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NEW JERSEY ADMINISTRATIVE CODE  
TITLE 13  
LAW AND PUBLIC SAFETY  
CHAPTER 34C  
ALCOHOL AND DRUG COUNSELOR  
COMMITTEE

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## SUBCHAPTER 1. GENERAL PROVISIONS

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### 13:34C-1.1 PURPOSE AND SCOPE

- a) The rules in this chapter implement the provisions of P.L. 1997, c.331, N.J.S.A. 45:2D-1 et seq., The Alcohol and Drug Counselor Licensing and Certification Act.
- b) This chapter shall apply to all persons presently practicing, those seeking to practice and those seeking licensure or certification to engage in alcohol and drug counseling services in the State of New Jersey.

### 13:34C-1.2 DEFINITIONS

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

"Accredited institution of higher education" means an educational institution that has been awarded accreditation by at least one of the following; the Middle States Association of Colleges and Schools, New England Association of Schools and Colleges, North Central Association of Schools and Colleges, Northwest Association of Schools and Colleges, Southern Association of Schools and Colleges, Western Association of Schools and Colleges or the World Education Service for a degree earned through an institution that is not in the United States.

"Act" means the Alcohol and Drug Counselor Licensing and Certification Act, P.L. 1997, c.331 (N.J.S.A. 45:2D-1 et seq.)

"Addiction Professionals Certification Board of New Jersey, Inc., (APCBNJ)" previously known as the Alcohol and Drug Counselor Certification Board of New Jersey, means the member of the International Certification Reciprocity Consortium (ICRC) of Alcohol and Other Drug Abuse, Inc. which certified alcohol and drug counselors in the State of New Jersey up to the effective date of these regulations.

"Address of record" means an address designated by a licensee or certificate holder, which is part of the licensee's or certificate holder's record and which will be disclosed to the public. "Address of record" may be a licensee's or certificate holder's home, business or mailing address, but shall not be a post office box, unless the licensee also provides another address that includes a street, city, state, and zip code.

"Assessment" means those procedures which identify and evaluate a client's strengths, weaknesses, problems and needs for the development of a treatment plan to address the

extent to which alcohol or drug use has interfered with the client's ability to function in the major life areas including, but not limited to, physical health, vocational development, social adaptations, legal involvement and psychological functioning.

"Board" means the State Board of Marriage and Family Therapy Examiners established pursuant to N.J.S.A. 45:8B-1 et seq.

"Case management" means activities which bring services, agencies, resources, or people together within a planned framework of action toward the achievement of established goals.

"Certificate holder" means an individual who is certified by the State Board of Marriage and Family Therapy Examiners as a Certified Alcohol and Drug Counselor.

"Certified alcohol and drug counselor (CADC)" means a person who holds a current, valid certificate issued by the State Board of Marriage and Family Therapy Examiners, as recommended by the Alcohol and Drug Committee, pursuant to N.J.S.A. 45:2D-5 and N.J.A.C. 13:34C-2.3. Under the grandfathering provision set forth at N.J.S.A. 45:2D-16, "certified alcohol and drug counselor" also means a person who held a certificate granted by the Addiction Professionals Certification Board of New Jersey, Inc. prior to the effective date of these regulations.

"Client education" means the provision of information to individuals and groups concerning alcohol and other drug abuse and the available treatment and prevention services.

"Committee" means the Alcohol and Drug Counselor Committee of the State Board of Marriage and Family Therapy Examiners established as a Committee pursuant to N.J.S.A. 45:2D-12.

"Consultation" means conferring with in-house staff or outside professionals to assure comprehensive, quality care for a client.

"Counseling" means the utilization of special skills to assist individuals, families, significant others, or groups in achieving an objective through exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternative solutions; decision making; and recovery maintenance.

"Counseling related areas" include educational psychology, guidance and counseling, human development, marriage and family therapy, psychiatric nursing, pastoral counseling, psychology, social work or educational specialist or post master's degree.

"Crisis intervention" means the provision of services which respond to an alcohol and/or other drug abuser's needs during acute emotional and/or physical distress.

"Department" means the Department of Law and Public Safety.

"Director" means the Director of the Division of Consumer Affairs in the Department of Law and Public Safety.

"Effective date" for purposes of N.J.S.A. 45:2D-16 means March 15, 2004.

"Enactment date" means January 9, 1998.

"Health care provider" includes, a New Jersey licensed individual who is permitted, without supervision, to diagnose and/or treat within the licensee's scope of practice, such as a licensed clinical alcohol and drug counselor, a licensed physician, a certified advanced practice nurse, a licensed psychologist, a licensed clinical social worker, a licensed marriage and family therapist or a licensed professional counselor.

"ICRC member board" means a certification authority that is a member of the International Certification Reciprocity Consortium (ICRC) of Alcohol and Other Drug Abuse, Inc.

"Intake" means the administrative and initial assessment procedures for entry into treatment.

"Licensed clinical alcohol and drug counselor (LCADC)" means a person who holds a current, valid license issued pursuant to N.J.S.A. 45:2D-4 and 45:2D-16 and N.J.A.C. 13:34C-2.2 and 2.1(c).

"Licensee" means an individual who is licensed by the New Jersey State Board of Marriage and Family Therapy Examiners, as recommended by the Alcohol and Drug Committee, as a licensed clinical alcohol and drug counselor.

"Orientation" means describing to a client the general nature and goals of the drug and alcohol treatment services offered.

"Recordkeeping" means charting the results of an assessment and treatment plan, writing reports, progress notes, discharge summaries and other client-related data.

"Referral" means identifying the needs of a client that cannot be met by the drug and alcohol counselor or agency and/or assisting the client to utilize the support systems and community resources available.

"Screening" means the process by which a client is determined to be both appropriate and eligible for drug and alcohol treatment services.

"Self-help group" means a voluntary group of persons who offer peer support to each other in recovering from an alcohol and drug addiction, including, but not limited to, groups such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Adult Children of Alcoholics (ACOA), Alanon and Naranon.

"Significant other" means an individual who is not related by blood or marriage, who can influence the client in a way that can impact the therapeutic intervention, success of recovery or treatment of the client. Examples include, but are not limited to, civil union partners, employers, teachers, friends, co-workers or probation/parole officers.

"Sponsor" means a mentor in a 12-step, self-help group, who is in a non-clinical, unpaid relationship with other 12-step members.

"Treatment planning" means the process by which a counselor and a client identify and rank problems which require resolution; establish agreed upon immediate and long-term goals, including time frames; and decide upon a treatment process and the resources to be utilized.

- b) Definitions of words and terms related to clinical supervision are set forth in N.J.A.C. 13:34C-6.1.

### **13:34C-1.3 OFFICE OF THE ALCOHOL AND DRUG COUNSELOR COMMITTEE**

The office of the Committee shall be maintained at 124 Halsey Street, Newark, New Jersey. The mailing address of the Committee is PO Box 45040, Newark, New Jersey 07101. The website of the Committee is [www.njconsumeraffairs.gov/adc](http://www.njconsumeraffairs.gov/adc).

### **13:34C-1.4 NOTIFICATION OF ADDRESS; SERVICE OF PROCESS**

- a) A licensee or certificate holder shall file and maintain with the Committee an address of record, as defined in N.J.A.C. 13:34C-1.2. A licensee or certificate holder shall notify the Committee in writing of any change from the address registered with the Committee and shown on the most recently issued renewal certificate. Such notice shall be sent to the Committee by certified mail, return receipt requested, no later than 30 days following the

change of address. Failure to notify the Committee of any change of address may result in disciplinary action in accordance with N.J.S.A. 45:1-21(h).

- b) Service, by mail or any other delivery, of an administrative complaint or other process initiated by the Board, Committee, the Attorney General, or the Division of Consumer Affairs at the address of the licensee or certificate holder which is on file with the Committee shall be deemed adequate notice for the purposes of N.J.A.C. 1:1-7.1 and the commencement of any disciplinary proceeding.

### **13:34C-1.5 LICENSE OR CERTIFICATION RENEWAL**

- a) The Committee shall send a notice of renewal to each licensee or certificate holder, at least 60 days prior to the expiration of the license or certification. The notice of renewal shall explain inactive renewal and advise the licensee or certificate holder of the option to renew as inactive. If the notice to renew is not sent 60 days prior to the expiration date, no monetary penalties or fines shall apply to the holder for failure to renew, provided that the license or certification is renewed within 60 days from the date the notice is sent or within 30 days following the date of license or certification expiration, whichever is later.
- b) A licensee or certificate holder shall renew his or her license or certification, as applicable, for a period of two years from the last expiration date. The licensee or certificate holder shall submit a renewal application to the Committee, along with the renewal fee set forth in N.J.A.C. 13:34C-1.11, prior to the date of license or certification expiration.
- c) A licensee or certificate holder may renew his or her license or certification, as applicable, by choosing inactive status. A licensee or certificate holder electing to renew his or her license or certification as inactive shall not engage in the practice of alcohol and drug counseling, or hold himself or herself out as eligible to engage in the practice of alcohol and drug counseling, in New Jersey, until such time as the license or certification is returned to active status.
- d) If a licensee or certificate holder does not renew the license or certification prior to its expiration date, the licensee or certificate holder may renew the license or certification within 30 days of its expiration by submitting a renewal application, a renewal fee, and a late fee as set forth in N.J.A.C. 13:34C-1.11. During this 30-day period, the license or certification shall be valid and the licensee or certificate holder shall not be deemed practicing without a license or certification, as applicable.
- e) A licensee or certificate holder who fails to submit a renewal application within 30 days of license or certification expiration shall have his or her license or certification, as applicable, suspended without a hearing.



- f) A licensee or certificate holder who continues to engage in the practice of alcohol and drug counseling with a suspended license or certification shall be deemed to be engaging in the unauthorized practice of alcohol and drug counseling and shall be subject to action consistent with N.J.S.A. 45:1-14 et seq., even if no notice of suspension has been provided to the individual.

### **13:34C-1.6 LICENSE OR CERTIFICATION REACTIVATION**

- a) A licensee or certificate holder who holds an inactive license or certification pursuant to N.J.A.C. 13:34C-1.5(c) may apply to the Committee for reactivation of the inactive license or certification. A licensee or certificate holder seeking reactivation of an inactive license or certification shall submit:
- 1) A renewal application;
  - 2) A certification of employment listing each job held during the period the license or certification was inactive, which includes the name, address, and telephone number of each employer;
  - 3) The renewal fee for the biennial period for which reactivation is sought as set forth in N.J.A.C. 13:34C-1.11.
    - i) If the renewal application is sent during the first year of the biennial period, the applicant shall submit the renewal fee as set forth in N.J.A.C. 13:34C-1.11.
    - ii) If the renewal application is sent during the second year of the biennial period, the applicant shall submit one-half of the renewal fee as set forth in N.J.A.C. 13:34C-1.11; and
  - 4) Evidence of having completed all continuing education credits that were required to be completed during the biennial period immediately prior to the renewal period for which reactivation is sought, consistent with the requirements set forth in N.J.A.C. 13:34C-5.1 and 5.2.
    - i) An applicant who holds a valid, current license or certification, as applicable, in good standing issued by another state to engage in the practice of alcohol and drug counseling and submits proof of having satisfied that state's continuing education requirements for that license or certification shall be deemed to have satisfied the requirements of this paragraph. If the other state does not have any continuing education requirements, the requirements of this paragraph apply.

- ii) To the extent that specific courses are required to satisfy the continuing education requirement for, or are required to have been satisfied prior to, the biennial period for which reactivation is sought, the Committee will allow applicants to take the courses within 12 months following reactivation.
  
- b) If a Committee review of an application establishes a basis for concluding that there may be practice deficiencies in need of remediation prior to reactivation, the Committee may require the applicant to submit to and successfully pass an examination or an assessment of skills, a refresher course, or other requirements as determined by the Committee prior to reactivation of the license or certification. If that examination or assessment identifies deficiencies or educational needs, the Committee may require the applicant, as a condition of reactivation of licensure, or certification to take and successfully complete any education or training or to submit to any supervision, monitoring, or limitations as the Committee determines is necessary to assure that the applicant practices with reasonable skill and safety. The Committee, in its discretion, may restore the license or certification subject to the applicant's completion of the training within a period of time prescribed by the Committee following the restoration of the license or certification. In making its determination whether there are practice deficiencies requiring remediation, the Committee shall consider the following non-exhaustive issues:
  - 1) Length of duration license or certification was inactive;
  - 2) Employment history;
  - 3) Professional history;
  - 4) Disciplinary history and any action taken against the applicant's license or certification by any licensing board;
  - 5) Actions affecting the applicant's privileges taken by any institution, organization, or employer related to the practice of alcohol and drug counseling or other professional or occupational practice in New Jersey, any other state, the District of Columbia, or in any other jurisdiction;
  - 6) Pending proceedings against a professional or occupational license or certification issued to the licensee or certificate holder by a professional board in New Jersey, any other state, the District of Columbia, or in any other jurisdiction; and
  - 7) Civil litigation related to the practice of alcohol and drug counseling or other professional or occupational practice in New Jersey, any other state, the District of Columbia, or in any other jurisdiction.

