

Board of Social Work Examiners

Board Meeting – December 8, 2017

WRITTEN COMMENTS ON DRAFT REGULATIONS

Name	Comments
1. Robert Anderson, LCSW-C	
2. Richard P. Barth, Ph.D., Dean, University of Maryland School of Social Work	
3. Stephanie Boudreau, LCSW-C	
4. Lisa Ferentz, LCSW-C, DAPA	
5. Arthur Flax, LCSW-C, DCSW	
6. Virginia Gower, Student UMB	
7. Gary L. Hardy, LMSW	
8. Brighton K. Laznovsky, LCSW-C	
9. Daphne McClellan, Ph.D., LGSW – NASW-MD Professional Standards Committee	
10. Carlton Munson, Ph. D., LCSW-C	
11. Ruby B. Nelson, Ph.D., LCSW-C	
12. Deborah Ramelmeier, LCSW-C	
13. Avraham Reich, LCSW-C	
14. Art Wagner, LCSW-C NASW-MD Private Practice Committee	
15. Suzan Wynne, LCSW-C	



Stanley E. Weinstein -MDH- <stanley.weinstein@maryland.gov>

Comments to the Board

1 message

Robert Anderson -DJS- <robert.anderson1@maryland.gov>
To: "Weinstein, Stanley" <Stanley.Weinstein@maryland.gov>

Mon, Dec 4, 2017 at 6:38 PM

Hi Stan,

I hope you are doing well. I am attaching my comments which I would like to present to the Board on the meeting on Friday. I understand that I will be limited to 3 minutes so will attempt to abbreviate these comments to fit that time frame.

Thanks,
Rob

Robert Anderson, LCSW-C
Social Work Manager
Department of Juvenile Services
120 W. Fayette Street
Baltimore, MD 21201
office: 410-230-3147
Fax: 410-230-3417

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BSWE comments on Regulations.docx

17K

I would like to start to thank the Board for their extensive work on revising the licensure regulations for social workers in Maryland.

After reviewing the proposed regulations as well as my involvement on the task force to address these changes I have several comments and concerns. I believe that to protect the integrity and diversity of the social work profession that the Board needs to make every effort to be inclusive, support and encourage professional growth of social workers and insure public safety by insuring that these regulations will result in most of not all individuals with social work degrees are licensed by the State. I do not believe that the current proposal achieves this due to several issues.

To begin, when investigating why so many social work graduates are not licensed I discovered that individuals who work in areas seen as MACRO areas have not seen any benefit to licensure or had limited opportunities to obtain the supervision to become licensed. Many in the profession have recognized the longstanding bias against the LCSW where the LCSW-C was the gold standard. Thus those in so called "non-clinical" fields saw no value in working towards the LCSW. By improving opportunities for social workers to obtain the right for independent practice is one step towards rectifying this issue. However, will social workers have available approved social workers when all along there has been a paucity of approved social workers with MACRO experience? To address this I believe that the regulations must include a grandfathering provision to create an effective number of approved supervisors in MACRO fields and to remove the penalty for MACRO social workers who may have in good faith obtained a LGSW but meet the supervisory requirement that currently exists.

A second concern is over the future of the social work profession. The profession has a wide range of individuals who can call themselves social worker that include all racial, ethnic and socio economic groups. This diversity is a strength of the profession even though there is a racial discrepancy when it comes to the level of degree and thus licensure. As I have progressed in this profession I have had the opportunity to affect the hiring practices in many private and public agencies. As I have moved into juvenile justice I have been faced with certain realities. I have been unable to advocate for hiring bachelor level social workers in case management positions due to the need for such individuals to have approved social work supervisors and the lack of supervisors with relevant experience. In fact, in this department individuals who may have completed their MSW cannot refer to themselves as social workers. Thus, when their colleagues discover this and seek a Master's degree they gravitate towards other degrees.

Finally, to support the continued growth of the profession and compete against other professions it is essential that the Board addresses the need for licensing all social workers and the need for relevant supervision. To resolve these issues the Board needs to grandfather a group of approved social work supervisors in MACRO fields who can then provide the needed supervision for the next generation of social work in those fields. Secondly, I would require that social work supervision be explicitly restricted to one's area of professional experience so that social workers who seek advanced licensure would be insured to have supervision that is ethical and relevant to the area of social work where they practice.

Thank you for providing me this opportunity to express my concerns.

December 3, 2017

To: Maryland Board of Social Work Examiners

Stanley E. Weinstein, Ph.D., LCSW-C, Executive Director

Joyce A. Bell, Ph.D., LCSW-C, Chair of BSWE Statute and Regulations Committee

From: Richard P. Barth, UMSSW Dean



Re: Comments on Draft Regulations

Thank you for the opportunity to provide comments on the draft regulations developed by the Statute and Regulations Committee of the Board and your staff and sent out for comments on November 17, 2017. The effort to develop these regulations is commendable considering that the 21 page bills (SB 986 and HB 1183), which amended the Maryland Social Work Licensing Statute, covered ten different content areas to address complicated issues important to our profession and for protection of the public.

It is important to note that the draft regulations sent for comment on November 17 only included proposed changes to COMAR 10.42.01 *Regulations Governing Licensure* and COMAR 10.42.08 *Supervision and Independent Practice*. There are additional changes mandated by the statute, which are not included in these draft regulations. Most noticeably, the statute changes concerning private practice, increased penalties, and technology are absent.

Comments are summarized below:

1. Definitions

- a. An overall area of concern is the elimination of the definition of "social work," "practice social work," and "social worker" from COMAR 10.42.01.02. It is unclear why these draft regulations are removing those definitions yet keeping the definition of only "clinical social work." This seems to narrowly define the scope of the social work profession. Keeping the current statute definitions which define the practice of social work is a protection to the public when seeking services. Furthermore, other professional licensing regulations contained in Title 10 (Maryland Department of Health) define in their first chapter the definition of the professional that comes under the scope of the specific professional board. Example: COMAR 10.58.01.02 (Professional Counselors and Therapists) define "practice clinical professional

counseling” and “professional counselor.” **Suggestion:** Do not eliminate the definitions of “social work”, “practice social work”, and “social worker” in 10.42.01.

- b. Accredited Social Work Program. The statute references the Council of Social Work Education (CSWE) however, COMAR 10.42.01 (page 2 lines 26-30) do not mention CSWE and insert the term “program deemed equivalent master social work program.” It is unclear what other programs this may include. **Suggestion:** Use the exact language from the new statute, CH 549/SB986 page 5 (P) which reads: ACCREDITED BY OR A CANDIDATE FOR ACCREDITATION BY THE COUNCIL ON SOCIAL WORK EDUCATION, OR AN EQUIVALENT ORGANIZATION APPROVED BY THE COUNCIL ON SOCIAL WORK EDUCATION.”
- c. Clinical Social Work: included in this definition in COMAR 10.42.01 on page 2 lines 7 and 8 it states, “...rendering a diagnosis based on Diagnostic and Statistical manual in current use.” Since there are more than one Diagnostic manual in current use the word “manual” should be “manuals.” It is also unclear why on page 2 line 12 “formulating diagnostic impressions” was changed to “rendering a diagnosis” when the statute does not use that term. The revised statute uses the term “formulating a diagnosis.” **Suggestion:** We agree that “formulating diagnostic impressions” is too weak to be acceptable. We do not, however, believe that the “rendering a diagnosis” language offers sufficiently greater clarification that clinical social workers are able to formulate and establish diagnoses, we would suggest using consistent language from the statute or new language that more clearly indicates the right to “formulate and establish a diagnosis. (Although “rendering” does have a 2nd level definition in Merriam-Webster of to transmit or to furnish for consideration or approval, this appears to be largely a term used in law (rendering a verdict) or the creative arts.)
- d. Supervision for Advanced Licensure” COMAR 10.42.01 Page 4 lines 7-10 lists the various supervisors approved to provide the supervision for advanced licensure however it may need to be reworded. The Federal Government does not require a clinical license so perhaps it would be best to reword this definition to make it clearer. **Suggestion:** Reword this definition: “...active clinical license from another state or jurisdiction; or without a clinical license when working in a Federal Entity.”

2. INDEPENDENT PRACTICE and PRIVATE PRACTICE:

- a. One of the main provisions of the changes to statute concerned the distinction between “independent practice” and “private practice” yet the draft regulations (10.42.01. page 2 line 31) delete the definition of “independent practice” and

nowhere in the proposed 10.42.01 is the definition nor discussion of “private practice.” The language in the statute was an important protection for the public by limiting private practice to only a LCSW-C. It also provided a reasonable timeline for those LGSWs who currently have a private practice to continue with advanced licensure with limited impact on their livelihood. **Suggestion:** Keep definition of “independent practice” in COMAR 10.42.01, add the definition of “private practice” defined in the new statute, and include the content from the statute that explains the protections for the public regarding private practice.

