which would impair the practitioner's objectivity and professional judgment, or 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 their 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 § 54.1-2400(7) 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 or maintaining a registration, including submission of an application or applicable board forms, 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, 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;

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.

Public Comment

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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	Emergency/NOIRA
Comment Period	Ends 2/7/2018

All comments for this forum

Back to List of Comments

Commenter: Alyce Dantzler 1/9/18 5:21 pm

Registration for QMHP's

1. Sociology used to be an approved degree and still should be. This was voted on at a Board of Counseling meeting on November 2nd and appears that there was no discussion at all concerning this. Sociology is as related to this field if not more than other degrees that are on the list.
2. While I understand the reasoning behind doing this and support the move this direction 100%, I am very concerned about the delay in hiring providers will experience related to us requesting that applicants register before we hire them.
3. I am very concerned that the 8 hours of continuing education be so narrowly defined as to who can provide this training. I believe that other entities should be allowed to train, there shoud be "train the trainer" opportunities for providers so they can provide in-house training, or some other avenue should be found. Providers are already required to provide a vast amount of training annually to staff and much of this, if done in a quality manner could count as continuing education.
4. There are very loose definitions surrounding supervision of community based programs. We are concerned about if the board expects that Licensed or Licensed Type individuals supervise the day-to-day operations of programming. In our part of the state, Licensed individuals or residents are very scarce, especially now that CCC+ has been implemented and the insurance companies have recruited our licensed staff away from us. In addition, many of the programs that we are talking about are seen as non-clinical by the state and thus should not require that level of supervision.

Thank you for you consideration of these concerns.

Commenter: Andrew Peddy, LPC, Mt. Rogers CSB 1/10/18 3:54 pm

QMHP-C

I would like to suggest that QMHP-C could work with certain individuals past age 17. Specific examples would include 18-21 year olds who are involved with foster care through the independent living program, or individuals who are over 18 who are still enrolled in high school. This would allow youth services staff to maintain their QMHP-C status without having to also be registered as a QMHP-A just in order to work with one or two individuals who are 18 years old and still in the school system. If staff work with adults on a regular basis I think it would be sensible to be registered as QMHP-C and QMHP-A, but I think it is burdensome for youth staff who would be working with 18 year olds and the occasional 19 year old.

Suggestions for ideas on the regulations for this would possibly be.

QMHP-C staff may work with individuals through the age of 21 years old.

or

QMHP-c staff my work with individuals who are still enrolled in school.

Thank you for your consideration of this topic.

Commenter: Jenny Brummitt/ EHS 1/16/18 10:05 am

QMHP Registration

My concern is in regards to our hiring process within our company and approved degrees. We hire based upon referrals and typically we see approximately 2 to 3 referrals within a two weeks span and as this continues to grow, those individuals we are able to interview based upon qualifications have to be registered with the board. Though I understand this, my worry is the time period that it takes for those applicants to be approved, and how quickly we can get those applicants trained efficiently in order to serve our population affectively. I do feel that Sociology should be on the list of approved degrees as this has been in the past and I'm unclear as to why this does not now apply in this case.

I do wish to appreciate the efforts to ensue fraudulent activity is ceased by stripping one of their registration immediately and placing a high reinstatement fee and/or declining to reinstate. One who commits fraud or places harm/takes advantage of those within our services, should not be allowed to practice within the State of VA.

Commenter: Melissa Peddy, LPC, Mount Rogers Community Services Board 1/16/18 10:08 am

Considerations for QMHP regulations

I agree that the registration and supervision of qualified mental health professionals is beneficial for the individuals receiving mental health services. Providing registration online is especially helpful for those registering as a QMHP. It may be somewhat discouraging for those who work with both adults and children to have to register as both a QMHP-A and QMHP-C and pay the full fee for both of these credentials. It would be helpful to have a reduced fee if registering as both a QMHP-A and QMHP-C in order to have an incentive those with the most experience and knowledge in a wide range of ages. Another consideration for those working in the school system as therapeutic day treatment counselors would be to extend the ages for QMHP-C providers until age 21, as some young adults are still enrolled in public school and receiving mental health services from QMHPs. Additionally as a LMHP, it would helpful for my supervision of QMHPs to have clear guidelines and guidance documents related to registration, supervision, and reporting any

disciplinary action.Consid

Commenter: Scott Philbrook, EHS

1/16/18 4:46 pm

Registration of new hire QMHPS.

Although I understand and support the efforts to ensure a standard for professionals in the field of behavioral services the concern that I have is that bureaucracy and paperwork lengthens the amount of time for new hires and may be a hindrance to providing consumers with service in an effective and timely manner. Especially in crisis stabilization services where the emphasis is to reach out as soon as possible to clients who are at risk for hospitalization, homelessness or sucidiality/homicidality. If the process is held to a two week turn around that would be very beneficial, if it proves to be lengthier this could be a hindrance.