**13:34C-1.7 LICENSE OR CERTIFICATION REINSTATEMENT**

- a) A licensee or certificate holder who has had his or her license or certification suspended pursuant to N.J.A.C. 13:34C-1.5(e) may apply to the Committee for reinstatement. A licensee or certificate holder applying for reinstatement shall submit:
- 1) A reinstatement application;
  - 2) A certification of employment listing each job held during the period of suspended license or certification, which includes the names, addresses, and telephone number of each employer;
  - 3) The renewal fee for the biennial period for which reinstatement is sought;
  - 4) The past due renewal fee for the biennial period immediately preceding the renewal period for which reinstatement is sought;
  - 5) The reinstatement fee set forth in N.J.A.C. 13:34C-1.11; and
  - 6) Evidence of having completed all continuing education credits that were required to be completed during the biennial period immediately prior to the renewal period for which reinstatement is sought, consistent with the requirements set forth in N.J.A.C. 13:34C-5.1 and 5.2.
    - i) An applicant who holds a valid, current license or certification, as applicable, in good standing issued by another state to engage in the practice of alcohol and drug counseling and submits proof of having satisfied that state's continuing education requirements for that license or certification, shall be deemed to have satisfied the requirements of this paragraph. If the other state does not have any continuing education requirements, the requirements of this paragraph apply.
    - ii) To the extent that specific courses are required to satisfy the continuing education requirement for, or are required to have been satisfied prior to, the biennial period for which reinstatement is sought, the Committee will allow applicants to take the courses within 12 months following reinstatement.
- b) If a Committee review of an application establishes a basis for concluding that there may be practice deficiencies in need of remediation prior to reinstatement, the Committee may require the applicant to submit to and successfully pass an examination or an assessment of skills, a refresher course, or other requirements as determined by the Committee prior to reinstatement of the license or certification. If that examination or assessment identifies deficiencies or educational needs, the Committee may require the applicant, as a condition of reinstatement of licensure, to take and successfully complete any education or training or

to submit to any supervision, monitoring, or limitations as the Committee determines is necessary to assure that the applicant practices with reasonable skill and safety. The Committee, in its discretion, may restore the license or certification, as applicable, subject to the applicant's completion of the training within a period of time prescribed by the Committee following the restoration of the license or certification. In making its determination whether there are practice deficiencies requiring remediation, the Committee shall consider the following non-exhaustive issues:

- 1) Length of duration license or certification was suspended;
- 2) Employment history;
- 3) Professional history;
- 4) Disciplinary history and any action taken against the applicant's license by any licensing board;
- 5) Actions affecting the applicant's privileges taken by any institution, organization, or employer related to the practice of alcohol and drug counseling or other professional or occupational practice in New Jersey, any other state, the District of Columbia, or in any other jurisdiction;
- 6) Pending proceedings against a professional or occupational license or certification issued to the licensee or certificate holder by a professional board in New Jersey, any other state, the District of Columbia, or in any other jurisdiction; and
- 7) Civil litigation related to the practice of alcohol and drug counseling or other professional or occupational practice in New Jersey, any other state, the District of Columbia, or in any other jurisdiction.

### **13:34C-1.8 LICENSEE TO DISPLAY NOTICE OR GIVE NOTICE; LICENSEE TO DISPLAY LICENSE**

- a) All licensees, conducting independent practice, shall ensure that the following notice is either prominently displayed in a waiting room or other area where it will be visible to the licensee's clients or provided to the licensee's clients in writing:

"Alcohol and drug counselors are licensed by the Board of Marriage and Family Therapy Examiners, Alcohol and Drug Counselor Committee, an agency of the Division of Consumer Affairs. Any member of the consuming public having a complaint concerning the manner in which the alcohol and drug counseling practice is conducted or services are provided should notify the Alcohol and Drug Counselors Committee, PO Box 45040, 124 Halsey Street, Newark, New Jersey 07101, [www.njconsumeraffairs.gov/adg](http://www.njconsumeraffairs.gov/adg), or the New Jersey Division of

Consumer Affairs, Post Office Box 45027, 124 Halsey Street, Newark, New Jersey 07101, [www.njconsumeraffairs.gov](http://www.njconsumeraffairs.gov)."

- b) All licensees, conducting independent practice, shall conspicuously display their license issued by the Board in their primary office.

### **13:34C-1.9 SUSPENSION, REVOCATION OR REFUSAL OF LICENSURE OR CERTIFICATION**

- a) If an applicant or holder of a license or certificate affirmatively demonstrates rehabilitation by clear and convincing evidence, the Board, upon recommendation by the Committee, shall admit the applicant to an examination and shall issue a license or certificate to the holder provided the other requirements of licensure or certification have been met. In determining whether a person has affirmatively demonstrated rehabilitation, the Committee shall consider the following factors:
- 1) The nature and responsibility of the position which the convicted person would hold or has held, as the case may be;
  - 2) The nature and seriousness of the offense;
  - 3) The circumstances under which the offense occurred;
  - 4) The date of the offense;
  - 5) The age of the person when the offense was committed;
  - 6) Whether the offense was an isolated or repeated incident;
  - 7) Any social conditions which may have contributed to the offense; and
  - 8) Any evidence of rehabilitation, including good conduct in prison or in the community, counseling or psychiatric treatment received, drug free periods, acquisition of additional academic or vocational schooling, successful participation in correctional work-release programs, or the recommendation of those who have supervised the person, or restitution or any fines being paid.
- b) In accordance with N.J.S.A. 45:1-21, the Committee may refuse to admit a person to an examination or may refuse to issue or may suspend or revoke any certificate or license issued by the Board upon proof that the applicant or holder of such certificate or license:

- 1) Has obtained a certificate, license or authorization to sit for an examination, as the case may be, through fraud, deception, or misrepresentation;
- 2) Has engaged in the use or employment of dishonesty, fraud, deception, misrepresentation, false promise or false pretense;
- 3) Has engaged in gross negligence, gross malpractice or gross incompetence which damaged or endangered the life, health, welfare, safety or property of any person;
- 4) Has engaged in repeated acts of negligence, malpractice or incompetence;
- 5) Has engaged in professional or occupational misconduct including, but not limited to, the following:
  - i) Offering to perform or performing services that are beyond the licensee or certificate holder's education, training, or experience;
  - ii) Diagnosing or treating non-substance related mental illness or mental disease;
  - iii) Reporting distorted, erroneous or misleading alcohol or drug abuse counseling information;
  - iv) Taking credit for work not personally performed;
  - v) Acting as a sponsor of any client, patient, supervisee, or student of the alcohol and drug abuse counselor who participates in a self-help group;
  - vi) Engaging in a dual relationship, which could result in a conflict of boundaries and/or exercising undue influence over any client or patient of the alcohol and drug abuse counselor;
  - vii) Treating any client, patient, student, supervisee or colleague in an abusive manner;
  - viii) Discriminating against any client, patient, student, supervisee or colleague on the basis of color, race, gender, religion, national origin, ancestry, age, disability or sexual orientation;
  - ix) Failing to inform any client or patient of any financial benefits that might accrue to the alcohol and drug abuse counselor from referral to any other service or from the use

- of any tests, books or apparatus or failing to offer any meaningful choice of other treatment providers, where available;
- x) Directly or indirectly offering, giving, soliciting, receiving, or agreeing to receive any fee or other consideration of more than nominal (negligible) value to or from a third party for the referral of a client or patient or in connection with the performance of professional services;
  - xi) Permitting any person to share in the fees for professional services, other than a partner, employee, an associate in a professional firm or a consultant authorized to practice the same profession or in a closely allied profession;
  - xii) Failing to terminate the alcohol and drug abuse counseling relationship when it is apparent that the relationship no longer serves the needs of the client or patient;
  - xiii) Providing counseling services while using alcoholic beverages or illegally using controlled dangerous substances; or
  - xiv) Altering any records in a manner not authorized pursuant to N.J.A.C. 13:34C-4.1(e);
- 6) Has been convicted of, or engaged in acts constituting, any crime or offense involving moral turpitude or relating adversely to alcohol and drug counseling. For the purposes of this subsection a judgment of conviction or a plea of guilty, non vult, nolo contendere or any other such disposition of alleged criminal activity shall be deemed a conviction;
  - 7) Has had the authority to engage in alcohol and drug counseling revoked or suspended by any other State agency or authority for reasons consistent with this section;
  - 8) Has violated or failed to comply with the provisions of any act or regulation administered by the Committee;
  - 9) Is incapable for medical or any other good cause, of discharging the functions of a licensee or certificate holder in a manner consistent with the public's health, safety and welfare;
  - 10) Has violated any provision of P.L. 1983, c.320 (C.17:33A-1 et seq.) or any insurance fraud prevention law or act of another jurisdiction or has been adjudicated, in civil or administrative proceedings, of a violation of P.L. 1983, c.320 (C.17:33A-1 et seq.) or has been subject to a final order, entered in civil or administrative proceedings, that imposed civil penalties under that act against the applicant or holder;

- 11) Is presently engaged in drug or alcohol use that is likely to impair the ability to practice the profession or occupation with reasonable skill and safety. For purposes of this subsection, the term "presently" means at this time or any time within the previous 365 days;
- 12) Has permitted an unlicensed person or entity to perform an act for which a license or certification is required by the Committee, or aided and abetted an unlicensed person or entity in performing such an act; or
- 13) Advertised fraudulently in any manner.

**13:34C-1.10 LICENSURE OR CERTIFICATION OF PERSONS LICENSED OR CERTIFIED IN ANOTHER JURISDICTION**

The Board, upon recommendation by the Committee, may grant a license or certification to any person who at the time of application is licensed or certified by a governmental agency or other comparable recognized certifying authority located in another state, territory or jurisdiction, if in the opinion of the Committee, the requirements of that licensure or certification are substantially similar, at the time of initial certification or licensure, to requirements of the Act and this chapter.

**13:34C-1.11 FEE SCHEDULE**

a) The Committee shall charge the following fees:

- 1) Application fee ..... \$75.00
- 2) Initial license fee
  - i) If paid during the first year of a biennial renewal period ..... \$250.00
  - ii) If paid during the second year of a biennial renewal period ..... \$125.00
- 3) Initial certification fee
  - i) If paid during the first year of a biennial renewal period ..... \$180.00
  - ii) If paid during the second year of a biennial renewal period ..... \$90.00
- 4) Certification of licensure or certification ..... \$25.00



- 5) License renewal fee, biennial ..... \$250.00
- 6) Certification renewal fee, biennial ..... \$180.00
- 7) Reinstatement fee ..... \$125.00
- 8) Late renewal fee ..... \$50.00
- 9) Replacement wall certificate ..... \$40.00
- 10) Duplicate license or certification fee ..... \$25.00

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**SUBCHAPTER 2.**  
**APPLICATION PROCEDURE; APPLICANT QUALIFICATIONS**

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**13:34C-2.1 (RESERVED)****13:34C-2.2 APPLICATION PROCEDURE: LICENSED CLINICAL ALCOHOL AND DRUG COUNSELOR**

- a) An applicant for licensure as a clinical alcohol and drug counselor shall submit the following to the Committee:
  - 1) A completed application form, which contains information concerning the applicant's educational and experiential background;
  - 2) The non-refundable application fee set forth in N.J.A.C. 13:34C-1.11;
  - 3) An official transcript(s)/certificate(s) indicating that the applicant has satisfied the educational requirements as set forth in (b) below and N.J.A.C. 13:34C-2.3(b)1 and 4;
  - 4) A supervisor's certification indicating that the applicant has met the supervision requirements for licensure as set forth in N.J.A.C. 13:34C-6; and
  - 5) A Certification and Authorization Form for a Criminal History Background Check.
- b) An applicant shall furnish evidence that the applicant has:
  - 1) Received a master's degree in counseling from an accredited institution of higher education, as defined in N.J.A.C. 13:34C-1.2, or received a master's degree in an addictions or counseling related area which shall include a minimum of 18 graduate

semester hours in counseling from an accredited institution of higher education. The required 18 graduate semester hours for the master's degree in an addictions or counseling related area may include pre and post master's graduate semester hours and must be distributed among the following areas:

- i) Counseling theory and practice, which includes the study of basic theories, principles and techniques of counseling and their application to professional counseling settings;
- ii) The helping relationship, which includes studies that provide a broad understanding of philosophic bases of helping processes, basic and advanced helping skills, consultation theories and their applications, client and helper self-understanding and self-development, and facilitation or consultee change;
- iii) Human growth and development and maladaptive behavior, which includes studies that provide a broad understanding of the nature and needs of individuals at all developmental levels, normal and abnormal behavior, personality theory, life-span theory, and learning theory within cultural contexts;
- iv) Lifestyle and career development, which include studies that provide a broad understanding of career development theories, occupational and educational information sources and systems, career and leisure counseling, guidance and education, lifestyle and career decision-making, career development program planning, resources, and career option identification;
- v) Group dynamics, processes, counseling and consulting, which include studies that provide a broad understanding of group development dynamics, group counseling theories, group leadership styles, basic and advanced group counseling methods and skills, and other group approaches;
- vi) Assessment of individuals, which includes studies that provide a broad understanding of group and individual educational and psychometric theories and approaches to assessment, data and information gathering methods, validity and reliability, psychometric statistics, factors that influence assessment, use of assessment results in helping process and the specific ability to administer and interpret tests and inventories to assess abilities, interests, and identify career options;
- vii) Social and cultural foundations, which include studies that provide a broad understanding of societal changes and trends, human roles, societal subgroups, social mores and interaction patterns, multicultural and pluralistic trends, differing lifestyles, and major societal concerns including stress, personal abuse, substance abuse, discrimination and methods of alleviating these concerns;

