

BOARDS AND COMMISSIONS
Board of Alcohol and Drug Counselors
(Amendment)

201 KAR 35:070. Supervision experience.

RELATES TO: KRS 309.0814, 309.083(4), 309.0831, 309.0832, 309.0833, 309.0841, 309.0842, 309.0830, 309.0834

STATUTORY AUTHORITY: KRS 309.0813(1), (3), (5), 309.0814(1), 309.083(3), 309.0831(3), 309.0832(10), 309.0833(2), 309.086

NECESSITY, FUNCTION, AND CONFORMITY: KRS 309.0813(1) requires the board to promulgate administrative regulations for the administration and enforcement of KRS 309.080 through 309.089. KRS 309.0813(3) requires the board to approve or disapprove those persons who shall be credentialed. This administrative regulation establishes the standards for the accumulation of required supervised work experience for licensed alcohol and drug counselors, licensed clinical alcohol and drug counselors, licensed clinical alcohol and drug counselor associates, certified alcohol and drug counselors, certified alcohol and drug counselor associates II, certified alcohol and drug counselor associates I, and registered alcohol and drug peer support specialists.

Section 1.

(1)

(a) Peer Support Specialist Supervision. Peer support specialist supervision shall continue throughout the period of registration. The supervision shall include the four (4) following domains:

1. Advocacy;
2. Ethical Responsibility;
3. Mentoring and Education; and
4. Recovery and Wellness Support.

(b) A supervisor of a peer support specialist shall complete and submit KBADC Form 8, Peer Support Specialist Verification of Supervision that documents the twenty-five (25) hours of direct supervision.

(2) Clinical Supervision for Certification and Licensure Applicants. Clinical supervision shall include a minimum of ten (10) hours in each of the following four (4) domains:

- (a) Screening assessment and engagement;
- (b) Treatment planning, collaboration, and referral;
- (c) Counseling; and~~;~~
- (d) Professional and ethical responsibilities.~~;~~

(3) Clinical supervision shall meet the minimum requirements of the following:

- (a) For applicants with a high school diploma or high school equivalency diploma requires 300 hours of clinical supervision with a minimum of ten (10) hours in each domain listed in subsection (2);
- (b) For applicants with an associate's degree in a relevant field requires 250 hours of clinical supervision with a minimum of ten (10) hours in each domain;
- (c) For applicants with a bachelor's degree in a relevant field requires 200 hours of clinical supervision with a minimum of ten (10) hours in each domain; and
- (d) For applicants with a master's degree or higher in a relevant field requires 100 hours of clinical supervision with a minimum of ten (10) hours in each domain.

(4)

- (a) Clinical supervision may occur in individual or in group settings.
- (b) The methods of clinical supervision shall include:
 1. Face-to-face;

2. Video conferencing; or
3. Observation, which includes a period of discussion to critique the observed sessions, accompanied by a written explanation which includes strengths and deficiencies observed by the supervisor, and develops goals for the supervisee [Teleconferencing].

(5) Supervision that exceeds two (2) hours in a single day shall be accompanied by a written explanation justifying the length of supervision exceeding two (2) hours.

(6) Clinical supervisors shall complete and submit KBADC Form 13, Verification of Clinical Supervision, which documents the required hours of supervision that has occurred during the work experience, in the Application for Certification as an Alcohol and Drug Counselor, Application for Licensure as an Alcohol and Drug Counselor, or Application for Licensure as a Clinical Alcohol and Drug Counselor, which are incorporated by reference in 201 KAR 35:020.

(7) For applicants applying for licensure who already possess a certified alcohol and drug counselor credential, supervision obtained under KRS 309.083 prior to February 5, 2016 shall be calculated toward the 100 hour supervision requirement under KRS 309.0832(3) and subsection (3)(d) of this section.

Section 2. Except as established by Section 1(6) of this administrative regulation, a supervisory arrangement shall have the prior approval of the board, with both supervisor and supervisee submitting a Supervisory Agreement to the board. The supervisor and supervisee shall also submit to the board the description of the supervisory arrangement or a change in the supervisory arrangement at least thirty (30) days prior to the effective date of the arrangement or change unless extenuating circumstances prevent the submission.

Section 3.