In addition, the area of the state where our agency operates has a limited amount of LMHPS. This presents a problem with requiring that supervision of the daily implementation of individualized service plans fall on LMHPS or LMHP-E individuals. This again may prove to be inefficient in serving the behavioral health population in our rural locality.

Scott Philbrook, Clinical Coordinater/Crisis Team Leader

Commenter: Jordan Hyde, DPCS

1/23/18 8:43 am

QMHP registration

While I understand the reasoning behind registration of QMHP staff for adults and/or children, the way the regulation is currently being presented poses many problems to those of us actually working in the mental health field.

1. QMHP-C only goes to age 17, many students with behavioral issues continue through the community-based “child services” through age 21.This means a youth who has had a staff person working with them potentially for all of their life, might have to get transferred to a QMHP-A solely because they turn 18.This will disrupt treatment, especially in school settings.
    1. I request that some consideration be granted that a QMHP be ONE definition where staff can move between children and adult community-based services given experience with both children and adults.

2. The hiring of staff as of January 1, 2018 is already being negatively affected by the way the regulations are reading.Because applicants after January 1, 2018 have not been given the opportunity to be grandfathered in, we are trying to follow the posed regulations for positions that require QMHP staff.Since Sociology has been removed from the list of accepted Human Services Field degrees, our applicant pools have decreased as this has historically been a widely known and accepted degree to work in the human services field.In addition, staff have gained experience with children AND adolescents and having to differentiate between the two could cause someone’s experience to keep them from being eligible under the new regulations.
    1. Can it be clarified that a degree in sociology is still considered a human services field.

3. I need clarification as to who can directly supervise registered QMHP-A’s and C’s.In the

southern part of the state, we are significantly lacking in licensed staff and even staff who are eligible to be licensed.If the requirement is to require a QMHP to be directly supervised by a licensed type, organizations in the southern part of the state will have to cease services until we can hire more licensed type staff.

1. Can it be clarified that a QMHP-A or C can be directly supervised by another QMHP-A or C as long as there is overall oversight by a licensed-type staff person in the chain of command?
    1. Consider the situation where someone desires to maintain their QMHP-A or C, but their position does not require it, but want to have the opportunity for upward advancement.If their supervisor is required to have this credential, it could pose a problem for retaining staff.

4. I am one of those folks who has experience working with children and adults; I am in a position where I am not actively providing services though.I would like to retain my QMHP-A AND QMHP-C status as I continue my education to be licensed.However, this regulation would require me (and MANY others across the state) to register as both, with two fees just to keep our opportunities open in the wide field of mental health services that overlap between children and adults.
    1. Again, can it be considered that the QMHP fee allow for someone to maintain both a QMHP-A and C status?

Thank you in advance for your consideration in updating the regulations to better meet the needs of all folks receiving mental health services in Virginia.

Commenter: Bob Horne, Norfolk CSB

1/23/18 11:33 am

Comments related to QMHP Regulations

Sociology used to be an approved degree and I believe that sociology should still be an approved degree. Sociology is as related to this field (if not more so) than other degrees that were included on the list of approved degrees. Eliminating sociology as a approved degree substantially limits the pool of qualified available candidates for this credential.

The registration and supervision of qualified mental health professionals is certainly beneficial for the individuals receiving behavioral healthcare services. However, it is a discouragement for those who work with both adults and children to have to register as both a QMHP-A and QMHP-C and pay the full fee for each of these credentials. It would be helpful to have a reduced fee if registering as both a QMHP-A and QMHP-C. This would serve as an incentive those with the most experience and knowledge in a wide range of ages. As an alternative, consider extending the age range of QMHP-Cs to serve individuals up to 21 years of age.

I share the concerns that others have expressed about the delay we will experience in hiring providers. this is bacuase applicants will need to be registered as QMHPs before we hire them in order that we can bill for their services. Also; I would express concern about the expectation that Licensed or Licensed-Type individuals must supervise the day-to-day operations of services provided by QMHPs. Licensed individuals are scarce, especially since CCC Plus has been implemented and MCOs have recruited many of our licensed staff. In addition, many of the programs that are employing QMHPs are viewed as ‘non-clinical’ by both DMAS and the MCOs, but CCC Plus is requirning LMHP or LMHP-Types to sign all authorizations for CMHRS services..

I would like to echo concerns regarding the 8 hours of continuing education being narrowly defined regarding who can provide the training. Many of the organizations providing behavioral health services in the communities in Virginia already have extensive continuing education requirements under the DBHDS Licensure regulations. I believe that these organizations should be allowed to provide the required continuing education to their staff in accordance with their annual compliance with DBHDS Licensure regulations. I would also request that the regulations clarify the nature and extent of supervision that LMHPs and LMHP-Types must provide to registered QMHP-A's and C's. Must the LMHP, or LMHP-Type, be the direct supervisor of the QMHP?