- viii) Research and evaluation, which include studies that provide a broad understanding of types of research, basic statistics, research-report development, research implementation, program evaluation, needs assessment, publication of research information and ethical and legal considerations;
  - ix) The counseling profession, which includes studies that provide a broad understanding of professional roles and functions, professional goals and objectives, professional organizations and associations, professional history and trends, ethical and legal standards, professional preparation standards and professional credentialing; and
  - x) Pharmacology and physiology, which includes topics related to physiology of alcohol/drug use, abuse, dependency and addiction; neurophysiology of chemical use; psychopharmacology; therapeutic and appropriate use of pharmaceutical drugs; physical health and the use/abuse of drugs; psychiatric medications in the treatment of mental illness and dual diagnoses; appropriate use of prescribed medications for recovering chemically dependent clients/patients; treatment of chronic pain and clinical testing of body fluids and hair; and
- 2) Successfully completed the following requirements to be a certified alcohol and drug counselor consistent with the requirements of N.J.A.C. 13:34C-2.3(b)2 and N.J.S.A. 45:2D-5:
- i) Three hundred hours of supervised practical training in alcohol and drug counseling;
  - ii) Two years of supervised work experience within five consecutive years immediately preceding the date of submission of the application;
  - iii) Two hundred seventy hours of alcohol and drug education;
  - iv) Attended the 30 alcohol and drug abuse self-help group meetings;
  - v) A written examination developed and prepared by the ICRC, or its successor; and
  - vi) An oral examination developed and prepared by the ICRC, or its successor, on the applicant's written case presentation.
- c) An application shall be deemed abandoned and closed if:
- 1) The application has not been completed by the applicant within 12 months after it was received by the Committee; or

- 2) The applicant fails to sit for or pass the written and/or oral sections of the examination within 12 months or any 12-month period thereafter upon written notification of eligibility to take the examination.
- d) An application submitted subsequent to the abandonment of a prior application shall be treated as a new application and shall comply with the requirements of (a) and (b) above.
- e) After the third attempt or thereafter to pass the written and/or oral sections of the examination, the applicant may not reapply a fourth time or any time thereafter without having first successfully completed and passed a course(s) in the subject matter(s) in which the examination has demonstrated the applicant's deficiencies.

### **13:34C-2.3 APPLICATION PROCEDURE: CERTIFIED ALCOHOL AND DRUG COUNSELOR**

- a) An applicant for certification as a certified alcohol and drug counselor shall submit the following to the Committee:
  - 1) A completed application form, which contains information concerning the applicant's educational and experiential background;
  - 2) The non-refundable application fee set forth in N.J.A.C. 13:34C-1.11;
  - 3) An official transcript(s)/certificate(s) indicating that the applicant has satisfied the educational requirements set forth in (b)1 and 4 below;
  - 4) The supervisor's certification indicating that the applicant has met the supervision requirements for certification as set forth in N.J.A.C. 13:34C-6; and
  - 5) A Certification and Authorization Form for a Criminal History Background Check.
- b) An applicant shall furnish evidence that the applicant has:
  - 1) Received a bachelor's degree or an associate's degree or a high school diploma or a certificate of high school equivalency;
  - 2) Completed 300 hours of supervised practical training in alcohol and drug counseling distributed among all of the following 12 core functions: screening, intake, orientation, assessment, treatment planning, counseling-individual, group and family, case management, crisis intervention, client education, referral, consultation and

recordkeeping. This practical training may be part of the work experience pursuant to (b)3 below and may be completed under more than one agency or supervisor;

- 3) Completed two years of supervised work experience within five consecutive years immediately preceding the date of submission of the application. The two years of supervised work experience may be paid or voluntary time working directly with alcohol or other drug clients. Paid or voluntary time shall be directly related to the 12-core functions as set forth at (b)2 above;
  - i) A one year full-time equivalent shall be 1,500 hours over a 50-week period. Any hours over the required 1,500 hours per year may not be carried over into the succeeding year. The practical training required by (b)2 above may be part of the work experience set forth in this paragraph and may be completed under more than one agency or supervisor;
  - ii) The work experience requirement may be satisfied by work performed on a part-time basis, so long as the two year experience requirement is satisfied by completion of at least 3,000 hours within five consecutive years immediately preceding the date of submission of the application;
  - iii) Continuing education courses, workshops, seminars, or unsupervised work experience, or formal education (except for the supervised practical training pursuant to (b)2 above) may not be substituted for the required work experience;
- 4) Completed 270 hours of alcohol and drug education, approved by member boards of the International Certification Reciprocity Consortium of Alcohol and Other Drug Abuse, Inc. (ICRC), the National Association of Alcoholism and Drug Abuse Counselors (NAADAC), the Association for Addiction Professionals or a regionally accredited college or university, which shall be related to the knowledge and skill associated with the functions of an alcohol and drug counselor, including formal classroom education, workshops, seminars, institutes, in-service training or a maximum of 54 course hours in distance learning programs as follows:
  - i) Fifty-four course hours of assessment, with a minimum of six hours in each of the topics and distributed among all of the following:
    - (1) Initial interviewing process;
    - (2) Biopsychosocial assessment;
    - (3) Differential diagnosis;

- (4) Diagnostic summaries;
  - (5) Compulsive gambling; and
  - (6) Psychopharmacology/physiology of addiction;
- ii) Fifty-four course hours of counseling, with a minimum of six hours in each of the topics and distributed among all of the following:
- (1) Introduction to counseling;
  - (2) Introduction to techniques and approaches;
  - (3) Crisis intervention;
  - (4) Individual counseling focused on addiction;
  - (5) Group counseling; and
  - (6) Family counseling;
- iii) Fifty-four course hours of case management, with a minimum of six hours in each of the topics and distributed among all of the following:
- (1) Community resources;
  - (2) Consultation;
  - (3) Documentation; and
  - (4) HIV positive resources;
- iv) Fifty-four course hours of client education, with a minimum of six hours in each of the topics and distributed among all of the following:
- (1) Addiction recovery;
  - (2) Psychological client education;

- (3) Biochemical/medical client education;
  - (4) Sociocultural client education;
  - (5) Addiction recovery and psychological family education;
  - (6) Biomedical and sociocultural family education; and
  - (7) Community and professional education; and
- v) Fifty-four course hours of professional responsibility, with a minimum of six hours in each of the topics and distributed among all of the following;
- (1) Ethical standards;
  - (2) Legal aspects;
  - (3) Cultural competency;
  - (4) Professional growth;
  - (5) Personal growth;
  - (6) Dimensions of recovery;
  - (7) Supervision;
  - (8) Consultation; and
  - (9) Community involvement;
- 5) Attended 30 alcohol and drug abuse self-help group meetings of which a minimum of five meetings shall be in Alcoholics Anonymous; a minimum of five meetings shall be in Narcotics Anonymous; and a minimum of five meetings shall be in Alanon;
- 6) Successfully completed a written examination developed and prepared by the ICRC, or its successor; and

- 7) Successfully completed an oral examination developed and prepared by the ICRC, or its successor, on the applicant's written case presentation.
- c) An application shall be deemed abandoned and closed if:
- 1) The application has not been completed by the applicant within 12 months after it was received by the Committee; or
  - 2) The applicant fails to sit for or pass the written and/or oral sections of the examination within 12 months or any 12-month period thereafter upon written notification of eligibility to take the examination.
- d) An application submitted subsequent to the abandonment of a prior application shall be treated as a new application and shall comply with the requirements of (a) and (b) above.
- e) After the third attempt or thereafter to pass the written and/or oral sections of the examination, the applicant may not reapply a fourth time or any time thereafter without having first successfully completed and passed a course(s) in the subject matter(s) in which the examination has demonstrated the applicant's deficiencies.

#### **13:34C-2.4 LICENSURE: HEALTH CARE PROVIDER LICENSED BY THE STATE**

- a) In accordance with N.J.S.A. 45:2D-4(b), the Committee shall recommend that the Board issue a license as a licensed clinical alcohol and drug counselor to any health care provider licensed by the State of New Jersey, who is in good standing and diagnoses and/or treats drug or alcohol related disorders within the health care provider's scope of practice.
- b) The health care provider shall also demonstrate to the Committee, which will then recommend to the Board, that the health care provider has equivalent education as required pursuant to N.J.A.C. 13:34C-2.2(b) and training and comparable years of experience as required pursuant to N.J.A.C. 13:34C-2.3(b)2 through 5, except that the health care provider shall be exempt from taking the oral and written examinations as required pursuant to N.J.A.C. 13:34C-2.3(b)6 and 7.

#### **13:34C-2.5 QUALIFICATION REVIEW PROCESS: LICENSURE AND CERTIFICATION**

- a) The Committee shall review the qualifications of each person who applies for licensure or certification as an alcohol and drug counselor.
- b) No applicant shall be licensed or certified by the Board unless a majority of the full Committee first determines that the applicant has met the education and experience requirements of N.J.A.C. 13:34C-2.3(b)1 through 5 and successfully completed the written



and oral examinations required pursuant to N.J.A.C. 13:34C-2.3(b)6 and 7. Exempted from this subsection are those applicants who qualify as specified pursuant to N.J.A.C. 13:34C-1.10, 2.1, and 2.4.

- c) An applicant who is determined to be qualified and is recommended for licensure or certification by the Committee shall be considered for licensure or certification by the Board, with the final decision to be made by the Board. The Board may review the action taken by the Committee with respect to the Committee's evaluation and examination of the applicant for licensure as a licensed clinical alcohol and drug counselor or for certification as a certified alcohol and drug counselor.
- d) The Board may reverse, modify or reject any determination of the Committee by an affirmative vote of a majority of the Board.

### **13:34C-2.6 EXCEPTIONS TO LICENSURE AND CERTIFICATION**

- a) The licensure and certification rules in this subchapter shall not apply to:
  - 1) A person engaging in or offering alcohol and drug addiction services such as self-help, sponsorship through Alcoholics Anonymous and Narcotics Anonymous groups or other uncompensated alcohol and drug addiction counseling assistance;
  - 2) The activities and services of a designated employee or other agent of a private employer who has been designated to be involved in the evaluation or referral for counseling of employees of the private employer, or an employee or other agent of a recognized academic institution, a Federal, State, county or local government institution, agency or facility, or a school district, if the individual is performing these activities of evaluation or referral for counseling only of employees and solely within the company or agency, as the case may be, or under the jurisdiction of that company or agency and if a license granted under this act is not a requirement for employment;
  - 3) The activities and services of an imam, rabbi, priest, minister, Christian Science practitioner, or clergy of any religious denomination or sect, when engaging in activities, that are within the scope of the performance of the person's regular or specialized ministerial duties and for which no separate charge is made, or when these activities are performed, with or without charge, for or under the auspices or sponsorship, individually or in conjunction with others, of an established and legally recognizable church, denomination, or sect, and when the person rendering services remains accountable to the established authority thereof;
  - 4) A student, intern, or trainee in alcohol and drug addiction counseling pursuing a course of study in counseling in a regionally accredited institution of higher education or training

institution, if these activities are performed under supervision and constitute a part of the supervised course of study; or

- 5) A person doing work of an alcohol or drug counseling nature, or advertising those services, when acting within the scope of the person's profession or occupation and doing work consistent with the person's training, including physicians, clinical social workers, professional counselors, marriage and family therapists, psychologists, nurses or any other profession or occupation licensed by the State, or students within accredited programs of these professions, if the person does not hold oneself out to the public as possessing a license or certification issued pursuant to the Act or this chapter.

**13:34C-2.7 CREDIT TOWARDS LICENSURE FOR EDUCATION, TRAINING, AND EXPERIENCE RECEIVED WHILE SERVING AS A MEMBER OF THE ARMED FORCES: LICENSED CLINICAL ALCOHOL AND DRUG COUNSELOR**

- a) An applicant who has served in the Armed Forces of the United States (Armed Forces) and who does not meet all of the training, education, and experience requirements for licensure under N.J.A.C. 13:34C-2.2 may apply to the Committee for recognition of the applicant's training, education, or experience received while serving as a member of the Armed Forces, which the Committee shall consider, together with any training, education, and experience obtained outside of the Armed Forces, for determining substantial equivalence to the training, education, and experience required for licensure.
- b) The Board shall issue a license to the applicant, if the applicant presents evidence to the Committee and the Board that:
  - 1) The applicant has been honorably discharged from active military service;
  - 2) The relevant training, experience, and education the applicant has received in the military, together with any training, experience, and education obtained outside of the Armed Forces, is substantially equivalent in scope and character to the training, experience, and education required for licensure under N.J.A.C. 13:34C-2.2.
    - i) An applicant seeking credit for military training and experience shall submit to the Committee the applicant's Verification of Military Experience and Training (VMET) Document, DD Form 2586 or a successor form, as amended and supplemented.
    - ii) An applicant seeking credit for education courses and/or training completed while in the military who does not hold a master's degree in counseling from an accredited institution of higher education, as defined in N.J.A.C. 13:34C-1.2, or a master's degree in an addictions or counseling related area that meets the course work requirements of N.J.A.C. 13:34C-2.2(b), shall submit to the Board a Joint Services Transcript of his or her education/training for a determination that the education

courses and/or training completed are substantially equivalent in level, scope, and intent to the educational requirements described and required for licensure under N.J.A.C. 13:34C-2.2. For the purpose of determining substantial equivalence of the applicant's military education and/or training, the Board shall consider only those education courses and/or training relevant to the practice of alcohol and drug counseling that have been evaluated by the American Council on Education for substantial equivalence to civilian postsecondary curricula; and

- 3) The applicant complies with all other requirements for licensure, including successful completion of the written and oral examinations as set forth in N.J.A.C. 13:34C-2.3(b).
- c) It is the applicant's responsibility to provide timely and complete evidence of the education, training, and/or experience gained in the military for review and consideration.
- d) If the applicant's military training, education, or experience, or a portion thereof, is deemed not to be substantially equivalent to that required for licensure, the Committee and the Board shall credit whatever portion of the military training, education, or experience that is substantially equivalent towards meeting the requirements under N.J.A.C. 13:34C-2.2 for the issuance of the license.
- e) Satisfactory evidence of such education, training, or experience shall be assessed on a case-by-case basis.