(1) All supervision requirements shall:

- (a) Be met with face-to-face individual or group weekly contact between supervisor and supervisee except as established in subsection (2) of this section and Sections 13 and 14 of this administrative regulation;
- (b) Consist of not less than two (2) hours, two (2) times a month in the practice of alcohol and drug counseling; and
- (c) Include additional supervision sessions, as needed.

(2) An alternative format of supervision, including two (2) way interactive video, may be substituted for the supervisory contact, required by subsection (1) of this section, upon specific approval by the board for certain types of circumstances, such as distance, weather, or serious injury or illness of the supervisor or supervisee.

(3) Upon a change of supervisor, a new plan for supervision shall be submitted by the supervisor and supervisee to the board for approval. This plan may require additional hours of supervision than was previously approved by the board.

(4) Upon termination of the supervisor-supervisee relationship, the final report of supervision shall be submitted to the board within thirty (30) days of the termination.

Section 4.

(1)

(a) A certified alcohol and drug counselor, licensed alcohol and drug counselor, or licensed clinical alcohol drug counselor requesting to become approved by the board to provide supervision shall:

1. Submit a complete and signed Form 4, Request to Provide Supervision;
2. For a certified alcohol and drug counselor or licensed alcohol and drug counselor, have at least two (2) years of post-certification experience, including Alcohol and Drug Counselor credentials transferred through reciprocity, and have attended the board-sponsored supervision training;

3. For a licensed clinical alcohol and drug counselor, have at least twelve (12) months of post-licensure experience, including Advanced Alcohol and Drug Counselor credentials transferred through reciprocity, or have attended the board-sponsored supervision training; and

4. Submit information as to whether or not the applicant has any unresolved complaints against the applicant's license or certification in Kentucky or any other state and, if there is an unresolved complaint, submit official documentation of the complaint or complaints.

(b) The board shall consider the severity, frequency, and history of violations and unresolved complaints. A person approved by the board on or after March 24, 2021 to provide supervision will have a maximum of five (5) consecutive years from the date of the approval to meet the requirements of KRS 309.0834(1) to become a certified clinical supervisor, and can continue to provide supervision until the earlier of the expiration of the five (5) year period or the date they become a certified clinical supervisor. The approval as a supervisor pursuant to this subsection shall be limited to five (5) years, cannot be extended past the five (5) year limit, and is available only once in the person's lifetime.

(2) A board approved supervisor shall obtain a minimum of three (3) board-sponsored continuing education hours in supervision theory or techniques in each three (3) year renewal cycle. The board shall suspend its approval of a supervisor if the supervisor does not complete the required continuing education.

(3) A certified alcohol and drug counselor or licensed clinical alcohol and drug counselor shall not be the supervisor of record for more than twenty-five (25) supervisees.

(4) A licensed clinical alcohol and drug counselor associate shall only be supervised by a licensed clinical alcohol and drug counselor.

(5) The board may extend certification as a certified clinical supervisor to a person who is approved to provide clinical supervision but does not meet all the provisions of KRS 309.0834(1) if the person:

(a) Submits a complete KBADC Form 24, Application For Grandparenting as a Certified Clinical Supervisor, with payment of the application fee required by 201 KAR 32:020 Section 1(1);

(b) Is a licensed clinical alcohol and drug counselor or a certified alcohol and drug counselor in Kentucky prior to March 24, 2021;

(c) Was approved by the board to provide clinical supervision prior to March 24, 2021; and

(d) Pays the certification fee required by 201 KAR 35:020 Section 3(4) after the board's approval of their KBADC Form 24, Application For Grandparenting as a Certified Clinical Supervisor. A person approved by the board before March 24, 2021 to provide clinical supervision shall, within twelve (12) months of the effective date of this amendment to this administrative regulation, apply for grandparenting as a certified clinical supervisor pursuant to this subsection.

Section 5.

(1) The supervisor shall make all reasonable efforts to be assured that each supervisee's practice is in compliance with this administrative regulation.

(2) The supervisor shall report to the board an apparent violation of KRS 309.086 on the part of the supervisee.

(3) The supervisor shall inform the board immediately of a change in the ability to supervise or in the ability of a supervisee to function in the practice of alcohol and drug counseling in a competent manner.

(4) The supervisor shall control, direct, or limit the supervisee's practice to ensure that the supervisee's practice of alcohol and drug counseling is competent.

(5) The supervisor of record shall be responsible for the practice of alcohol and drug counseling or peer support services provided by the supervisee. If the board receives a complaint concerning a supervisee, the board shall notify the supervisor of record.