- b. A major amendment in the statute created a pathway for both LBSWs and LMSWs for independent practice, which would free them from the requirement of supervision by a social worker for the entire duration of their career. This requirement for the LBSWs and LMSWs had unintended employment ramifications which the bill addressed. While 10.42.01.04 describes the LBSW, LMSW, LCSW, and LCSW-C, it does not include any of the new language regarding the new category of the LMSW-independent practice in that section. Defining it in 10.42.08 (page 2 line 12-14) could remain; however, it is confusing not to include it in the section where all the other types of licenses are defined. This is important to clarify because it has had unintended financial and employment implications which have been eliminated by the new revisions to statute. (Two examples: LBSWs and LGSWs often purchased supervision throughout their career when employment agencies did not offer a social worker supervisor, and when competing for employment opportunities with other candidates with human service degrees (sociology, psychology) and no long-term requirements for supervision they were at a disadvantage. It is important to include in COMAR to clarify for employers that these restrictions are eliminated. **Suggestion:** Add a section in 10.42.01.04 that includes language from the statute defining the circumstances to earn a “LMSW with independent status.”
- c. In the statute, there is a “grandfathering” provision for the current LBSWs and LGSWs who have been practicing for many years under problematic and discriminatory requirements. However, the draft language in COMAR 10.42.08 page 6 lines 10 - 23 are written in a concerning manner. The spirit of any “grandfathering clause” is to establish a process that is easy and fair. The draft language in the regulations goes far beyond the intention and language in the statute by requiring 10 years of documentation regarding past supervision. It is also unclear what other information might be required by the “form prescribed by the Board.” **Suggestion:** Replace COMAR 10.42.08 page 6 lines 13 - 23 with the language in the statute (on page 12 of CH 549/SB986) “(2) THE BOARD SHALL APPROVE AN INDIVIDUAL TO ENGAGE IN

INDEPENDENT PRACTICE IF THE INDIVIDUAL: (I) SUBMITS TO THE BOARD: 1. AN APPLICATION IN THE FORM PRESCRIBED BY THE BOARD; AND 2. ALL APPLICABLE FEES SPECIFIED BY THE BOARD; (II) ON OR BEFORE JANUARY 1, 2008, WAS LICENSED BY THE BOARD AS A LICENSED BACHELOR SOCIAL WORKER OR A LICENSED GRADUATE SOCIAL WORKER; AND (III) HAS ACTIVELY PRACTICED BACHELOR SOCIAL WORK, ACTIVELY PRACTICED GRADUATE SOCIAL WORK, OR ACTIVELY PRACTICED MASTER SOCIAL WORK FOR AT LEAST 10 YEARS.” In addition, provide a copy of the form for review and to AELR to be sure the questions are in line with the intent of the statute change.

3. **SUPERVISION:** Language amended in COMAR 10.42.08 at times seems to imply that supervision of social workers may only be provided by Board Approved Social Workers even when they have reached independent status. To clear up any confusion that the scope of these regulations is to describe the supervision necessary for advanced licensure, it would be helpful to not eliminate [through brackets] the phrase “for advanced licensure” throughout. Employers are responsible for determining the supervision for their employees, and this is unrelated to board-approved supervisors who supervise for the purpose of advanced licensure. Any supervisor proving supervision for advanced licensure should be pre-approved by the BSWE; however, restricting employers has workforce issues. **Suggestion:** Add language that clarifies the supervision being described in 10.42.08 is “supervision for the purposes of advanced licensure” to include renaming 10.42.08.03 (page 3 line 19) *.03 Requirements for a BOARD APPROVED Social Work Supervisor* and remove all brackets which remove “advanced licensure” throughout this section.
4. **TECHNOLOGY:** Even though the statute included a provision that the “practice of social work” in Maryland may “include the use of technology” no language is found in the draft regulations (COMAR 10.42.01 nor COMAR 10.41.08). **Suggestion:** Minimally, include the definition provided in statute. Guidance on the use of technology in social work would be most helpful. Review of the newly released *NASW, ASWB, CSWE, and CSWA Standards for Technology in Social Work Practice* – it may provide some helpful content to include in regulations.
5. **EXPANSION OF CRIMINAL BACKGROUND CHECKS:** On page 5 lines 1-3 the term “under the rap back service” is unclear. It may be more descriptive to explain what that term means. **Suggestion:** Perhaps the sentence could read “... provided the applicant completes a criminal history records check under the rap back service, which will automatically alert the BSWE of any future criminal activity.”

6. **SW PRACTICE & SUBSTANCE USE:** The statute added to the definition of “Practice Social Work” to include BEHAVIORAL HEALTH SERVICES WHICH INCLUDES TREATMENT IN THE AREA OF SUBSTANCE USE. However, 10.42.01 (page 2 line 14-15) only adds this language under the definition of Clinical Social Worker. This is much more limited than the statute and may have unintended employment consequences. **Suggestion:** Add the exact language provided in statute in the regulations under all the sections they include reference to the treatment of substance abuse (LMSW under supervision, LCSW under supervision, and LCSW-C).

We hope that these suggestions will be useful to the BSWE in its continued efforts to advance the public good through strengthening the social work profession. We look forward to the opportunity for further presentation and discussion of these ideas on December 8th, 2018. I will be out of town but expect that Ms. Gisele Feretto, MSW, will present the School of Social Work’s concerns and suggestions.



Stanley E. Weinstein -MDH- <stanley.weinstein@maryland.gov>

Comments on proposed changes

1 message

Stephanie Boudreau <scbleo41@gmail.com>
To: Stanley.Weinstein@maryland.gov

Sun, Dec 3, 2017 at 2:52 PM

Dear Dr. Weinstein:

Thank you for the opportunity to review and provide written feedback regarding the proposed changes to Title 10, Subtitle 42, Chapters 01 and 08. Please find my comments/suggestions detailed herein.

Title 10, Subtitle 42, Chapter 01

-Number 19 under .02 Definitions

In reading this, it is my understanding that only a LCSW or LCSW-C can provide supervision for advanced licensure, however, this is not clear under the proposed changes in **Chapter 8** wherein it describes in detail how LBSWs and LMSWs can become board certified supervisors and in **Number 6 under 0.2** where it clearly defines that

"supervision".... includes supervision for social work practice, independent practice and for advanced licensure.

Is it the Department and Board of Social Work Examiners intention to approve LBSWs and LMSWs as supervisors for advanced licensure? If so, does this mean that an LBSW can provide supervision for an LMSW whose goal is obtain supervision hours towards an LCSW? Although this a cause for concern as I type it, the proposed changes are suggesting just that.

This writer proposes that **only** LCSW or LCSW-C board-certified supervisors continue to be able to provide supervision for advance licensure.

Title 10, Subtitle 42, Chapter 08

-Section .05 Qualifications for a board approved supervisor, number 2B

Suggests that within 12 months of obtaining an LBSW, LMSW, LCSW or LCSW-C must meet the education requirements to become a board approved supervisor. This seems overly strict and does not allow for the flexibility of our profession. This writer suggests that there is no time restriction for which a licensed social worker can complete the education requirement to become a board-approved supervisor.

-Section .07 Standards for supervision, number E

This writer suggests that an LMSW be able to provide supervision to a LBSW only. An LMSW who desires to gain advanced licensure should be supervised by an LCSW or LCSW-C.

-Section .07, number F

12/5/2017

Maryland.gov Mail - Comments on proposed changes

This writer suggests that an LBSW who has met conditions to be a supervisor will be able to provide supervision to an LBSW.

Thank you again for the opportunity to comment on the proposed changes. I am especially concerned as it is my understanding that it is being proposed that lower-level social workers who do not have the education or experience level can be board certified to provide supervision. I am trying to understand the board's thinking on this. If I am understanding the proposed changes incorrectly, I hope that you and I can dialogue further about it.

I will likely be unable to attend on Friday, December 8 as I care for my 3 children at home. However, I hope that by communicating my concerns via email they will be represented.

Sincerely,

Stephanie Boudreau, LCSW-C

410-852-0904



Stanley E. Weinstein -MDH- <stanley.weinstein@maryland.gov>

Re: regulations

1 message

Stanley E. Weinstein -MDH- <stanley.weinstein@maryland.gov>
To: Lisa <lisa107107@aol.com>

Mon, Nov 20, 2017 at 12:47 PM

Ms. Ferentz

This does not change anything for the practice of a social worker with an LCSW-C license. You can diagnose and do psychotherapy as an independent practitioner. This change in the statute permits LBSW social Workers, LMSW social Workers (previously the LGSW social workers) and LCSW social workers (primarily MACRO social workers who teach or do administration) to become independent practitioners. Actually the LCSW social workers became independent as soon as they passed their Advanced Practice Examination.

They can all be independent practitioners in all social work practice, if trained, EXCEPT clinical practice. They cannot practice clinical social work as an independent practitioner. The LMSW and LCSW can do clinical social work ONLY under the supervision of an LCSW-C.

I hope this clarifies the change in our statute and the regulations. Contact me if you have additional questions.

On Mon, Nov 20, 2017 at 12:17 PM, Lisa <lisa107107@aol.com> wrote:
Dear Dr. Weinstein,

Thank you for sending out the proposed regulations. The one sentence that I believe requires clarification and is confusing is under "Independent Practice":

B. A LICENSED CERTIFIED SOCIAL WORKER MAY ENGAGE IN THE INDEPENDENT PRACTICE OF SOCIAL WORK, EXCEPT WHEN RENDERING A DIAGNOSIS OR PERFORMING PSYCHOTHERAPY

We are required to render diagnoses for insurance reimbursement and certainly engage in psychotherapy, so what does this mean for private practitioners??

