

21 NCAC 53 .1001 is adopted with changes as published in 40:06 NCR 578-79 as follows:

SECTION .1000—IMPAIRED PROFESSIONALS PROGRAMS

21 NCAC 53 .1001 DEFINITIONS

(a) The following definitions apply to this Section:

- (1) "Applicant" means a person who has submitted an application to the Board, paid the application fee, and received confirmation of receipt of the application from the Board.
- (2) "Board" means the North Carolina Board of Licensed Mental Health Counselors as defined in G.S. 90-330(1a).
- (3) "Former Licensee" means a person who formerly held a license issued by the Board and whose license was not permanently surrendered, revoked, or suspended.
- (4) "Impairment" means a condition or disorder caused by substance use, burnout, compassion fatigue, or other mental health issue that hinders professional competence or the ability to provide or supervise clinical mental health counseling services, services with reasonable skill and safety, or may lead to conduct constituting grounds for discipline as set forth in G.S. 90-340. in accordance with G.S. 90-340(11).
- (5) "Imminent danger" means any condition, disorder, conduct, or practice that poses a risk of death or serious physical, mental, or emotional harm if not abated.
- (6) "Independent Provider" means a mental health or medical provider that the Program has recommended as a service provider to a Participant or a Potential Participant but is not employed by or affiliated with the Program.
- (7) "Licensee" means a person holding an active license issued by the Board.
- (8) "Monitoring" means oversight by Program staff, volunteers, and Independent Providers of Participant's compliance with a Recovery Plan, the purpose of which is to support the Participant's well-being, recovery from Impairment, and ability to practice clinical mental health counseling with reasonable skill and safety in accordance with G.S. 90-340. 90-340(11).
- (9) "Participant" means a Licensee, Former Licensee, Potential Applicant, or an Applicant who has executed a Participation Agreement.
- (10) "Participation Agreement" means a written assessment, treatment, or monitoring contract or agreement between the Program and a Participant.
- (11) "Potential Applicant" means a person who has completed a qualifying graduate training program as defined in Rule .0701 of this Chapter and provides an attestation of their intention to apply for licensure by the Board within two years. The attestation form is available on the Board's website at <https://www.ncblcmhc.org/Licensure/Applying>.
- (12) "Potential Participant" means a Licensee, Former Licensee, Potential Applicant, or an Applicant about whom information concerning suspected impairment has been provided to the Board or the

Program, including an individual the Board has referred to the Program, or an individual who has self-referred to the Program.

(13) "Program" means an impaired professionals program established by the Board or with whom the Board has an agreement or otherwise made arrangements to provide Screening and Monitoring to Potential Participants or Participants who have or may have an Impairment.

(14) "Recovery Plan" means a comprehensive strategy to address a Participant's Impairment, including Monitoring and Recovery Services.

(15) "Recovery Services" mean services provided to Participants or Potential Participants from Independent Providers, including assessment, substance testing, referrals, treatment, and follow-up care.

(16) "Screening" means to meet with a Potential Participant, conduct an investigation of a Potential Participant, gather pertinent personal, professional, physical, and mental health information, and interview collateral sources, when necessary, to determine if a potential Impairment exists and, if so, provide recommendations for a Recovery Plan.

History Note: Authority G.S. 90-334(l); G.S. 90-340;

Eff. February 1, 2026.

1 21 NCAC 53 .1002 is adopted with changes as published in 40:06 NCR 579 as follows:

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3 **21 NCAC 53 .1002 BOARD AGREEMENTS WITH PROGRAMS**

4 (a) The Board may enter into agreements with Programs pursuant to G.S. 90-334. 90-334(l).

5 (b) To meet the Board's requirements to enter into an agreement, a Program shall have staff, volunteers, policies,
6 procedures, and other resources to provide the following services:

7 (1) Performing Screening of Potential Participants and Monitoring of Participants;

8 (2) Formulating and Implementing Recovery Plans for Participants;

9 (3) Conducting evaluations and recommendations of Independent Providers of Recovery Services;

10 (4) Maintaining the confidentiality of information, documentation, and records received concerning
11 Potential Participants and Participants in accordance with Rule .1005 of this Section;

12 (5) Submitting reports and information to the Board consistent with Rules .1004 and .1005 of this
13 Section; and

14 (6) Providing a process by which Participants and Potential Participants may challenge or appeal a
15 determination by the Program regarding the Participant or Potential Participant.

16 (c) The Board shall conduct an annual review of the operations of any Program under an agreement to receive
17 referrals of Potential Participants and Participants to determine the Program's compliance with the requirements in
18 Paragraph (b) of this Rule and the Program's agreement with the Board.

19 (d) In connection with the annual review, the Program shall provide the Board with a report of an annual financial
20 audit for the preceding year.

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22 *History Note: Authority G.S. 90-334(l); 90-340*

23 *Eff. February 1, 2026.*

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1 21 NCAC 53 .1003 is adopted as published in 40:06 NCR 579-80 as follows:

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3 **21 NCAC 53 .1003 PROGRAM OPERATIONS AND PROCEDURES FOR ALL PARTICIPANTS**

4 (a) The Program may receive information about suspected Impairment of a Potential Participant through any of the
5 following sources:

6 (1) Referral by the Board, including as part of the application or disciplinary process;
7 (2) Self-referral by the Potential Participant; and
8 (3) Referral from physicians, counselors, other mental health professionals, family members,
9 colleagues, co-workers, or other individuals or sources with direct or personal knowledge
10 concerning a Potential Participant.

11 (b) Regardless of the source of the referral, the Program may investigate and conduct a Screening.

