



Minnesota Board of Behavioral Health and Therapy

Study of Tiered Licensure for Minnesota Licensed Alcohol and Drug Counselors

A Report to the Minnesota Legislature

Required by Laws of Minnesota 2012, Chapter 197, Article 2, Section 43

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Brief History of Alcohol and Drug Counselor Licensure and Regulation in Minnesota

- In 1992, legislation was passed establishing licensure for alcohol and drug counselors (LADCs).
- In 1993, the Department of Health began the rule writing process.
- In January 1998, after about 4 years of rule writing, the proposed rules related to alcohol and drug counselor licensure were adopted. (Minnesota Rules chapter 4747)
- In May 1998, the first LADC licenses were issued. The minimum degree requirement for licensure was an associate degree or equivalent. There is no requirement for the degree to be in human services, behavioral science, or a related field.
- In May 2003, the Board of Behavioral Health and Therapy (BBHT or Board) was established to license and regulate professional counselors (LPCs). The same legislation that created licensure for professional counselors also transferred regulation of the LADC program from the Department of Health to BBHT effective July 1, 2005.
- On July 1, 2005, BBHT began licensing and regulating licensed alcohol and drug counselors (LADCs) when the program transferred to the Board from the Department of Health.
- On January 1, 2007, exemptions for counselors working in the following settings ended: county, state, city, and hospitals. Alcohol and drug counselors working in these settings are now required to be licensed.
- In March 2008, the Legislative Committee of the Board began the process of rewriting the regulations for alcohol and drug counselors. The rewrite was completed to clarify and simplify statutory and rule language. Goals included eliminating confusing, obsolete, repetitive, and unnecessary language, making Board operations more efficient, and regulating the program in a more cost effective manner.
- On July 1, 2008, the degree requirement for licensure changed from an associate degree or the equivalent to a bachelor's degree. There is no requirement for the degree to be in human services, behavioral science, or a related field.
- During the 2011 Legislative Session, the Legislative Committee of the Board worked with House and Senate authors to pass a bill to create a new chapter of law regulating alcohol and drug counselors. The Senate passed their version of the bill, but the bill stalled in the House, so the legislation did not pass in that year.
- During the 2012 Legislative Session, the Legislative Committee of the Board once again worked with House and Senate authors to pass a bill to create a new chapter of law regulating alcohol and drug counselors. The bill passed out of both the House and the Senate. On April 20, 2012, Governor Dayton signed the bill into law. LADC regulations are now codified in Minnesota Statutes chapter 148F and Minnesota Rules chapter 4747.
- The 2012 legislation that created the new chapter of law regulating alcohol and drug counselors (Minnesota Statutes chapter 148F) also directed the Board to convene a working group to evaluate the feasibility of a tiered licensure system for alcohol and drug counselors and to submit a report to the Legislature by December 15, 2015.

Purpose and Conduct of this Study

Laws of Minnesota 2012, Chapter 197, Article 2, Section 43 requires the following:

REPORT; BOARD OF BEHAVIORAL HEALTH AND THERAPY.

- (a) The Board of Behavioral Health and Therapy shall convene a working group to evaluate the feasibility of a tiered licensure system for alcohol and drug counselors in Minnesota. This evaluation shall include proposed scopes of practice for each tier, specific degree and other education and examination requirements for each tier, the clinical settings in which each tier of practitioner would be utilized, and any other issues the board deems necessary.
- (b) Members of the working group shall include, but not be limited to, members of the board, licensed alcohol and drug counselors, alcohol and drug counselor temporary permit holders, faculty members from two- and four-year education programs, professional organizations, and employers.
- (c) The board shall present its written report, including any proposed legislation, to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services no later than December 15, 2015.
- (d) The working group is not subject to the provisions of Minnesota Statutes, section 15.059.

To implement the legislative directive, the Board identified preliminary tasks to complete. It began by mailing a summary of the 2012 legislative changes, including notification that a tiered licensure working group would be created, to all licensed alcohol and drug counselors, temporary permit holders, and other interested persons. The Board posted a public meeting notice on its website announcing the first meeting of the tiered licensure working group scheduled for April 12, 2013. Several interested persons attended the meeting, and the Board representatives at the meeting proceeded to choose the working group members. Board Chair Judi Gordon, RN, LADC was selected as Chair of the Tiered Licensure Working Group (*see* Roster of Working Group Members and Other Contributors on p. 12).