**13:34C-2.8 CREDIT TOWARDS CERTIFICATION FOR EDUCATION, TRAINING, AND EXPERIENCE RECEIVED WHILE SERVING AS A MEMBER OF THE ARMED FORCES: CERTIFIED ALCOHOL AND DRUG COUNSELOR**

- a) An applicant who has served in the Armed Forces of the United States (Armed Forces) and who does not meet all of the training, education, and experience requirements for certification under N.J.A.C. 13:34C-2.3 may apply to the Committee for recognition of the applicant's training, education, or experience received while serving as a member of the Armed Forces, which the Committee shall consider, together with any training, education, and experience obtained outside of the Armed Forces, for determining substantial equivalence to the training, education, and experience required for certification.
- b) The Board shall issue a certificate to the applicant if the applicant presents evidence to the Committee and the Board that:
  - 1) The applicant has been honorably discharged from active military service;
  - 2) The relevant training, experience, and education the applicant has received in the military, together with any training, education, and experience obtained outside of the

Armed Forces, is substantially equivalent in scope and character to the training, experience, and education required for certification under N.J.A.C. 13:34C-2.3.

- i. An applicant seeking credit for military training and experience shall submit to the Committee the applicant's Verification of Military Experience and Training (VMET) Document, DD Form 2586 or a successor form, as amended and supplemented.
  - ii. An applicant seeking credit for education courses and/or training completed while in the military who has not completed the 270 hours of alcohol and drug education described in N.J.A.C. 13:34C-2.3(b)4 shall submit to the Committee a Joint Services Transcript of his or her education/training for a determination that the education courses and/or training completed are substantially equivalent in level, scope, and intent to the educational requirements described and required for certification under N.J.A.C. 13:34C-2.3(b)4. For the purpose of determining substantial equivalence of the applicant's military education and/or training, the Committee and the Board shall consider only those education courses and/or training relevant to the practice of alcohol and drug counseling that have been evaluated by the American Council on Education for substantial equivalence to civilian postsecondary curricula; and
- 3) The applicant complies with all other requirements for certification, including successful completion of the written and oral examinations as set forth in N.J.A.C. 13:34C-2.3(b).
- c) It is the applicant's responsibility to provide timely and complete evidence of the education, training, and/or experience gained in the military for review and consideration.
  - d) If the applicant's military training, education, or experience, or a portion thereof, is deemed not to be substantially equivalent to that required for certification, the Committee and the Board shall credit whatever portion of the military training, education, or experience that is substantially equivalent towards meeting the requirements under N.J.A.C. 13:34C-2.3 for the issuance of the certificate.
  - e) Satisfactory evidence of such education, training, or experience shall be assessed on a case-by-case basis.

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### **SUBCHAPTER 3. GENERAL OBLIGATIONS**

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#### **13:34C-3.1 STANDARDS OF PRACTICE; SCOPE OF PRACTICE**

- a) The scope of practice of a certified alcohol and drug counselor includes, but is not limited to:

- 1) The 12-core functions: screening, intake, orientation, assessment, treatment planning, counseling, case management, crisis intervention, education and prevention, referral, consultation, and reporting and recordkeeping; and
  - 2) The collection of specimen (urine, hair, or saliva) samples for drug testing in accordance with standards established by the United States Department of Mental Health Services Administration Center for Substance Abuse and Mental Health Services Administration (SAMHSA), as set forth in the Clinical Drug Testing in Primary Care. Technical Assistance Publication (TAP) 32. HHS Publication No. (SMA) 12-4668. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012, which is incorporated herein by reference, as amended and supplemented. The publication is available online at <http://store.samhsa.gov/product/TAP-32-Clinical-Drug-Testing-in-Primary-Care/SMA12-4668>.
- b) A certified alcohol and drug counselor shall practice under the supervision of a licensed clinical alcohol and drug counselor or other clinical supervisor as deemed appropriate by the Committee pursuant to N.J.A.C. 13:34C-6.3 and 6.4.
- c) A certified alcohol and drug counselor is prohibited from making diagnoses.
- d) The scope of practice of a licensed clinical alcohol and drug counselor includes, but is not limited to:
- 1) The 12 core functions: screening, intake, orientation, assessment, treatment planning, counseling, case management, crisis intervention, education and prevention, referral, consultation, and reporting and recordkeeping;
  - 2) Performance of clinical supervision pursuant to N.J.A.C. 13:34C-6.2, 6.3, and 6.4 for alcohol and drug counselor trainees and certified alcohol and drug counselors;
  - 3) Diagnosis of substance-related disorders as described in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association; and
  - 4) The ordering and collection of specimen (urine, hair, or saliva) samples for drug testing in accordance with standards established by SAMHSA, as set forth in the Clinical Drug Testing in Primary Care. Technical Assistance Publication (TAP) 32. HHS Publication No. (SMA) 12-4668. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012, which is incorporated herein by reference, as amended and supplemented. The publication is available online at <http://store.samhsa.gov/product/TAP-32-Clinical-Drug-Testing-in-Primary-Care/SMA12-4668>.

**13:34C-3.2 PROFESSIONAL CONDUCT**

- a) No person shall engage in the practice of alcohol and drug counseling as a licensed clinical alcohol and drug counselor unless licensed pursuant to the Act and this chapter.
- b) No person shall engage in the practice of alcohol and drug counseling as a certified alcohol and drug counselor unless certified pursuant to the Act and this chapter.
- c) No person shall present, call or represent himself or herself as a licensed clinical alcohol and drug counselor unless licensed pursuant to the Act and this chapter.
- d) No person shall present, call or represent himself or herself as a certified alcohol and drug counselor unless certified pursuant to the Act and this chapter.
- e) No person shall assume, represent himself or herself as, or use the title or designation such as "alcoholism counselor," "alcohol counselor," "drug counselor," "alcohol and drug counselor," "alcoholism and drug counselor," "licensed clinical alcohol and drug counselor," "certified alcohol and drug counselor," "substance abuse counselor," "chemical dependency counselor," "addictions counselor," "certified addictions counselor," "certified addictions specialist" or "chemical dependency supervisor," or any of the abbreviations for the above titles, unless licensed or certified pursuant to the Act and this chapter, and unless the title or designation corresponds to the license or certification held by the person pursuant to the Act and this chapter.
- f) No person shall engage in the independent practice of alcohol and drug counseling for a fee unless the person is licensed as a licensed clinical alcohol and drug counselor or the person is a certified alcohol and drug counselor practicing under the supervision of a licensed clinical alcohol and drug counselor or other approved clinical supervisor approved pursuant to N.J.A.C. 13:34C-6.3.
- g) All licensees and certificate holders are responsible for the conduct of their employees, pursuant to N.J.S.A. 45:2D-11.

**13:34C-3.3 SEXUAL MISCONDUCT AND HARASSMENT**

- a) The following words and terms, when used in this subchapter, shall have the following meanings unless the context clearly indicates otherwise:

"Client" means any person who is the recipient of a professional service rendered by an alcohol and drug counselor for purposes of diagnosis, treatment or a consultation relating to treatment. "Client," for purposes of this section, also means a person who is the subject of

professional examination or assessment or clinical supervision even if the purpose of that examination or assessment or clinical supervision is unrelated to treatment.

"Client-counselor relationship" means the association between an alcohol and drug counselor and a client wherein the counselor owes a continuing duty to the client to be available to render alcohol and drug counseling services consistent with his or her training and experience.

"Harassment" means one egregious act or repeated comments, contact, or gestures which are based upon the following and which have the purpose or effect of intimidating or offending the individual based upon his or her race, religion, color, gender, national origin, marital status, sexual orientation, physical or mental disability.

"Sexual contact" means the knowing touching of a person's body directly or through clothing, where the circumstances surrounding the touching would be construed by a reasonable person to be motivated by the licensee's or certificate holder's own prurient interest or for sexual arousal or gratification. "Sexual contact" includes, but is not limited to, the imposition of the licensee's or certificate holder's body upon a part of the client's body, sexual penetration, or the insertion or imposition of any object or any part of a licensee or certificate holder or client's body into or near the genital, anal or other opening of the other person's body.

"Sexual harassment" means solicitation of any sexual act, physical advances, or verbal or non-verbal conduct that is sexual in nature, and which occurs in connection with a licensee's or certificate holder's activities or role as a provider of alcohol and drug counseling services that either: is unwelcome, offensive to a reasonable person, or creates a hostile workplace environment, and the licensee or certificate holder knows, should know, or is told this; or is sufficiently severe or intense to be abusive to a reasonable person in that context. "Sexual harassment" may consist of a single extreme or severe act or of multiple acts and may include, but is not limited to, conduct of a licensee or certificate holder with a client, co-worker, employee, student, or supervisee, whether or not such individual is in a subordinate position to the licensee. "Sexual harassment" may include conduct of a nonsexual nature if it is based upon the sex of the individual.

- b) A licensee or certificate holder shall not seek, solicit or engage in sexual contact with a client with whom he or she has a current client-counselor relationship.
- c) A licensee or certificate holder shall not seek, solicit or engage in sexual contact with a current client's family member, a former client, a former client's family member or a former student when any alcohol and drug counseling services were rendered to the client, former client or former student in the immediately preceding 24 months, or with a current student, supervisee, supervisor or research participant.

- 1) The 24-month rule shall not apply and the prohibition shall extend indefinitely in circumstances where the former client is or should be recognized by the licensee or certificate holder as clearly vulnerable by reason of emotional or cognitive disorder or exploitative influence by the licensee or certificate holder.
- d) A licensee or certificate holder shall not seek, solicit or engage in sexual contact with any person in exchange for professional services.
- e) A licensee or certificate holder shall not accept as a client an individual who, within the immediately preceding 24 months, was the licensee's or certificate holder's sexual partner.
- f) A licensee or certificate holder shall not engage in any discussion of an intimate sexual nature with a client that serves the licensee's or certificate holder's prurient interests or is for the sexual arousal or the sexual gratification of the licensee or certificate holder or client, or constitutes sexual abuse of the client.
- g) A licensee or certificate holder shall not condone or engage in any form of harassment in a professional setting including, but not limited to, an office, hospital or health care facility or outside the professional setting.
- h) A licensee or certificate holder shall not engage in any other activity such as, but not limited to, voyeurism or exposure of the genitalia of the licensee or certificate holder which would lead a reasonable person to believe that the activity serves the licensee's or certificate holder's personal prurient interests or is for the sexual arousal or the sexual gratification of the licensee or certificate holder or client, or constitutes sexual abuse of the client.
- i) Violation of any of the prohibitions or directives set forth at (b) through (h) above shall be deemed to constitute gross malpractice pursuant to N.J.S.A. 45:1-21 (c) or professional misconduct pursuant to N.J.S.A. 45:1-21(e) or both.
- j) It shall not be a defense to any action under this section that:
  - 1) The client solicited or consented to sexual contact with the licensee or certificate holder;  
or
  - 2) The licensee or certificate holder was in love with or had affection for the client.
- k) The prohibitions of this section shall also apply to any relationship between a licensee or certificate holder and the client of any other individual within the same professional setting, facility or location.



**13:34C-3.4 DUTY TO REPORT**

- a) A licensee or certificate holder shall notify the Committee of misconduct of another alcohol or drug counselor that the licensee or certificate holder has reason to believe has not been disclosed to the Committee. Such misconduct includes specific acts or omissions or the fact that a counselor has:
- 1) Had any license, certificate, permit, registration or other certificate granted by any jurisdiction limited, conditioned, qualified, restricted, suspended, revoked or not issued or renewed or voluntarily surrendered;
  - 2) Been subject to any other disciplinary action by a licensing or certifying authority or professional association;
  - 3) Been demoted, terminated or suspended from the person's employment for some form of misfeasance, malfeasance or nonfeasance;
  - 4) Practiced or taught alcohol or drug counseling in violation of the laws or regulations regulating that profession; or
  - 5) Engaged in any prohibited act listed in N.J.A.C. 13:34C-1.9(b), 3.2, and 3.3.
- b) A licensee or certificate holder shall notify the Committee of one's own misconduct which the licensee or certificate holder has reason to believe has not been disclosed to the Committee. Such misconduct includes specific acts or omissions or the fact that a counselor has:
- 1) Had any license, certificate, permit, registration or other certificate granted by any jurisdiction limited, conditioned, qualified, restricted, suspended, revoked or not issued or renewed or voluntarily surrendered;
  - 2) Been subject to any other disciplinary action by a licensing or certifying authority or professional association;
  - 3) Been demoted, terminated or suspended from the person's employment for some form of misfeasance, malfeasance or nonfeasance;
  - 4) Practiced or taught alcohol or drug counseling in violation of the laws or regulations regulating that profession; or
  - 5) Engaged in any prohibited act listed in N.J.A.C. 13:34C-1.9(b), 3.2, and 3.3.

