



State of New Hampshire

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION DIVISION OF HEALTH PROFESSIONS

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OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION MEDICAID-TO-SCHOOLS POLICY GUIDANCE

Reference Number:	SFY 2020-01
Authorized by:	Lindsey Courtney, Director of Health Professions
Division/Board/Council/Commission:	Office of Professional Licensure and Certification, Division of Health Professions
Effective Date:	Immediately
Subject:	Licensure guidance
Description:	Guidance concerning licensure, scope of practice, for Medicaid-to-Schools personnel

OVERVIEW

The Office of Professional Licensure and Certification (OPLC) is the state agency charged with providing administrative support to the fifty-four Boards, Councils, and Commissions within the agency. Thirty-four Boards, Councils, and Commissions comprise the Division of Health Professions; fifteen are implicated by Medicaid-to-Schools (MTS).

Over the last several months, OPLC has been working closely with agency partners, the Governor's Office, members of the Legislature, and others to ensure that measures are put in place to permit children to continue to receive necessary services in the school setting. This guidance is being issued to provide information regarding the licensure process generally, as well as information regarding practice areas implicated by MTS. Anyone with additional questions regarding licensure, including qualifications for licensure, are encouraged to contact the respective board's administrator or the Director of Health Professions.

1. Allied Health Boards

Occupational Therapy Governing Board

Licenses: Occupational Therapist; Occupational Therapy Assistant.

Practice Acts: [RSA 328-F](#); [RSA 326-C](#).

*OPLC Medicaid-to-Schools Policy Guidance
Reference No. 2020-01*

Rules: (1) Office of Licensed Allied Health Professionals Governing Board, [Ahp 100–Ahp 600](#); (2) Occupational Therapists, [Occ 100–Occ 500](#).

Point of Contact: Tina Kelley, Board Administrator: tina.kelley@oplcnh.gov; (603)-271-8390.

“**Occupational therapy**’ means the therapeutic use of purposeful and meaningful occupations or goal-directed activities to evaluate and treat individuals who have a disease or disorder, impairment, activity limitation, or participation restriction which interferes with their ability to function independently in daily life roles, and to promote health and wellness.” RSA 326-1, III.

Services may include:

- (1) Evaluating, developing, improving, sustaining or restoring skills in activities of daily living, work or productive activities, including instrumental activities of daily living, and play and leisure activities.
- (2) Evaluating, developing, remediating, or restoring sensorimotor, cognitive, or psychosocial components of performance.
- (3) Designing, fabricating, applying, or training in the use of assistive technology or orthotic devices, and training in the use of prosthetic devices.
- (4) Adaptation of environments and processes, including the application of ergonomic principles, to enhance performance and safety in daily life roles.
- (5) Application of physical agent modalities as an adjunct to, or in preparation for, engagement in purposeful activities and occupations.
- (6) Evaluating and providing intervention in collaboration with the client, family, caregiver, or others.
- (7) Educating the client, family, caregiver, or others in carrying out appropriate non-skilled interventions.
- (8) Consulting with groups, programs, organizations, or communities to provide population-based services.

RSA 326-C:1, III(b).

An “**Occupational therapist**’ means a person currently licensed to practice occupational therapy in the state of New Hampshire.” RSA 326-C:1, II. An “**Occupational therapy assistant**’ means a person currently licensed to assist in the practice of occupational therapy, under the supervision of an occupational therapist, in the state of New Hampshire.” RSA 326-C:1, IV.

	Occupational Therapy	Occupational Therapy Assistant
Is supervision required?	No.	Yes. <i>See</i> RSA 326-C:1, IV (“Occupational therapy assistant’ means a person currently licensed to assist in the practice of occupational therapy, under the supervision of an occupational therapist, in the state of New Hampshire.”)

<p>Does the provider require an order to provide a service within his/her scope of practice?</p>	<p>Pursuant to RSA 326-C:2, I “[c]onsultation and evaluation by an occupational therapist may be performed without a referral.” However, [i]nitiation of occupational therapy services to individuals with medically related conditions shall be based on a referral from a physician or physician assistant . . . an advanced practice registered nurse . . . a chiropractor . . . an optometrist . . . or any other qualified health care professional who, within the scope of the professional’s licensure, is authorized to refer for health care services.” Additionally, “[p]revention, wellness, and education-related services shall not require a referral.” RSA 326-C:2, II.</p>	<p>Yes.</p>
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Physical Therapy Governing Board

Licenses: Physical Therapist; Physical Therapy Assistant.