Thank you in advance for your consideration of these comments when updating these regulations to better meet the needs of all individuals receiving behavioral healthcare services in Virginia.

Commenter: Julia Campbell, BSW Quality Assurance----Piedmont CSB 1/24/18 4:50 pm

QMHP-A/ C Registration Concerns

Concerns with QMHP A/C Registration:

I think the Registration is a great idea. However, I do ask that consideration be given to current DMAS/ DBHDS Regulations, which at this point make every attempt to mirror one another. In the Regulations as it relates to QMHP-C/ A, if one has the credential of QMHP-C, then they are deemed appropriate to provide QMHP-A services to adult indivduals, as current QMHP-A requires that there is mental health experience provided to "Individuals"....which would include children. I think that asking providers to pay for 2 Registrations is asking a bit much. I feel that a **QMHP** credential overall should be considered.

In order to address the issue of the need to pay for 2 Registrations, I would suggest possibly having a registration for QMHP-C…. with Adult experience Endorsement (if applicable). And, if the mental health experience has been with adults only, then that person could register as QMHP-A.

Commenter: Kathy Nelson HRCSB 1/25/18 1:31 pm

QMHP Regulation Comment

1. Sociology should continue to be an approved degree . Sociology is very much related to the field . Removing Sociology from the approved list of degrees has reduced our pool of possible applicants for QMHP positions, positions that are already difficult to fill.

2. The BOC description of the QMHP role and scope of practice / types of services on the recent FAQs do not match the DMAS regulations- so which description/regulation will agencies follow? It would be most helpful if the BOC ; DMAS and DBHDS regulations and expectations were in sync.

3. Clarification of the Supervision component of the regulations is needed:

- Does the LMHP/LMHP-Type level of Supervision that is required have to be provided by the Supervisor of the Program?
- Are all registered QMHPs required to be Supervised by an LMHP/Type or is this just for the registered QMHP-Trainees?
- If someone is grandfathered in as a QMHP and then works in a program that does not require QMHP level of credential to bill for the service (i.e. MH Case Management) and the program is not Supervised by an LMHP/Type – will these employees no longer meet the requirements for

continued QMHP credentialed status at the time of renewal?

- Does the LMHP/Type have to be present with the QMHP and/or QMHP-Trainee when the QMHP and/or QMHP-trainee is in the community working with a client, providing a service ? …
- What does the Supervision documentation need to include?

4. QMHP- Trainees registration

- Additional clarification of this status is needed ....what is required of the provider to make sure the provider has everything in place to hire a potential QMHP-Trainee . As mentioned above, clarification of the Supervision requirements for a QMHP-Trainee is needed.
- It would be most helpful if the BOC , DBHDS and DMAS were all on the same page regarding the requirements for the QMHP –Trainee status. DMAS has a limit to the # of Trainees per agency and per LMHP/Type Supervision .It is concern if a QMHP applicant is not credentialed due to insufficient experience , they could potentially be considered a QMHP-Trainee level . The DMAS restrictions to the # of QMHP-Trainees could very well impact our ability to fill positions and serve our clients. In addition, it is my understandings that DBHDS needs to approve a QMHP-Trainee Training program before a provider can even consider using a QMHP-Trainee but as an agency, we have been waiting since June for an approval for a submitted QMHP-Eligible Training program and recently received an e-mail from a DBHDS representative that this now falls under the BOC . Clarification is very much needed.

5. The requirement for QMHP Credential or QMHP-Trainee registration before a provider can bill for services using the employee(that require this level of credential) puts a great financial burden on Providers . It essentially means that we will have staff on board for whom we cannot use to provide a service until we receive confirmation from the BOC. Even if the BOC can meet their intended 30 day turn around period , it is still a great burden. This can potentially and very likely reduce our ability to serve individuals already in service and/or take on new clients in need of the service when a position is vacated. This is particularly a concern for services working with high risk individuals such as a residential Crisis Stabilization Program.

6. Requiring separate Credentials for Adults vs Children/Adolescents sounds good until you get into the details of how services are provided. The ages of 18 thru 21 are somewhat blurry when it comes to whether these individuals are considered Adolescents or Adults. DMAS considers them Adolescents, Our agency, in most cases, view an 18 to 21 year old as adolescents only if they are still in the educational system, and receive services through our Children's Programs. So, would a QMHP-C credential be sufficient for a staff person providing a service to an 18 – 21 year old who is in school and is receiving an agency defined child level service?....Or would this person require both the QMHP –A and QMHP –C credential.

7. I would like to echo concerns regarding the 8 hours of continuing education being too narrowly defined regarding who can provide the training as mentioned in other comments submitted.

Commenter: Denise Malone 1/26/18 8:45 am

QMHP registration

Any and every mental health professional who meets the education, experience, and training requirements should be eligible to register and KEEP the QMHP title.

Furthermore, the mandate in the reg that every person who seeks services of a QMHP would need a formal "service plan" is problematic. An organization's clinical supervisors can make those decisions based on the population and particular cases served.

