



## Board of Social Work EXAMINER

### A word from the Executive Director:

"Kindness is like snow. It beautifies everything it covers." –Kahlil Gibran

The holidays and winter are upon us. We are at the end of what was a long and often unkind election season. Now more than ever, spend time with family and friends. Be mindful, as you hustle about for the holidays - be kind to co-workers, store clerks, delivery folks and more. Most of all, be kind to yourself. - Karen Richards, LCSW-C

### Licensure Policy Workgroup

BSWE continues to participate in the Workgroup on Social Worker Requirements for Licensure which was established in response to SB 871 Chapter 228 in 2023:

<https://mgaleg.maryland.gov/2023RS/bills/sb/sb0871E.pdf>

The Workgroup is working to prepare a report for state legislators. Please find more information about the important work being done by the group:

<https://health.maryland.gov/workgroup-swrl/Pages/default.aspx>

### November 2024: Issue II

#### Board Reminders:

October was a busy month for the Board! A huge shout out to the staff who answered hundreds of phone calls and responded to never ending emails. In the end, 8,752 renewal applications were processed by November 1, 2024!

**Please note, the Board will be closed on the following dates:**

November 28 & 29: Thanksgiving

December 25, 2024 & January 1, 2025: Christmas and New Year.



### Child Abuse and Neglect: Mandatory Reporting

**Susan Coppage, LCSW-C, Board Chair, BSWE**

So, I am a Mandated Reporter, what does that mean anyway? As you are aware Social Workers, along with health practitioners, educators, human service workers and police officers are all considered Mandated Reporters but in a practical sense what does that mean and what should you expect when you make a child protective services report?

For the law governing mandated reporters, please see:

*Maryland's Annotated Code Family Law Article §5-704*

This article outlines who is responsible for making a report of suspected child abuse or neglect as well as the manner in which that report shall be made. It is important to note that reporting does not require proof that child

abuse and neglect has occurred since waiting for proof may increase the risk to the child and impede services to the family. You should use your professional judgment and knowledge when evaluating any suspicion you may have.

Other legislation that is relevant to reporting child abuse and neglect are:

*Family Law Article §5-704 (a)(2), Family Law Article §5-707 and Human Services Article §§1-201-1-203, Annotated Code of Maryland*

### **You suspect child abuse or neglect, what now?**

Mandated reporters are required to notify the local department of social services or the appropriate law enforcement agency as soon as they become aware that abuse or neglect may have occurred. Efforts should be made to contact the local department of social services where the incident is believed to have occurred, recognizing that information may not always be available.

In order to make a report of suspected abuse or neglect, the more information you have available the better but do not let incomplete information prevent you from reporting. The local Department of Social Services (DSS) receiving the report will likely prompt you for necessary information to obtain the most comprehensive and complete information possible.

Once the verbal report is made, you must follow up with a written report using the reporting form DHR/SSA 180 found on this webpage:

<https://dhs.maryland.gov/child-protective-services/reporting-suspected-child-abuse-or-neglect/mandated-reporters/>

A copy of the form should also be forwarded to the local State's Attorney. Make sure you retain copies of the DHR/SSA 180 that you sent to DSS. Document in your records. In addition, if you are employed in a hospital, public health agency, child care institution, school, detention facility or similar institution, you shall immediately notify the head of the institution or their designee.

You may be asking yourself, what happens next? It is important for you to be aware, as the reporter, that information regarding your report and any subsequent action taken by the local DSS is confidential. Your identity as the reporter will not be disclosed by the local department unless court ordered. It is also important to know that you will not be privy to any information or action regarding your report once the report is made.

Once your report is received, DSS screens the report using a standardized screening tool to determine if the report meets the legal criteria for child abuse and neglect. If the report DOES meet local criteria, the worker who takes your report will "screen in" the report. The Screening Supervisor will determine the local department's response.

There are two possible outcomes once a report is "screened in".

1) *Investigative Response*: the traditional investigation, which focuses on forensic assessment and in which a "finding" is made. An investigative response is deemed necessary for high risk reports.

2) *Alternative Response*: this is still a child protective services response but is designed for lower risk cases and involves a family assessment and family engagement and no "finding" is made. If the case does not meet the legal criteria for abuse and neglect and is "screened out," the local DSS may offer the family in-home family services and/or refer the family to other community resources that they may benefit from.