I appreciate any clarification you can provide!
Sincerely yours,
Lisa Ferentz, LCSW-C, DAPA

lisa@lisaferentz.com
410-486-0351
The Ferentz Institute
www.lisa@theferentzinstitute.com

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11/20/2017

Maryland.gov Mail - Re: regulations

Stanley E. Weinstein, Ph.D., LCSW-C
Executive Director
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Arthur

Flax



Stanley E. Weinstein -MDH- <stanley.weinstein@maryland.gov>

FW: BSWE proposed regulations Chapter 08 Supervision and Independent Practice

1 message

arthur flax <flaxcps@qis.net>

Fri, Dec 1, 2017 at 9:46 AM

To: stanley.weinstein@maryland.gov

11/30/2017

Dear Dr. Weinstein

Please note, the attachment: AG Commercial free speech 66 Op att'y above. I understand there are concerns from "macro social workers" as to required supervision of social workers employed in various agencies when the social worker is not seeking advanced licensure. This AG Opinion may be helpful in determining under what circumstances and the extent to which Title Protection may be enforced. For instance, can the MSW who is not seeking advanced licensure, simply not be licensed and still hold their self out as a "social worker" so long as the person or employer does not use the term "licensed social worker".

The below information I hope is helpful.

Arthur

From: arthur flax [mailto:flaxcps@qis.net]

Sent: Sunday, November 19, 2017 11:12 PM

To: 'Daphne McClellan'

Subject: BSWE proposed regulations Chapter 08 Supervision and Independent Practice

November 30, 2017

Stanley E. Weinstein, Ph.D., LCSW-C

Executive Director

Board of Social Work Examiners

4201 Patterson Avenue

Baltimore, Maryland 21215

Subject: Concerns and Proposed Amendments regarding Title 10: Subtitle 42 BSWE, Ch.08 Draft Supervision and Independent Practice:

The attachments help support the below comments.

Dear Dr. Weinstein and the Board of Social Work Examiners:

As a practicing Licensed Certified Social Worker-Clinical with many years of experience, (including past participation on BSWE Committees (Diagnosis revisions to Practice Act, Supervision Committee, etc. and consultant to former AAG for the BSWE) and experience in legislative issues, I am urging the BSWE to consider substantive strengthening of the proposed regulations resultant of amendments to the Social Work Practice Act.. I am willing to volunteer my time and experience to assist the BSWE.

The issue: Chapter 08 Supervision and INDEPENDENT PRACTICE: .02Definitions, lines 12-14.

The Lines 15 though 26: cite individuals who do not appear to be connected to lines 12-14.

If there is relevance what does it indicate? Are these parties prohibited from providing supervision, or being supervised?

Pg. 5 of 15. Line 17 .04 INDEPENDENT PRACTICE

Lines 20-22. EXCEPT WHEN RENDERING A DIAGNOSIS, PERFORMING PSYCHOTHERAPY, OR DETERMINING CONDITIONS AND IMPAIRMENT(S) BASED UPON THE INDIVIDUAL'S FUNCTIONAL CAPACITY. (should be very explicit INDEPENDENT PRACTICE DOES NOT INCLUDE RENDERING ULTIMATE CLINICAL (HEALTH) DECISIONS. For instance a person a Master Licensed Social Worker employed by DSS may make a home visit and determine the home is cluttered and no heat (environmental decision) but not an ultimate determination the parent is incapable of maintaining the home (functional capacity, a health care decision, which requires a referral to an appropriately licensed professional including an LCSW-C).

Pg. 10 or 15. Lines 11-13 line 12 BUT NOT LIMITED TO SUBSTANCE USE DISORDERS, ADDICTIVE DISORDERS, AND OTHER IMPAIRMENTS, CONDITIONS as defined in the CFR (based upon the CFR and the Health General Article HG-10-101 Intellectual Disability is not a mental disorder), the term Impairments along with Conditions (CFR) incorporates assessment, treatment, diagnosis for persons' who have Intellectual Impairments. (Formally mental retardation). Intellectual disability / impairment, conditions standing alone is not a mental disorder.

Comments concerning supervision especially in preparation for Clinical requirements.

As a condition of supervision, the supervisee must be trained in the following:

1. Diagnosis: Definition of rendering a formal diagnosis , including implications, ultimate issue, effect on insurance and medical records, health care not social service decision. Social Workers, other than the LCSW-C should not make an ultimate diagnostic determination, but should use the word "appears" when indicating a person's clinical status. Only the LCSW-C has the authority to render a formal clinical diagnosis.

2. Impairment: Definition; functional capacity, person in environment (ADL'S), ultimate issue, effect on a person's qualification for various benefits including DHR benefits, Family and Medical Leave Act, Disability determinations.

3. Conditions: Definition: as to developmental and intellectual impairment and disability.

4. LCSW-C held to a health care provider standard in addition to a social service standard of care.

5. Emergency Petition; Guardianship; Sick Leave; Confidentiality: Understanding what these duties entail, and the process for implementation should be mandated as a component of supervision.

6. Treatment vs. Counseling: definition and implications. (Based on Medical and Legal Dictionaries). Treatment implies the provider prescribes / directs care to a patient vs. counseling where the client directs and the therapist assists the client achieve his or her objective. Treatment the provider is responsible for providing the correct care to a patient; counseling the client is responsible. This is a general explanation. Therefore the social worker should understand the difference in supervision so as to inform the patient / client what he or she is receiving as a service.

7. Patient vs. Client Definition. See above.

8. When does a person become a patient or client? Definition; for instance, an evaluation, or testing only of a person for another Agency, or the Court, or another provider or issuing an Emergency Petition for a person in danger of self harm or harming another when conducting outreach (mobile crisis), etc.

I have found many social workers including LCSW-C's do not have an accurate understanding of the implications, limits, boundaries, effects on care of patients' and or clients. Many LCSW-C's and agencies think of diagnosis as a means of 3rd party reimbursement, and not the effect on the patients' medical record, and being cited as a pre-existing medical conditions. They do not understand a diagnosis submitted or recorded is considered a health care medical, and not a social work determination.

Thank you for your consideration of this information.

Sincerely,

Arthur Flax

Arthur Flax, LCSW-C, DCSW

6126 D Greenmeadow Parkway

12/1/2017

Maryland.gov Mail - FW: BSWE proposed regulations Chapter 08 Supervision and Independent Practice

464K

 **ag commercial free speech 66 0p att'y0001.pdf**
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12/1/2017

Maryland.gov Mail - FW: BSWE proposed regulations Chapter 08 Supervision and Independent Practice

Baltimore, Maryland 21209

410-653-6300


20 attachments

 **AT 15-21A NEW MEDICAL REPORT FORM DHR_FIA 500 03_15.pdf**
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 **ag commercial free speech 66 0p att'y0001.pdf**
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 **ag ultimate issue 1-30-040001.pdf**
98K

 **definition health care providedor dhr0001.pdf**
122K

 **MTA Application6-4-13 (1) part a and b.pdf**
381K

 **800-Disabled-TCA-DEAP.pdf**
68K

 **HG-10-901.pdf**
621K

 **hg8-403 - 2015.pdf**
86K

 **bswe regulatons 11-19-2017.docx**
33K

 **hg7-101 def mental retardation.pdf**
457K

 **HG-10-101.pdf**
233K

 **380E-Certification of Healthcare Provider for Employee Health Cond.doc**
67K

 **certificate of disability guardianship.docx**
18K

 **Maryland State Personnel and Pensions Section 9.docx**
23K

 **hb-1510 2014.pdf**
320K

 **ag commercial free speech 66 0p att'y0001.pdf**
502K

 **AT 15-21A NEW MEDICAL REPORT FORM DHR_FIA 500 03_15.pdf**



Stanley E. Weinstein -MDH- <stanley.weinstein@maryland.gov>

RE: bswe leg proposal 11-16-17

1 message

arthur flax <flaxcps@qis.net>

Fri, Dec 1, 2017 at 4:03 PM

To: "Stanley E. Weinstein -MDH-" <stanley.weinstein@maryland.gov>

Stan,

These are my recommendations, I have discussed them in overview with NASW. I hope NASW will endorse and assist as they did with other advocacy I initiated, but, at this time, I have no assurance they will or will not. As you are aware, there are "special interests" particularly "macro social work" as opposed to clinical, in my opinion, who do not want the BSWE to have the authority to fully provide oversight. They would rather it be by organizations such as the CSWE, or public employers. At this time, NASW has not vetted this proposal. I hope it would be Administration proposed legislation.

The key wording, is NOTWITHSTANDING ANY OTHER PROVISION OF LAW, which is used in various sections of the Annotated Code, to shift ultimate authority to a designated Board or Commission which regulates the individuals authorized to engage in certain functions otherwise ultimately regulated by a different section of law. The ultimate authority to regulate must, in my opinion, rest with the licensing board.

Arthur

From: Stanley E. Weinstein -MDH- [mailto:stanley.weinstein@maryland.gov]

Sent: Friday, December 01, 2017 10:53 AM

To: arthur flax

Subject: Re: bswe leg proposal 11-16-17

Arthur

Thank you for the detailed comments. Are these your comments or are you submitting comments for NASW?

Stan

On Fri, Dec 1, 2017 at 8:37 AM, arthur flax <flaxcps@qis.net> wrote:

November 30, 2017

Stanley E. Weinstein, Ph.D., LCSW-C

Executive Director

Board of Social Work Examiners

4201 Patterson Avenue

Baltimore, Maryland 21215

Subject: Amendment to the Social Work Practice Act.