Lastly, clinical supervisors should decide the QMHP's services and roles within an organization and its structure, based on professional standards of practice, agency policies, existing laws and regs, and the QMHP's individual skills, experience, and training.

Commenter: Joanna Bryant 1/26/18 11:34 am

QMHP credential

I agree with previous comments posted that the limitations of the QMHP certification should be expanded. At a time when mental health beds are at an all time low and a significant proportion of mentally ill individuals end up in the justice system, we should not be creating an artificial bottleneck concerning access to treatment providers as well. Therefore I concur with the following recommendations:

There should not be two QMHP credentials.

Any and every mental health professional who meets the education, experience, and training requirements should be eligible to register and KEEP the QMHP title.

Furthermore, the mandate in the reg that every person who seeks services of a QMHP would need a formal "service plan" is problematic. An organization's clinical supervisors can make those decisions based on the population and particular cases served.

Lastly, clinical supervisors should decide the QMHP's services and roles within an organization and its structure, based on professional standards of practice, agency policies, existing laws and regs, and the QMHP's individual skills, experience, and training.

Commenter: Genhi Whitmer, LPC, Region Ten CSB 1/27/18 6:26 pm

QMHP

Thank you for the opportunity to comment on this proposed regulation. I would like to submit the following for consideration:

It appears that the BOC description of the QMHP role and scope of practice/types of services on the recent FAQs do not match the DMAS regulations. Please refer to current DMAS regulations and insure that the regulations are lined up so as to avoid confusion. Likewise with DBHDS requirements.

I am very concerned about the requirement that QMHPs be registered before they can bill. This places undue hardship on agencies and may result in loss of applicants and/or lost billing in a time when most agencies cannot sustain either loss. Many agencies are already feeling a negative impact. With the rate of turnover experienced by many agencies, a requirement like this could also have a serious negative impact for persons served, such as in residential and crisis stabilization programs, etc.

Sociology should remain an approved degree. It is a relevant degree for the field and has been so for many years. Individuals interested in entering the field have planned college educations around this. To remove it reduces our pool of applicants.

The registration and supervision of qualified mental health professionals can be beneficial to the

individuals served. However, please consider having a reduced joint fee for individuals registering for both QMHP-A and QMHP-C. Also, please consider that QMHPs will now be asked to pay for registration and ongoing renewal fees and possibly continuing education costs - without increased salary as reimbursement rates for these positions don't seem to be addressed with added requirements, as well as no increase for related administrative costs to agencies.

Please consider extending the age range of QMHP-C to serve individuals up to age 21 years of age. Many children with behavioral issues continue through the community-based "child services" through age 21. Requiring them to change providers at age 18 interrupts continuity of care and may disrupt treatment. Please also consider language that would allow clinical judgment to guide the transition of care between "child" and "adult" and to allow for variances in the best interest of the persons served.

I share concerns that there is an expectation that licensed or licensed-eligible individuals must supervise the day-to-day operations of services provided by QMHPs. Licensed individuals are scarce in many parts of the state, especially since CCC Plus has been implemented and MCOs have recruited many of our licensed staff. While I understand the intent is to insure that individuals receive services from qualified staff, it is equally critical to have licensed staff provide direct services to individuals who need them most. As we see more and more administrative and supervision requirements for our agencies, without added funding support, the strain on the system takes a toll on agencies, staff, and the people we serve. Please take this into serious consideration when regulations are passed.

I would request that regulations clarify the nature and extent of supervision that LMHPs and LMHP-types must provide to registered QMHPs. Must the LMHP be the direct supervisor? Can group supervision be used to meet this requirement? How many QMHPs can someone supervise? Does the supervisor have to be registered as QMHP, as an approved supervisor? Are all registered QMHPs required by to be supervised by an LMHP, LMHP-type or is this just for QMHP Trainees? What supervision documentation is required?

I would echo concerns regarding the 8 hours of continuing education being narrowly defined regarding who can provide the training. Please consider making requirements line up with current DBHDS requirements and expectations.

Can licensed individuals provide services that require QMHP registration? Does having a license (LPC, LCSW, RN, LPN) negate the need to register as a QMHP?

Please take into consideration options for those registered as QMHP-A or QMHP-C to be able to work across these boundaries in order to learn new skills and expand their ability to provide services in our system of care. Locking registration down in silos can only serve to limit the options of both staff and agencies to meet the dire needs of our communities. As someone who has worked with both adults and children, I believe there is great value to be added to our services by creating more opportunities for staff to cross train and expand their abilities and value taken away by reducing these opportunities.

Will staff who were grandfathered in as QMHP be able to take their newly-registered status with them if they leave the home agency? If so, this could result in a loss of staff for some agencies. If not, then these individuals will be required to register with the state, complete all continuing education, and yet remained locked into a current job or agency without potential for much advancement. This seems unfair to hard working professionals. Also, can QMHP registered staff move into non-QMHP positions and maintain their registration should they wish to move back into a QMHP position in the future?

