



Virginia Department of
Health Professions
Board of Social Work

Virginia Board of Social Work
Regulatory Committee Meeting Minutes
Friday, September 12, 2025, at 10:00 a.m.
9960 Mayland Drive, Henrico, VA 23233
Board Room 3

PRESIDING OFFICER: Elke Cox, MSW, LCSW

BOARD MEMBERS PRESENT: Teresa Reynold, MSW, LCSW
Denise Purgold, MSW, LCSW

BOARD MEMBERS ABSENT: Sherwood Randolph, Jr., MSW, LCSW

BOARD STAFF PRESENT: Krystal Blanton, Discipline & Compliance Case Specialist
Jaime Hoyle, JD, Executive Director
Jennifer Lang, Deputy Executive Director
Charlotte Lenart, Deputy Executive Director
Sharniece Vaughan, Licensing & Operations Supervisor
Rebecca Walker, Licensing Specialist

DHP STAFF PRESENT: Erin Barrett, JD, Director of Legislative and Regulatory Affairs, Department of Health Professions
Arne Owens, Agency Director, Department of Health Professions (*left at 10:56am*)

PUBLIC ATTENDEES: Denise Daly Konrad, Virginia Health Care Foundation (VHCF)
Mark Smith, Greater Washington Society for Clinical Social Work (GWSCSW),
Virginia Society of Clinical Social Work (VSCSW)

CALL TO ORDER: Ms. Cox called the Regulatory Committee meeting to order at 10:00 a.m.

ESTABLISHMENT OF A QUORUM: Three members of the regulatory committee were present; therefore, a quorum was established.

MISSION STATEMENT: Ms. Cox read the mission statement of the Department of Health Professions, which was also the mission statement of the Board.

ADOPTION OF AGENDA: The agenda was adopted as presented.

PUBLIC COMMENT: No public comment was provided.

APPROVAL OF MINUTES: The meeting minutes from June 6, 2025, were approved as presented.

UNFINISHED BUSINESS: The Board of Social Work staff presented recommendations concerning LMSWs and their ability to provide clinical services. These recommendations emphasize education standards, supervision requirements, and increased flexibility regarding the clinical exam to better support LMSWs in delivering clinical services (*see Attachment A*). Included in the staff recommendations were discussion points focusing on the distinction between macro and micro tracks for social work students, noting that the majority pursue the micro track. This distinction is significant because it could affect the eligibility for LMSW licensure in the future, if the Board decides to make LMSW a prerequisite for LCSW licensure.

Ms. Purgold inquired about a potential timeline for transitioning the LMSW license to a license required to accumulate hours toward LCSW licensure. Ms. Barrett stated

that it is reasonable to expect the process could take up to a year and a half, or possibly even four years. Ms. Cox asked whether the Board is exploring how other states manage their master's-level social work licenses. In response, Ms. Lenart noted that she has researched several other states and found the licensing landscape can be confusing, with some states having even more license types than Virginia. To move forward, Ms. Barrett proposed initiating a Notice of Intent and Regulatory Action (NOIRA) to get the process started.

Ms. Reynolds recommended that all LMSW applicants be required to complete a clinical course of study. Ms. Lang provided information regarding the counseling examination process and the status of licensed residents. Ms. Lenart stated that the proposed amendments would address the petitioner's request to restart supervision hours by permitting LMSW licensees to place their licenses in inactive status and address more flexibility in the timing to sit for the examination.

Ms. Hoyle highlighted that the social work compact has predominantly focused on Licensed Clinical Social Worker (LCSW) licenses, with limited attention given to Licensed Master Social Worker (LMSW) and Licensed Bachelor Social Worker (LBSW) credentials.

Ms. Cox emphasized the necessity of implementing a grandfathering provision for individuals currently holding LMSW licensure. Since a lot of current LMSW licensees are not authorized to provide clinical services, this change would give them the opportunity to submit additional documentation if they wish to be approved for clinical practice while under supervision.

NEW BUSINESS:

House Bill 1897

The agenda includes a summary of HB1897, which broadens the scope of practice for master's social workers by allowing them to provide clinical services under the supervision of a licensed clinical social worker. The bill also mandates the Board of Social Work to develop regulations permitting master's social workers to deliver clinical services under this supervision. Mr. Lynch provided a document to the committee proposing language to modify the definition of "Master Social Worker" to explicitly include "clinical" work (*see Attachment B*).

Ms. Cox addressed the requirement for Licensed Master Social Workers (LMSWs) to obtain their own clinical designation in order to provide clinical services. Ms. Reynolds raised a question regarding whether LMSWs would be required to take the Association of Social Work Boards (ASWB) master's level exam. This prompted a discussion about potential exam alternatives and how these might affect individuals interested in joining the social work compact once it is initiated.

Motion: Ms. Reynolds made a motion, which Ms. Purgold properly seconded, to recommend that the full Board adopt a notice of intended regulatory action to amend Chapter 20 to merge LMSWs with registered supervisees in social work. The motion passed unanimously.

Changes to be considered by the Board will include exam requirements, non-clinical LMSW requirements, and supervision timing. All changes made will ensure compliance with Compact requirements for those that would like Compact eligibility.