Practice Acts: [RSA 328-F](#); [RSA 328-A](#).

Rules: (1) Office of Licensed Allied Health Professionals Governing Board, [Ahp 100–Ahp 600](#); (2) Physical Therapists, [Phy 100–500](#).

Point of Contact: Tina Kelley, Board Administrator: tina.kelley@oplcnh.gov; (603)-271-8390.

Under RSA 328-A:2, XI, the “**practice of physical therapy**” is defined as:

- (a) Testing, examining and evaluating impairments, movement dysfunctions, and disabilities or other health and movement-related conditions in order to determine a diagnosis, prognosis, and plan of intervention, and to assess the outcomes of intervention.
- (b) Alleviating impairments, movement dysfunctions, and disabilities by designing and implementing, and modifying interventions that include, but are not limited to therapeutic exercise; training related to movement dysfunctions in self care and in home, community or work integration or reintegration; manual therapy including soft tissue and joint mobilization; therapeutic massage; assistive and adaptive orthotic, prosthetic, protective and supportive devices and equipment related to movement dysfunctions; airway clearance techniques; integumentary

protection and repair techniques; debridement and wound care; physical agents or modalities; mechanical and electrotherapeutic modalities; and patient-related instruction.

RSA 328-A:2, XI. “**Physical therapy**’ or ‘physiotherapy’ means the care and services provided by or under the direction and supervision of a physical therapist who is licensed pursuant to this chapter.” RSA 328-A:2, IX.

A “**Physical therapist**’ or ‘physiotherapist’ means a person who is licensed pursuant to this chapter to practice physical therapy in this state.” RSA 328-A:2, VII.

A “**Physical therapist assistant**’ means a person who meets the requirements of this chapter for licensure and who assists the physical therapist in selected components of physical therapy intervention.” RSA 328-A:2, VIII.

A “**Physical therapy aide**’ means a support person trained under the direction of a physical therapist who performs designated and supervised routine tasks related to physical therapy.” RSA 328-A:2, X. A physical therapy aide can be supervised by a physical therapy assistant and trained for routine tasks.

	Physical Therapist	Physical Therapy Assistant
Is supervision required?	No.	Yes. <i>See</i> RSA 328-A:11, IV. “A physical therapist assistant shall work under a physical therapist’s general supervision.” “General supervision” means “that the physical therapist is not required to be on-site for direction and supervision, but must be available at least by telecommunications.” RSA 3280A:2, V; <i>see also</i> Phy 302.09.
Does the provider require an order to provide a service within his/her scope of practice?	No.	Yes.

Governing Board of Speech-Language Pathologists

Licenses: Speech-Language Pathologist; Speech-Language Assistant.

Note, the Board does not separately license Speech-Language Specialists certified by the Department of Education.

Practice Acts: [RSA 328-F](#); [RSA 326-F](#).

Rules: (1) Office of Licensed Allied Health Professionals Governing Board, [Ahp 100–Ahp 600](#); (2) Speech-language Pathologists, [Spe 100–Spe 600](#).

Point of Contact: Tina Kelley, Board Administrator: tina.kelley@oplcnh.gov; (603)-271-8390.

Under RSA 326-F:1, II, the “**Practice of speech-language pathology**” includes the following:

- (a) Screening, identifying, assessing, interpreting, diagnosing, rehabilitating, and preventing disorders of speech and language.
- (b) Screening, identifying, assessing, interpreting, diagnosing, and rehabilitating disorders of oral-pharyngeal function and related disorders.
- (c) Screening, identifying, assessing, interpreting, diagnosing, and rehabilitating cognitive communication disorders.
- (d) Assessing, selecting, and developing augmentative and alternative communication systems and providing training in their use.
- (e) Providing aural rehabilitation and related counseling services to deaf or hard of hearing individuals and their families.
- (f) Enhancing speech-language proficiency and communication effectiveness.
- (g) Screening of hearing and other factors for the purpose of speech-language evaluation or the initial identification of individuals with other communication disorders.