Between April 12, 2013 and November 7, 2014, the working group met twelve times. The last meeting was held in Mankato, Minnesota. The working group gathered information and engaged in discussion in order to address each of the directives in the 2012 legislation. A sub-group was selected to examine education requirements for licensure. Throughout the process Board staff posted working group meeting minutes on the Board's website. In October 2014, Chair Gordon and staff members from the Board office presented information on the tiered licensure working group study at the annual fall conference sponsored by the Minnesota Association of Resources for Recovery and Chemical Health (MARRCH) in St. Paul, Minnesota. Chair Gordon and Board staff members also attended several meetings of the MARRCH public policy committee meetings to exchange information with stakeholders. All of the above measures were utilized to explore current issues and attitudes related to tiered licensure.

Issues Identified During Working Group Meeting Process

The operative word in the legislative directive to study tiered licensure is “feasibility,” defined as “capable of being accomplished or brought about; possible.”¹ The working group concluded that a tiered licensure structure is feasible and proceeded to research and study the issues related to creating licensure tiers.

Licensure Requirements in Other States. The working group members determined that an important first step was to review existing credentialing requirements for alcohol and drug counselors in other states (substance use disorders counselor may be used in this report interchangeably for alcohol and drug counselor). While researching, it did not take long to conclude that *how* the profession is regulated and *what* is required to practice varies greatly from state to state. Unlike most other regulated health professions, there are no national universal or standard credentialing requirements. The group’s research found that most states either require licensure or certification to practice alcohol and drug counseling.²

The working group also reviewed model scopes of practice for substance use disorder counseling and career ladder categories for the field of substance use disorders supported by the Substance Abuse and Mental Health Services Administration (SAMHSA). A sub-group was formed to propose education requirements and career ladder options for Minnesota licensees. Education requirements should reflect the minimum standards necessary to protect the public. Any proposed changes to licensure requirements should result in adding providers to the substance use disorders counseling workforce.

Reimbursement for Services. Although studying reimbursement was not specifically required by the tiered licensure working group legislation, it was a topic that continued to arise throughout the process. All working group members agreed that no credential should be proposed if a provider cannot be reimbursed practicing with that credential (*e.g.* master’s level substance use disorders counselor). Working group members also agreed that an important goal for the profession is independent practitioner reimbursement for providing alcohol and drug counseling services. The current payment structure reimburses facilities for the counseling services provided at those facilities. Treatment settings include, but are not limited to, free-standing for-profit and not-for-profit organizations, hospitals, tribal government settings, and state-operated treatment services programs. Not all persons seeking counseling choose to receive services at a chemical dependency treatment center, however. Finally, the working group briefly discussed the impact of the federal Affordable Health Care Act with respect to service providers and reimbursement.

¹ American Heritage Dictionary of the English Language, Fifth Edition. Copyright © 2011 by Houghton Mifflin Harcourt Publishing Company. Published by Houghton Mifflin Harcourt Publishing Company. All rights reserved.

² Licensure is generally defined as a system whereby a practitioner must receive recognition by the state of having met a set of qualifications, and persons not so licensed are prohibited from practicing. Certification is generally defined as a process by which non-governmental agencies grant recognition to an individual who has met a set of qualifications determined by that organization. Some states use the term certification, even though the credential actually meets the definition of licensure.

Scopes of Practice; Exceptions to LADC Licensure, Dual Licensure. The scope of practice for alcohol and drug counselors does not include providing mental health counseling services. Clients with dual diagnoses (chemical health and mental health) or co-occurring disorders must receive the recommended mental health counseling services from a mental health provider, most often a mental health professional as defined in the Minnesota Adult and Children’s Mental Health Acts (*see* Appendix C). There is title protection in the law for alcohol and drug counselors, but the law also contains exceptions to LADC licensure (*see* Appendix D). Persons practicing in other professions can provide alcohol and drug counseling services, although they may not call themselves alcohol and drug counselors unless they are licensed. Working group members received commentary from LADCs that they fear mental health providers are taking over the alcohol and drug counseling field. Mental health professionals are able to bill for their services independently. A percentage of substance use disorders counselors are dually licensed with the LADC license and a mental health professional-level or mental health practitioner-level license. The Department of Human Services Alcohol and Drug Abuse Division gathered information regarding dual licensure as part of a report they submitted to the Legislature in March of 2013. Their research suggested that significant percentages of providers are dually licensed.