Dear Dr. Weinstein and the Board of Social Work Examiners:

As a practicing Licensed Certified Social Worker-Clinical with many years of experience, (including past participation on BSWE Committees (Diagnosis revisions to Practice Act, Supervision Committee, etc. and consultant to former AAG for the BSWE) and experience in legislative issues, including the inclusion of LCSW-C's as to the issuance of an Emergency Petition), I am urging the BSWE to either offer as an Administration sponsored Bill, or endorse the following proposed legislation which I am willing to volunteer to initiate with the proposed assistance of NASW Maryland Chapter as follows:.

"NOTWITHSTANDING ANY OTHER PROVISION OF LAW, AN INDIVIDUAL LICENSED IN ACCORDANCE WITH THE SOCIAL WORK PRACTICE ACT, SHALL BE AUTHORIZED TO ENGAGE IN THE FULL SCOPE OF PRACTICE OF SOCIAL WORK, AS REGULATED BY THE BOARD OF SOCIAL WORK EXAMINERS."

There are sections of the Annotated Code of Maryland, enacted many years ago, which limited the inclusion of health care professionals to physicians and psychologists. As a profession, with the assistance and endorsement of the BSWE we have gradually, statute by statute, sought successfully to have Social Workers included, particularly the Licensed Certified Social Worker-Clinical.

However, there are still many parts of the Annotated Code, which exclude appropriately licensed social workers. However, other professions have made strides and are now included in statutes where Social Workers are excluded. In addition, in areas where Social Work is included, regulation of those restricted services rests between both the BSWE and the authorizing statute. Thus, a person may qualify according to the particular statute but not according to the BSWE, or vice versa.

Some, but not all, laws and regulations affecting licensed social workers are as follows:

The Attorney General Advice of Counsel opined the LCSW-C may render an ultimate decision on sanity and criminal responsibility. The LSCW-C may issue an Emergency Petition which deprives a person of their liberty, and authorizes a police officer to transport the person to a hospital against their will. However, the LCSW-C is not permitted to render an opinion as to Involuntary Commitment. In 2016, certain nurses, as well as psychologists (previously included) were included as a co-signer with a physician.

The LCSW-C may certify sick leave for employees re: the Personnel and Pension Act.

Labor and Employment Article: Workers Compensation. The LCSW-C can certify sick leave, which translates into Temporary Total Disability, but cannot make a determination concerning permanent impairment even when the LCSW-C is the treating provider.

Labor and Employment Article: Workers Compensation. Social Workers cannot be registered as Case Managers; Nurses can and the Board of Nursing has a Case Manager specialization. Social Workers may voluntarily with appropriate training be registered Vocational Rehabilitation Counselors and Evaluators.

Determination of Impairment: The Department of Human Resources recognizes the LCSW-C along with other appropriately licensed health care providers to determine impairment of DSS customers per Medical Report Form 500 revised.

The LCSW-C is authorized to determine Guardianship, as is a Psychologist as the second evaluator with a physician.

Confidentiality / Privileged Communication are defined in the Courts and Judicial Proceedings Article; not the Social Work Practice Act.

Family Law Article: There are sections which limit certain evaluations to physicians, psychologists, and nurses.

Health General Article: Helps define Social Workers and the activities they may engage in; it defines the LSCW-C as a health care provider.

By enacting the above proposed legislation, it does two things:

1. It places the ultimate authority for regulating the practice of Licensed Social Workers with the BSWE as to licensure and Scope of Practice.
2. It provides a pathway for Licensed Social Workers to be included in all aspects of service to the public, who are qualified (based on type of licensure) by training and experience, as determined by the BSWE.

Please consider this proposal for the 2018 Legislative Session.

Sincerely,

12/5/2017

Maryland.gov Mail - RE: bswe leg proposal 11-16-17

Arthur Flax, LCSW-C, DCSW
6126 D Greenmeadow Parkway
Baltimore, Maryland 21209
410-653-6300

Stanley E. Weinstein, Ph.D., LCSW-C
Executive Director

Maryland Board of Social Work Examiners
4201 Patterson Avenue, Room 318
Baltimore, Maryland 21215
stanley.weinstein@maryland.gov
410-764-4722, FAX: 410-358-2469

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Stanley E. Weinstein -MDH- <stanley.weinstein@maryland.gov>

Licensing Changes Recommendations

1 message

Virginia Gower <vgower@umaryland.edu>
To: Stanley.Weinstein@maryland.gov

Thu, Nov 30, 2017 at 10:10 AM

Good morning,

The following are a few recommendations regarding the structure of the proposed changes to the Title 10 Maryland Department of Health Subtitle 42 Board of Social Work Examiners Chapter 08 Supervision and Independent Practice.

- Include a working definition of independent practice. As it is currently laid out, reading it is very confusing and makes it seem that LCSWs and LCSW-Cs are not automatically independent practitioners once they have received their licenses. Perhaps a statement that says that the "Independent practice" designation for LCSWs is automatic with the mentioned caveat of diagnosis and psychotherapy and that LCSW-Cs are also automatically categorized as independent. There is similar wording in the text currently, but it is laid out in a way that makes it unclear and leaves room for confusion. In the paragraph describing the additional hours/supervision needed for independent practice, perhaps use the term LMSWs rather than licensees, to make it clear that these additional requirements for independent practice only apply to LMSWs. Also, explain that once LMSWs are "independent", this only allows them to do unsupervised case management. This is a critical piece that is currently unclear.
- Include more clarification on what licensing and independent practice for LMSWs means for Macro social workers. If an individual is an LMSW are they able to do community organizing, advocacy, research, etc. without supervision or do they need to be supervised until they have reached "independent" status? This has always been somewhat unclear.

Thank you so much for taking the time to read these suggestions.

Respectfully,

Virginia Gower
MSW Candidate, UMB SSW

"You must do the thing you think you cannot do." -Eleanor Roosevelt

11/20/2017

Maryland.gov Mail - Comments on Proposed Regulations



Stanley E. Weinstein -MDH- <stanley.weinstein@maryland.gov>

Comments on Proposed Regulations

1 message

Hardy, Gary L <Gary.L.Hardy@ice.dhs.gov>

Mon, Nov 20, 2017 at 1:25 PM

To: "Stanley.Weinstein@maryland.gov" <Stanley.Weinstein@maryland.gov>

Hello Dr. Stanley,

I hope you are well. **On Title 10 Maryland Department of Health Subtitle 42 Board of Social Work Examiners Chapter 01 Draft Regulations Governing Licensure November 17, 2017 page 3 (15)**, I have the following comments:

1. I believe a clinical social worker who has an independent license from another state should be granted the Maryland Licensed Certified Social Worker-Clinical (LCSW-C) by endorsement, after passing or meeting the requirements in that state to include supervision by LCSW-C for two years without taking an license examination.
2. I have been practicing as an licensed master's social work with the federal government for 27 ½ years. In 2004, I was granted a Michigan Clinical and Macro Social Worker Licensed. I am the Employee Assistance Program Manager with Department of Homeland Security. I have excellent performance evaluations.
3. I met the State of Michigan requirements to include supervision by LCSW-C for two years without taking an license examination.
4. I am requesting Licensed by endorsement from the Maryland Board of Social Work Examiners
5. I hope this information has been helpful. I have attached my certifications and licensed for your review.

My best,

Gary L. Hardy, LMSW, ICCDP, CCDP, CCDC, SAP, EAS-Clinical

Employee Assistance Program Manager

Immigration and Customs Enforcement

gary.l.hardy@ice.dhs.gov

202-732-4496 (o)

202-236-0876 (m)

11/20/2017

Maryland.gov Mail - Comments on Proposed Regulations

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Support Training Documents.pdf

1144K

Brighton K. Laznovsky, MA,
CHT, LCADC, LCSW-C

Brighton K. Laznovsky, MA, CHt, LCADC, LCSW-C
D.B.A. BALANCE POINT
408B N. Washington Street
Easton, Maryland 21601
Phone: (410) 770-7175 Fax: (410) 770-7176

Confidential & Individualized Psychotherapy, Hypnotherapy & Addictions Counseling

Date: 11/20/17

To: Dr. Weinstein

Fax: 410-358-2469

Sender: Brighton Laznovsky

Subject: Comments on Proposed Regulations

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Brighton K. Laznovsky, MA, CHt, LCADC, LCSW-C
D.B.A. Balance Point
4088 North Washington Street
Easton, MD 21601
(443) 786-2768

November 20, 2017

Stanley E. Weinstein, Ph.D., LCSW-C
Executive Director
Board of Social Work Examiners

4437 E. Main Street
Easton, MD 21601

Dr. Weinstein,

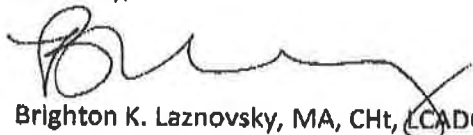
I'm writing to request that the Board consider removing "treating behavioral health disorders, including but not limited to substance use disorders, addictive disorders, and other conditions."