RSA 326-F:1, II.

A “**Speech-language assistant**” means any person certified by the board who meets minimum qualifications established by the board which are less than those established by this chapter as necessary for licensing as a speech-language pathologist, and who does not act independently but works under the direction and supervision of a speech-language pathologist licensed” under the Practice Act. RSA 326-F:1, II-a.

A “**Speech-language pathologist**” means any person who renders or offers to render to the public any service involving the application of principles, methods, and procedures for the measurement of testing, identification, appraisal, consultation, counseling, instruction and research related to the development and disorders of speech, voice, or language for the purpose of diagnosing, designing, and implementing programs for the amelioration of such disorders and conditions.” RSA 326-F:1, III.

	Speech-Language Pathologist	Speech-Language Assistant
Is supervision required?	No.	Yes. <i>See</i> RSA 326-F:1,II-a; Spe 102.04; Spe 602.01(e); Spe 607.01*
Does the provider require an order to provide a service within his/her scope of practice?	No.	No.

*Pursuant to Spe 607.01(a), “[a] speech language assistant shall receive direction from, and be supervised by, an individual holding a currently valid New Hampshire license to practice speech-language pathology.” Additionally, under Spe 607.01(b), “[f]or the first 90 work days after the speech-language assistant begins to practice, after he or she has been initially certified,” the speech-language assistant shall be directly supervised by a speech-language pathologist (SLP) 20% of the time during the work week, and indirectly supervised by an SLP 10% of the time during the work week. Thereafter, the speech-language assistant shall be directly supervised by an SLP 10% of the time during the work week and indirectly supervised by an SLP 10% of the time during the work week. Spe 607.01(c). A licensed speech-language pathologist “shall not supervise at any one time any more speech-language assistants than those whose combined work hours total the work hours of 2 full-time speech-language assistants.” Spe 607.02(a).

Recreational Therapy Governing Board

Licenses: Recreational Therapist.

Practice Acts: [RSA 328-F](#); [RSA 326-J](#).

Rules: (1) Office of Licensed Allied Health Professionals Governing Board, [Ahp 100–Ahp 600](#); (2) Recreational Therapists, [Rec 100–Rec 500](#).

Point of Contact: Tina Kelley, Board Administrator: tina.kelley@oplc.nh.gov; (603)-271-8390.

Under RSA 326-J:1, III, “**Recreational therapy**” is:

a treatment service designed to restore, remediate, and rehabilitate a person's level of functioning and independence in life activities, to promote health and wellness as well as reduce or eliminate the activity limitations and restrictions to participation in life situations caused by an illness or disabling condition.

RSA 326-J:1, III. A “**Recreational therapist**” means a person currently licensed to practice recreational therapy in the state of New Hampshire.” RSA 326-J:1, II.

	Recreational Therapist
Is supervision required?	No.
Does the provider require an order to provide a service within his/her scope of practice?	Pursuant to RSA 326-J:2 “[c]onsultation and evaluation by a recreational therapist may be performed without a referral.” However, [i]nitiation of recreational therapy services to individuals with medically related conditions shall be based on a referral from any qualified health care professional who, within the scope of the professional’s licensure, is authorized to refer for health care services.” Additionally, “[p]revention, wellness, education services shall not require a referral.” RSA 326-J:2, II.

Governing Board of Respiratory Care Practitioners

Licenses: Respiratory Care Practitioner.

Practice Acts: [RSA 328-F](#); [RSA 326-E](#).

Rules: (1) Office of Licensed Allied Health Professionals Governing Board, [Ahp 100–Ahp 600](#); (2) Respiratory Care Practitioners, [Resp 100–Resp 500](#).

Point of Contact: Tina Kelley, Board Administrator: tina.kelley@oplcnh.gov; (603)-271-8390.