Petition for Rulemaking

The committee proceeded to discuss the petition, which concerns permitting Master of Social Work (MSW) students to apply for supervision up to 30 days prior to the conferral of their degree. This proposal aims to facilitate a smoother transition for students entering supervised practice.

Ms. Lenart noted that the Board of Psychology has a similar provision in place, allowing applicants to begin the process if their educational institution submits documentation confirming that the degree conferral is pending. This precedent was highlighted as a potential model for the Board's consideration.

Motion: Ms. Purgold made a motion, which Ms. Cox properly seconded, to deny the petition for rulemaking because tracking conferral of degrees after the application process has begun would be overly burdensome and due to the risk of a license being awarded to an individual who did not have a degree ultimately conferred. The motion passed unanimously.

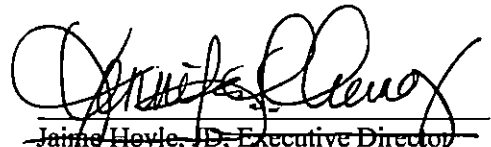
NEXT MEETING DATES:

The next meeting is scheduled for Friday, November 14, 2025, at 10:00a.m.

ADJOURNMENT:

Ms. Cox adjourned the Regulatory Committee meeting held on September 12, 2025.


Elke Cox, MSW, LCSW


~~Jaime Hoyle, JD, Executive Director~~
Jennifer Lang, Acting Executive Director

Staff Recommendation

- Merge Supervisee in Social Work with LMSW
- Require all MSWs who provide clinical social work services to be licensed as LMSW
- Meet current requirements for LMSW but would now look at education
 - Require all MSW to have clinical tract
- Would have no time limit; would be able to provide clinical social work services under supervision indefinitely
- Those that want to become LCSWs would still meet the supervision requirements
- At time of application would have to show that they had supervision contract, a supervisor on the registry.
- Would allow them indefinite amount of time to pass clinical exam – addresses on of issues raised in petition and with release of ASWB exam data

Discussion Points

- Eliminate need for macro license
- However, would likely allow LMSWs to get reimbursement
- Would protect public and expand workforce – make the licenses meaningful to the licensee and the public
- Need to address the LMSWs who do not have clinical tract....
 - Which is an issue no matter what pathway we choose



*Joseph G. Lynch LCSW
3549 Majestic Circle
Broadway, VA 22815*

September 3, 2025

Board of Social Work
Mr. Sherwood Randolph, Jr., MSW, LCSW
Ad Hoc Committee Chair
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico Virginia 23233-1463

Re: Some History and documents

Dear Mr. Randolph:

I have been meaning to send you this letter for some time but time slipped away from me. I have appreciated the time and effort you have put forward toward the work of the Ad Hoc committee. I served on the Board of Social Work for 10 years. I was Chair of the Board twice and Chaired the Discipline committee for 9 years. As a LCSW in private practice I was acutely aware of the number of "non-billable hours" I put into my work on the board.

In May of 2017, as member of the Virginia Society for Clinical Social Workers board (VSCSW) I attended the meeting of the Full VBSW Board when James Rutkowski, Assistant Attorney General, Board Counsel, advised the board that if they wanted to divide the Licensed Social Worker (LSW) into the LBSW and the LMSW, it required action by the General Assembly to change the Social Work Law. I turned to Sue Rowland, our lobbyist and asked her did we want to know now how the 816 current LSW's (*3rd Quarterly Report March 31, 2017*) felt about this proposed change that was going to very directly impact them or did we want to wait until January and hear how they felt when we were at the General Assembly at a subcommittee hearing on the bill? Both of us were very clear that we preferred now.

The VSCSW Board authorized me to construct a short survey to mail out to the LSWs (See attached study). Below is the background for the study and the language that was added to the law.

BACKGROUND FOR LSW STUDY:

At the May 11, 2017 Board meeting of The Virginia Board of Social Work (VBSW) a motion was passed to accept as written the proposed legislation recommended by the Regulatory committee. The proposed legislation would add 4 sentences to *Chapter 37 of Title 54.1 of the Code of Virginia; Social Work*. The 4 sentences to be added are below. (See Appendix "A" for the complete text of proposed legislation)

§ 54.1-3700. Definitions.

As used in this chapter, unless the context requires a different meaning:

Baccalaureate social worker means a person, engaged in the practice of social work, who practices under the supervision of a master's social worker within an entity not otherwise exempted by provisions of § 54.1-3701 and who is engaged in a basic generalist practice to include casework management and supportive services and consultation and education.

§ 54.1-3700. Definitions. (continued)

Master's social worker means a person, engaged in the practice of social work, who is employed by an entity not otherwise exempted by provisions of § 54.1-3701 and who is engaged in a non-clinical, generalist scope of practice of social work to include staff supervision and management.

§ 54.1-3705. Specific powers and duties of the Board.

In addition to the powers granted in § 54.1-2400, the Board shall have the following specific powers and duties:

5. To license baccalaureate social workers, master's social workers, and clinical social workers to practice consistent with the definitions specified in § 54.1-3700 and regulations promulgated by the Board.