The purpose for this request is that ethically, one needs more than just 1 "addictions" class, which is all that was offered in the MSW program at Salisbury University. (Other clinical MSW programs may offer more, but the 1 class was all my program offered.) One class does not even begin to address how to treat and much less deal with treating the complexities that is addiction(s). To treat without an addictions license (LCADC), goes against the Social Work Ethical Principle Value and Standard (1.04 (a-b) of Competence i.e. practicing within their areas of competence... I personally have my LCADC license. This is a license that any LGSW, LCSW, or a LCSW-C can easily get having their Masters degree, but it ensures that Social Workers have taken an appropriate amount of classes so that they understand addiction.

Another idea, should this train have already left the station, be that if a LCSW-C wants to provide addictions treatment, that a certain percentage of their CEUs be addiction focused, similar to Supervisors or the Ethics requirement.

If we have specific addictions licenses in the state of Maryland, although it's a different governing Board, the Maryland Board of Professional Counselors & Therapists, I think it's important to note that we need to know what our limits are. I wouldn't seek out a doctor (MD) who specializes in orthopedics for an eye problem; I'd go to an ophthalmologist. As long as we are learning more about various disorders, the DSM continues to grow, and treatments become more complex, we can't act like we can treat everything. We need to be educated and competent or let those who have other licenses treat what they are competent to treat.

Sincerely,



MA, CHt, LCADC, LCSW-C

Brighton K. Laznovsky, MA, CHt, LCADC, LCSW-C

12/5/2017

Maryland.gov Mail - P.S.



Stanley E. Weinstein -MDH- <stanley.weinstein@maryland.gov>

P.S.

1 message

Daphne Cover <daphneswer@gmail.com>
To: Stanley.Weinstein@maryland.gov

Mon, Dec 4, 2017 at 1:06 PM

Dr. Weinstein,

Dr. Munson asked me to also let you know the members of the Professional Standards Committee who were involved in our comments. I thought I had added them to the end of our comments but I see that part was not saved.

Therefore, the committee members involved in the recent discussion in addition to Dr. Munson were: Judy Levy, Art Wagner, Arthur Flax, Mary Kelty and Gisele Ferretto.

Thank you,

Daphne L. McClellan, PhD, MSW
Executive Director

On Mon, Dec 4, 2017 at 12:00 PM, Daphne Cover <daphneswer@gmail.com> wrote:
Dr. Weinstein,

I have been asked by the Professional Standards Committee of NASW-MD to submit their written comments.

Please find them attached.

We appreciate this opportunity.

Sincerely,

Daphne L. McClellan, PhD, MSW
Executive Director, NASW-MD

Comments on the Draft Regulations for COMAR 10.42.01 and COMAR 10.42.08

To: The Board of Social Work Examiners

From: The Professional Standards Committee of NASW-MD

Date: Nov. 30, 2017

The Professional Standards committee of NASW Maryland, which is chaired by Dr. Carlton Munson, met on Thursday, Nov. 30th to consider the Draft Regulations which have been promulgated by the Statutes and Regulations committee of the BSWE.

We appreciate you giving us the opportunity to review and make comments on the proposed regulations. We have studied both the revisions to the SW Licensing Act which were passed in the recent legislative session, as well as the recommendations which are being made to carry out the law through regulation.

First of all, we would like to commend the Statutes and Regulations committee on its hard work. This is a very important undertaking and there were many changes to current law which were passed. We recognize the amount of thought and hard work which has gone into these regulations. We did notice a number of typos and a few places where cutting and pasting errors resulted in confusing language. Since the draft sent out was a PDF we are unable to provide an electronic copy of our corrections. We will provide a paper copy at the BSWE meeting on Friday, Dec. 8th in hopes that it will be helpful.

Comments on Draft of COMAR 10.42.01

- (1) On page 2, Line 12 Formulating diagnostic impressions has been changed to Rendering a Diagnosis. Only an LCSW-C may render a diagnosis, therefore ***we suggest that the term used here should be the term used in the statute, which is "formulate a diagnosis."*** This term ideally should be used anywhere the phrase might refer to an LMSW or an LCSW who is working under the supervision of an LCSW-C.
- (2) Our understanding is that all professional licensing laws have their definitions in Chapter One. The fact that some definitions are being struck from this chapter is concerning. ***We feel that the definition of Independent Practice on page 2, line 31, Practice Social Work on page 3, lines 13 through 27 and Supervision on page 3, lines 28 through 30 should remain in the Chapter.*** We understand that you may plan to put them in a new chapter or another chapter later but for consistency with other licensing regs and for ease of use, we believe they should remain in this chapter as well. Additionally, these regs can not be adopted if such definitions are removed and not replaced at the same time.
- (3) On page 5, line 3, the reference to a rap back service is not clear. ***We suggest an explanation of what that means.***
- (4) On page 8, line 8, we agree that eliminating the requirement for 3 references makes sense and is a good idea.

Comments on Draft of COMAR 10.42.08

- (1) On page 1, lines 15-18, language was added to make it clear that an employer may require LBSW and LMSW independent practitioners to be supervised. ***It is also true that***

employers may require LCSW and LCSW-C social workers to be supervised even though independent practice status is inherent in their license. We feel that for clarity and consistency this section should be changed to say "Nothing in this chapter may be construed to prohibit an employer from requiring supervision of an LBSW, LMSW, LCSW or LCSW-C who is approved to engage in independent practice."

- (2) We think it is an important change that "electronic presence" is now included as a method of face-to-face supervision. This will be very helpful to social workers receiving or providing supervision.
- (3) On page 2, line 12-14, the definition of Independent Practice is the same as that which was included in the revised statute. *However, the term Master Social Work in this instance includes LCSWs and LCSW-Cs because they are also master trained social workers who have an Independent Practice Status. We feel that language should be added after MASTER SOCIAL WORK to say (THIS INCLUDES LCSW AND LCSW-C SOCIAL WORKERS).*
- (4) On page 3, lines 5-6 language is added which says "including supervision for social work practice, independent practice and for advanced licensure." *The definition of supervision for independent practice and advanced licensure is within the purview of the Board of Social Work Examiners, however we feel that defining supervision for the "practice of social work" is an overreach which does impact "personnel or management practices associated with employment or contractual relationships" (as mentioned in .01 C.) We suggest that you not add this new language.*
- (5) On page 3, lines 12-14 we believe (in keeping with our comment above) instead of striking out "for advanced licensure" the words "and independent practice" should be added. Therefore, the phrase would say **"Written contract for attaining advanced licensure and independent practice' means an agreement, on a form provided by the Board and initiated before beginning supervision, between the supervisee and BOARD APPROVED supervisor that details the scope of supervision for the purpose of licensure."** *Requiring that every social worker in the state of Maryland who is being supervised by another social worker have a written contract with that supervisor is beyond the scope of the licensing law.*
- (6) On page 3, lines 16-18, any social worker who provides supervision for a licensed social worker would be required to be a board approved supervisor. *This requirement is beyond the scope of the statute which only requires board approved supervision for those working to attain advanced licensure and independent practice. Currently there are licensed social workers throughout the state who are supervising other licensed social workers and are not board approved supervisors because they are not providing supervision for advanced licensure and the statute does not require them to be board approved supervisors. These social workers could lose their jobs under the proposed regulations. No provision is made for these supervisors to have a certain number of years to attain the status of "board approved supervisor" while continuing to work in their current capacity. It would require at least a five year grace period for a person to continue to supervise while working toward independent practice status and then an additional 24 months before being allowed Board Approved supervisor status. Instead of*

*attempting to go down this road, which again is beyond the scope of the statute, we feel it would be best to retitle this section on line 15 to say **REQUIREMENTS FOR SOCIAL WORK SUPERVISION FOR ADVANCED LICENSURE AND INDEPENDENT PRACTICE**. And strike lines 16-18.*

- (7) On page 5, line 21 *we suggest that the word "rendering" be changed to "formulating" in keeping with the statute.*
- (8) On page 5, line 29-30, *we suggest striking the words "on or after January 1, 2008" While a person licensed before Jan. 1, 2008 may choose to apply to be grandfathered for Independent Status, there is no requirement that a person licensed before that date **MUST** apply to be grandfathered for Independent Status. A social worker licensed prior to 2008 who chooses to go through the three year process laid out in these regulations should have the option of doing so. This language leads one to believe that option does not exist.*
- (9) On page 6, line 13-14 addresses the grandfathering provision. The addition of the language "under social work supervision" was not included in the statute. A grandfathering provision is traditionally more lenient than the new regulations and in this case was intended by the bill sponsors to allow well-seasoned social workers who have no current encumbrances on their license to be rid of the onerous requirement of "forever supervision." A copy of the form which will be prescribed by the board was not provided to allay concerns about supervision requirements which might be imposed in this endeavor. *We suggest that the words "under social work supervision," be struck from this section.*
- (10) On page 6, lines 21 through 23, *we suggest that these lines should be struck. The statute clearly and deliberately sets forward only two requirements in the grandfathering section: that the social worker be licensed by the board as an LBSW or an LGSW on or before Jan. 1, 2008 and that the social worker have actively practiced bachelor social work or master social work for at least 10 years. This language was very specific on the part of the bill sponsors and in the legislative discussions. As mentioned above, the intent was for seasoned social workers who have been working without complaints lodged with the BSWE to be allowed Independent status.*
- (11) On page 8, lines 11-12, require that an Independent licensed Master social worker must have 24 months of social work experience in that status before obtaining the supervisor status. *We believe the process should be the same as for an LCSW or an LCSW-C, and should require only 18 months of experience as an Independent practitioner. We suggest that the language in line 11 be changed to 18 months. All three are master's level social workers who have attained an Independent practice status. In fact, the LMSW has at least 3 years of supervised practice experience while the LCSW and LCSW-C may have only two years of supervised practice experience. There is no obvious, legitimate reason for the discrepancy.*
- (12) On page 8, lines 16-17 *we suggest that these lines should not be struck, instead the words "and independent practice" should be added after advanced licensure. Per #6 above.*

- (13) On page 8, line 24 *we suggest that the words "for advanced licensure" should remain and the words "and Independent Practice" should be added. The reasons for this were explained in #6 above. We feel this should be done everywhere that advanced licensure has been removed in the regs.*
- (14) On page 10, lines 23-24, *the words "working toward advanced licensure or Independent Practice" should be added to the end of the sentence. As explained previously.*
- (15) On page 11, lines 3-4 we appreciate the change for hours of supervision from 3 hours a month to 1 hour for every 40 hours worked. This takes into account those who work part-time.