Should QMHP-Es begin to register now as either QMHP-A or QMHP-C or to seek to be prepared to move into either?

Thank you in advance for your consideration of these comments when updating these regulations to better meet the needs of all individuals receiving behavioral healthcare services in Virginia.

Commenter: Jennifer Switzer, PhD, LPC; Horizon Behavioral Health 1/29/18 12:29 pm

QMHP

Thank you for the opportunity to comment. The online option for registrations was a very good idea, and I believe it will be the most efficient avenue to navigate this process. I would like to offer the following concerns/suggestions with other elements of this proposed regulation change:

1. Allow the QMHP-C to provide services to individuals past age 17, and change it to age 21 (beneficial for those serving individuals in independent living programs, school-based services, etc. where services should continue seamlessly for our individuals).

2. Sociology should remain as an approved degree- it is relevant to our work, and would significantly impact the applicant pool if removed.

3. I share concerns already given regarding the licensed supervisor's expectations: please clarify the extent of this requirement. Will group supervision be accepted? Will the 1:1 requirement remain between licensed supervisor and QMHP Trainee?

4. Please consider aligning the 8 hours of continuing education with current DBHDS expectations.

5. Please consider lowering the cost for individuals who are dual registering as both a QMHP-C and QMHP-A- this would promote cross-training of staff, and maximize the services available for our communities.

Thank you for your time and consideration.

Commenter: Amit Shah, MD 1/29/18 1:59 pm

QMHP certification

I agree with previous comments posted that the limitations of the QMHP certification should be expanded. At a time when mental health beds are at an all time low and a significant proportion of mentally ill individuals end up in the justice system, we should not be creating an artificial bottleneck concerning access to treatment providers as well. Therefore I concur with the following recommendations:

There should not be two QMHP credentials.

Any and every mental health professional who meets the education, experience, and training requirements should be eligible to register and KEEP the QMHP title.

Furthermore, the mandate in the reg that every person who seeks services of a QMHP would need a formal "service plan" is problematic. An organization's clinical supervisors can make those decisions based on the population and particular cases served.

Lastly, clinical supervisors should decide the QMHP's services and roles within an organization and its structure, based on professional standards of practice, agency policies, existing laws and regs, and the QMHP's individual skills, experience, and training.

Commenter: Lisa Snider, Loudoun County MHSADS

2/1/18 12:40 pm

Concerns and questions regarding 18VAC-115-80

Town Hall Comments for Regulations Governing the Registration of Qualified Mental Health Professionals [18 VAC 115-80]

1. Given the scope of practice of a QMHP, Sociology should continue to be an approved degree. Those working as a QMHP are providing collaborative mental health services and not engaging in independent or autonomous practice. Many of those who have historically filled roles of the QMHP have been individuals with a Sociology degree. Removing the Sociology degree from the approved list without substantial factual review and reporting could affect service delivery for those in Virginia. This degree should be added back to the list.
2. For those who were not employed as a QMHP prior to December 31, 2017, requiring that the experience be within the past five years, is discriminatory for those who may have stepped out of an employed role for family matters. This stipulation is unfair and should be removed.
3. There has been little to no clarity provided regarding documentation needed for QMHP registration.
    1. There should be a way to print the attestation form needed for staff employed prior to December 31, 2017 prior to paying the registration fee so that staff can ensure an attestation before registering.
    2. For those working after December 31, 2017, there is no clarification on the “evidence” of hours that will be needed. Is this an attestation form?
4. I echo the multiple concerns noted regarding the requirement of registration and payment for registration for credentials as QMHP-A and QMHP-C. Requiring separate registrations and re-registrations is redundant and not needed. The Board of Counseling has indicated that the 8 hours of continued education can be the same hours used for both. How then is a separate registration needed?
5. Requiring nurses with psychiatric experience to register as a QMHP-A and/or QMHP-C, when they are already registered with the Virginia Board of Nursing, seems unnecessary.
6. I echo the concerns noted regarding the list of those who can provide the 8 hours of continuing education being too narrow. Further, the Board of Counseling has indicated that they will not pre-approve trainings which will satisfy the requirement. This puts providers and QMHP staff in a stressful, catch 22 position.
7. I echo the concerns noted about the impact of requiring QMHP or QMHP-trainee registration before a provider can bill for the services provided. This requirement places a significant financial burden on providers as providers will be responsible for paying employees while waiting for the Board of Counseling registration confirmation. This burden exits even if the BOC meets their intended 30 day turn around. The impact will very likely reduce a provider’s ability to serve individuals already in service and/or take on new clients in need of the service when a position is vacated. Thus, individuals and families will be negatively impacted.