(6) For each certificate or license holder supervised, the supervisor shall maintain a KBADC Form 13, Verification of Clinical Supervision, for each supervisory session that shall include the domain covered, date of session, length of session, and method of supervision of the session. For each registrant supervised, the supervisor shall maintain a KBADC Form 8, Peer Support Specialists Verification of Supervision Form, for each supervisory session that shall include the date, length, method, and domain covered during the session. This record shall be maintained for a period of not less than six (6) years after the last date of supervision.

Section 6.

(1) The supervisor of record shall submit the Supervisor Log for each supervisee to the board on an annual basis with a KBADC Form 14, Supervision Annual Report.

(2) The report shall include:

- (a) A description of the frequency, format, and duration of supervision;
- (b) An assessment of the functioning of the supervisee, including the strengths and weaknesses; and
- (c) Other information that could be relevant to an adequate assessment of the practice of the supervisee.

Section 7.

(1) If a supervisee has more than one (1) board-approved supervisor, the supervisors shall be in direct contact with each other at least once every six (6) months, and they shall provide supervisory plans and reports to the board and copies to each other.

(2) A request to have more than two (2) supervisors at one (1) time shall require a written request to the board, which shall include detailed information as to how the supervisors shall communicate and coordinate with each other in providing the required supervision.

Section 8. If the supervisee is a licensed clinical alcohol and drug counselor associate, a temporary certified alcohol and drug counselor, certified alcohol and drug counselor associate I, or certified alcohol and drug counselor associate II, the supervisor of record shall:

- (1) Review all alcohol and drug assessments and treatment plans;
- (2) Review progress notes and correspondence on a regular basis to assess the competency of the supervisee to render alcohol and drug services;
- (3) Jointly establish with the supervisee a supervisory plan that shall be submitted to the board and approved within thirty (30) days of the beginning of the supervisory relationship. The plan shall:
 - (a) Be updated, revised as needed, and submitted to the board annually;
 - (b) Include intended format and goals to be accomplished through the supervisory process; and
 - (c) Include methods that the supervisor and supervisee shall employ to evaluate the supervisory process;
- (4) At least semi-annually, have direct observation of the supervisee's work, which may be accomplished through audiotaping, video camera, videotaping, one (1) way mirror, or as a cotherapist;
- (5) Have direct knowledge of the size and complexity of the supervisee's caseload;
- (6) Limit and control the caseload, as appropriate, to the supervisee's level of competence;
- (7) Have knowledge of the therapeutic modalities and techniques being used by the supervisee;

- (8) Have knowledge of the supervisee's physical and emotional well-being if it has a direct bearing on the supervisee's competence to practice; and
- (9) Submit a completed KBADC Form 7, Supervision Evaluation, within thirty (30) days of termination of a supervisory agreement.

Section 9. If the supervisee is a peer support specialist, the supervisor of record shall:

- (1) Jointly establish with the supervisee a supervisory plan that shall be submitted to the board and approved within thirty (30) days of the beginning of the supervisory relationship. The plan shall:
 - (a) Be updated, revised as needed, and submitted to the board annually;
 - (b) Include intended format and goals to be accomplished through the supervisory process; and
 - (c) Include methods that the supervisor and supervisee shall employ to evaluate the supervisory process;
- (2) Review and countersign all peer recovery service plans;
- (3) Review peer recovery notes and correspondence on an as-needed basis to assess the competency of the supervisee to render peer recovery services;
- (4) At least once every two (2) months, have direct observation of the supervisee's work, which may be accomplished through audiotaping, video camera, videotaping, one (1) way mirror or direct observation;
- (5) Have direct knowledge of the size and complexity of the supervisee's caseload;
- (6) Limit and control the caseload, as appropriate, to the supervisee's level of competence;
- (7) Have knowledge of the methods and techniques being used by the supervisee;
- (8) Have knowledge of the supervisee's physical and emotional well-being if it has a direct bearing on the supervisee's competence to practice; and
- (9) Submit a completed KBADC Form 9, Supervision Evaluation for Peer Support Specialist, within thirty (30) days of termination of a peer support special supervisory agreement.

Section 10.