Thank you again for this opportunity to express our appreciation and our significant concerns.

Carlton Munson, Ph.D., MSW
Chairperson, The Professional Standards Committee of NASW-MD



Stanley E. Weinstein -MDH- <stanley.weinstein@maryland.gov>

Re: limitations

1 message

Munson <delta9@myactv.net>

Mon, Dec 4, 2017 at 12:12 AM

To: "Stanley E. Weinstein -MDH-" <stanley.weinstein@maryland.gov>

> Stan:

I know Daphne is sending you comments she wrote about the changes to the social work licensing regulations based on the discussion at the NASW Professional Standards Committee Meeting held on November 30, 2017. I have a few minor suggestions that were not included in the report Daphne wrote:

1. Chapter 01 Regulations Governing Licensure (5) (b) line 7 states: "clinical social work" includes rendering a diagnosis based on The Diagnostic and Statistical Manual in current use.

I suggest the wording be changed to: "clinical social work" includes rendering a diagnosis based on Diagnostic Manuals in current use.

The rationale for this suggestion is that the DSM-5 is not the only diagnostic manual in current use. Along with the DSM-5 diagnostic and statistical manual other recognized manuals in use are: The International Statistical Classification of Diseases and Related Health Problems, CM published by the World Health Organization and is the most widely used diagnostic manual worldwide. Also, the ICD-10-CM contains diagnoses that are not included in the DSM-5 and the DSM-5 has some diagnoses that are not included in the ICD-10-CM. Also, the American Psychoanalytic Association publishes the Psychodynamic Diagnostic Manual (PDM), which is a diagnostic handbook similar to the ICD-10 and the DSM-5 or the Diagnostic and Statistical Manual of Mental Disorders (DSM). The PDM is part of a collaborative task force that includes members of the American Psychoanalytic Association, the International Psychoanalytical Association, Division 39 on Psychoanalysis of the American Psychological Association, the American Academy of Psychoanalysis and Dynamic Psychiatry, and the National Membership Committee on Psychoanalysis in Clinical Social Work. The NASW Person in Environment (PIE) system has a diagnostic component, but is not widely used. Some mayors recognize this system. Also, NIMH has developed the Research Domain Criteria (RDoC) that may become a highly recognized diagnostic system in the next several years. RDoC differs from the DSM-5 in that it is a biologically-valid framework for understanding mental disorders and is an attempt to create a new taxonomy for mental disorders based on modern research approaches in genetics, neuroscience, and behavioral science applied to mental illness. Based on these existing other diagnostic systems I believe it would be more accurate to not just refer to one system of recognized disorders.

2. Chapter 01 (5) (b) line 12 states RENDERING A DIAGNOSIS

I Suggest the wording be changed to: RENDERING A MENTAL DISORDER DIAGNOSIS

The rationale for this suggested change is that the term diagnosis can also refer to a medical diagnosis, which of course social workers cannot diagnose.

3. This suggestion also applies to the use of the word diagnosis on page 7, line line 5: (6) a licensed MASTER social worker may render a diagnosis while:.....

4. In Chapter 8 Supervision and Independent Practice page 3 Line 15: The heading states: .03 REQUIREMENTS FOR A SOCIAL WORK SUPERVISOR

I suggest the section head read: REQUIREMENTS FOR A BOARD APPROVED SOCIAL WORK SUPERVISOR

Perhaps I misunderstood something in that section?

I hope you find these suggestions helpful.

12/5/2017

Maryland.gov Mail - Re: limitations

Carlton Munson

Dr. Carlton Munson
P.O. Box 3655
Hagerstown, MD 21742

11/20/2017

Maryland.gov Mail - Questions and Comments to SW Law



Stanley E. Weinstein -MDH- <stanley.weinstein@maryland.gov>

Questions and Comments to SW Law

1 message

Ruby Nelson <rbgudger@gmail.com>
To: Stanley.Weinstein@maryland.gov

Sat, Nov 18, 2017 at 8:18 AM

This is the question and comment I have:

Section .04 Independent Practice indicates that a LCSW may practice independently except when rendering diagnoses. However the LBSW and the LMSW does not state they are restricted from rendering diagnoses. It just states "until approved by the board." Is it meant to imply that when they are approved they will be restricted from rendering diagnoses as well? I believe restricted from rendering diagnoses is implied but it should be stated.

Thank you,

Dr. Ruby B. Nelson,LCSW-C

Sent from my iPhone



Stanley E. Weinstein -MDH- <stanley.weinstein@maryland.gov>

Fwd: Comments on Proposed Regulations

1 message

MDH SocialWork -MDH- <mdh.socialwork@maryland.gov>

Mon, Dec 4, 2017 at 9:00 AM

To: Gloria Hammel -DHMH- <gloria.hammel@maryland.gov>, Gail Wowk -DHMH- <gail.wowk@maryland.gov>, Kara Brooks-Tyson -DHMH- <kara.brooks-tyson@maryland.gov>, "Stanley E. Weinstein -DHMH-" <stanley.weinstein@maryland.gov>, denise.capaci@gmail.com, jabell@umes.edu

----- Forwarded message -----

From: **Deborah Ramelmeier** <dmramel1618@gmail.com>

Date: Sun, Dec 3, 2017 at 8:31 PM

Subject: Re: Comments on Proposed Regulations

To: MDH@info.maryland.gov

Thank you for the opportunity to comment on the proposed regulations. Please find my comments below.

10.42.01

Pg 2, line 31: Definition for independent practice needs to remain. Chapter 1 of regulations should be where most definitions are kept. IP will impact multiple chapters so should be defined here.

Pg 3, lines 1-3: Definition does not make sense. Not sure who this applies to. What does it mean to be "licensed at highest level of eligibility"

Pg 3, lines 13-30: Need to retain these definitions here. They apply to all chapters so should be defined in chapter 1.

Pg 4, lines 7-10: Not sure why this definition is being added and what the reference is to federal entity employee.

Pg 5, line 3: Don't use "Rap Back Service". Should describe what will happen re not having to repeat criminal check in subsequent years. service could change its name or shift to something more effective. This limits the Board to use of rap back only.

Pg 7, line 6: Need to remove "direct" unless plan to define it in section 2.

10.42.08

Pg 1, lines 15-18: LCSW and LCSW-C should also be listed as those that an employer can require supervision.

Pg 3, lines 12-14: by removing "for advanced licensure", the board is requiring all supervisors and supervisees to have a written agreement, including supervisees who no longer require supervision. This is overly broad. the written contract should be limited to those social workers who are being supervised for the attainment of advanced licensure or independent practice, not normal supervision in the course of employment. This appears to be a restraint of trade issue.

Pg 3, lines 16-17: This new language requires all social work supervisors to become board approved. It would include those social workers who supervise staff that no longer require supervision (LCSW, LCSW-C, Ind Practitioners), but whose employer requires them to be supervised. Currently only supervisors who are overseeing advanced licensure have to be board approved. This is a major additional requirement and would require hundreds of social workers to become board approved. There is no mechanism to provide adequate time for social workers to become approved. This is overly broad and could be construed to be restraint of trade.

Pg 3-5: All references requiring all supervisors to be board approved should be removed. This should be limited to supervisors for advanced licensure, including independent practice.

Pg 3-5: This new section should be removed in its entirety. The Board is seeking to require every social work supervisor to meet new requirements and pay fees that they are not currently required to pay. If they are disciplined, they are unable to be a supervisor for a 5 year period which is unduly harsh.

Pg 8, line 11-14: Unclear why "independent" was added to these items. It is also unclear who this applies to - seems to indicate how much experience an LCSW or LCSW-C must have before they can supervise. It is unlikely an LCSW or LCSW-C would get independent practice designation before getting their advanced license. If this is intended to require an LMSW or BSW to work an additional 2 years after they attain Ind practice before they can become a board approved supervisor, this is not what this does. requiring these social workers to work 2 more years while LCSW-C or LCSW have to do 18 months seems capricious.

Pg 8, lines 16-17: Need to restore this language. Overly broad to require all supervisors to be registered.