The working group gathered its own data on substance use disorders counseling providers. There are currently 2,889 LADCs with active licenses to practice, and there are 165 temporary permit holders who practice alcohol and drug counseling. The Board of Behavioral Health and Therapy licenses and regulates LADCs, Licensed Professional Counselors (LPCs) and Licensed Professional Clinical Counselors (LPCCs). As of the date of this report, a total of 1,516 persons hold an active license to practice professional counseling or professional clinical counseling (1,056 LPCCs and 460 LPCs). Of this total, 172 licensees also hold the LADC license (11% are dually licensed). Of the 1,839 Licensed Marriage and Family Therapists (LMFTs) in Minnesota, 3% are dually licensed. Of the 13,176 licensed social workers in Minnesota (LSWs, LGSWs, LISWs, and LICSWs), 2% are dually licensed.³

Diversity. The issue of human diversity arose in discussion in connection with education requirements, providers serving specific populations, and access to services in Greater Minnesota. Working group members agreed cultural diversity is both an important education component and workforce component related to providing effective services to diverse client populations. Working group members recognized the issues of the cost of higher education and the modest salaries of providers once they have completed a costly higher education. The working group concluded that requirements should not be created that limit persons from entering the field. Rather, requirements should encourage adding practitioners to the workforce. Creating a permanent associate degree level license will provide a career entry point and allow someone to stay at that level if they choose to. Ultimately, licensure requirements should be created to protect the public.

³ The Board was unable to obtain data related to the number of Licensed Psychologists (LPs) in Minnesota who are dually licensed with the LP and LADC credentials.

Current Structure of Alcohol and Drug Counselor Licensure and Temporary Permit Requirements in Minnesota

Minnesota has a tiered practitioner structure. Individuals who practice alcohol and drug counseling in Minnesota must have a license or a temporary permit to do so.

LADC Licensure Requirements (Minnesota Statutes section 148F.025, subd. 1, 2, 3(1) and 2(i)):

- Bachelor's degree
- 18 semester credits (270 clock hours) of specific alcohol and drug counseling course work
- 880 hour alcohol and drug counseling practicum
- Passing score on written comprehensive exam OR
- Passing score on written and oral exam

The education requirements listed above must be completed through an accredited school.

Licenses are renewed every two years.

Continuing education requirements for LADCs: 40 hours every two years (The 40 clock hours shall include a minimum of nine clock hours on diversity, and a minimum of three clock hours on professional ethics.)

Temporary Permit Requirements (Minnesota Statutes section 148F.035)

- Associate degree or the equivalent
- 270 clock hours (18 semester credits) of specific alcohol and drug counseling course work
- 880 hour alcohol and drug counseling practicum

All the requirements listed above must be completed through an accredited school.

Permit may be renewed five times.

No continuing education requirement.

[NOTE: Minnesota Statutes section 148F.045 defines alcohol and counselor technician. Technicians are not licensed but are defined in law as follows: “An alcohol and drug counselor technician may perform the screening, intake, and orientation services described in section 148F.01, subdivision 10, clauses (1), (2), and (3), while under the direct supervision of a licensed alcohol and drug counselor.”] See Appendix A for a listing of the twelve core functions of alcohol and drug counseling.

Proposal for Future Licensure Tiers

At a meeting on March 26, 2014, a sub-group consisting of the Board members of the working group reviewed information and documents prepared by the full group up to that time. They identified potential future levels of licensure and the requirements for each tier. The title “Licensed Alcohol and Drug Counselor” is replaced with “Licensed Substance Use Disorders

Counselor” to coincide with terminology used in the American Psychiatric Association *Diagnostic and Statistical Manual of Mental Disorders* (DSM) V (DSM-V). The sub-group also made recommendations for clinical supervisor requirements and continuing education requirements for all licensure tiers.