- (1) The supervisee shall:
 - (a) Keep the supervisor adequately informed at all times of his or her activities and ability to function; and
 - (b) Seek consultation from the supervisor, as needed, in addition to a regularly-scheduled supervisory session.
- (2) The supervisee shall:
 - (a) Participate with the supervisor in establishing supervisory goals and in completing the regular supervisory reports;
 - (b) Be jointly responsible with the supervisor for ensuring that a supervisory report or plan has been sent to the board, in accordance with the reporting schedule established in Section 6(1) of this administrative regulation; and
 - (c) Report to the board an apparent violation on the part of the supervisor.
- (3) Except as established in Section 11 of this administrative regulation, a supervisee shall not continue to practice alcohol and drug counseling or peer support services if:
 - (a) The conditions for supervision established in the supervisory agreement are not followed;
 - (b) There is a death or serious illness of the board-approved supervisor that results in the supervisor not being able to provide supervision; or
 - (c) The supervisory agreement is terminated by the board, the board-approved supervisor, or the supervisee for any reason other than the extenuating circumstances that allow temporary supervision in Section 11 of this administrative regulation.

Section 11. Temporary Supervision.

(1) In extenuating circumstances, if a supervisee is without supervision, the supervisee may continue working up to sixty (60) calendar days under the supervision of a "qualified mental health professional" as defined by KRS 202A.011(12), a certified alcohol and drug counselor, or a licensed clinical alcohol and drug counselor while an appropriate board-approved supervisor is sought and a new supervisory agreement is submitted to the board. Extenuating circumstances include situations such as death or serious illness of the board-approved supervisor, a leave of absence by the supervisor, the termination of the supervisor's employment, or termination of the supervisory agreement except for a violation of KRS 309.080 through 309.089, or 201 KAR Chapter 35.

(2)

(a) Within ten (10) days of the establishment of the temporary supervisory arrangement, the supervisee shall notify the board of the extenuating circumstances that have caused the supervisee to require temporary supervision.

(b) The supervisee shall submit, in writing, a plan for resolution of the situation within thirty (30) calendar days of the establishment of the temporary supervisory arrangement.

(c) The written plan shall include:

1. The name of the temporary supervisor;
2. Verification of the credential held by the temporary supervisor;
3. An email address and a postal address for the temporary supervisor and the supervisee; and
4. A telephone number for the temporary supervisor.

(3) The temporary supervisory arrangement shall expire after sixty (60) days of the establishment of the temporary supervisory arrangement.

(4) To avoid the expiration of a temporary supervisory arrangement:

- (a) A temporary alcohol and drug counselor shall submit a completed KBADC Form 3, Supervisory Agreement; or
- (b) A peer support specialist shall submit a completed KBADC Form 6, Peer Support Specialist Supervisory Agreement.

Section 12. Identification of Provider and Supervisor of Record. The actual deliverer of a service shall be identified to the client, and the client shall be informed of the deliverer's credential and name of supervisor of record.

Section 13. Supervision of a Disciplined Credential Holder.

(1) The board shall appoint an approved supervisor to supervise a disciplined credential holder for the period of time established by the board and a member of the board to serve as a liaison between the board and the appointed supervisor.

(2) The disciplined credential holder shall be responsible for paying the fee for supervision.

(3) The supervisor shall have completed the board-sponsored training course in supervision.

(4) The supervisor shall:

(a) Review the originating complaint, agreed order, or findings of the disciplinary hearing;

(b) Meet with the disciplined credential holder and the board liaison to:

1. Summarize the actions and concerns of the board;
2. Review the goals and expected outcomes of supervision submitted by the board liaison;
3. Develop a specific plan of supervision approved by the board; and
4. Review the reporting requirements that shall be met during the period of supervision;

