



DEPARTMENT OF THE ARMY  
HEADQUARTERS, U. S. ARMY MEDICAL COMMAND  
2050 WORTH ROAD  
FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO  
ATTENTION OF

MCHO-CL-H (600-85a)

20 MAR 2001

MEMORANDUM FOR Commanders, MEDCOM RMCs, ATTN: Alcohol and Drug Abuse Prevention and Control Program Clinical Consultants and Clinical Directors

SUBJECT: Follow-up on Licensure of Alcohol and Drug Abuse Prevention and Control Program (ADAPCP) 180 Series Clinicians

1. References,

- a. United States Code Title 10 - Armed Forces, 1094 Licensure Requirements for Health-care Professionals
- b. Department of Defense Directive Number 6025.13, 20 July 1995, subj: Clinical Quality Management Program (CQMP) in the Military Health Services system (MHSS)
- c. Interim Change No. I03, AR 40-68, 30 June 1995.
- d. Memorandum, OTSG, MCJA, subj: Extension of Army Regulation (AR) 40-68, Interim Change No. I03., 26 August, 1997
- e. Memorandum, HQ MEDCOM, MCPE-C, subj: Civilian Personnel Division Technical Memorandum--Adverse Actions Resulting from Loss of Professional License, 24 February 1995.
- f. Memorandum, HQ MEDCOM, MCPE-C, subj: Federal Case Law Regarding Deprivileging Actions Against Civilian Employees, 24 February, 1995.
- g. Memorandum, HQ MEDCOM, MCHO-CL-H, subj: Social Worker Licensure, 6 March 1998.
- h. Memorandum, OASD(HA), subj: Alcohol and Drug Abuse Prevention and Control Program (ADAPCP) Licensure Policy, 26 September 2000.

2. Following up on Social Work Licensure memorandum dated 6 March 1998 (Encl 1), present memorandum establishes the deadline of 1 May 2003 for incumbent ADAPCP counselors in the 180 job series to complete the licensure requirement. These employees may remain in their current clinical positions as long as they meet milestones each Quarter toward acquisition of licensure by 1 May 2003. Employees who fail to meet the milestones in any Quarter will be removed from clinical service provision, as staff shortages preclude the continued

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comprehensive supervision of unlicensed personnel. The Surgeon General has denied any exceptions to policy (Encl 2). While requiring licensure, the Department of Defense allows the Army to accept the Licensed Professional Counselor or equivalent (such as Psychology Associates' License) for ADAPCP 180 series clinicians (Encl 3). For independent care provision, ADAPCP clinicians still must possess a license in Social Work or Psychology per se.

3. The ADAPCP 180 series counselors were apprised of the licensure requirement in 1997, and many have finished their Individual Development Plan and become licensed. The deadline is established, in the context that the licensure deadline for ADAPCP clinicians in the 185 (Social Work) job series was 1 October 1998. The 1 May 2003 deadline means that the 180 series ADAPCP clinicians will have had approximately 6 years to comply with the licensure requirement.

4. Servicing Civilian Personnel Advisory Centers and recognized unions representing GS-180 series employees should be notified of the new requirements and time lines for obtaining licenses.

5. Our point of contact is Dr. Kuehr, Behavioral Health Division, Office of the Assistant Chief of Staff for Health Policy and Services, DSN 471-6842 or Commercial (210) 221-6842.

*Gene J. Robichaux*  
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In Reply Refer To:

May 15, 2002

Déar SPG Chairs and Leaders of AADE,

It is with great pleasure that I write this guest letter as the Chairperson of the Veterans Health Administration (VHA) and Department of Defense (DoD) SPG. My background is that of an RD, EMT, CDE, CPT, CMC and Diabetes Coordinator at the VA Nebraska-Western Iowa Health Care System in Omaha, Nebraska.

This year has been a different year for our SPG as we have had a name change from the VA SPG to VA and DoD SPG. In part, what triggered a name change was an article I read where Secretary Principi, VA, had said he desired the VA to partner more with DoD. In 1999, the VA invited the DoD to collaborate with revising the VA Diabetes Guidelines for Primary Care. During this revision, the first self-management education component was developed for the soon to become VA and DoD Diabetes Guidelines. Since many of our Veterans and Active-Duty Personnel are served by both agencies, by working with the DoD diabetes educators, we formed a positive and beneficial partnership. Dovetailing of patients and consistency of information for patients with diabetes in these agencies has had a positive impact.

On March 28, the VA /DoD Specialty Practice Group sponsored the first of a four-part satellite series titled "The ABC's of Diabetes: Preventing Diabetes Complications, Life, Limb and Sight," featuring subject matter experts from both VA and DoD. The VA, St. Louis Employee Education Resource Center, which provides viewing capabilities for all VA and DoD facilities and/or clinic, aired the satellite.

Planning is in process for a new group business plan and the first 2-day Partnership Education Meeting, scheduled in August 2003, prior to the National AADE Meeting. Our goal is to enhance the quality and value of patient care while reducing costs. We encourage the use of research findings as our foundation for clinical decision-making in providing the "Best Care" possible, using evidence-based practice, defined as the conscientious explicit and judicious use of current best evidence-based health care practice. Our mission is for diabetes educators to be responsible for assuming an active role in both Federal Agencies to develop a body of knowledge that serves as a reference for the science and art of diabetes self-management education and case management/diabetes coordination and research. Together we will continue to hone and groom our skills as we strive toward excellence.

I was recently asked by Dr. Roswell, Under Secretary of Health, to write an article regarding our SPG for submission to the Presidential Committee, which was completed in April 2002.

Have a great and blessed summer,

*Cheryl Berman*

Cheryl Berman, RD, CDE, CPT, CMC  
Chairperson, VA and DoD Diabetes Educator's Specialty Practice Group