[Author’s note: the outline below is a draft. This is not the Working Group’s or the Board of Behavioral Health and Therapy’s final proposal]

Associate Level (Licensed Substance Use Disorders Counselor 1)

No limits to supervised practice (12 core functions may be provided and formulating a diagnostic impression is permitted) (*see* Appendices A and B)

One hour of supervision per week (1:1)

Supervisor must be licensed at bachelor’s level or master’s level and approved by the Board

Requirements:

- Associate degree in human services, behavioral science or a related field as determined by the Board
- 270 clock hours (18 semester credits) of specific alcohol and drug counseling course work
- 880 hour alcohol and drug counseling practicum
- Exam

Bachelor’s Level (Licensed Substance Use Disorders Counselor 2)

Does not need to be supervised, no change from current scope of practice (*see* Appendices A and B)

Requirements:

- Bachelor’s degree in human services, behavioral science, or a related field as determined by the Board
- 270 clock hours (18 semester credits) of specific alcohol and drug counseling course work
- 880 hour alcohol and drug counseling practicum
- Exam

Master’s Level (Licensed Substance Use Disorders Counselor 3)

Practitioners at this level must meet all education and examination requirements of the associate and bachelor’s levels.

Additional Requirements:

- Master’s degree in counseling, human services, behavioral science, or a related field as determined by the Board (minimum of 48 semester credits)

- Specific course work in the following subjects (all at graduate level):
 - Co-occurring Disorders
 - Clinical Supervision
 - Cultural Diversity
 - Ethics
 - Research
 - Evaluation
 - Assessment
 - Group Counseling
 - Individual Counseling

Approved Supervisor Requirements

Must be licensed at the bachelor's degree or master's degree level of licensure
 15 hours of training in clinical supervision (one semester credit is equal to 15 hours of training)
 Training should include a test at the end of the course
 3 years of post-degree alcohol and drug counseling experience

Continuing Education

All levels: 40 hours of continuing education with 9 hours in cultural diversity and 3 hours in ethics.

[Author's note: the outline above is a draft. This is not the Working Group's or the Board of Behavioral Health and Therapy's final proposal]

Any proposed legislation creating new licensure requirements will include "grandparenting" provisions to transition already licensed persons and students in the education process to the new licensure tiers.

Recommendations for the Board and Other Stakeholders

The working group addressed the feasibility of a tiered licensure structure. While it is feasible (*i.e.* capable of being accomplished), the group did not identify or encounter compelling reasons to take immediate measures to change the current licensure structure. Indeed, practitioners in the field are sharply divided on the issues of changing licensure requirements and creating a master's degree level credential. Stakeholders should continue to monitor and study emerging issues in the field of substance use disorders counseling.

Recommendation 1: No changes to the current laws related to alcohol and drug counselor licensure and temporary permit requirements are recommended at this time. Creating a master's degree level credential in the future is a distinct possibility, but the practitioner must be able to bill independently for services provided (*see* Recommendation 6).

Recommendation 2: The Board will consider drafting a future legislative proposal to create a permanent associate degree level of licensure to replace the current temporary permit credential.

This will provide a career entry point and allow someone to stay at that level if they choose to do so. The Board may begin this process as early as the 2016 legislative session.

Recommendation 3: The Board will consider drafting a future legislative proposal to require that the degree necessary to obtain licensure be in counseling, behavioral science, human services or a related field as determined by the Board.

Recommendation 4: The Board will support initiatives by other stakeholders that address workforce issues and will work to ensure that any changes to licensure requirements do not create barriers to entering the field of substance use disorders counseling or decrease the number of providers.

Recommendation 5: The Board will support initiatives that enhance provider diversity.

Recommendation 6: The Board will support initiatives that provide a mechanism for licensed substance use disorders counselors to bill independently for services.