Pursuant to RSA 326-E:1, X, “**Respiratory Care**” is defined as:

the treatment, management, diagnostic testing and evaluation of responses to respiratory or medical treatment and care of individuals or groups of individuals either having deficiencies or abnormalities of the cardiopulmonary system or requiring support of the cardiopulmonary system. Respiratory care is given in accordance with the prescription of a physician, nurse practitioner, or physician assistant. Respiratory care includes the implementation of respiratory care strategies and modalities, and the administration of pharmacological, diagnostic, and therapeutic agents necessary to implement a treatment, disease or injury prevention, rehabilitative or diagnostic regimen. Respiratory care includes, but is not limited to: initiating emergency procedures; providing health counseling and teaching; assembly, repair, testing and maintenance of respiratory equipment; and those respiratory care activities that require a substantial amount of scientific knowledge or technical skill.

RSA 326-E:1, X.

	Respiratory Care Practitioner
Is supervision required?	No.
Does the provider require an order to provide a service within his/her scope of practice?	Yes. “Respiratory care is given in accordance with the prescription of a physician, nurse practitioner, or physician assistant.” RSA 326-E:1, X. Additionally, “[t]he respiratory care practitioner is responsible for managing all aspects of the respiratory care of each patient under the orders of a physician, physician assistant, or nurse practitioner.” RSA 326-E:8, I.

2. Board of Hearing Care Providers

Licenses: Audiologist.

Practice Acts: [RSA 137-F](#).

Rules: Hearing Care Providers, [Hcp 100–Hcp 500](#).

Point of Contact: Michelle Thibeault, Board Administrator: michelle.thibeault@oplcnh.gov; (603)-271-6761.

The practice of **audiology** includes the following:

- (a) Screening, identifying, assessing, interpreting, diagnosing, rehabilitating, and preventing hearing disorders.
- (b) Rendering to individuals or groups of individuals, who are suspected of having hearing disorders, basic and comprehensive audiological and vestibular site-of-lesion tests, including otoscopic examinations, electrophysiologic test procedures, and auditory evoked assessment.
- (c) Rendering basic and comprehensive auditory and vestibular habilitative and

rehabilitative services, including aural rehabilitative assessment and therapy, vestibular rehabilitative assessment and therapy, and speech and language screening.

(d) Providing basic and comprehensive audiological and psychoacoustic evaluations for the purpose of determining candidacy for amplification or assistive alerting/listening devices; providing tinnitus evaluations and therapy; providing hearing aid fitting and orientation; taking ear impressions; and providing hearing aid product dispensing, repair, and modification.

(e) Providing preoperative evaluation and selection of cochlear implant candidacy and post-implant rehabilitation.

(f) Providing occupational hearing conservation.

RSA 137-F:2, VII.

	Audiologist
Is supervision required?	No.

3. Board of Dental Examiners

Licenses: Dentist; Dental Hygienist.

Practice Acts: [RSA 317-A](#).

Rules: Board of Dental Examiners, [Den 100–Den 500](#).

Point of Contact: Christine Senko, Board Administrator: christine.senko@oplc.nh.gov; (603)-271-4561.

Under the Dental Practice Act, “[a] person shall be regarded as **practicing dentistry** within the meaning of” the statute if the person:

(a) Uses or permits to be used, directly or indirectly, for profit or otherwise, for that person or for any other person, in connection with the person's name, the word "dentist", or "dental surgeon", or the title "D.D.S." or "D.M.D.", or any other words, letters, titles, or descriptive matter, personal or not, which directly or indirectly imply the practice of dentistry;

(b) Owns, leases, maintains, or operates a dental business in any office or other room or rooms where dental operations are performed, or directly or indirectly is manager, proprietor, or conductor of the same;

(c) Directly or indirectly informs the public in any language, orally, in writing, or in printing, or by drawings, demonstrations, specimens, signs, or pictures that the person can perform or will attempt to perform dental operations of any kind;

(d) Undertakes, by any means or method, including by use of electronic media, gratuitously or for a salary, fee, money, or other reward paid or granted directly or indirectly to that person or to any other person, to diagnose or profess to diagnose, to treat or profess to treat, or prescribe for or profess to prescribe for any of the lesions, diseases, disorders, or deficiencies of the human oral cavity, teeth, gums, maxilla, or mandible or adjacent associated structures;

(e) Supervises a dentist within the scope of the practice of dentistry;