- (c) Meet with the disciplined credential holder at least weekly, on an individual face-to-face basis for a minimum of one (1) hour unless modified by the board;
 - (d) Submit a quarterly report to the board which reflects progress, problems, and other information relevant to the need for board-mandated supervision;
 - (e) Make all reasonable efforts to insure that the disciplined credential holder's practice is in compliance with KRS 309.080 through 309.089, and 201 KAR Chapter 35;
 - (f) Report to the board any apparent violation on the part of the disciplined credential holder;
 - (g) Immediately report to the board in writing a change in the ability to supervise, or in the ability of the disciplined credential holder to function in the practice of peer recovery support or the practice of alcohol and drug counseling in a competent manner;
 - (h) Review and countersign assessments, as needed or appropriate;
 - (i) Review and countersign service or treatment plans, as needed or appropriate;
 - (j) Have direct observation of the disciplined credential holder's work on an as-needed basis;
 - (k) Have direct knowledge of the size and complexity of the disciplined credential holder's caseload;
 - (l) Have knowledge of the therapeutic methods, modalities, or techniques being used by the disciplined credential holder; and
 - (m) Have knowledge of the disciplined credential holder's physical and emotional well-being if it has a direct bearing on the disciplined credential holder's competence to practice.
- (5) The supervisor shall control, direct, or limit the disciplined credential holder's practice to ensure that the disciplined credential holder's practice is competent.
- (6) The supervisor shall contact the board liaison with any concern or problem with the disciplined credential holder, his or her practice, or the supervision process.
- (7) A final meeting shall be scheduled within thirty (30) days of the end of the established supervision period to summarize the supervision. The meeting shall include the supervisor, disciplined credential holder, and board liaison. A written summary of the supervision shall be submitted by the supervisor to the board two (2) weeks following this meeting with a copy to the board liaison.

Section 14. Incorporation by Reference.

- (1) The following material is incorporated by reference:
- (a) "KBADC Form 3, Supervisory Agreement", March 2021;
 - (b) "KBADC Form 4, Request to Provide Supervision", June 2021;
 - (c) "KBADC Form 6, Peer Support Specialist Supervisory Agreement", March 2021;
 - (d) "KBADC Form 7, Supervision Evaluation", March 2021;
 - (e) "KBADC Form 8, Peer Support Specialist Verification of Supervision", March 2021;
 - (f) "KBADC Form 9, Supervision Evaluation for Peer Support Specialist", March 2021;
 - (g) "KBADC Form 13, Verification of Clinical Supervision", January 2022~~March 2021~~; ~~and~~
 - (h) "KBADC Form 14, Supervision Annual Report", March 2021; ~~and~~
 - (i) "KBADC Form 24, Application For Grandparenting as a Certified Clinical Supervisor", January 2022.
- (2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Board of Alcohol and Drug Counselors, 500 Mero St, 2 SC 32, Frankfort, Kentucky, Monday through Friday, 8 a.m. to 4:30 p.m. The board's Web site address is: <https://adc.ky.gov>.

TIM CESARIO, Chair

APPROVED BY AGENCY: January 14, 2022

FILED WITH LRC: January 14, 2022 at 11:15 a.m.

PUBLIC HEARING AND COMMENT PERIOD: A public hearing on this administrative regulation shall, if requested, be held on March 22, 2022 at 11:00 a.m. Eastern Time in Room 127CW, The Mayo-Underwood Building, 500 Mero Street, Frankfort, Kentucky 40601. All attendees shall comply with all Executive Orders relating to the State of Emergency as may be in effect on the date of the public hearing. Members of the public may utilize the following link to attend the meeting by video conference: Topic: ADC Public Comment Hearing Zoom Meeting, Time: Mar 22, 2022 10:45 AM Eastern Time (US and Canada). Join from PC, Mac, Linux, iOS or Android: <https://us06web.zoom.us/j/89734513619?pwd=dm9kQUNEVitjOXg0d3Frd0hVYlZlZkdz09> // Password: 498985 // Or Telephone: Dial: USA 713 353 0212, USA 8888227517 (US Toll Free) -- Conference code: 583621. Individuals interested in being heard at this hearing shall notify this agency in writing by five workdays prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing is received by that date, the hearing may be canceled. This hearing is open to the public. Any person who wishes to be heard will be given an opportunity to comment on the proposed administrative regulation. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted through 11:59 PM on March 31, 2022. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person below.

CONTACT PERSON: Kevin Winstead, Commissioner, Department of Professional Licensing, 500 Mero Street, phone (502) 782 - 8805, fax (502) 564-3969, email KevinR.Winstead@ky.gov.

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Contact Person: Kevin R. Winstead

(1) Provide a brief summary of:

(a) What this administrative regulation does:

This administrative regulation establishes the procedure to obtain supervision for registration, certification, and licensure.

(b) The necessity of this administrative regulation:

The necessity of this regulation is to establish the procedure to obtain supervision.