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Information Sources

Centers for Medicare & Medicaid Services (CMS), Regulations & Guidance, www.CMS.gov

Hyde, Pamela S, J.D., Substance Abuse and Mental Health Services Administration, Report to Congress on the Nation's Substance Abuse and Mental Health Workforce Issues, January 24, 2013

Minnesota Department of Human Services Report, Preliminary Findings: Alcohol and Drug Division Survey of Rule 31 Licensed Chemical Dependency Treatment Program Directors, 2014

Minnesota's Model of Care for Substance Use Disorder, Alcohol and Drug Abuse Division, Minnesota Department of Human Services, Legislative Report, March 2013, <http://archive.leg.state.mn.us/docs/2013/mandated/130622.pdf>

Scopes of Practice & Career Ladder for Substance Use Disorder Counseling, Report on a Meeting of Expert Panel on Scopes of Practice in the Field of Substance Use Disorders, held March 12, 2010, supported by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS), September 2011

Affordable Care Act, 42 U.S.C. § 18001 (2010)

Minnesota Statutes sections 148F.01, subdivision 10 (definition of core functions of alcohol and drug counseling); 148F.01, subdivision 18 (definition of practice of alcohol and drug counseling)

Minnesota Statutes section 214.0001 (Policy and Regulation) and Minnesota Statutes section 214.002 (Evidence in Support of Regulation)

Minnesota Statutes section 245.462 (Adult Mental Health Act definitions, including mental health professional) and Minnesota Statutes section 245.4871 (Children's Mental Health Act definitions, including mental health professional)

Minnesota Rules chapter 4747

Minnesota Rules chapter 9530 (Chemical Dependency Licensed Treatment Facilities) (Rule 31)

Appendix A

Minnesota Statutes section 148F.01, subd. 10. **Core functions.**

"Core functions" means the following services provided in alcohol and drug treatment:

- (1) "screening" means the process by which a client is determined appropriate and eligible for admission to a particular program;
- (2) "intake" means the administrative and initial assessment procedures for admission to a program;
- (3) "orientation" means describing to the client the general nature and goals of the program; rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program; in a nonresidential program, the hours during which services are available; treatment costs to be borne by the client, if any; and client's rights;
- (4) "assessment" means those procedures by which a counselor identifies and evaluates an individual's strengths, weaknesses, problems, and needs to develop a treatment plan or make recommendations for level of care placement;
- (5) "treatment planning" means the process by which the counselor and the client identify and rank problems needing resolution; establish agreed-upon immediate and long-term goals; and decide on a treatment process and the sources to be utilized;
- (6) "counseling" means the utilization of special skills to assist individuals, families, or groups in achieving objectives through exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternative solutions; and decision making;
- (7) "case management" means activities that bring services, agencies, resources, or people together within a planned framework of action toward the achievement of established goals;
- (8) "crisis intervention" means those services which respond to an alcohol or other drug user's needs during acute emotional or physical distress;
- (9) "client education" means the provision of information to clients who are receiving or seeking counseling concerning alcohol and other drug abuse and the available services and resources;
- (10) "referral" means identifying the needs of the client which cannot be met by the counselor or agency and assisting the client to utilize the support systems and available community resources;
- (11) "reports and record keeping" means charting the results of the assessment and treatment plan and writing reports, progress notes, discharge summaries, and other client-related data; and
- (12) "consultation with other professionals regarding client treatment and services" means communicating with other professionals in regard to client treatment and services to assure comprehensive, quality care for the client.

Appendix B

Minnesota Statutes section 148F.01, subdivision 18. **Practice of alcohol and drug counseling.**

"Practice of alcohol and drug counseling" means the observation, description, evaluation, interpretation, and modification of human behavior by the application of core functions as it relates to the harmful or pathological use or abuse of alcohol or other drugs. The practice of alcohol and drug counseling includes, but is not limited to, the following activities, regardless of whether the counselor receives compensation for the activities:

- (1) assisting clients who use alcohol or drugs, evaluating that use, and recognizing dependency if it exists;
- (2) assisting clients with alcohol or other drug problems to gain insight and motivation aimed at resolving those problems;
- (3) providing experienced professional guidance, assistance, and support for the client's efforts to develop and maintain a responsible functional lifestyle;
- (4) recognizing problems outside the scope of the counselor's training, skill, or competence and referring the client to other appropriate professional services;
- (5) diagnosing the level of alcohol or other drug use involvement to determine the level of care;
- (6) individual planning to prevent a return to harmful alcohol or chemical use;
- (7) alcohol and other drug abuse education for clients;
- (8) consultation with other professionals;
- (9) gaining diversity awareness through ongoing training and education; and
- (10) providing the services in clauses (1) to (9), as needed, to family members or others who are directly affected by someone using alcohol or other drugs.