Commenter: Christina Laws

2/2/18 11:42 am

QMHP Regulations

As a current QMHP-C and QMHP-A with a sociology degree, these changes in regulations and

degree criteria are especially concerning. While I may be an exception moving forward via grandfathering-in, my fellow sociology majors may lose their opportunity to proceed with further career growth or movement. Sociology is a degree based on humans and our society. This means that college graduates coming out of school with this degree have spent the last 2-8 years studying humans, their behaviors, and how they engage with one another, which is a mental health professional at its best. Limiting criteria for QMHPs will not only have a negative impact on mental health agencies and their ability to hire very competent and prepared candidates, but it will also expand its impact to college and university program progression nationwide. Minimizing educational program growth and stability will lead to federal funding issues in the future and could lead to a major setback to the decades of progress that the sociology community has worked towards throughout its lifetime.

Commenter: Jennifer G Fidura, VNPP, Inc. 2/3/18 2:06 pm

QMHP Regulations

The Virginia Network of Private Providers does support the concept of registration for QMHP for the reasons that the original proposal was made, but offers the following comments on the Emergency Regulations:

1) There should either be an opportunity for registration as a QMHP C/A for an indivudual trained and able to work with both children and adults, or the secondary registration (for either QMHP-C or A) for an individual already registered should be at a significantly reduced rate.

2) CEU requirements for someone with dual registration should not exceed 8 hours.

3) QMHP-C should be qualified to work with any individual up to age 22 who is still in school, or foster care through the independent living program.

We share concerns expressed about the regulations becoming an impediment to building and maintaining an adequate, competent and professional workforce, but are willing to work with the Board of Counseling to manage the process as efficiently as possible.

Commenter: Kim Harrison, LCSW - Lutheran Family Services of Virginia - Winchester, VA 2/5/18 12:56 pm

QMHP Feedback

I fully support the registration of QMHP's in Virginia, as a means of better verifying experience and education among professionals in our field. I have the following comments regarding the process and the emergency regulations pertaining to the process:

1. Clarification of LMHP/Type supervision – TDT regulations require weekly individual/group supervision of staff providing TDT services. Will this meet the requirement of a QMHP-Trainee, or will the LMHP/Type have to provide daily supervision? Will the LMHP/Type have to be present at the location to provide constant supervision of the QMHP-Trainee?
2. The requirements for past experience indicate that the applicant has to have had experience under an LMHP/Type who is registered with the board – how will this impact applicants coming from out of state, from Residential Treatment Centers, from internships, etc? Previously, these applicants met the minimum standard to be hired, based on confirmation of their experience, per the DBHDS and DMAS regulations.
3. I echo the feedback that the age for QMHP-C should be extended to 22, as there are many

individuals being served in public schools, and other settings identified as being for “children”, through the age of 22 due to their emotional and cognitive needs, Special Education Status, etc.

4. I echo the feedback that there should be a discounted rate for someone registering as both a QMHP-C and QMHP-A.
5. I echo the need for clarification of supervised experience, and how that experience is to be documented when hiring new staff, as well as for staff hired as a QMHP-Trainee.
6. I echo the concern that Sociology has been removed as an approved degree area. A professional with a degree and Sociology and the minimum experience as previously defined by DBHDS and DMAS should still be able to qualify as a QMHP- C or A.
7. It would be helpful for all forms pertaining to QMHP registration (for C, A or Trainee) to be available for download/review in a PDF format on the website, as the forms for licensure registration currently are, in order to ensure that all documentation and appropriate information is available when the employee is registering. It will also help us as employers to prepare the employee/potential employee for the process. I requested the forms from the Board of Counseling in January, and was told to review the Handbook, but the forms are not included in the Handbook.
8. I echo the comments and concerns regarding the requirement for CEU's for QMHP level staff, and hope that internal trainings can also be counted toward these CEU requirements.

Commenter: Kathy Nelson HRCSB

2/5/18 2:54 pm

QMHP Comments related to the Application process

In a recent QMHP Application, we noted the following on the application form: “**due to the volume of applications, the processing time can take up to 60 business days.**” This is equivalent to 3 months, not the 30 days we were informed it would take when the regulations first came out. This is both a hardship for agencies as well as our consumers. For the agency, this is huge financial burden. For consumers, it may mean the agency does not have the capacity to service all those in need or may need to provide level of service needed. For crisis services such as a residential Crisis stabilization program, It becomes a safety risk when an agency cannot fill positon vacancies quickly. There needs to be some type of interim status during the application process in which the applicant can provide services until the BOC has been able to determine the applicants level of credential.

The other concern I have is the Verification of Supervised Experience form that must be signed by the Supervisor under which the experience occurred. This is a state wide new requirement. I wonder how well institutions of higher education have been informed/educated of these new regulations so that students are well informed when they choose a practicum. They should know to provide the Practicum Supervisor the Verification form at the start of their practicum to have accurate information at the finish of the practicum and the Licensed/Licensed-Type signature.