(c) How this administrative regulation conforms to the content of the authorizing statutes:

The regulation is in conformity as the authorizing statute gives the board the ability to promulgate regulations regarding the requirements for supervision for registration, certification, and licensure.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes:

This regulation will assist in defining the expectations of the board; providing the board with more oversight, and establishing the procedure to obtain approval to be a supervisor.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation:

The amendment will change the existing administrative regulation by: (1) clarifying that observation, instead of teleconferencing, is a method of clinical supervision, and amending KBADC Form 13, Verification of Clinical Supervision, to clarify; (2) providing that a person approved on or after March 24, 2021 to provide supervision will have a maximum of five consecutive years from the date of the approval to meet the requirements of KRS 309.0834(1) to become a certified clinical supervisor, and can continue to provide supervision until the earlier of the expiration of the five year period or the date they become a certified clinical supervisor, and that the approval as a supervisor shall be limited to five years, cannot be extended past the five year limit, and is available only once in the person's lifetime; (3) allowing the board to extend certification as a certified clinical supervisor to a person who is approved to provide clinical supervision but does not meet all the provisions of KRS 309.0834(1) if the person submits a certain form created by the amendment to this regulation and meets certain criteria; (4) requiring a person approved before March 24, 2021 to provide clinical supervision to apply for grandparenting as a certified clinical supervisor within twelve months of the effective date of this amendment to this administrative regulation;

(b) The necessity of the amendment to this administrative regulation:

The amendments are necessary to clarify the acceptable methods of clinical supervision and create a grandfathering provision for persons who have been approved as a supervisor but do not meet the requirements of KRS 309.0834(1) to become a certified clinical supervisor.

(c) How the amendment conforms to the content of the authorizing statutes:

The regulation is in conformity as the authorizing statute gives the board the ability to promulgate regulations regarding the requirements for supervision for

registration, certification, and licensure.

(d) How the amendment will assist in the effective administration of the statutes:

This regulation will assist in defining the expectations of the board; providing the board with more oversight, and establishing the procedure to obtain approval to be a supervisor.

(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation:

The board is unable to determine the exact number of persons who would be impacted by this regulation. Future applicants and persons credentialed by the board will be affected by this administrative regulation. As of January 14, 2022 there were over 2,900 persons holding credentials issued by the board.

(4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment:

In order to comply with this regulation, supervisors shall provide clinical supervision by a method approved by the administrative regulation, and persons seeking approval and record their hours of supervision. Supervisors will have to apply with the board to become a supervisor.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3):

In complying with this administrative regulation, some applicants will have to attend training to become a supervisor, this may incur a cost. Most supervisees have to pay their supervisor for supervision.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3):

As a result of compliance, the credential holders and applicants will be able to document the supervision received and provide the board with more oversight during the supervision process.

(5) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:

(a) Initially:

Initially, there is no additional cost to the administrative body to implement this administrative regulation.

(b) On a continuing basis:

On a continuing basis, there is no additional cost to the administrative body to implement this administrative regulation.

(6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation:

The board's operations are funded by fees paid by credential holders and applicants.

(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment:

There are no increases in fees or funding required to implement this administrative regulation.

(8) State whether or not this administrative regulation established any fees or directly or indirectly increased any fees:

There are no new fees or fee increases associated with the amendments.

(9) TIERING: Is tiering applied?

Tiering was not applied as the regulation is applicable to all credential holders. This regulation does not distinguish between similarly situated individuals on the basis of any factor.

FISCAL NOTE ON STATE OR LOCAL GOVERNMENT

(1) What units, parts or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation?

The Kentucky Board of Alcohol and Drug Counselors.

(2) Identify each state or federal statute or federal regulation that requires or authorizes the action taken by the administrative regulation.

KRS 309.0813(1), (3), (5). 309.0834.

(3) Estimate the effect of this administrative regulation on the expenditures and revenues of a state or local government agency (including cities, counties, fire departments, or school districts) for the first full year the administrative regulation is to be in effect.

If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

(a) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year?

This regulation will not generate revenue for state or local government.

(b) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for subsequent years?

This regulation will not generate revenue for state or local government.

(c) How much will it cost to administer this program for the first year?

There will be no additional cost to administer this program.

(d) How much will it cost to administer this program for subsequent years?

There will be no additional cost to administer this program.

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

Revenues (+/-):Neutral

Expenditures (+/-):Neutral

Other Explanation:

None