- c) A licensee or certificate holder shall, within 30 days of receiving a notice of disciplinary action taken against the licensee or the certificate holder in any other state, territory or jurisdiction, report to the Committee in writing receipt of such notification and provide a copy of the notification and the underlying documentation of the disciplinary action.

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## **SUBCHAPTER 4. CLIENT RECORDS; CONFIDENTIALITY**

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### **13:34C-4.1 PREPARATION AND MAINTENANCE OF CLIENT RECORDS**

- a) A licensee or certificate holder shall prepare a permanent client record for each client which accurately reflects the client contact with the licensee whether in an office, hospital, agency or other treatment, evaluation or consultation setting.
- b) A licensee or certificate holder shall make and sign entries in the client record contemporaneously with the services provided. A licensee or certificate holder may dictate an entry for later transcription, provided that the transcription is dated and identified as "preliminary" until the licensee or certificate holder reviews the transcription and finalizes the entry in the client record.
- c) The licensee or certificate holder shall include in the client record material pertinent to the nature and extent of the professional interaction, as applicable:
- 1) The client name, address, and telephone numbers;
  - 2) The client complaint on intake;
  - 3) Medical history recognized as of potential significance;
  - 4) Substance abuse history;
  - 5) Past and current medications;
  - 6) Bio/psycho/social history;
  - 7) Any finding or interpretation of standardized tests and/or instruments administered;
  - 8) Current functional impairments and rating levels thereof;

- 9) A diagnostic impression;
- 10) A treatment plan and recovery maintenance plan focused on the specific needs of the individual client;
- 11) Contemporaneous and dated progress or session notes specific to the client's participation, including ongoing assessment, specific components of treatment, evaluation or consultation;
- 12) Dates of all treatment, evaluation or consultation sessions;
- 13) The location of treatment, evaluation or consultation;
- 14) A prognosis;
- 15) The client identity on each page;
- 16) Fees charged and paid unless a separate financial record is kept;
- 17) The identity of each provider of treatment, evaluation or consultation (and supervisor, if any);
- 18) If services are rendered by a counselor intern or a certified alcohol and drug counselor, a written disclosure form signed by the client;
- 19) Records and reports provided by other professionals;
- 20) Information regarding referrals to other professionals or health care providers;
- 21) Appropriate consent and disclosure forms required by law;
- 22) Any other form required by regulation, accreditation or funding agency;
- 23) Discharge summary and after care plan focused on the specific needs of the individual client; and
- 24) A record of any treatment, drug, or service offered by the licensee and refused by the patient.

- d) A licensee or certificate holder may make corrections or additions to an existing record provided that each change is clearly identified as such, dated and initialed by the licensee or certificate holder.
- e) The licensee or certificate holder shall establish and maintain a reasonable procedure to protect such records from access by unauthorized persons.
- f) The licensee or certificate holder shall retain the permanent client record for at least seven years from the date of last entry, unless otherwise provided by law. For clients who are minors, a licensee or certificate holder shall retain the records for seven years from the date of last entry or two years past the client's 18th birthday, whichever is later.
- g) The licensee or certificate holder shall establish reasonable procedures for maintaining the confidentiality of client records in the event of the licensee's or certificate holder's relocation, retirement, termination from practice, death, or separation from a group practice, and shall establish reasonable procedures to assure the preservation of client records which shall include at a minimum:
  - 1) Establishment of a procedure by which patients can obtain treatment records or acquiesce in the transfer of those records to another licensee or health care professional who is assuming the responsibilities of that practice;
  - 2) Publication of a notice of the cessation and the established procedure for the retrieval of records in a newspaper of general circulation in the geographic location of the licensee's or certificate holder's practice, at least once each month for the first three months after the cessation; and
  - 3) Making reasonable efforts to directly notify any patient treated during the six months preceding the cessation, providing information concerning the established procedure for retrieval of records.
- h) Subsections (e), (f), and (g) above shall not apply to a licensee or certificate holder employed in an agency setting who does not, by agency policy, have control over client records.
- i) Licensees or certificate holders practicing in a substance abuse treatment facility licensed by the Division of Mental Health and Addiction Services, or in an exempt setting as defined in N.J.A.C. 13:34C-2.6, shall not be required to comply with this section if the facility's policies and/or procedures regarding preparation and maintenance of client records differ from this section.

**13:34C-4.2 USE OF COMPUTER TO PREPARE CLIENT RECORDS**

- a) A licensee or certificate holder who prepares a client record maintained on a personal or other computer shall:
- 1) Maintain a hard copy, which shall include the required information set forth at N.J.A.C. 13:34C-4.1 and be produced at the time of data entry; and
  - 2) Maintain computerized records, including back-up copies, in compliance with the confidentiality requirements set forth at N.J.A.C. 13:34C-4.5, which are protected against unauthorized access both physical and through electronic means.
- b) Licensees or certificate holders practicing in a licensed substance abuse treatment facility or in an exempt setting as defined in N.J.A.C. 13:34C-2.6 shall not be held to this section if the agency's policies and/or procedures regarding maintenance of client records differ from this section.

**13:34C-4.3 ACCESS TO COPY OF CLIENT RECORD**

- a) For purposes of this section, "authorized representative" means a person designated by the client, in accordance with the provisions of 42 CFR Part 2, incorporated herein by reference.
- b) A licensee or certificate holder shall require any record request to be in writing. The licensee or certificate holder shall provide a copy of the client record and/or billing records, including reports relating to the client, no later than 30 days from receipt of a request from a client or duly authorized representative. Limitations on this requirement are set forth in (g) and (h) below.
- c) Unless otherwise required by law, the licensee or certificate holder may elect to provide a summary of the record, as long as the summary adequately and accurately reflects the client's history and treatment.
- d) A licensee or certificate holder may charge a reasonable fee for the preparation of a summary and reproduction of records, which shall be no greater than an amount reasonably calculated to recoup the costs of transcription or copying.
- e) The licensee's or certificate holder's obligation hereunder to release information shall include the obligation to complete forms or reports required for third party reimbursement of client treatment expenses. The licensee or certificate holder may charge reasonable fees for completion of reports other than health insurance claim forms, for which no fee may be charged pursuant to N.J.S.A. 45:1-12.

- f) When a request is made for release of already completed reports to enable the client to receive ongoing care by another practitioner, or for use in judicial proceedings, the licensee or certificate holder shall not require prior payment for the professional services to which such reports relate as a condition for making such reports available. A licensee or certificate holder may, however, require advance payment for a report prepared for the licensee's or certificate holder's services as an expert witness.
  
- g) A licensee or certificate holder may withhold information contained in the client record from a client or the client's parent or guardian if in the reasonable exercise of his or her professional judgment, the licensee believes release of such information would adversely affect the client's health or welfare. That record or the summary, with an accompanying explanation of the reasons for the original refusal, shall nevertheless be provided upon request of and directly to:
  - 1) The client's attorney;
  
  - 2) Another licensed health care professional; or
  
  - 3) The client's health insurance carrier.
  
- h) A licensee or certificate holder shall not be required to release to a minor's parent or guardian records or information relating to the minor's sexually transmitted disease, termination of pregnancy or substance abuse.
  
- i) A licensee or certificate holder shall only disclose information on HIV status contained in the client's record when consent is explicitly given by the client and such disclosure shall be in accordance with N.J.S.A. 26:5C-1 et seq. and any other applicable laws.

### **13:34C-4.4 ACCESS BY A MANAGED HEALTH CARE PLAN TO INFORMATION IN CLIENT RECORD**

- a) With regard to a client whose treatment cost is covered by a wholly insured health insurance plan or a managed health care plan, a licensee or certificate holder shall make all required information available upon the request of the client or duly authorized representative with the client's consent.
  
- b) A licensee or certificate holder whose client has explicitly waived the counselor-client confidentiality privilege established by N.J.S.A. 45:2D-11 may release requested information deemed professionally appropriate to a third-party payor.

**13:34C-4.5 CONFIDENTIALITY**

- a) Any communication between a licensee or a certificate holder and the person or persons counseled while performing counseling shall be confidential and its secrecy preserved.
- b) All licensees or certificate holders shall comply with the provisions of 42 CFR Part 2.
- c) The privilege set forth in (a) above shall not be subject to waiver except in the following circumstances:
  - 1) When disclosure is required by Federal or State law including, but not limited to, N.J.S.A. 2A:62A-16, 2A:62A-17 and 9:6-8.10; or
  - 2) When the licensee or certificate holder is a party defendant to a civil, criminal or disciplinary action arising from that counseling, in which case the waiver of the privilege shall be limited to that action.
- d) Confidentiality is applicable to both adults and minors in conformance with Federal and State law.
- e) A licensee or certificate holder shall secure a signed release from all persons who are referred to in family counseling notes prior to release of such notes to a third party.

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**SUBCHAPTER 5.  
CONTINUING EDUCATION**

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**13:34C-5.1 CONTINUING EDUCATION REQUIREMENTS**

- a) All licensed clinical alcohol and drug counselors shall complete 40 contact hours of continuing education for license renewal. The licensed clinical alcohol and drug counselor shall confirm on the renewal application that the applicant has completed all continuing education requirements pursuant to this subchapter during the biennial period preceding application for renewal.
- b) All certified alcohol and drug counselors shall complete 60 contact hours of continuing education for certification renewal. The certified alcohol and drug counselor shall confirm on the renewal application that the applicant has completed all continuing education requirements pursuant to this subchapter during the biennial period preceding the application renewal.

**13:34C-5.2 CONTINUING EDUCATION CONTACT HOUR REQUIREMENTS**

- a) All licensees and certificate holders shall complete the minimum number of required contact hours of continuing education directly related to the profession of alcohol and drug counseling.
- b) If the applicant initially obtains a license or certificate within the first year of the biennial period, the applicant shall complete 20 required contact hours of continuing education for the first renewal period.
- c) If the applicant initially obtains a license or certificate within the second year of the biennial period, the applicant shall be exempt from completing continuing education requirements for the first renewal period.
- d) All licensees and certificate holders shall complete at least six required contact hours of a Committee-approved continuing education course in legal standards related to the practice of alcohol and drug counseling in New Jersey during the initial biennial period. Beginning August 1, 2018, for each biennial period after the initial biennial period, all licensees and certificate holders shall complete at least three required contact hours of a Committee-approved continuing education course in legal standards related to the practice of alcohol and drug counseling in New Jersey.
  - 1) These contact hours may be used towards the required continuing education hours set forth in N.J.A.C. 13:34C-5.1.
  - 2) These contact hours shall focus on N.J.S.A. 45:1-1 through 45:1-55 and 45:2D-1 through 45:2D-17 and this chapter.
  - 3) These contact hours shall require in-person instruction, which includes webinars that are live (not previously recorded) and synchronous (the instructor and licensee or certificate holder interact with each other in real time).
  - 4) An individual is not precluded from completing the six required contact hours for the initial biennial period prior to applying for licensure or certification, but the fulfillment of this requirement shall not be substituted for N.J.A.C. 13:34C-2.3(b)4v(1) and/or (2).
- e) All licensees and certificate holders shall complete a minimum of three contact hours of the 40 or 60 contact hours of continuing education, as applicable, required by N.J.A.C. 13:34C-5.1 in the subject area of social and cultural competence in every biennial period. For the purposes of this subsection, cultural competence includes, but is not limited to, an understanding of the cultural context of relationships; issues and trends in a diverse society related to such factors as culture, ethnicity, nationality, age, gender, sexual orientation,



mental and physical characteristics, education, family values, religious and spiritual values, socioeconomic status, and unique characteristics of individuals, couples, families, ethnic groups, and communities, including any of the following:

- 1) Multicultural and pluralistic trends, including characteristics and concerns between and within diverse groups nationally and internationally;
  - 2) Attitudes, beliefs, understandings and acculturative experiences, including specific experiential learning activities;
  - 3) Individual, couple, family, group and community strategies for working with diverse populations and ethnic groups;
  - 4) Counselors' roles in social justice, advocacy and conflict resolution, cultural self-awareness, the nature of biases, prejudices, process of intentional and unintentional oppression and discrimination and other culturally supported behaviors that are detrimental to the growth of the human spirit, mind or body;
  - 5) Theories of multicultural counseling, theories of identity development and multicultural competencies; and
  - 6) Legal considerations relating to issues of diversity.
- f) The three contact hours of continuing education in the subject area of social and cultural competence required pursuant to (e) above shall be in addition to the required six contact hours of continuing education in legal standards as set forth in (d) above.

