Fwd: LICENSURE AND CERTIFICATION OF ALCOHOL AND DRUG COUNSELORS

General Counsel, DoHS <dohsgeneralcounsel@wv.gov> Fri, Jul 31, 2026 at 12:35 PM
To: [redacted]

DoHS shares the goal of supporting workforce development throughout West Virginia. The educational standard reflected in Section 3.4.1.c was developed to implement the qualifications established under Senate Bill 897 while ensuring that licensed Advanced Alcohol and Drug Counselors possess graduate-level education directly related to the competencies required for the independent practice of addiction counseling.

Although there is not currently a West Virginia graduate certificate consisting of 18 semester hours exclusively in addiction counseling, the rule is not intended to require completion of a specific certificate program or attendance at a West Virginia institution. Rather, applicants may satisfy this requirement through graduate coursework obtained from accredited institutions that addresses alcohol and drug counseling competencies, including assessment, diagnosis, treatment planning, counseling, ethics, co-occurring disorders, and related behavioral health topics. All of the psychology, social work, and LPC programs would meet under the domains.
We believe the existing language provides sufficient flexibility while maintaining the educational standards the Legislature contemplated.

DoHS agrees that licensees practicing in rural communities may encounter circumstances in which certain multiple relationships cannot be entirely avoided. The intent of this provision is not to establish an absolute prohibition, but rather to require compliance with nationally recognized professional codes of ethics governing dual relationships, conflicts of interest, professional boundaries, and protection of the public. While the rule directs licensees to "avoid" such relationships, the Department interprets this standard in alignment with nationally recognized professional codes of ethics. It is not intended to serve as an absolute prohibition when a dual relationship is genuinely unavoidable due to the realities of a rural community. In those unavoidable circumstances, DoHS expects licensees to mitigate risk by identifying potential conflicts, documenting their clinical decision-making, implementing appropriate safeguards, and seeking consultation or supervision. The current language can be interpreted and applied consistently with these national ethical standards.

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---------- Forwarded message ---------
From: **Jon Dower** [redacted]
Date: Wed, Jul 29, 2026 at 1:24 PM
Subject: LICENSURE AND CERTIFICATION OF ALCOHOL AND DRUG COUNSELORS
To: lauren.t.withers@wv.gov <lauren.t.withers@wv.gov>

Hi Lauren,

Please see my comments below.

3.4.1.c - indicates 18 graduate semester hours.

Unfortunately, there are no programs in WV that provide 18 graduate hours specific to addiction counseling. West Virginia Wesleyan College has a certificate program which is 12 credit hours specific to the domains of the advanced alcohol and Drug Counselor domains. I would urge the rule to consider the programming available to strengthen the workforce.

7.1.4 Avoid dual or multiple relationships, conflicts of interest, or any situation that could impair professional judgment or exploit a client.

This may be better framed as the counselor will follow the national code of ethics related to dual relationships, conflicts of interest, and professional relationship requirements in therapeutic relationships.

This is due to areas that may not be able to fully avoid dual relationships in rural areas and should seek supervision and have documentation of ways to mitigate risk in these scenarios.

Thank you,
Jon

Fwd: W. Va. Code §16-68-23. Comments

General Counsel, DoHS <dohsgeneralcounsel@wv.gov> Fri, Jul 31, 2026 at 12:43 PM
To: [redacted]

Good afternoon,

No, the proposed rule does not require independently licensed behavioral health professionals (e.g., LPCs, LICSWs, psychologists, physicians, etc.) or other currently licensed professionals to obtain the LAADC or ADC in order to continue providing substance use disorder treatment within the scope of their existing licenses. The law creates an additional licensure pathway for alcohol and drug counselors; it does not remove or restrict the authority of other licensed professionals to practice within their respective scopes.