12/5/2017

Maryland.gov Mail - Fwd: Comments on Proposed Regulations

Pg 8, line 24: Retain "for advanced licensure" and add "independent practice designation". Same reasons stated above.
Pg 10, lines 23-24: Remove new language. Overly broad - restrains trade.
Pg 11, lines 13-24: These should still only apply to supervisors for advanced licensure or Ind Practice. The Board cannot dictate who provides emergency coverage to employers, including contracts and evaluations.
Pg 12, lines 5-12: Retain language limiting additional requirements to advanced licensure as in current regulations. Reasons stated above.
Pg12-13, lines 23-: Why was waiver removed? Is Board assuming this is no longer needed?

Deborah Ramelmeier, LCSW-C

On Fri, Nov 17, 2017 at 11:08 AM, Board of Social Work Examiners <MDH@info.maryland.gov> wrote:



MARYLAND
Department of Health

Larry Hogan, Governor · Boyd Rutherford, Lt. Governor · Dennis Schrader, Secretary

Board of Social Work Examiners

To: All Social Workers Licensed in Maryland
From: Joyce A. Bell, Ph.D., LCSW-C
Re: Comments on Proposed Regulations
Date: November 17, 2017

The 2017 Maryland Legislature approved a Bill revising the Social Work Statute. On May 4, 2017, Governor Larry Hogan signed into law these revisions. Since then the Statute and Regulations Committee of the Board has been working on regulations that are meant to help clarify and implement these changes.

Attached to this email are the proposed draft copies of Chapter 01 Regulations Governing Licensing and Chapter 08 Supervision and Independent Practice. The Board is seeking WRITTEN comments and recommendations on these proposed regulations and request that they are sent to the Board via email, fax or mail by **December 4, 2017**.

The next step in this process will be an opportunity to verbally present these comments directly to the Board at its open session on December 8, 2017. Priority will be given to social workers who submitted written comments. Verbal comments will be limited to 3 minutes to enable more social workers to participate. Comments should be sent to:

Stanley E. Weinstein, Ph.D., LCSW-C
Executive Director
Board of Social Work Examiners
4201 Patterson Avenue

12/5/2017

Maryland.gov Mail - Fwd: Comments on Proposed Regulations

Baltimore, Maryland 21215

Fax: 410-358-2469

Stanley.Weinstein@maryland.gov

- COMAR_10.42.01_DRAFT_REGULATIONS_GOVERNING_LICENSURE-NOVEMBER_17_2017.pdf
- COMAR_10.42.08_DRAFT_SUPERVISION_AND_INDEPENDENT_PRACTICE_REGULATIONS-NOVEMBER_17_2017.pdf

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This email was sent to dmramel1618@gmail.com using GovDelivery Communications Cloud on behalf of: Maryland Department of Health [Boards & Commission] • 201 West Preston Street • Baltimore, MD 21201



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Debbie

Please note new email address dmramel1618@gmail.com

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Debbie

Please note new email address dmramel1618@gmail.com

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12/5/2017

Maryland.gov Mail - Fwd: proposed regulations



Stanley E. Weinstein -MDH- <stanley.weinstein@maryland.gov>

Fwd: proposed regulations

1 message

Deborah Evans -MDH- <deborah.evans@maryland.gov>

Mon, Dec 4, 2017 at 5:05 PM

To: Stanley Weinstein <stanley.Weinstein@maryland.gov>, Gloria Hammel <gloria.hammel@maryland.gov>

Hello:

Please respond.

Thank You.

*Deborah Ann Evans, CE Supervisor
Maryland Board of Social Work Examiners
4201 Patterson Avenue
Baltimore, Maryland 21215
410 764-5962
410 358-2469 fax*

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----- Forwarded message -----

From: **Avraham Reich** <avrahamreich@hotmail.com>

Date: Sun, Nov 19, 2017 at 12:07 PM

Subject: proposed regulations

To: Deborah Evans -DHMH- <deborah.evans@maryland.gov>

Dear Ms. Williams,

I just received proposed regulation changes regarding social work supervision and independent practice. While I support increased regulation of these areas, I am concerned that Section 0.4, Paragraph B would exclude social workers licensed to practice independently from providing psychotherapy services.

For decades psychotherapy services have been provided by psychologists, psychiatrists, counselors, nurses and social workers. What has qualified individuals from all disciplines to practice privately is the completion of a psychotherapy training program that combines working with a private patient under expert supervision with didactic lectures and case presentations.

I therefore urge the Board of Social Work Examiners to license social workers to practice independently provided they prove completion of extensive post-graduate psychotherapy training.

12/5/2017

Maryland.gov Mail - Fwd: proposed regulations

I appreciate your all of the assistance you have so kindly provided me in the past. Please forward this email for presentation at the December 8 BSWE Hearing. Thank you,

Avraham Reich, LCSW-C

Sent from Outlook

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Stanley E. Weinstein -MDH- <stanley.weinstein@maryland.gov>

Comments on Draft Regulations from the BSWE

1 message

Art Wagner <art@arthurwagner.com>

Sat, Dec 2, 2017 at 2:58 AM

Reply-To: art@arthurwagner.com

To: Stanley.Weinstein@maryland.gov

Cc: art@arthurwagner.com

To the Board of Social Work Examiners:

I am writing for the NASW-MD Private Practice Committee in regard to the draft regulations for Social Work 10.42.01 and 10.42.08. We deeply appreciate your efforts to update the regulations for social work.

Alternative Clinical Training for the LCSW-C Application

We were very pleased to see that in 10.42.01, page 6, line 21, the BSWE has supported applicants for the LCSW-C having the option of completing:

A BOARD-APPROVED POST-MASTERS DEGREE CLINICAL TRAINING PROGRAM.

Incomplete Regulations

One of our major concerns is that there are no draft regulations for private practice. It is difficult to accept the removal of previous regulations without seeing what, if anything, will replace them.

For example, the BSWE newsletter reported that the proposed regulations would state:

"PRIVATE PRACTICE" means the provision of psychotherapy by a licensed certified social worker-clinical who assumes responsibility and accountability for the nature and quality of the services provided to a client: (1) In exchange for direct payment or third party reimbursement; or (2) On a Pro Bono basis as determined in regulations adopted by the Board.

This new regulation was not included in the draft we reviewed. We believe that private practice deserves its own chapter in regulations, but we need to see this and other missing sections while we evaluate chapters .01 and .08.

New Forms Unavailable

The regulations mention forms that the BSWE will provide, but we have not seen these. We need to review these forms in order to know what information will be required. Official forms are an

essential component of the licensing system. With access to the forms, we cannot understand the impact of the proposed regulations.

Missing Definitions

A number of definitions have been removed from 10.42.01, including "independent practice," "social work," "social worker," "supervision," and "practice of social work". When a social worker or anyone familiar with using state regulations is looking for a definition, they are going to look in the first chapter, especially for core definitions such as these. We request that core definitions appear in 10.42.01.

Change to the Definition of "Supervision"

In the proposed regulations (especially 10.42.08 page 3, lines 2-6), the Board has expanded the definition of supervision beyond the previous meaning which, in numerous lines of the previous regulations, was limited to supervision for advanced licensure. In the proposed regulations, any supervision by social workers would fall under the same regulations.

The text of Senate Bill 986 of 2017, Subsection (V)(1) and (V)(2) provided as a definition of "supervision" the following:

(V) "Supervision" means a formalized professional relationship between a supervisor and a supervisee that:

- (1) Provides evaluation and direction of the supervisee; and
- (2) Promotes continued development of the supervisee's knowledge, skills, and abilities to provide social work services in an ethical and competent manner.

<http://mgaleg.maryland.gov/2017RS/bills/sb/sb0986E.pdf>

Going much further in 10.42.08, page 3, lines 2-6, the Board has added the following to wording in the law:

, INCLUDING SUPERVISION FOR SOCIAL WORK PRACTICE, INDEPENDENT PRACTICE, AND FOR ADVANCED LICENSURE.

This change is much more restrictive than the new statute and would create many serious problems.

Social workers fulfilling any supervisory relationship, even if the supervisees are not working toward licensure, would be required to meet much more stringent and onerous requirements. The proposed requirements include:

- Supervisors would be board approved,
- supervisors and supervisees would sign a supervisory contract using the Board's form,

- supervisors and supervisees would be responsible for having a minimum of 1 hour of face-to-face supervision for every 40 hours worked by each supervisee,
- supervisors and supervisees would maintain records of their meetings for five years,
- supervisors would provide a supervision verification form,
- supervisors would provide a written evaluation of the supervisee's progress every six months,
- supervisors would provide for emergency supervision and direction of supervisee,
- supervisors would pay for the application fees to become a Board-approved supervisor, and
- supervisors would obtain and pay for 3 CEUs of supervision training every two years.

These proposed regulations would also create at least three other problems.

1. The proposed regulations would make field education placements more difficult to find because the new regulations would require supervisors of student interns to be Board-approved supervisors, a marked deviation from the current regulations.
2. The regulations do not clearly define the requirements that would be placed on social worker supervisors of non-social worker supervisees, or non-social worker supervisors of social worker supervisees.
3. Moreover, these regulations suggest that a social workers who obtain a higher level of licensure would have to cease their prior supervisory duties for 18 or 24 months. For example, an LMSW social worker who had been an LMSW Board-approved supervisor would have to wait for 18 months after becoming an LCSW-C to resume their supervisory duties with the very same employees that had been supervising an LMSW.