Appendix C

Minnesota Statutes section 245.462, subd. 18. **Mental health professional.**

"Mental health professional" means a person providing clinical services in the treatment of mental illness who is qualified in at least one of the following ways:

(1) in psychiatric nursing: a registered nurse who is licensed under sections [148.171](#) to [148.285](#); and:

(i) who is certified as a clinical specialist or as a nurse practitioner in adult or family psychiatric and mental health nursing by a national nurse certification organization; or

(ii) who has a master's degree in nursing or one of the behavioral sciences or related fields from an accredited college or university or its equivalent, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness;

(2) in clinical social work: a person licensed as an independent clinical social worker under chapter 148D, or a person with a master's degree in social work from an accredited college or university, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness;

(3) in psychology: an individual licensed by the Board of Psychology under sections [148.88](#) to [148.98](#) who has stated to the Board of Psychology competencies in the diagnosis and treatment of mental illness;

(4) in psychiatry: a physician licensed under chapter 147 and certified by the American Board of Psychiatry and Neurology or eligible for board certification in psychiatry;

(5) in marriage and family therapy: the mental health professional must be a marriage and family therapist licensed under sections [148B.29](#) to [148B.39](#) with at least two years of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness;

(6) in licensed professional clinical counseling, the mental health professional shall be a licensed professional clinical counselor under section [148B.5301](#) with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness; or

(7) in allied fields: a person with a master's degree from an accredited college or university in one of the behavioral sciences or related fields, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness.

[The above definitions are contained in the Department of Human Services Adult Mental Health Act. The same definitions are included in the Children's Mental Health Act in section 245.4871, subdivision 27.]

Appendix D

148F.11 EXCEPTIONS TO LICENSE REQUIREMENT.

Subdivision 1. **Other professionals.**

(a) Nothing in this chapter prevents members of other professions or occupations from performing functions for which they are qualified or licensed. This exception includes, but is not limited to: licensed physicians; registered nurses; licensed practical nurses; licensed psychologists and licensed psychological practitioners; members of the clergy provided such services are provided within the scope of regular ministries; American Indian medicine men and women; licensed attorneys; probation officers; licensed marriage and family therapists; licensed social workers; social workers employed by city, county, or state agencies; licensed professional counselors; licensed professional clinical counselors; licensed school counselors; registered occupational therapists or occupational therapy assistants; Upper Midwest Indian Council on Addictive Disorders (UMICAD) certified counselors when providing services to Native American people; city, county, or state employees when providing assessments or case management under Minnesota Rules, chapter 9530; and individuals defined in section [256B.0623, subdivision 5](#), clauses (1) and (2), providing integrated dual diagnosis treatment in adult mental health rehabilitative programs certified by the Department of Human Services under section [256B.0622](#) or [256B.0623](#).

(b) Nothing in this chapter prohibits technicians and resident managers in programs licensed by the Department of Human Services from discharging their duties as provided in Minnesota Rules, chapter 9530.

(c) Any person who is exempt from licensure under this section must not use a title incorporating the words "alcohol and drug counselor" or "licensed alcohol and drug counselor" or otherwise hold himself or herself out to the public by any title or description stating or implying that he or she is engaged in the practice of alcohol and drug counseling, or that he or she is licensed to engage in the practice of alcohol and drug counseling, unless that person is also licensed as an alcohol and drug counselor. Persons engaged in the practice of alcohol and drug counseling are not exempt from the board's jurisdiction solely by the use of one of the titles in paragraph (a).

Subd. 2. **Students.**

Nothing in sections [148F.001](#) to [148F.11](#) shall prevent students enrolled in an accredited school of alcohol and drug counseling from engaging in the practice of alcohol and drug counseling while under qualified supervision in an accredited school of alcohol and drug counseling.

Subd. 3. **Federally recognized tribes.**

Alcohol and drug counselors practicing alcohol and drug counseling according to standards established by federally recognized tribes, while practicing under tribal jurisdiction, are exempt from the requirements of this chapter. In practicing alcohol and drug counseling under tribal jurisdiction, individuals practicing under that authority shall be afforded the same rights, responsibilities, and recognition as persons licensed under this chapter.