Also I am very concerned that QMHP Applicants may not be able to obtain the required information and signature form previous employees for any number of reasons and obtain it in a timely manner, once again adding to the financial hardship to employers.

Commenter: Cumberland Mountain CSB

2/5/18 3:01 pm

Concern About QMHP Regualtions

- Sociology should continue to be an approved degree due to the scope of practice for a QMHP. Individuals working as a QMHP are providing collaborative mental health services and not engaging in independent or autonomous practice. Historically, many of those who have filled roles of the QMHP have been/are individuals with a Sociology degree. Removing the Sociology degree from the approved list without substantial factual review and reporting could affect service delivery for those in Virginia. This degree should be added back to the list.
- Individuals who were not employed prior to 12/31/17 as a QMHP, requiring that the experience be within the past five years, is discriminatory for those who may have stepped out of an employed role for family matters. This is unfair and should be removed.

Commenter: Fabrina Goodell

2/7/18 9:22 am

Qmhp regulation on human services alternative

For the past 3 years I have attended Randolph College as a sociology undergraduate. On January 10th 2018 I graduated with a bachelor's in sociology. Sociology in my mind and everywhere I've looked is listed as a field correlated with human services. For the past month-and-a-half I have been trying to become qmhp certified, I have a lot of experience, however, previous employers refuse to sign based on the current guidelines. I'm am hoping that during the next meeting sociology pick cepted as a human service related field.

Commenter: Holly Albrite

2/7/18 2:09 pm

In order for new staff to be credentialed as a QMHP they must meet both education and experience

Commenter: Cheryl Williams Goochland Powhatan Community Services

2/7/18 2:45 pm

QMHP Regulations

Thank you for the opportunity to comment.

I share the concerns expressed by others in terms of the LMHP/Type individual's expectations to supervise the day-to-day operations of services provided by QMHPs and QMHP-Trainees. Please clarify the nature and extent of these supervision requirements. Does the LMHP/Type have to be present with the QMHP and/or QMHP-Trainee when the QMHP and/or QMHP-Trainee is providing a service either at a program location or in the community? Can group supervision suffice? In addition, what are the Supervision documentation requirements?

I would like to echo the recommendation to expand the narrow definition of approved organizations, associations, or institutions to provide the annual 8 hours of continued competency training. The BOC FAQs state, "The Board staff cannot pre-approve any CE courses. Each registrant shall use their best and professional judgment to determine if the course meets the

requirements outlined in the regulations." This leaves only federal, state, or local government agencies, public schools, or licensed health facilities as the providers of this training.

Sociology should remain as an approved degree qualified for this credential. As expressed by multiple commenters, removing this degree substantially impacts the qualified applicant pool and those who have filled the roles as QMHPs.

The requirement for documentation of supervised experience by an LMHP/Type for services historically supervised by QMHPs (ie: Mental Health Skill Building and Psychosocial Rehabilitation Services) will significantly limit eligible applicants who are in the process, but have not yet completed, the required experience hours. Will there be any allocation to accept these supervised hours?

Thank you in advance for your consideration of these comments when updating these regulations to better meet the needs of all individuals receiving behavioral healthcare services in Virginia.

Commenter: Holly Albrite

2/7/18 3:18 pm

Education and Experience

Concern that it would be possible for an individual to make application to be credentialed as a QMHP and following several months of work, learn that they are not approved. This may be especially true during the initial start-up of this process when individuals and agencies are less familiar with the requirements. That could mean that an individual would lose a job after several months, conceivably through no fault of their own, particularly related to the education requirement. We may think, and they may think, that their degree will be accepted but learn that it is not. Would it be possible to provide an initial approval/rejection of the education requirement so that we have some confidence that the individual will be at least approved as a trainee, or conversely know right away that they will not qualify based on education. The list of allowable degrees may seem straightforward but we find that there are many variations of degrees out there.

In addition, the requirement for an original transcript will further narrow who we can hire as there will be individuals who graduated a long time ago or from an institution that is no longer in existence who will not be able to be hired.

Commenter: Mike Carlin, Virginia Assocaition of Community Based Providers (VACBP)

2/7/18 6:19 pm

QMHP Regulations

The VACBP would like to confirm the following:

1) That the status of QMHP registration and reimbursement for services is that in addition to grandfathering all QMHPs who were employed during 2017, a person hired during 2018 may work and be reimbursed as long as the employer has verified and has appropriate documentation that the person is eligible to be a QMHP (QMHP-E under DBHDS regulations or QMHP-Trainee in the BOC application) and they are complying with the BOC supervision and training regulations. A person who desires to be a QMHP should apply to be registered in 2018, but they may work and their work may be reimbursed for 2018 without being registered. 2) That a QMHP-C may work as a QMHP-A while under the supervision of an LMHP or licensed eligible person to gain required supervision for accumulation of hours towards their QMHP-A status. Under the DMAS CMHRM

QMHP-Cs are included under adult services, but QMHP-As are not included in children specific services, i.e. Intensive In-Home and Therapeutic Day Treatment. 3) That as licensed health facilities all providers of behavioral health services may provide the required 8 hours of CE training.