6. To register persons for the supervised practice of social work as required for licensure as a clinical social worker.

I mentioned at the prior Ad Hoc committee meeting the very low number of LBSW's. I get those kinds of numbers from the DHP Quarterly report. You may or may not be familiar with these reports. Below is information on the Board of Social Work from the 4th Quarter (April 1, 2025, to June 30, 2025) Quarter Report. It took a little bit of time for me to get used to the Commonwealth's fiscal year. Below I copied a URL hyperlink to get to the reports page.

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

BOARD	Occupation	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	CURRENT Q4 2024
Social Work	Associate Social Worker	1	1	1	1	1	1	1	1	1	1	1	1	1
	Licensed Baccalaureate Social Worker	29	37	43	46	49	44	49	53	56	49	55	58	61
	Licensed Clinical Social Worker	7,716	8,119	8,458	8,795	9,097	8,920	9,299	9,750	10,178	10,235	10,605	11,044	11,486
	Licensed Master's Social Worker	826	923	989	1,074	1,146	1,032	1,111	1,186	1,300	1,233	1,331	1,436	1,530
	Licensed Social Worker	-	-	-	-	-	-	-	-	-	-	-	-	-
	Licensed Social Worker Supervision	7	7	7	7	-	-	-	-	-	-	-	-	-
	Registered Social Worker	7	7	8	8	8	6	6	6	6	6	6	6	6
Registration of Supervision		2,714	2,774	2,899	2,868	2,837	2,949	3,132	3,245	3,372	3,565	3,537	3,457	3,469
Total		11,302	11,868	12,405	12,799	13,138	12,952	13,598	14,241	14,913	15,089	15,535	16,012	16,553

<https://www.dhp.virginia.gov/about/stats/2025Q2/default.htm>

The legislation that divided the LSW into the LBSW and the LMSW became law on July 1, 2018. The above report shows from June 30, 2021, to June 30, 2024, the number LBSWs was 29 in 2021 and has gradually increased to 61 in 2024. An unfortunate outcome of the definition of Master's social work is that "non-clinical" word. My study and the 3 Workforce studies all say the majority of LMSWs are practicing clinical social work either part or full-time. I think Jaime Hoyle is onboard that definition needs to remove that word. My sense is that any legislation to take the word Non-clinical out is not going to be initiated by DHP. It would be nice to hear that DHP would support legislation to correct that definition. If the board was interested in looking at some language for the definition of Master's social worker, below is an attempt to add clarity using existing Code and regulations:

draft

§ 54.1-3700- Definitions, Chapter 37- Social Work, Article 1. Social Work.

"Master's social worker" means a person who, consistent with their education and training, engages in the practice of social work and provides services, including staff supervision and management. LMSWs with a clinical course of study (as defined in § 54.1-3707.1 Educational requirements) may provide clinical services if employed in exempt settings (as defined in § 54.1-3701. Exemption from requirements of licensure) or under registered supervision with a Board Approved Supervisor as part of completing the requirements toward the LCSW (as required by the VBSW Regulations 18VAC140-20-50. Experience requirements for a licensed clinical social worker.) The LCSW is the only social work license that allows autonomous practice (as defined in § 54.1-3700- Definitions, Chapter 37- Social Work, Article 1. Social Work).

I have been practicing Clinical Social Work for 49 years. Concurrently for the last 25 years I have experienced serious challenges to my health. In 2014 I had surgery to repair two abdominal aortic aneurysms. There were some bad outcomes and I spent 3 months at 3 different hospitals. I retired from full-time practice. In 2016 while I was in Richmond attending the first day of the NASW-Virginia annual conference, my popliteal artery aneurysm behind my right knee ruptured and led to the amputation of my right leg above the knee. I was a patient at MCV for 30 days. Since the year 2000 I have experienced 43 hospitalizations. Near the end of my MCV hospitalization, my daughter Emily made a Facebook post about her understanding of what was going on with my medical adventure. She titled it *"Making Meaning; Crafting Faith."* (See attached) I think it is a rare event as a parent that I was able to read my adult daughter's view of me. I thanked her for that beautiful gift. I share this information with you to let you know that even with these physical limitations my advocacy for the profession of social has never faltered.

Under the Code of Virginia § 54.1-3705. *Specific powers and duties of the Board* (See Below) you are permitted to "...maintain a close liaison with other professional boards and the community ...". I think that gives you permission to be in communication with me if you feel that would be helpful. I offer that option to you. Please feel free to consult with Jaime Hoyle and James Rutkowski for any guidance or limitations they recommend on you and I communicating.

By the way it is fine with me for this letter and attachments to be considered public documents and anyone who wants a copy is free to receive one.

Sincerely,
Joseph G. Lynch LCSW

§ 54.1-3705. Specific powers and duties of the Board

In addition to the powers granted in § 54.1-2400, the Board shall have the following specific powers and duties:

- 1. To cooperate with and maintain a close liaison with other professional boards and the community to ensure that regulatory systems stay abreast of community and professional needs.*