Existing program-specific or funding-specific credentialing requirements remain unchanged. For example, Certified Community Behavioral Health Clinics (CCBHCs) already have federal staffing requirements that include addiction professionals, and Opioid Treatment Programs (OTPs) have long-standing requirements for substance use disorder counselors to obtain or work toward the ADC or AADC credentials. Those requirements predate this legislation and are not created by this rule.

In practice, the rule expands the behavioral health workforce by establishing licensure for alcohol and drug counselors, allowing qualified LAADCs to independently provide and bill for services and approve treatment plans where authorized by law. It does not diminish or alter any existing authority from LPCs, LICSWs, psychologists, physicians, or other licensed behavioral health professionals.

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---------- Forwarded message ---------
From: **Chloe King** [redacted]
Date: Wed, Jul 29, 2026 at 3:42 PM
Subject: W. Va. Code §16-68-23. Comments
To: Lauren.t.withers@wv.gov <Lauren.t.withers@wv.gov>

Good afternoon, Lauren,

I am forwarding my comments on behalf of St. Joseph Health Services. My primary question is whether these credentials will be mandatory for all professionals providing substance use disorder counseling services, including independently licensed mental health professionals (such as LPCs, LICSWs, psychologists, etc.), or whether these are optional credentials for individuals who specifically wish to obtain alcohol and drug counselor certification or licensure. In other words, are these credentials intended to be an additional voluntary specialization, or will they become a requirement for any clinician providing SUD treatment?

The proposed rule states that it "applies to applicants for, and holders of, licensure as a Licensed Advanced Alcohol and Drug Counselor and certification as a Certified Alcohol and Drug Counselor," which suggests it governs those seeking these specific credentials. However, it is not entirely clear whether independently licensed behavioral health professionals who already provide SUD treatment under their existing licenses would also be required to obtain one of these new credentials. Also, what would that look like for master's level therapists' and supportive counselors? I have several additional questions and concerns regarding the proposed rule, but clarification on this issue would be extremely helpful before providing further comments.

Respectfully,

Chloe King, MS, CT

[redacted]

Fwd: Public comment: SB 897

General Counsel, DoHS <dohsgeneralcounsel@wv.gov> Fri, Jul 31, 2026 at 12:47 PM
To: [redacted]

Good afternoon,

The educational and experience hour requirements referenced in the comment are established by W. Va. Code §16-68-5 and are implemented by the proposed rule. The proposed rule implements those statutory requirements and authorizes the Commissioner (or his/her designee) to evaluate and approve graduate courses and supervised clinical training (including practicum and internship hours) from regionally accredited programs, including CACREP-accredited counseling programs with an addiction specialization, when those hours address the required competencies and are properly documented. A master's degree already substitutes for one year of the supervised work experience requirement. Independently licensed professionals may also apply prior supervised experience under their existing license toward the practical training requirement.

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---------- Forwarded message ---------
From: **Randall Reyes, Jennifer** <[redacted]
Date: Thu, Jul 30, 2026 at 10:21 AM
Subject: Public comment: SB 897
To: <lauren.t.withers@wv.gov>

Good morning,

I am submitting this comment as a CACREP-experienced counselor educator and program director in West Virginia's counselor training pipeline, to raise two concerns about the education and training structure created by SB 897 (now codified at W. Va. Code §16-67), and to urge the Bureau for Behavioral Health to use its rule-making authority under §16-67-23 to address them before the July 1, 2027 implementation deadline.

1. The bill's addiction-specific training requirements are misaligned with accredited graduate education.

A CACREP-accredited Counseling Program with an addiction counseling specialization typically requires approximately 9-12 semester credit hours of addiction-specific coursework. Under the standard academic convention that one semester credit hour equals approximately 15 hours of instruction, this represents roughly 135-180 hours of graduate-level, faculty-delivered instruction in substance use disorders and addiction treatment completed within a nationally accredited curriculum that is externally reviewed for content, competency outcomes, and alignment with the ACA Code of Ethics, and that is layered on top of a supervised clinical practicum and internship.