### **13:34C-5.3 CONTINUING EDUCATION CONTACT HOUR CALCULATIONS**

- a) The Committee shall accept contact hours only for continuing education courses and/or programs which are at least one hour long and are directly related to the counseling profession. For purposes of this section, a "contact hour" represents a 60-minute hour with no less than 50 minutes of content within the hour. Courses or programs may include one 10-minute break for each contact hour.
- b) A licensee or certificate holder shall complete and be able to verify such completion of a continuing education course or program in order to receive continuing education credits. The Committee shall grant a licensee or certificate holder continuing education credit for each biennial renewal period as follows:

- 1) Course or program presentations: one and one-half contact hours of continuing education for each hour of a new course or program, up to a maximum of nine continuing education contact hours. These presentations shall not include lectures to clients or client family members. These presentations may include professional training, training for initial certification or licensure, continuing education for other professionals about substance abuse and addictions;
- 2) Teaching courses offered at a regionally accredited institution of higher education: 20 contact hours of continuing education for each new semester course per biennial period. For the purpose of this subsection, "new" represents a course that the licensee or certificate holder has not taught previously in any educational setting;
- 3) Successfully completing an undergraduate, graduate or post graduate coursework in the content areas listed at N.J.A.C. 13:34C-5.4(d), at a regionally accredited institution of higher education: 15 contact hours of continuing education for each semester course credit awarded;
- 4) Distance learning courses or programs: the amount of contact hours of continuing education approved by the approving organization, with a maximum of 20 contact hours for the licensed clinical alcohol and drug counselor and 30 contact hours for the certified alcohol and drug counselor per biennial period; and
- 5) The primary author of a peer reviewed article published in a refereed professional journal or publication within the preceding biennial period: five contact hours of continuing education hours per article or publication, with a maximum of 10 contact hours per biennial period.

### **13:34C-5.4 APPROVAL OF CONTINUING EDUCATION COURSES AND/OR PROGRAMS**

- a) The Committee may disallow any continuing education contact hours claimed for continuing education credit that are not relevant to the practice of alcohol and drug counseling in the State of New Jersey.
- b) The following continuing education courses and programs shall be deemed automatically approved, as long as the courses or programs fall within the content areas set forth in (d) below:
  - 1) Courses and programs approved by a regionally accredited institution of higher learning; the APCBNJ or any other ICRC member board; NAADAC, the Association for Addiction Professionals; American Society on Addiction Medicine; National Board of Certified Counselors; the American Counseling Association; the American Psychological

Association; the American Psychiatric Association; the National Association of Social Workers; the American Association for Marriage and Family Therapy; the National Council on Compulsive Gambling; and the American Compulsive Gambling Counselor Certification Board;

- 2) Teaching a course or program in the related content areas set forth in (d) below;
  - 3) Completing coursework in the content areas set forth in (d) below;
  - 4) Completing a distance learning course or program approved by one of the organizations listed in (b)1 above; and
  - 5) Being the primary author of a peer reviewed article published in a refereed professional journal or publication.
- c) If a licensee or certificate holder attends a course or program that has not been approved by any of the organizations listed in (b)1 above, and the applicant seeks approval for continuing education, the applicant may submit the course or program to the Committee for approval prior to the biennial renewal date.
- d) The following are acceptable course and program content areas for continuing education as long as the licensee or certificate holder distributes his or her contact hours among the following content areas:
- 1) Counseling theory and practice, which includes the study of basic theories, principles and techniques of counseling and their application to professional counseling settings;
  - 2) The helping relationship, which includes studies that provide a broad understanding of philosophic bases of helping processes, basic and advanced helping skills, consultation theories and their applications, client and helper self-understanding and self-development, and facilitation or consultee change;
  - 3) Human growth and development and maladaptive behavior, which includes studies that provide a broad understanding of the nature and needs of individuals at all developmental levels, normal and abnormal behavior, personality theory, life-span theory, and learning theory within cultural contexts;
  - 4) Lifestyle and career development, which includes studies that provide a broad understanding of career development theories, occupational and educational information sources and systems, career and leisure counseling, guidance and education, lifestyle

and career decision-making, career development program planning, resources, and career option identification;

- 5) Group dynamics, processes, counseling and consulting, which includes studies that provide a broad understanding of group development dynamics, group counseling theories, group leadership styles, basic and advanced group counseling methods and skills, and other group approaches;
- 6) Assessment of individuals, which includes studies that provide a broad understanding of group and individual educational and psychometric theories and approaches to assessment, data and information gathering methods, validity and reliability, psychometric statistics, factors that influence assessment, use of assessment results in helping process and the specific ability to administer and interpret tests and inventories to assess abilities, interests, and identify career options;
- 7) Social and cultural foundations, which include studies that provide a broad understanding of societal changes and trends, human roles, societal subgroups, social mores and interaction patterns, multicultural and pluralistic trends, differing lifestyles, and major societal concerns including stress, person abuse, substance abuse, discrimination and methods of alleviating these concerns;
- 8) Research and evaluation, which include studies that provide a broad understanding of types of research, basic statistics, research-report development, research implementation, program evaluation, needs assessment, publication of research information and ethical and legal considerations;
- 9) The counseling profession, which includes studies that provide a broad understanding of professional roles and functions, professional goals and objectives, clinical supervision, professional organizations and associations, professional history and trends, ethical and legal standards, professional preparation standards and professional credentialing;
- 10) Physiology, pharmacology, neurobiology related to substance use, abuse, dependency, chemical and behavioral addictions, genetics, chemotherapies used in treating chemical and behavioral addictions as well as mental illness and dual diagnosis;
- 11) Spirituality and religious issues as they relate to the client pre and post treatment, during the treatment process, religious and belief systems as they impact upon the treatment and recovery process, understanding and assessing clinical aspects of spirituality (both theistic and non-theistic approaches to spirituality); and

- 12) Prevention and education issues related to substance abuse which will include the six domains of prevention: program coordination; education and training; community organization; public policy; and planning and evaluation.
- e) A course or program in the subject area of social and cultural competence for the purpose of fulfilling the three contact hours of continuing education requirement shall be obtained consistent with (b) above or shall be subject to the approval of the Committee. A course or program in the subject area approved by the Board of Marriage and Family Therapy Examiners, the Board of Social Work Examiners or the Professional Counselor Examiners Committee shall be deemed acceptable by the Committee.

### **13:34C-5.5 DOCUMENTATION OF CONTINUING EDUCATION**

- a) A licensee or certificate holder shall retain documentation of the contact hours of continuing education which the licensee or certificate holder completes in order to verify program attendance or activity completion. Each licensee or certificate holder shall submit such documentation to the Committee upon request. The Committee shall review the records of the licensees and/or certificate holders from time to time, to determine compliance with continuing education requirements.
- b) A licensee or certificate holder shall verify attendance at continuing education courses or programs by a certificate of attendance or by a statement from the course instructor. The verification shall include:
- 1) The name of the licensee or certificate holder;
  - 2) The name of the sponsor;
  - 3) The title, location and date of the course or program;
  - 4) The signature of the program official or instructor;
  - 5) The number of contact hours of continuing education; and
  - 6) Course/program approval numbers (if applicable).
- c) A licensee or certificate holder shall verify continuing education activities by retaining the following:
- 1) For courses or programs presentations, copies of the program brochure, syllabus, outline, course description, or audio or video copy of the presentation;

- 2) For teaching at a regionally accredited institution of higher education: a copy of the course description, syllabus, outline, bibliography and verification of being a new course from the academic institution;
  - 3) A licensee or certificate holder shall verify completion of college or university coursework by an official transcript;
  - 4) Distance learning courses or programs: certification from the approving organization; and
  - 5) For publications, a copy of the peer reviewed article published in a refereed professional journal or publication.
- d) A licensee or certificate holder shall maintain documentation for six years.
- e) Falsification of any information submitted with the renewal application, audit or at the request of the Committee, may result in an appearance before the Committee, penalties, and/or any other disciplinary action, including, but not limited to, suspension or revocation of license or certification pursuant to N.J.S.A. 45:1-21 through 25. The Committee may take any appropriate disciplinary action, including, but not limited to, suspension or revocation of license or certification, pursuant to N.J.S.A. 45:1-21, if an alcohol and drug counselor fails to meet continuing education requirements as set forth in this subchapter.

### **13:34C-5.6 WAIVER OF CONTINUING EDUCATION**

- a) The Committee may waive continuing education requirements on an individual basis for reasons of hardship such as illness, disability, active service in the military or other good cause.
- b) A licensee or certificate holder who seeks a waiver of the continuing education requirements shall provide to the Committee, in writing, the specific reasons for requesting the waiver and such additional information as the Committee may request in support of the waiver. The request shall be submitted to the Committee at least three months prior to the end of the biennial registration period. The Committee may either grant the waiver or grant a limited period of time within which the requirements must be fulfilled in order to renew the license or certificate.

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## **SUBCHAPTER 6. CLINICAL SUPERVISION**

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### **13:34C-6.1 DEFINITIONS**

For purposes of this subchapter, the following words and terms have the following meanings:

"Alcohol and drug counselor intern" means an individual in training working under the clinical supervision of a qualified clinical supervisor as set forth in N.J.A.C. 13:34C-6.2(a) and who is working toward completing the requirements of N.J.A.C. 13:34C-2.3(b)3ii.

"Clinical supervision" means the ongoing process of direct review of an alcohol and drug counselor intern and/or a certified alcohol and drug counselor for the purpose of administrative accountability, teaching, quality assurance, training, administering and/or clinical review of alcohol and drug counselor interns and certified alcohol and drug counselors performed by a qualified clinical supervisor who monitors the performance of the core functions of alcohol and drug counseling, providing regular consultation, guidance and instruction with respect to the counseling skills and competencies of the alcohol and drug counselor intern and/or certified alcohol and drug counselor.

"Credentialed intern" means an individual holding an active license as a health care provider as defined in N.J.A.C. 13:34C-1.2, who is working toward completing the requirements of N.J.A.C. 13:34C-2.3(b)3ii under the clinical supervision of a qualified clinical supervisor as set forth in N.J.A.C. 13:34C-6.2A(a).

"Full time" means working at least 1,500 hours over a 50-week period.

"Group supervision" means the process of supervising no more than eight persons in a group setting by a qualified clinical supervisor as set forth in this section.

"Part time" means at least a minimum of 500 hours over a 50-week period.

"Supervised agency practice" means alcohol and drug counseling by a certified alcohol and drug counselor within an alcohol and drug treatment facility licensed by the Department of Human Services.

"Supervised practical training" or an "alcohol and drug counselor internship" means alcohol and drug counseling as a training experience leading towards licensure or certification as an alcohol and drug counselor.

"Supervised practice" means alcohol or drug counseling provided by a certified alcohol and drug counselor under the clinical supervision of a qualified supervisor.

**13:34C-6.2 CLINICAL SUPERVISION OF ALCOHOL AND DRUG COUNSELOR INTERNSHIP TRAINING EXPERIENCES**

- a) The following individuals may be qualified clinical supervisors of alcohol and drug counselor interns:
- 1) A New Jersey licensed clinical alcohol and drug counselor. Effective June 2, 2021, to be a qualified clinical supervisor, a New Jersey licensed clinical alcohol and drug counselor shall hold a current Certified Clinical Supervisor (CCS) certification from an ICRC member board.
    - i. A New Jersey licensed clinical alcohol and drug counselor who, prior to June 2, 2021, was engaging in clinical supervision and is unable, due to extenuating circumstances, to obtain the CCS certification by June 2, 2021, may apply for an extension. If the Committee determines that the licensee is unable to obtain the CCS certification due to extenuating circumstances, the Committee shall grant the licensee an extension. Such application shall be filed with the Committee at least 30 days prior to June 2, 2021;
  - 2) A New Jersey licensed physician, who is certified by the American Society of Addiction Medicine (ASAM) or a psychiatrist with added qualifications in chemical dependency from the American Psychiatric Association;
  - 3) A New Jersey certified advanced practice nurse, licensed psychologist, licensed clinical social worker, licensed marriage and family therapist, or licensed professional counselor, all of whom shall be certified as a clinical supervisor by ICRC member boards; and
  - 4) A New Jersey licensed clinical alcohol and drug counselor who is also a New Jersey certified advanced practice nurse, licensed psychologist, licensed clinical social worker, licensed marriage and family therapist, or licensed professional counselor, is deemed a qualified supervisor by the other respective professional licensing board, and who has three years of clinical experience in alcohol and drug counseling.
    - i. The three years of clinical experience shall include hours earned as part of an individual's internship training. At least one year of the required experience shall be obtained after holding a license as a clinical alcohol and drug counselor.
    - ii. If the other professional licensing board does not have specific statutory or regulatory requirements to qualify a licensee to supervise clinical mental health services, the Committee will, on a case-by-case basis, consider that dual-licensee's supervisory experience to determine whether to waive the CCS requirement.