- (f) Except on the written prescription of a duly licensed dentist and by the use of impressions or casts made by a duly licensed and practicing dentist, directly or indirectly by mail, carrier, personal agent, or by any other method, furnishes, supplies, constructs, reproduces, or repairs prosthetic dentures, bridges, appliances, or other structures to be used and worn as substitutes for natural teeth, or adjusts the same;
- (g) Administers dental anesthetics, either general or local; or
- (h) Dispenses teeth whitening agents or undertakes to whiten or bleach teeth by any means or method, unless the person is dispensing or using a product that may be purchased over the counter for the person's own use, or is authorized under rules adopted by the board to engage in such activities without being a licensed dentist.

RSA 317-A:20, I.

A person is considered to be **practicing dental hygiene** if the person “uses the title ‘registered dental hygienist’, the abbreviation ‘R.D.H.’, or any other words or symbols that indicate that the person is a licensed dental hygienist” or performs one of the following services:

- (a) The assessment of medical and dental histories, including preliminary inspection of the oral cavity, surrounding structures, and periodontal charting.
- (b) The assessment of the patient to collect and evaluate complete data to identify dental hygiene care needs.
- (c) The performance of the complete prophylaxis including the removal of calciferous deposits, excess cements, excess bond materials from orthodontic appliances, accretions, and stains from the supragingival and subgingival surfaces of the teeth by scaling, root planning, and polishing.
- (d) The performance of procedures requiring additional education and any other procedures authorized by the board through rules adopted under RSA 541-A.
- (e) The administration of local anesthesia.
- (f) The administration of nitrous oxide/oxygen minimal sedation (anxiolysis); provided the dental hygienist is qualified by the board after training and after passing an examination approved by the board.
- (g) The administration, prescription and dispensing of a fluoride supplement, topically applied fluoride and chlorhexidine gluconate oral rinse.

RSA 317-A:21(c).

	Dentist	Dental Hygienist
Is supervision required?	No.	Yes. <i>See</i> RSA 317-A:21(c), III (“Dental hygiene services shall be provided under the supervision of a licensed dentist in accordance with rules adopted by the board.”); see also Den 302.02,

		Supervision; Den 402.01, Hygienists' Duties; 501.01, Ethical Duties ("Dentists shall be further obliged to prescribe and supervise the patient care provided by all dental hygienists and dental assistants working under their direction.").
Does the provider require an order to provide a service within his/her scope of practice?	No.	No.

4. Board of Medicine:

Licenses: Physician; Physician Assistant.

Practice Acts: [RSA 328-D](#); [RSA 329](#).

Rules: Board of Medicine, [Med 100–Med 600](#).

Point of Contact: Penny Taylor, Board Administrator: penny.taylor@oplcnh.gov; (603)-271-1205.

A **physician assistant** is “a person qualified both by academic and practical training in a program approved by the board to provide patient services under the supervision and direction of a licensed physician in a variety of medical care settings.” RSA 328-D:1. “No person shall practice or hold himself out to be a physician assistant or use any letters designating himself as a physician assistant unless he is licensed” by the Board of Medicine. RSA 328-D:2, I.

Individuals are required to be licensed by the Board of Medicine to practice medicine. *See* RSA 329:1-aa; RSA 329:1-d, II. Under the Medical Practice Act:

Any person shall be regarded as **practicing medicine** under the meaning of this chapter who shall diagnose, treat, perform surgery, or prescribe any treatment of medicine for any disease or human ailment. ‘Surgery’ means any procedure, including but not limited to laser, in which human tissue is cut, shaped, burned, vaporized, or otherwise structurally altered, except that this section shall not apply to any person to whom authority is given by any other statute to perform acts which might otherwise be deemed the practice of medicine. ‘Laser’ means light amplification by stimulated emission of radiation.

RSA 329:1.