SB 897's certification eligibility requirements at §16-67-5, however, require an applicant to independently complete:

- 360 hours of "commissioner-approved education," at least 240 of which must relate to alcohol and drug counseling knowledge and skills;
- 300 hours of supervised practical training in alcohol and drug counseling; and
- three years of supervised paid work experience or unpaid internship (with only one year creditable for holding a master's degree).

As drafted, the statute contains no mechanism recognizing or crediting graduate coursework, clinical practicum, or internship hours completed within a CACREP-accredited addiction specialization toward these separate hour requirements. The practical result is that a counselor who has already completed a nationally accredited graduate program with an addiction specialization, and who has already demonstrated addiction-specific competency through externally reviewed coursework and supervised clinical training, must nonetheless independently re-accumulate up to 240 additional hours of non-degree "commissioner-approved education," a further 300 hours of supervised practical training, and up to two

additional years of post-degree work experience. This duplicates, rather than builds on, training already vetted through accreditation.

I recommend that the Bureau exercise its rule-making authority under §16-67-23(4), (6), and (13), which directs the Department to define "educational and experience requirements," "standards for approval of education or training programs," and "specific degree programs considered to be equivalent" to establish a clear crediting mechanism. Graduate semester credit hours in CACREP-accredited addiction-specific coursework should count toward the 240/360-hour "commissioner-approved education" requirement (at the standard 15 hours per credit hour), and addiction-focused practicum and internship hours logged during a CACREP-accredited program should count toward the 300-hour supervised practical training requirement.

2. Recent federal financial aid changes make it harder for students to complete the very degree programs this law depends on.

Under the One Big Beautiful Bill Act (H.R. 1 / P.L. 119-21), effective July 1, 2026, federal unsubsidized loans for graduate students are now capped at $20,500 per year (with a $100,000 aggregate cap), and Grad PLUS loans, which previously allowed graduate students to borrow up to their full cost of attendance, have been eliminated. A higher $50,000 per year / $200,000 aggregate cap was preserved for a defined list of eleven "professional degree" programs, but clinical mental health counseling and addiction counseling master's degrees were not included on that list ([American Mental Health Counselors Association](https://www.amhca.org/advocacy/takeaction)).

This matters directly for implementation of SB 897 because CACREP-accredited counseling programs typically require a minimum of 60 semester credit hours to complete the degree. At current tuition levels, a 60-credit-hour program routinely exceeds what a $20,500 annual federal loan can cover, particularly once required fees, unpaid practicum and internship hours, and living expenses are factored in. Students pursuing an addiction specialization within these programs are now less able to finance the full degree at the exact moment SB 897 is launching.

Recommendation

I urge the Bureau for Behavioral Health to (1) build an explicit credit-hour and clinical-hour equivalency into the implementing rule so that accredited mental health graduate programs with addiction-specific coursework and practicum hours count toward §16-67-5's certification requirements, and (2) consider these federal financial aid constraints when setting timelines, fees, and alternative pathways in the implementing rule, so that the certification and licensure can have it's intended impact of increasing West Virginia's addiction counseling workforce.

Respectfully submitted,

Jennifer Randall Reyes, PhD, LPC, ALPS, AADC

Sources cited:
- SB 897, 2026 Regular Session, West Virginia Legislature: http://www.legis.state.wv.us/Bill_Text_HTML/2026_SESSIONS/RS/bills/sb897%20enr.pdf
- WV Bill Status tracker (SB 897 signed, effective June 12, 2026): http://www.legis.state.wv.us/Bill_Status/Bills_all_bills.cfm?year=2026&btype=bill
- American Mental Health Counselors Association, federal loan cap advisory: https://www.amhca.org/advocacy/takeaction
- WV Secretary of State, Proposed Rules process: https://sos.wv.gov/administrative-law/rules/proposed-rules

Jen Randall Reyes, PhD, ALPS, LPC, AADC