The VACBP strongly urges that the Sociology and Criminal Justice degrees be included on the list of degrees eligible for registration as a QMHP. There is a significant shortage of QMHPs and the VACBP believes these degrees are appropriate.

The VACBP also supports a change allowing the BOC to recognize a QMHP-E.

Commenter: Lisa Snider, Loudoun County MHSADS 2/7/18 9:29 pm

Additional concerns related to Documentation requirements

With the recent opportunity to review the Board of Counseling (BOC) applications and additional documentation that must be submitted for QMHP-A and QMHP-C registration, additional concerns are noted. These requirements will make registration more difficult, places a financial burden on providers and will reduce service capacity for individuals in Virginia. Listed below are four noted concerns and proposed solutions to each issue.

- When the information was original presented, providers were told that individuals who currently met the qualifications as a QMHP-A or QMHP-C would be able to register with an attestation from the current employer that they met the qualifications and were employed as of December 31, 2017. However, the attestation BOC included with the application indicates that the person must have been employed as of December 31, 2017 **AND *currently working*** as a QMHP-A or QMHP-C. This creates an issue in the following ways:
  1. We have supervisors who are QMHP-A and/or QMHP-C based on qualifications and previous experience; however, these staff were not currently working as a QMHP-A or QMHP-C providing services, but were supervising services. Thus, this wording creates an issue and problem for providers.
  2. Further, what if the person was hired while meeting the qualifications of a QMHP-C and QMHP-A, but was currently working only as a QMHP-A. Why wouldn't the agency be able to attest that the person met criteria for both QMHP-A and QMHP-C?

Proposed Solution: The attestation form should be changed to attest that the person was employed with the agency as of December 31, 2017 and meets the criteria to be a QMHP-A/QMHP-C as defined at that time.

- The verification form requiring (original) signatures creates a barrier for registration and services. Below are examples of where this creates an issue.
  1. Few, if any, outside of Virginia DBHDS licensed programs heard or dealt with QMHP status until now. This places a barrier for staff registration in numerous cases. How are past supervisors, educators and/or supervisors from outside Virginia to sign off on a form indicating the work was as a QMHP-A and/or QMHP-C if this is not something that they are familiar?
  2. The verification form for hours of work requires original signatures of supervisors verifying that the work meets the QMHP-A/AMHP-C criteria. This is a major barrier for certification. What if the supervisor no longer works at the organization, if the supervisor is deceased, or if the organization no longer exists? The experience should be able to count.

Proposed Solution: An attestation form, should replace the verification form. The attestation form should be completed and signed by the person registering for QMHP-A/QMHP-C credentials and require the following:

1. Dates of experience, work schedule and hours worked
2. Attachment of a job description or job responsibilities summary for the work performed.

- With the application form noting that the “processing time can take up to 60 business days” I echo the concerns about the financial burden placed on the providers and the cost of service time for individuals in Virginia.

Proposed Solution: Establish and recognize a preliminary or provisional QMHP-C/QMHP-A status while the paperwork is being reviewed by BOC.

- As a final note, the requirement of registering and paying online, while requiring that documents be mailed into the BOC, creates a slow and antiquated registration process.

Proposed Solution: Utilize a computer system that allows for the uploading and attachment of documents.

Regulatory Advisory Panel Members

Board of Counseling
Regulatory Advisory Panel
April 9, 2018

1. Kevin Doyle, Ed.D., LPC, LSATP, Board of Counseling, Chairperson
2. Danielle Hunt, LPC, Board of Counseling
3. Holly Tracy, LPC, LMFT, Board of Counseling
4. John Salay, LCSW, Board of Social Work, Vice-Chair
5. James Werth, Jr., Ph.D., ABPP, Board of Psychology, Vice-Chair
6. Jamie Sacksteder, Associate Director of Licensing, Department of Behavioral Health and Developmental Services
7. Emily Bowles, Office of Licensing Legal Advisor, Department of Behavioral Health and Developmental Services
8. Ke'Shawn Harper, ARTS/BH Policy Specialist, Department of Medical Assistance Services
9. Ashley Harrell, LCSW, Senior Program Advisor, Department of Medical Assistance Services
10. Michael Carlin, Access Point Public Affairs
11. Jennifer Faison, Executive Director, Virginia Association of Community Services Boards
12. Jennifer Fidura, Executive Director, Virginia Network of Private Providers
13. Cynthia Miller, Ph.D., LPC, Program Director of Counseling and Psychology, Master of Arts in Clinical Mental Health Counseling, South University.
14. Arnold Woodruff, LMFT, Executive Director, Virginia Association of Marriage and Family Therapists
15. Erin Mace, LPC, Assistant State Director, Family Preservation Services