	Physician	Physician Assistant
Is supervision required?	No.	Yes. <i>See</i> Med 602.01, Responsibility of the

		Supervisory Physician(s). A registered supervisory physician (RSP) or alternative registered supervisory physician (ARSP) “shall be available for consultation with the physician assistant and shall be responsible for assuring that appropriate directions are given to, and understood and executed by, the physician assistant.” Med 602.01(a). Additionally, “[t]he RSP or ARSP shall not be required to be physically present while the physician assistant is providing care, so long as the RSP or ARSP and the physician assistant are or can be in contact with each other by an electronic communication device.” Med 602.01(b).
Does the provider require an order to provide a service within his/her scope of practice?	No.	“The scope of practice of the [physician assistant] shall be defined by agreement with the RSP. The scope of practice of the PA shall be limited to and no broader than the scope of practice and privileges of the supervising physician.” Med 603.01(a).

5. Board of Registration in Optometry

Licenses: Optometrist.

Practice Acts: [RSA 327](#).

Rules: Optometry, [Opt 100–Opt 600](#).

Point of Contact: Sharon Canney, Board Administrator: sharon.canney@oplcnh.gov; (603)-271-4728.

Under the Optometry Practice Act, “the ‘**[p]ractice of optometry**’ means the employment of any methods or means, other than surgery, for the:”

- (a) Diagnosis and treatment of any optical defect, deficiency, deformity, or disease of the human eye, adnexa and eyelids.

- (b) Diagnosis and treatment of any visual or muscular anomaly of the visual system.
- (c) Adaptation or prescribing of spectacle lenses, contact lenses, prisms or ocular exercises for the correction, relief or aid of the visual functions.
- (d) Prescribing, administering or dispensing of pharmaceutical agents.
- (e) Application, prescribing, or removal of Food and Drug Administration approved medical devices, as approved by the board and consistent with the practice of optometry as set forth in this chapter, including, but not limited to, contact lenses, plano lenses, and punctal plugs. The term "plano lenses" means contact lenses with no refractive power.
- (f) Diagnosis of acute angle closure glaucoma. Upon such diagnosis, an optometrist may administer emergency care and shall immediately refer the patient to an ophthalmologist. Oral pharmaceutical agents may be used for the emergency treatment of acute angle closure glaucoma.

RSA 327:1, IV.

	Optometrist
Is supervision required?	No.
Does the provider require an order to provide a service within his/her scope of practice?	No.

6. Board of Psychologists

Licenses: Psychologist.

Practice Acts: [RSA 329-B](#).

Rules: Psychology, [Psyc 100–500](#).

Point of Contact: Yvonne Marcotte, Board Administrator: yvonne.marcotte@oplc.nh.gov; (603)-271-2176.

Under the Psychology Practice Act, “**Psychology Services**” are:

[t]he observation, description, evaluation, interpretation, diagnosis, and modification of human behavior by the application of psychological and systems principles, methods, and procedures for the purpose of preventing or eliminating symptomatic, maladapted, or undesirable behavior and of enhancing interpersonal relationships, work and life adjustments, personal effectiveness, behavioral health, and mental health, as well as the diagnosis and treatment of the psychological and social aspects of physical illness, accident, injury, or disability. Psychology services may include, but shall not be limited to, those services based on diagnosis and treatment of mental and emotional disorders and psycho-educational or consultative techniques integral to the treatment of such disorders when diagnosis is specified in the most current edition of the Diagnostic and Statistical Manual of

Mental Disorders, published by the American Psychiatric Association, The International Classification of Disease Manual (ICD), or an equivalent of such manual as determined by the board. Psychological services may be rendered to individuals, families, groups, systems, or organizations.

RSA 329-B:2, VIII. A “**Psychologist**’ means any person licensed as a psychologist under” the Practice Act. RSA 329-B:2, IX.

“**Psychotherapy**’ means the professional treatment, assessment, or counseling of a mental or emotional illness, symptom, or condition.” RSA 329-B:2, XII. “**Psychotherapist**’ means a psychologist licensed under this chapter who performs or purports to perform psychotherapy.” RSA 329-B:2, XI.

School Psychologists are presently certified by the Department of Education and not licensed under the Board of Psychology. However, the Board of Psychology has been working with members of the legislature and other stakeholders to pursue legislation that would establish a license for School Psychologists under the Board of Psychology. *See* SB 684.