12 (c) The Program may consult with Independent Providers and treating mental health or medical providers in
13 conducting a Screening.

14 (d) If the Program finds from the investigation or Screening that an Impairment likely exists, it may refer the Potential
15 Participant for an assessment or treatment by an Independent Provider.

16 (e) If Monitoring is recommended by the Program or an Independent Provider, the Program shall develop a Recovery
17 Plan and request the Potential Participant to become a Participant.

18 (f) As part of the Program's Monitoring, Participants shall submit urine or other bodily specimens to the Program, as
19 requested, to test for the presence of any substances that could indicate Impairment.

20 (g) Participants shall submit to periodic interviews with the Program staff or volunteers. The Program shall determine
21 the frequency of personal interviews necessary to evaluate the Participant's Impairment and ability to practice clinical
22 mental health counseling.

23 (h) Upon signing a Participation Agreement, Participant shall sign releases to authorize the disclosure or exchange of
24 information or documentation about Participant's compliance with the Participation Agreement and Recovery Plan:

25 (1) to the Board consistent with Rule .1005 of this Section;
26 (2) between the Program, Independent Providers, and treating mental health or medical professionals;
27 and
28 (3) from employers or other individuals assigned to monitor Participant in the workplace.

29 (i) A Participant shall comply with the Participation Agreement. A Participant's failure to comply with the
30 Participation Agreement shall be deemed a failure to cooperate with the Board and shall subject the Participant to
31 disciplinary action or denial of licensure by the Board pursuant to G.S. 90-340(a)(7) and (15).

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33 History Note: Authority G.S. 90-334(l); G.S. 90-340

34 Eff. February 1, 2026.

1 21 NCAC 53.1004 is adopted as published in 40:06 NCR 580 as follows:

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3 **21 NCAC 53 .1004 PROGRAM OPERATIONS AND PROCEDURES FOR BOARD REFERRALS**

4 The following shall apply to Board referrals to the Program of Potential Participants who consent to the referral:

5 (1) The Board may refer a Potential Participant to the Program if it receives, or obtains through an
6 investigation or review, evidence or information of potential Impairment. The decision to refer a
7 Potential Participant to the Program shall be made on a case-by-case basis based on the evidence or
8 information received, and within the discretion of the Board.

9 (2) Potential Participants shall cooperate with the Program, including:

10 (a) executing all required releases or authorizations to exchange information about the
11 Potential Participant between the Board, the Program, Independent Providers, and treating
12 mental health or medical professionals; and

13 (b) submitting to a Screening to determine if evidence exists to substantiate the potential
14 Impairment.

15 (3) The Program shall advise the Potential Participant and Board of the findings and recommendations
16 from the Screening and the Potential Participant's cooperation with the Program or lack thereof.

17 (4) The Program shall advise the Board as to the results and recommendations from assessments or
18 treatment, including a recommendation for Monitoring.

19 (5) In addition to Monitoring, the Board may require other conditions or stipulations from the Potential
20 Participant to be included in the Participation Agreement.

21 (6) The Program shall report to the Board if the Potential Participant fails to cooperate with the Program,
22 including failing to sign a Participation Agreement, if requested by the Program.

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25 History Note: Authority G.S. 90-334(l); 90-340

26 Eff. February 1, 2026.

1 21 NCAC 53 .1005 is adopted with changes as published in 40:06 NCR 580 as follows:

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3 **21 NCAC 53 .1005 CONFIDENTIALITY**

4 (a) The Program shall maintain records on all Potential Participants and Participants, and the records, including those
5 obtained from Independent Providers, treating professionals, and other third parties concerning Potential Participants
6 or Participants, shall remain confidential in accordance with G.S. 90-340(f).

7 (b) Information and documentation received by the Program regarding a Potential Participant or Participant shall
8 remain confidential and shall not be released to the Board, except as set forth in Rule .1004 of this Section, unless the
9 Program determines that the Potential Participant or Participant:

10 (1) constitutes an Imminent Danger to client care, the public, or himself or herself for any reason;
11 (2) is unable to practice clinical mental health counseling with reasonable skill and safety consistent
12 with G.S. 90-340(a)(11); or
13 (3) refuses to cooperate with the Program, including failing to submit to assessment or treatment
14 recommended by the Program or failing to comply with the terms of a Participation Agreement.

15 (c) If the Program determines that Information and documentation about a Participant who meets any of the criteria
16 of Subparagraphs (b)(1) through (b)(3) of this Rule, shall be provided without delay to the Program shall submit
17 a report to the Board along with all information, documentation, and any other evidence of the events leading to the
18 report, report no later than 72 hours after making the determination.

19 (d) Becoming a Participant or consenting to Screening by the Program shall not create a clinical or treatment
20 relationship between the Program and Participants or Potential Participants.

22 *History Note: Authority G.S. 90-334(l); G.S. 90-340*

23 *Eff. February 1, 2026.*

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1 21 NCAC 53 .1006 is adopted as published in 40:06 NCR 580-81 as follows:

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3 **21 NCAC 53. 1006 PERIODIC REPORTING OF ANONYMIZED INFORMATION TO THE BOARD**

4 (a) On a quarterly and annual basis, and upon request by the Board, the Program shall provide to the Board
5 reports of statistical, demographic, and other information collected through Program operations, which reports shall
6 not identify Potential Participants or Participants.

7 (b) The Program shall meet with the Board or a representative of the Board on a quarterly basis to discuss the
8 report and the Program's operations over the quarter reported upon.

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10 History Note: Authority G.S. 90-334(l);

11 Eff. February 1, 2026.

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