In multiple lines of 10.42.08, such as page 8, lines 23-25, the proposed regulations delete the phrase "for advanced licensure" from the current regulations. These deletions were necessitated by the Board's change to the definition of "supervision and would have to be reversed if the definition is maintained in the form the 2017 statute mandates.

This new regulation would reach far beyond the intention of the statute recently passed and will create serious difficulties. We strongly urge the Board to reverse this change in the definition of "supervision" in order to prevent undue harm to students, social workers, agencies, schools of social work, and consumers.

Repeated Criminal History Records Checks

10.42.01 page 4, lines 26-29 requires a criminal records check at every renewal of a license. The proposed regulations are more restrictive than the new statute which provided, in Subsection (g)(3)

the following exemptions:

(3) UNLESS OTHERWISE REQUIRED, A RENEWAL APPLICANT WHO PREVIOUSLY HAS COMPLETED THE CRIMINAL HISTORY RECORDS CHECK AS REQUIRED FOR THE BOARD'S LICENSE RENEWAL APPLICATION PROCESS DOES NOT HAVE TO SUBMIT TO A SUBSEQUENT CRIMINAL HISTORY RECORDS CHECK FOR LICENSE RENEWAL.

<http://mgaleg.maryland.gov/2017RS/bills/sb/sb0986E.pdf>

We do not support a criminal history record check at every license renewal.

Overly Broad Definition of Agency

We were also concerned about the definition of "agency," which according regulations, "means an entity that employs three or more licensees and for which the licensees practice social work."

We questioned whether this would be legally enforceable as defined, and whether state and private agencies are following this definition.

Inconsistency in Definition of Independent Practice

An inconsistency appears in both the statute and the regulations. In 10.42.08, page 2, lines 12, 13, 14, the proposed definition of "independent practice" does not include LCSW or LCSW-C. This follows the structure of Senate Bill 986 of 2017. But on page 5, lines 18-19 and 20-22, the proposed regulations do include LSCW and LSCW-C as capable of independent practice.

We believe that the definition of "independent practice" should include all licenses which allow some form of independent practice. This inconsistency could be resolved by offering a more meaningful definition of "independent practice." We recognize that that change may have to be done by means of a new statute.

Possible omissions

The laws enacted in 2017 included several changes that do not appear in the proposed regulations, including:

*Those LMSW's who currently engage in private practice will have until 1/1/20 to become licensed at the LCSW-C level or must discontinue private practice.

*The Board may issue a "cease and desist order" or obtain an injunction for anyone practicing social work without a license or identifying themselves as a social worker without a license (October 1, 2017)

*The bill enables the board to assess civil fines for unlicensed practice in accordance with Regulations not exceeding \$50,000

Errors and Typos

There are other lines affected by this change in the definition of supervision. Appearing on page 12, lines 9-10, is an unchanged line that still carries the current regulations' phrase "for advanced licensure." This line is inconsistent with the proposed change in the definition of "supervision."

A simple typo appears in 10.42.01, page 2., line 14:

This line should be corrected to, "including but NOT limited to".

10.42.08, page 1, line 27 has one possible typo:

"... REGULATIONS .04" might be "... REGULATIONS .05" We did not check other numbering issues.

10.42.08, page 6, line 5 has a typo:

"DTERMINATION" should be "DETERMINATION".

We were not able to find a key defining the meaning of the [] and strikeovers, so we are uncertain of the meaning of 10.42.08, page 10, lines 16-18, and 19-21, which may contain two possible typos. The "not" in each of these regulations is not shown with a strike-over, so it is unclear whether LBSW and LMSW would be allowed to supervise social workers of equal or lower licensure.

For the NASW-MD Private Practice Committee,

Art Wagner, LCSW-C

cell: 443-867-8422

art@arthurwagner.com



Stanley E. Weinstein -MDH- <stanley.weinstein@maryland.gov>

New regulations

1 message

Suzan Wynne <sfwynne260@gmail.com>

Fri, Nov 17, 2017 at 1:19 PM

To: Stanley.Weinstein@maryland.gov

Dear Mr. Weinstein,

I am quite pleased with the new regulations and have no suggestions regarding changes except as you see below. My various concerns about a lack of clarity or outdated references over the years have all been addressed.

Recommended change:

In the sections indicating the change from Licensed Graduate Social Worker to Licensed Master's Social Worker, it would add clarity to specify the NEW designation. Currently, a casual reading might result in the conclusion that the new designation is MSW. I think that this is spelled out in the draft regarding supervision and independent practice but it really needs to be wherever the LMSW is discussed. In fact, it wouldn't be a bad idea to include at least the abbreviations for LCSW and LCSW-C wherever pertinent.

Suzan Wynne



Heather Schultz <hschultz2020@gmail.com>

Fwd: Comments on Proposed Regulations Override

Heather Schultz <HeatherS@jdavidcollins.com>
To: "hschultz2020@gmail.com" <hschultz2020@gmail.com>

Fri, Dec 8, 2017 at 12:42 AM

Sincerely,
Heather Schultz, MSW, LGSW
Counselor

J. David Collins & Associates, LLC
P: 410-548-3333
F: 410-548-3341

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Begin forwarded message:

From: "Heather Schultz" <HeatherS@jdavidcollins.com>
To: "MDH@info.maryland.gov" <MDH@info.maryland.gov>
Cc: "Stanley.Weinstein@maryland.gov" <Stanley.Weinstein@maryland.gov>
Subject: Comments on Proposed Regulations Override

To: The Maryland Board of Social Work Examiners
From: Heather Schultz, MSW, LGSW, Ph.D.(c)
Re: Comments on Proposed Regulations
Date: December 4, 2017

To Whom It May Concern:

I am writing this letter in response to an email I received from Dr. Joyce Bell on 11/17/17. She requested that all licensed social workers respond to the legislation that changes COMAR and directly impacts the field of social work that was passed by Governor Hogan. My recent experience with the Maryland Board of Social Work Examiners has been most disheartening. Dr. Bell's request gave me pause, and in light of the discussion and legislation regarding COMAR, I felt it important to share my experience with the application of COMAR to my unfortunate circumstance.

I am currently an LGSW applying for my LCSW-C. My initial application was mailed to the Board on 8/8/2017. My application was denied on 10/20/2017 because of an unintentional oversight at the commencement of my

employment. My agency and I formalized and signed a Contractual Agreement Form with the date I received my LGSW license (7/1/2015). However, my supervisor has remained the same since September 2014. Please reference Exhibit 1 from attachment "schultz.affidavit." The agreement was signed on 11/11/2016 and back-dated to the actual date of the commencement of my supervision which was 7/1/2015. Please reference Exhibit 3 from attachment "schultz.affidavit." This became an issue because the form was revised after 7/1/2015 and the form's creation date was after the contract date. I firmly believe that I met all supervisory obligations from July 2015 to the present and I believe I have earned the opportunity to sit for my LCSW-C exam. However, I am being required by the Board to re-do all of my supervision hours. As someone who prides themselves on attention to detail and organization, this was devastating and 100% unintentional.

I have communicated all of the actions that have occurred with affidavits that attest to my completion of the required supervised hours with the same agency and supervisor for the entire period of supervision. It is an injustice that my unintentional oversight has been given the penalty of negating all of my supervisory hours and requiring me to spend another two full years achieving the supervised hours that have already been completed. Please reference the attachment titled "H. SCHULTZ CONTRACTUAL AGREEMENT" and the supporting documents titled "schultz.affidavit" and "schultz.supp.aff" for more details.

It is even more disheartening is that I was denied an appeal or waiver process. Please reference "H. Schultz email from Tyrone 11.14.17" for details about this denial. Over the last few months, it has become painfully obvious that the Board is more concerned about the letter of the law instead of the spirit of the law. This contradicts all of my social work schooling and the continuing education that I have received over the years. From the perspective of systems theory, the process is tainted.

One person was assigned to my application. One person should not speak on behalf of the entire Board. One person should not hold the power to determine someone's fate as a practicing clinical social worker in the state of Maryland. My situation is directly related to the following COMAR regulations, chapter 8 in reference to supervision: 10.42.08.02 B (8), 10.42.08.04 B (4), 10.42.08.05 B (1), 10.42.08.07 C (1), and 10.42.08.10. Please reference "schultz.license.issues" for more details. Ultimately, COMAR should allow for a waiver, and all candidates should be granted an appeal upon request.

I am proud to be a social worker, and I am writing today to advocate for myself. I do not believe my experience with the Board has been fair, nor just. However, I am going to continue pursuing my Ph.D. in social work and my LCSW-C. Quite frankly, it is hard to fathom that I might obtain my Ph.D. before my clinical license. My dissertation is scheduled to be completed the summer of 2019. My dissertation tangibly contributes to the development of the psychotherapy process with medically assisted treatment for the Opioid crisis, and my efforts as such will be published. My efforts and my dissertation will contribute to the field of social work, regardless of this negative

experience with the Maryland Board of Social Work Examiners. Hopefully, this testimony will help facilitate positive change so that future injustices, such as the one I have experienced, can cease to occur. Thank you for your time and consideration.

Sincerely,
Heather Schultz, MSW, LGSW, Ph.D.(c)
Social Worker & Program Manager

J. David Collins & Associates, LLC

P: 410-548-3333

F: 410-548-3341

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10 attachments

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