- b) Qualified clinical supervisors shall have written agreements with alcohol and drug counselor interns that outline planned hours of practice, planned hours of clinical supervision, types of clinical supervision, nature of work assignments and other specifications that the qualified clinical supervisor deems appropriate to the alcohol and drug counselor intern's level of training.
- c) Prior to the alcohol and drug counselor intern's provision of treatment services, the supervisor shall obtain a written disclosure that the client has been informed that the services are provided by an alcohol and drug counselor intern under the clinical supervision of a qualified clinical supervisor as set forth in (a) above. This disclosure shall be kept as part of the client record. If the disclosure is part of another document provided at client orientation, the disclosure shall be clearly evident, understood and signed by the client.
- d) The qualified clinical supervisor shall retain responsibility for collecting fees from clients when applicable.
- e) The qualified clinical supervisor shall be ultimately responsible for the welfare of the client with respect to the treatment being offered by the alcohol and drug counselor intern.
- f) The qualified clinical supervisor shall supervise only in areas of which he or she possesses the required skill, training and experience.
- g) Qualified clinical supervisors shall co-sign all diagnostic summaries, treatment plans, reports to courts, agencies or other treatment providers, which are prepared by alcohol and drug counselor interns. All diagnoses shall be made by the qualified clinical supervisor and shall not be delegated to an alcohol and drug counselor intern.
- h) Qualified clinical supervisors shall be responsible for assisting the alcohol and drug counselor intern to function in a professional manner and comply within all State and Federal regulations and with the current professional code of ethics. The qualified clinical supervisor shall inform the Committee of violations of this chapter, laws and code of ethics and the corrective action taken by the qualified clinical supervisor to remedy the situation and assure that it will not reoccur.
- i) Qualified clinical supervisors shall not supervise an alcohol and drug counselor intern with whom the qualified clinical supervisor has a relationship, which may compromise the objectivity of the supervisor or impair the professional judgment of the supervisor. Examples of inappropriate supervisory relationships include, but are not limited to, current clients, former clients within one-year period post-treatment, former spouses, relatives, sponsor/sponsee relationships in self-help groups, anyone with whom the supervisor is having a sexual relationship or has had a sexual relationship within the past 24 months. A

qualified clinical supervisor shall not supervise a current student unless the supervisor is the faculty instructor in the academic internship training program.

- j) Qualified clinical supervisors shall evaluate alcohol and drug counselor interns at least twice a year, emphasizing their strengths and shortcomings, as well as whether the alcohol and drug counselor intern needs to pursue additional knowledge and/or skill development. These evaluations shall be signed by both the supervisor and alcohol and drug counselor intern, and copies shall be retained by both for seven years. Copies of these evaluations may be requested by the Committee prior to initial certification or licensure.
- k) Clinical supervision of alcohol and drug counselor interns shall include at least 50 hours of face-to-face supervision per year, averaging one hour per week. No more than 25 hours shall be group supervision.
- l) All qualified clinical supervisors of alcohol and drug counselor interns shall obtain Committee approval prior to commencing the supervisory relationship with the alcohol and drug counselor intern. A qualified clinical supervisor shall submit evidence, on forms provided by the Committee, that he or she has satisfied all applicable requirements of this subchapter.

### **13:34C-6.2A CLINICAL SUPERVISION OF CREDENTIALLED INTERNS WHO HOLD AN ACTIVE LICENSE AS A HEALTH CARE PROVIDER**

- a) The following individuals may be qualified clinical supervisors of credentialed interns who hold an active license as a health care provider as defined in N.J.A.C. 13:34C-1.2, provided such individuals are not precluded from providing such supervision by the laws or regulations in this State pertinent to their health care practice:
  - 1) A New Jersey licensed clinical alcohol and drug counselor. Effective June 2, 2021, to be a qualified clinical supervisor, a New Jersey licensed clinical alcohol and drug counselor shall hold a current Certified Clinical Supervisor (CCS) certification from an ICRC member board.
    - i. A New Jersey licensed clinical alcohol and drug counselor who, prior to June 2, 2021, was engaging in clinical supervision and is unable, due to extenuating circumstances, to obtain the CCS certification by June 2, 2021, may apply for an extension. If the Committee determines that the licensee is unable to obtain the CCS certification due to extenuating circumstances, the Committee shall grant the licensee an extension. Such application shall be filed with the Committee at least 30 days prior to June 2, 2021;
  - 2) A New Jersey licensed physician certified by the American Society of Addiction Medicine or a psychiatrist with added qualifications in chemical dependency from the American Psychiatric Association;

- 3) A New Jersey certified advanced practice nurse, licensed psychologist, licensed clinical social worker, licensed marriage and family therapist, or licensed professional counselor, all of whom shall be certified as clinical supervisors by ICRC member boards; and
- 4) A New Jersey licensed clinical alcohol and drug counselor who is also a New Jersey certified advanced practice nurse, licensed psychologist, licensed clinical social worker, licensed marriage and family therapist, or licensed professional counselor, is deemed a qualified supervisor by the other respective professional licensing board, and who has three years of clinical experience in alcohol and drug counseling.
  - i. The three years of clinical experience shall include hours earned as part of an individual's internship training. At least one year of the required experience shall be obtained after holding a license as a clinical alcohol and drug counselor.
  - ii. If the other professional licensing board does not have specific statutory or regulatory requirements to qualify a licensee to supervise clinical mental health services, the Committee will, on a case-by-case basis, consider that dual-licensee's supervisory experience to determine whether to waive the CCS requirement.
- b) Qualified clinical supervisors shall have a written agreement with credentialed interns describing the planned hours of practice, supervision schedule, nature of work assignments and other specifications that the supervisor reasonably deems appropriate to the credentialed intern's level of training.
- c) The qualified clinical supervisor may require the co-signing of reports to outside agencies or providers.
- d) Qualified clinical supervisors shall inform the Committee of violations of this chapter, laws and code of ethics and the corrective action taken by the qualified clinical supervisor to remedy the situation and assure that it will not recur.
- e) Qualified clinical supervisors who terminate their supervisory relationship with a credentialed intern shall retain the client records, arrange for appropriate termination of the counselor/client relationship and offer the client additional options for continuation of the treatment care.
- f) If the reason for termination of the supervisory relationship with the credentialed intern involves the violation of this chapter, Federal or State laws or regulations affecting the profession or the current code of ethics, the qualified clinical supervisor shall report the reasons to the Committee with the credentialed intern's name and certificate number.

- g) Qualified clinical supervisors shall retain a copy of the credentialed intern's current license and curriculum vitae for seven years.
- h) Qualified clinical supervisors shall not supervise a credentialed intern with whom the supervisor has a relationship that may be inappropriate to the supervision and may compromise the objectivity of the supervisor or impair the professional judgment of the supervisor. Examples of inappropriate supervisory relationships include, but are not limited to, current clients, former clients within a one-year period post-treatment, former spouses, relatives, sponsor/ sponsee relationships in self-help groups or anyone with whom the supervisor is having a sexual relationship or has had a sexual relationship within the past 24 months. A qualified clinical supervisor shall not supervise a current student unless the qualified clinical supervisor is the faculty instructor in an academic training program.
- i) Qualified clinical supervisors shall evaluate credentialed interns at least annually, emphasizing their strengths and shortcomings, as well as areas in which the credentialed intern should pursue additional knowledge and/or skill development. These evaluations shall be cosigned by both the qualified clinical supervisor and the credentialed intern and copies shall be retained by both for seven years. Copies of these evaluations may be requested by the Committee.
- j) Clinical supervision shall include at least 25 hours of face-to-face supervision per year, averaging one hour every other week, with no more than 10 percent being real-time interactive video conferencing.
- k) All qualified clinical supervisors of credentialed interns shall obtain the approval of the Committee prior to the commencing the supervisory relationship with the credentialed intern.

### **13:34C-6.3 CLINICAL SUPERVISION OF A SUPERVISED PRACTICE FOR CERTIFIED ALCOHOL AND DRUG COUNSELORS**

- a) The following individuals may be qualified clinical supervisors of certified alcohol and drug counselors:
  - 1) A New Jersey licensed clinical alcohol and drug counselor. Effective June 2, 2021, to be a qualified clinical supervisor, a New Jersey licensed clinical alcohol and drug counselor shall hold a current Certified Clinical Supervisor (CCS) certification from an ICRC member board.
    - i. A New Jersey licensed clinical alcohol and drug counselor who, prior to June 2, 2021, was engaging in clinical supervision and is unable, due to extenuating circumstances, to obtain the CCS certification by June 2, 2021, may apply for an extension. If the Committee determines that the licensee is unable to obtain the CCS certification due to

extenuating circumstances, the Committee shall grant the licensee an extension. Such application shall be filed with the Committee at least 30 days prior to June 2, 2021;

- 2) A New Jersey licensed physician, certified by the American Society of Addiction Medicine or a psychiatrist;
- 3) A New Jersey certified advanced practice nurse, licensed psychologist, licensed clinical social worker, licensed marriage and family therapist, or licensed professional counselor, who holds a current Certified Clinical Supervisor (CCS) certification from an ICRC member board; and
- 4) A New Jersey licensed clinical alcohol and drug counselor who is also a New Jersey certified advanced practice nurse, licensed psychologist, licensed clinical social worker, licensed marriage and family therapist, or licensed professional counselor, is deemed a qualified supervisor by the other respective professional licensing board, and who has three years of clinical experience in alcohol and drug counseling.

i. The three years of clinical experience shall include hours earned as part of an individual's internship training. At least one year of the required experience shall be obtained after holding a license as a clinical alcohol and drug counselor.

ii. If the other professional licensing board does not have specific statutory or regulatory requirements to qualify a licensee to supervise clinical mental health services, the Committee will, on a case-by-case basis, consider that dual-licensee's supervisory experience to determine whether to waive the CCS requirement.

- b) Qualified clinical supervisors shall have a written agreement with certified alcohol and drug counselors describing the planned hours of practice, supervision schedule, nature of work assignments and other specifications that the supervisor reasonably deems appropriate to the certified alcohol and drug counselor's level of training.
- c) Prior to the certified alcohol and drug counselor's provision of treatment services, the qualified clinical supervisor shall obtain a written disclosure that the client has been informed that the services are provided by a certified alcohol and drug counselor under the supervision of a licensed professional as set forth in (a) above. This disclosure shall be kept as part of the client record. If the disclosure is part of another document provided at client orientation, the disclosure shall be clearly evident, understood and signed by the client. The qualified clinical supervisor shall retain the responsibility for collecting fees from clients when applicable.
- d) The qualified clinical supervisor may require the co-signing of reports to outside agencies or providers.

- e) Qualified clinical supervisors shall inform the Committee of violations of this chapter, laws and code of ethics and the corrective action taken by the qualified clinical supervisor to remedy the situation and assure that it will not reoccur.
- f) Qualified clinical supervisors who terminate their supervisory relationship with a certified alcohol and drug counselor shall retain the client records, arrange for appropriate termination of the counselor/client relationship and offer the client additional options for continuation of the treatment care.
- g) If the reason for termination of the supervisory relationship with the certified alcohol and drug counselor involves the violation of this chapter, Federal or State laws or regulations affecting the profession or the current code of ethics, the qualified clinical supervisor shall report the reasons to the Committee with the certified alcohol and drug counselor's name and certificate number.
- h) Qualified clinical supervisors shall retain a copy of the counselor's certificate of registration and current curriculum vitae for seven years.
- i) Qualified clinical supervisors shall not supervise a certified alcohol and drug counselor with whom the supervisor has a relationship that may be inappropriate to the supervision and may compromise the objectivity of the supervisor or impair the professional judgment of the qualified clinical supervisor. Examples of inappropriate supervisory relationships include, but are not limited to, current clients, former clients within one-year period post-treatment, former spouses, relatives, sponsor/sponsee relationships in self-help groups, anyone with whom the supervisor is having a sexual relationship or has had a sexual relationship within the past 24 months. A qualified clinical supervisor shall not supervise a current student unless the supervisor is the faculty instructor in an academic training program.
- j) Qualified clinical supervisors shall evaluate certified alcohol and drug counselors at least annually, emphasizing their strengths and shortcomings, as well as areas in which the certified alcohol and drug counselor should pursue additional knowledge and/or skill development. These evaluations shall be cosigned by both the qualified clinical supervisor and certified alcohol and drug counselor and copies shall be retained by both for seven years. Copies of these evaluations may be requested by the Committee.
- k) Clinical supervision shall include at least 50 hours of face-to-face supervision per year, averaging one hour per week, with no more than 10 percent being real-time interactive video conferencing. Counselors with more than five years of experience as a certified alcohol and drug counselor may be supervised less frequently, but no less than two hours per month. This reduced supervision is at the discretion of the qualified clinical supervisor and is dependent upon the supervisor's style, techniques, policies and protocols, as well as the level of skill, training and caseload of the counselor.

- l) All diagnoses shall be made by the qualified clinical supervisor and shall not be delegated to a certified alcohol and drug counselor.
  
- m) All qualified clinical supervisors of certified alcohol and drug counselors shall obtain Committee approval prior to commencing the supervisory relationship with the certified alcohol and drug counselor. A qualified clinical supervisor shall submit evidence, on forms provided by the Committee, that he or she has satisfied all applicable requirements of this subchapter.

### **13:34C-6.4 CLINICAL SUPERVISION OF AN AGENCY PRACTICE**

- a) The Committee shall accept clinical supervision requirements in agencies licensed by the Department of Human Services, Division of Addiction Services, as substance abuse treatment facilities as they relate to the clinical supervision of alcohol and drug counselors, unless otherwise specified in this subchapter.
  