*It is important to know that the local department cannot share with the reporter the status of the report and/or the outcome.*

What about confidentiality? Aren't I breaking confidentiality by reporting? There are two Maryland laws (General Health Article 4-306 and the Family Law Article §5-711) pertaining to the disclosure of medical records (including mental health records) to local departments of social services. Health Article 4-306 mandates that health care

providers disclose information from medical records concerning any person, child or adult, who is being assessed as part of a protective services response or to whom services are being provided.

In regards to medical records (including mental health records), Family Law Article 5-711 mandates that as needed by the local DSS when making a child protective services response or to provide appropriate services in the best interests of a child subject of a child abuse or neglect report; copies of the child's medical records must be provided, upon request from any provider of medical care.

### **What if I have concerns about a vulnerable adult?**

If you are a health practitioner, police officer, human service worker, or any banking institution for cases of financial exploitation and have reason to believe that a vulnerable adult is in danger, you are required to make a report to the local department of social services. The local department will notify the reporter that the investigation has begun as a result of their report. Confidentiality regulations determine the amount and kind of information disclosed.

### **As a Mandated reporter remember these 3 key points:**

1) Trust your professional judgment; 2) document, document, document; and 3) it is better to err on the side of caution and make the report - allow the local department to determine if a response is necessary.

Are you looking for more information?

<https://dhs.maryland.gov/child-protective-services/reporting-suspected-child-abuse-or-neglect/what-is-child-abuse-and-neglect/>

<https://dhs.maryland.gov/child-protective-services/reporting-suspected-child-abuse-or-neglect/what-happens-after-reporting-to-cps/>

Contributions: Jody Simmons, LCSW-C

## **Testing Accommodations:**

Are you getting ready to take the exam and require accommodations, ASWB can help. There is no need to make the request with the MD Board of Social Work Examiners as we have a standing order with ASWB to approve any requests for accommodations. Once you are approved by the Board to take the exam, you can request the accommodation when you register for the exam. Here is the link to the ASWB accommodations webpage.

<https://www.aswb.org/exam/getting-ready-for-the-exam/nonstandard-testing-arrangements/>

Here is a link to the ASWB booklet with more information:

## **Supervision Basics for LMSWs**

The Board frequently gets questions about supervising LMSWs. Here are a few points to keep in mind:

- Supervision for an LMSW must be provided by a MD Board Approved Supervisor
- All LMSWs require at least 3 hours per month or 1 hour for every 40 hours worked - even if they are NOT working towards advanced licensure
- An LMSW can not operate a Private Clinical Practice
- An LMSW is able to work without supervision ONLY if they have been designated with Independent Practice status

*Are you an LMSW looking for Independent status and are not interested in pursuing a LCSW-C, here is the link to the application with information on how to qualify:*

[https://health.maryland.gov/bswe/Documents/LicensingF/16-IndependentPractice\\_merged.pdf](https://health.maryland.gov/bswe/Documents/LicensingF/16-IndependentPractice_merged.pdf)

**LMSW Supervision Stats & Regs: Need More Info?**

<https://www.aswb.org/wp-content/uploads/2024/06/ASWB-Nonstandard-Testing-Arrangements-Handbook.pdf>

As always, if you have a specific question for the Board, it is best to email us at: [mdh.socialwork@maryland.gov](mailto:mdh.socialwork@maryland.gov)



Please see below for links to the Statute and Regulations that govern LMSW practice and Supervision:

**19-101 (m) & (n) Definition of “Practice Social Work”**

<https://health.maryland.gov/bswe/Documents/Regs/subtitle1-DefinitionsGeneralProvisions-2021.pdf>

**19-307 (c) (2) Scope of License for a LMSW**

<https://health.maryland.gov/bswe/Documents/Regs/Subtitle3-Licensing-2023.pdf>

**COMAR 10.42.02.03 B LMSW Scope of Practice for an LMSW** <https://dsd.maryland.gov/regulations/Pages/10.42.02.03.aspx>

**COMAR 10.42.08.07 C (9) Responsibilities of a Supervisor**

<https://dsd.maryland.gov/regulations/Pages/10.42.08.07.aspx>

**COMAR 10.42.08.08 A (2) & (5) Responsibilities of a Supervisee**

<https://dsd.maryland.gov/regulations/Pages/10.42.08.08.aspx>

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