	Psychologist
Is supervision required?	No. However, “[e]ach licensee, except those on inactive status, shall complete 40 hours of collaboration during the licensing period.” Psyc 403.01(a). Collaboration may include, among other things, “[b]eing in supervision or consultation with another licensed psychologist.” Psyc. 403.02(a). Additionally, “[e]ach licensee shall complete and document completion of 40 approved hours of continuing education during the license term as a condition of license renewal.” Psyc. 402.02(a).
Does the provider require an order to provide a service within his/her scope of practice?	No.

7. Board of Mental Health Practice

Licenses: Pastoral psychotherapists; Clinical social workers; Clinical mental health counselors; and, Marriage and family therapists.

Practice Acts: [RSA 330-A](#).

Rules: Mental Health Practice, [Mhp 100–Mhp 500](#).

Point of Contact: Ashley Czechowicz, Board Administrator: ashley.czechowicz@oplc.nh.gov; (603)-271-2152.

Under the Mental Health Practice Act, “**Mental Health Practice**” is defined as:

the observation, description, evaluation, interpretation, diagnosis, and modification of human behavior by the application of psychological and systems principles, methods, and procedures for the purpose of preventing or eliminating symptomatic, maladapted, or undesirable behavior and of enhancing interpersonal relationships, work and life adjustments, personal effectiveness, behavioral health, and mental health, as well as the diagnosis and treatment of the psychological and social aspects of physical illness, accident, injury, or disability. Mental health practice may include, but shall not be limited to, those services based on diagnosis and treatment of mental and emotional disorders and psycho-educational or consultative techniques integral to the treatment of such disorders when diagnosis is specified in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association, or an equivalent of such manual as determined by the board. Notwithstanding any other provision to the contrary, no person licensed or registered under this chapter shall assess the need for medications, prescribe medications, or otherwise practice medicine as defined in RSA 329.

RSA 330-A:2, VI. A “**Mental health practitioner**’ means persons licensed under [the Practice Act] as pastoral psychotherapists, clinical social workers, clinical mental health counselors, or marriage and family therapists.” RSA 330-A:2, VII. For purposes of the Practice Act, “the term clinical social worker shall include independent clinical social worker.” *Id.*

“**Psychotherapy**’ means the professional treatment, assessment, or counseling of a mental or emotional illness, symptom, or condition.” RSA 330-A:2, IX. A “**Psychotherapist**’ means a clinical social worker, pastoral psychotherapist, clinical mental health counselor, or marriage and family therapist licensed under this chapter who performs or purports to perform psychotherapy,” including psychiatrists licensed by the Board of Medicine under RSA 329 and advanced registered nurse practitioners licensed as psychiatric nurse practitioners by the Board of Nursing under RSA 326-B:18. *Id.*

	Pastoral Psychotherapist	Clinical Social Worker	Clinical MH Counselor	Marriage and family therapist
Does the provider require an order to provide a service within his/her scope of practice?	No.	No.	No.	No.

8. Board of Licensed Dietitians

Licenses: Dietitian.

Practice Act: [RSA 326-H](#).

Rules: Licensed Dietitians, [Diet 100–Diet 500](#).

Point of Contact: Yvonne Marcotte, Board Administrator: yvonne.marcotte@oplcnh.gov; (603)-271-2176.

Licensed Dietitians are food and nutrition professionals who have a bachelor's degree or higher degree in nutrition, food and nutrition, dietetics, public health nutrition or food systems management. In addition, they have completed a dietetic internship or coordinated program and successfully passed the Commission on Dietetic Registration exam.

Licensed Dietitians are authorized to practice applications from food, nutrition, biochemistry, physiology, management, behavioral, and social sciences used in the treatment of illness, injury and other medical conditions, and the maintenance of human health. *See* RSA 326-H:6; RSA 326-H:12.

	Dietitian
Is supervision required?	No.
Does the provider require an order to provide a service within his/her scope of practice?	No.

9. Board of Licensing for Alcohol and Other Drug Use Professionals (LADC)

Practice Act: [RSA 330-C](#).

Licenses: Licensed Alcohol and Drug Counselor (LADC); Master Licensed Alcohol and Drug Counselor (MLAC); Licensed Clinical Supervisor (LCS); and, Certified Recovery Support Worker (CRSW).