- b) Supervised agency practice by a certified alcohol and drug counselor does not apply to practice by that individual outside the licensed facility setting.
  
- c) If the Committee is advised of inadequacies in the clinical supervision of certified alcohol and drug counselors in a Department of Human Services, Division of Mental Health and Addiction Services, (DMHAS) licensed substance abuse treatment facility, the Committee shall notify the DMHAS of such inadequacies and may recommend to DMHAS a plan for clinical supervision. If the inadequacies in supervision within an agency practice setting, as defined in (a) above, are not resolved within three months of such notice, the agency supervision exemption described herein shall be withdrawn and the rule for supervised practice at N.J.A.C. 13:34C-6.3 shall be imposed upon subject certificate holders until such time as the Committee determines that the inadequacies in supervision have been corrected.
  
- d) For purposes of certified alcohol and drug counselor and licensed clinical alcohol and drug counselor applications, the clinical director of the agency shall sign all supervisory forms required pursuant to this subchapter.

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## **SUBCHAPTER 7. TELEMEDICINE AND TELEHEALTH**

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### **13:34C-7.1 PURPOSE AND SCOPE**

- a) The purpose of this subchapter is to implement the provisions of P.L. 2017, c. 117 (N.J.S.A. 45:1-61 et seq.), which authorizes healthcare providers to engage in telemedicine and telehealth.

- b) This subchapter shall apply to all persons who are licensed or certified by the Committee.
- c) Pursuant to N.J.S.A. 45:1-62, an alcohol and drug counselor must hold a license or certification, as applicable, issued by the Committee, if he or she:
  - 1) Is located in New Jersey and provides alcohol and drug counseling to any client located in or out of New Jersey by means of telemedicine or telehealth; or
  - 2) Is located outside of New Jersey and provides alcohol and drug counseling to any client located in New Jersey by means of telemedicine or telehealth.
- d) Notwithstanding N.J.S.A. 45:1-62 and (c) above, a healthcare provider located in another state who consults with a licensee in New Jersey through the use of information and communications technologies, but does not direct a client's care, will not be considered as providing health care services to a client in New Jersey consistent with N.J.S.A. 45:2D-1 et seq., and will not be required to obtain licensure in New Jersey in order to provide such consultation.
- e) Credentialed interns, as defined at N.J.A.C. 13:34C-6.1, who engage in telemedicine or telehealth shall do so consistent with P.L. 2017, c. 117 (N.J.S.A. 45:1-61 et seq.) and the rules of their respective licensing board.

### **13:34C-7.2 DEFINITIONS**

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

"Asynchronous store-and-forward" means the acquisition and transmission of images, diagnostics, data, and medical information either to or from an originating site, or to or from the licensee at a distant site, which allows for the client to be evaluated without being physically present.

"Committee" means the Alcohol and Drug Counselor Committee

"Cross-coverage" means a licensed clinical alcohol and drug counselor who engages in a remote evaluation of a client, without in-person contact, at the request of another licensed clinical alcohol and drug counselor who has established a proper licensee-client relationship with the client.



"Distant site" means a site at which a licensee is located while providing alcohol and drug counseling by means of telemedicine or telehealth.

"Licensee" means an individual licensed or certified by the Committee.

"On-call" means a licensed clinical alcohol and drug counselor is available, where necessary, to physically attend to the urgent and follow-up needs of a client for whom the licensed clinical alcohol and drug counselor has temporarily assumed responsibility, as designated by the client's primary care licensed alcohol and drug counselor or other licensed healthcare provider of record.

"Originating site" means a site at which a client is located at the time that alcohol and drug counseling is provided to the client by means of telemedicine or telehealth.

"Proper licensee-client relationship" means an association between a licensee and client, wherein the alcohol and drug counselor owes a duty to the client to be available to render professional services consistent with his or her training and experience which is established pursuant to the requirements at N.J.A.C. 13:34C-7.4.

"Telehealth" means the use of information and communications technologies, including telephones, remote client monitoring devices, or other electronic means, to support clinical health care, provider consultation, client and professional health-related education, public health, health administration, and other services in accordance with the provisions of P.L. 2017, c. 117 (N.J.S.A. 45:1-61 et seq.).

"Telemedicine" means the delivery of a health care service, including mental health services, using electronic communications, information technology, or other electronic or technological means to bridge the gap between a health care licensee who is located at a distant site and a client who is located at an originating site, either with or without the assistance of an intervening licensee, and in accordance with the provisions of P.L. 2017, c. 117 (N.J.S.A. 45:1-61 et seq.). "Telemedicine" does not include the use, in isolation, of audio-only telephone conversation, electronic mail, instant messaging, phone text, or facsimile transmission.

### **13:34C-7.3 STANDARD OF CARE**

- a) Prior to providing services through telemedicine or telehealth, a licensee shall determine whether providing those services through telemedicine or telehealth would be consistent with the standard of care applicable for those services when provided in-person.
- b) If a licensee determines, either before or during the provision of alcohol and drug counseling that services cannot be provided through telemedicine or telehealth in a manner that is

consistent with in-person standards of care, the licensee shall not provide or supervise services through telemedicine or telehealth.

- 1) A certified alcohol and drug counselor or any licensee working under supervision shall be responsible for determining whether alcohol and drug counseling can be provided through telemedicine or telehealth in a manner that is consistent with in-person standards of care.
- c) A licensee who determines that services cannot be provided through telemedicine or telehealth pursuant to (b) above shall advise the client to obtain services in-person.
- d) A licensee who provides a treatment, or consultation recommendation, including discussions regarding the risk and benefits of a client's treatment options, through telemedicine or telehealth, shall be held to the same standard of care or practice standards as are applicable to in-person settings.

### **13:34C-7.4 LICENSEE-CLIENT RELATIONSHIP**

- a) Prior to providing services through telemedicine or telehealth, a licensee shall establish a licensee-client relationship by:
  - 1) Identifying the client with, at a minimum, the client's name, date of birth, phone number, and address. A licensee may also use a client's assigned identification number, Social Security number, photo, health insurance policy number, or other identifier associated directly with the client; and
  - 2) Disclosing and validating the licensee's identity, license, title, and, if applicable, specialty and Committee certifications.
- b) Prior to initiating contact with a client for the purpose of providing services to the client using telemedicine or telehealth, a licensed clinical alcohol and drug counselor shall:
  - 1) Review the client's medical history and any available medical records that are relevant to substance use and addictive disorders and mental health history;
  - 2) Determine, as to each unique client encounter, whether he or she will be able to provide the same standard of care using telemedicine or telehealth as would be provided if the services were provided in-person; and
  - 3) Provide the client the opportunity to sign a consent form that authorizes the licensed clinical alcohol and drug counselor or the agency employing the licensee to release client

records of the encounter to the client's primary care licensed clinical alcohol and drug counselor or other healthcare provider identified by the client.

- c) Prior to initiating contact with a client for the purpose of providing services to the client using telemedicine or telehealth, a certified alcohol and drug counselor shall:
  - 1) Have his or her supervising licensed clinical alcohol and drug counselor comply with (b)1, 2, and 3 above; and
  - 2) After the supervising licensed clinical alcohol and drug counselor conducts the review and makes the determination required at (b) above, satisfy the requirements of (b)1 and 2.
- d) Notwithstanding (a), (b), and (c) above, alcohol and drug counseling may be provided through telemedicine or telehealth without a proper licensee-client relationship if the provision of alcohol and drug counseling is:
  - 1) For informal consultations with another healthcare provider performed by a licensee outside the context of a contractual relationship, or on an irregular or infrequent basis, without the expectation or exchange of direct or indirect compensation;
  - 2) During episodic consultations by a healthcare specialist located in another jurisdiction who provides consultation services, upon request, to a licensee in this State;
  - 3) Related to health care assistance provided in response to an emergency or disaster, provided that there is no charge for the mental health assistance; or
  - 4) Provided by a substitute licensee acting on behalf, and at the designation, of an absent licensee in the same specialty on an on-call or cross-coverage basis.

### **13:34C-7.5 PROVISION OF ALCOHOL AND DRUG COUNSELING THROUGH TELEMEDICINE OR TELEHEALTH**

- a) As long as a licensee has satisfied the requirements at N.J.A.C. 13:34C-7.4, a licensee may provide alcohol and drug counseling to a client through the use of telemedicine and may engage in telehealth to support and facilitate the provision of alcohol and drug counseling to clients.
- b) Prior to providing services through telemedicine or telehealth, a licensee shall determine the client's originating site and a contact phone number that is valid for the duration of the session, and record this information in the client's record. If, during the session, contact with

the client is interrupted, once contact is re-established the licensee shall re-verify the client's location.

- c) A licensee providing health care services through telemedicine shall use interactive, real-time, two-way communication technologies, which shall include, except as provided at (e) below, a video component that allows a licensee to see a client and the client to see the licensee during the provision of alcohol and drug counseling services.
- d) A licensee providing services through telemedicine or telehealth may use asynchronous store-and-forward technology to allow for the electronic transmission of:
  - 1) Images;
  - 2) Diagnostics;
  - 3) Data; and
  - 4) Medical information.
- e) If, after accessing and reviewing the client's records, a licensee determines that he or she is able to meet the standard of care for such services if they were being provided in-person, without using the video component described at (c) above, the licensee may use interactive, real-time, two-way audio in combination with asynchronous store-and-forward technology, without a video component.
- f) Prior to providing services through telemedicine or telehealth, a licensee shall review any medical history or medical records that are relevant to substance use and addictive disorders, and mental health history provided by a client as follows:
  - 1) For an initial encounter with a client, medical and mental health history and medical records shall be reviewed prior to the provision of alcohol and drug counseling through telemedicine or telehealth; and
  - 2) For any subsequent interactions with a client, medical and mental health history and medical records shall be reviewed either prior to the provision of alcohol and drug counseling through telemedicine or telehealth or contemporaneously with the encounter with the client.
- g) During and after the provision of alcohol and drug counseling through telemedicine or telehealth, a licensee shall provide his or her name, professional credentials, and contact information to the client. Such contact information shall enable the client to contact the

licensee for at least 72 hours following the provision of services, or for a longer period if warranted by the client's circumstances and accepted standards of care.

- h) After the provision of alcohol and drug counseling through telemedicine or telehealth, a licensee shall provide the client, upon request, with his or her records reflecting the services provided.
- i) A licensee shall provide, upon a client's written request, the client's information to the client's primary care provider or to other healthcare providers.
- j) A licensee engaging in telemedicine or telehealth shall refer a client for follow-up care when necessary.

### **13:34C-7.6 RECORDS**

A licensee who provides services through telemedicine or telehealth shall maintain a record of the care provided to a client. Such records shall comply with the requirements at N.J.A.C. 13:34C-4.1 and all other applicable State and Federal statutes, rules, and regulations for recordkeeping, confidentiality, and disclosure of a client's records.

### **13:34C-7.7 PREVENTION OF FRAUD AND ABUSE**

- a) In order to establish that a licensee has made a good faith effort to prevent fraud and abuse when providing services through telemedicine or telehealth, a licensee must establish written protocols that address:
  - 1) Authentication and authorization of users;
  - 2) Authentication of the client during the initial intake pursuant to N.J.A.C. 13:34C-7.4(a)1;
  - 3) Authentication of the origin of information;
  - 4) The prevention of unauthorized access to the system or information;
  - 5) System security, including the integrity of information that is collected, program integrity, and system integrity;
  - 6) Maintenance of documentation about system and information usage;
  - 7) Information storage, maintenance, and transmission; and

- 8) Synchronization and verification of client profile data.

### **13:34C-7.8 PRIVACY AND NOTICE TO CLIENTS**

- a) Licensees who communicate with clients by electronic communications other than telephone or facsimile shall establish written privacy practices that are consistent with Federal standards pursuant to 45 CFR 160 and 164, which are incorporated herein by reference, relating to privacy of individually identifiable health information.
- b) Written privacy practices pursuant to (a) above shall include privacy and security measures that assure confidentiality and integrity of client-identifiable information. Transmissions, including client email, prescriptions, and laboratory results must be password protected, encrypted, or protected through substantially equivalent authentication techniques.
- c) A licensee who becomes aware of a breach in confidentiality of client information, as defined at 45 CFR 164.402, shall comply with the reporting requirements of 45 CFR 164.
- d) Licensees, or their authorized representatives, shall provide a client, prior to evaluation or treatment, with copies of written privacy practices and shall obtain the client's written acknowledgement of receipt of the notice.
- e) Licensees who provide services through telemedicine or telehealth, or their authorized representatives, shall, prior to providing services, give clients notice regarding telemedicine and telehealth, including the risks and benefits of being treated through telemedicine or telehealth and how to receive follow-up care or assistance in the event of an adverse reaction to the counseling or treatment recommendations, or in the event of an inability to communicate as a result of a technological or equipment failure. A licensee shall obtain a signed and dated statement indicating that the client received this notice.
- f) When telemedicine or telehealth is unable to provide all pertinent clinical information that a licensee exercising ordinary skill and care would deem reasonably necessary to provide care to a client, the licensee shall inform the client of this prior to the conclusion of the provision of care through telemedicine or telehealth and shall advise the client regarding the need for the client to obtain an additional in-person mental health or medical evaluation reasonably able to meet the client's needs.