Rules: Alcohol and Other Drug, [Alc 100–200](#), [Alc 300](#), [Alc 400–500](#).

Point of Contact: Juliette Rodriguez, Board Administrator: juliette.rodriguez@oplc.nh.gov; (603)-271-6762.

A “**Licensed alcohol and drug counselor,**” or LADC, means an individual licensed by the board to practice substance use counseling who meets the qualifications set forth” in the Practice Act. RSA 330-C:2, XIII. “The scope of practice of the LADC is the screening, assessment, diagnosis, treatment planning, and treatment of substance use disorders and the screening and referral of mental health disorders under clinical supervision as defined” in the Practice Act.” RSA 330-C:11, I. The scope of practice “does not include the treatment of co-occurring disorders, unless the LADC is in an academic internship as part of a master’s program in a mental health field or employed as a LADC working toward mental health licensure” *Id.* “The practice of alcohol and drug counseling” is set forth in [RSA 330-C:11](#).

A “**Master licensed alcohol and drug counselor,**” or MLADC, means an individual licensed by the board to practice substance use and co-occurring disorder counseling who meets the qualifications set forth” in the Practice Act. RSA 330-C:2, XV. “The scope of practice of the MLADC is the screening, assessment, diagnosis, treatment planning, and treatment of substance use disorders and co-occurring disorders only within the context of addressing substance use disorders.” RSA 330-C:10, I. The “practice of alcohol and drug counseling and co-occurring disorder counseling includes” the performance areas set forth in [RSA 330-C:10](#).

A “**Certified recovery support worker,**’ or CSRW, means an individual certified by the board to provide recovery support to persons with substance use disorders, who meets the qualifications in” the Practice Act. RSA 330-C:2, IV. The “scope of practice of a certified recovery support worker includes . . . [t]he provision of basic screening of persons with substance use and co-occurring mental health disorders,” “[t]he provision of monitoring of clients’ health and safety,” and “[t]he provision of recovery support.” For more information, see [RSA 330-C:13](#).

A ‘**Licensed clinical supervisor,**’ or LCS, means an individual licensed by the board to practice and supervise substance use counseling, who meets the qualifications set forth in this chapter.” RSA 330-C:2, XIV. “The scope of practice of a licensed clinical supervisor is based on knowledge in the core functions and performance domains to supervise alcohol and drug counselors.” RSA 330-C:12. “This includes administrative, evaluative, clinical, and supportive oversight of the practice of alcohol and drug counselors” licensed under the Practice Act, as well as those individuals seeking licensure under the Practice Act. *Id.* The duties of an LCS are set forth in [RSA 330-C:12](#).

	LADC	MLADC	LCS	CRSW
Is supervision required?	Yes, except LADCs “who were in independent practice before July 1, 2008 and continue in independent practice,” (generally referred to as “grandfathered” LADCs). Alc 405.01. Grandfathered LADCs are required to participate in Peer Collaboration if they do not receive clinical supervision. Alc. 408.1(a). LADCs subject to clinical supervision requirements must be clinically supervised one hour per week for 48 weeks per year while engaged in practice, by one or more qualified individuals, and in an	No. Only those MLADCs who “choose to engage in clinical supervision requirements shall be clinically supervised.” <i>See</i> Alc 406.01. For supervision requirements, please see Alc. 406.03.	An LCS must have either a LADC or MLADC. The clinical supervision requirements of an LCS is dependent on the licensee’s underlying license requirements for clinical supervision. An LCS does not have clinical supervision requirements independent of the underlying license (LADC or MLADC) clinical supervision requirements.	Yes. A CSRW shall be supervised by a qualified individual “[f]or at least 2 hours per month in which the certificate holder is practicing.” <i>See</i> Alc 404.01.

	individual or group setting. <i>See</i> 405.02; 405.04.			
Does the provider require an order to provide a service within his/her scope of practice?	No.	No.	No. An LCS provides supervision to other licensees.	No.

10. Questions.

Pursuant to Executive Order 2019-07, OPLC has prioritized the processing of applications for those applicants for licensure who intend to provide services under the State’s MTS Program. For questions regarding licensure, please contact the applicable board administrator. For general questions regarding this notification, please contact:

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