

**THE VIRGINIA BOARD OF SOCIAL WORK  
MINUTES  
Friday, December 4, 2015**

The Virginia Board of Social Work ("Board") meeting convened at 2:05 p.m. on Friday, December 04, 2015 at the Department of Health Professions, 9960 Mayland Drive, Richmond, Virginia. Bernadette Winters, Regulatory Committee Chair called the meeting to order.

**BOARD MEMBERS PRESENT:** Angelia Allen  
Jamie Clancey, L.C.S.W.  
Yvonne Haynes, L.C.S.W.  
Dolores Paulson, L.C.S.W., Ph.D.  
John Salay, L.C.S.W.  
Joseph Walsh, L.C.S.W., Ph.D.  
Bernadette Winters, L.C.S.W., Ph.D.

**BOARD MEMBERS ABSENT:** Kristi Wooten

**DHP STAFF PRESENT:** Christy Evans, Discipline Case Specialist  
Sarah Georgen, Licensing Manager  
Jaime Hoyle, Executive Director  
Jennifer Lang, Deputy Executive Director  
Elaine Yeatts, Senior Policy Analyst

**MISSION STATEMENT:**

Dr. Winters read the mission statement of the Department of Health Professions, which was also the mission statement of the Board.

**ROLL CALL:**

Dr. Winters requested a roll call. Ms. Georgen announced that seven members of the Board were present; therefore a quorum was established.

**EMERGENCY EGRESS:**

Dr. Winters announced the Emergency Egress procedures.

**ADOPTIONS OF AGENDA:**

Dr. Winters suggested that the Committee first discuss clinical social work services followed by mid-level licensure. The agenda was accepted as amended.

**PUBLIC COMMENT:**

Debra Riggs of the National Association of Social Workers, Virginia Chapter provided written public comment.

Joseph Lynch of the Virginia Society of Clinical Social Work provided written public comment.

**APPROVAL OF MINUTES:**

Upon a motion by Dr. Walsh, which was properly seconded, the meeting minutes from June 19, 2015 were approved as written.

**UNFINISHED BUSINESS:**

Dr. Walsh and Mr. Salay provided reports on psychotherapy, as requested at the last Committee meeting. The Committee discussed psychotherapy as it related to the Regulations Governing the Practice of Social Work.

Dr. Paulson made a motion, which was properly seconded, to create a subcommittee to review the research of psychotherapy and present the findings to the Regulatory Committee with a recommendation. The motion failed with two in favor, and five opposed.

Upon further discussion by the Board, Mr. Salay made a motion, which was properly seconded, to recommend to the full board a Notice of Intended Regulatory Action (“NOIRA”) to amend and broaden the current definition of clinical social work services such as the addition of psychosocial interventions. The motion passed unanimously.

The Committee discussed mid-level licensure to determine if a separation of requirements was necessary of the Licensed Social Worker license. Ms. Hoyle announced that staff has been working with the Attorney General’s office regarding registration of supervision credentials and the board’s authority to issue registration of supervision in lieu of mid-level licensure. Ms. Hoyle announced that having the ability to make registrations of supervision public, and having the ability to discipline supervisees, could address some of the issues sought to be remedied through mid-level licensure.

The Committee determined that a subcommittee would be created to discuss mid-level licensure further and provide a report to the Committee at its next meeting. Dr. Winters appointed Mr. Salay, Dr. Paulson, Ms. Haynes and Ms. Clancey to the subcommittee. Mr. Salay requested that board staff provide information in writing from board counsel of how the registration credential would apply to matters of the board.

Dr. Winters opened the floor to discussion of continuing education carry-over hours. Ms. Yeatts reminded the Committee of the proposed regulations set to become effective at the end of 2015 that would change the timeframe of having to report continuing education to even years for annual renewals. The Committee considered the matter resolved.

**NEW BUSINESS:**

Dr. Winters opened the floor for brief discussion of the requirements for reinstatement or reactivation as it related to the public comment received. Dr. Winters suggested tabling the discussion, as well as “clinical social work services – mental health skill building” until the next Regulatory Committee meeting.

**NEXT MEETING:**

Dr. Winters announced that the next regularly scheduled full Board meeting would occur on February 26, 2016 at 10:00 a.m.

**ADJOURNMENT:**

Upon a motion by Dr. Paulson which was properly seconded, the December 04, 2015 meeting was adjourned at 4:06 p.m. The motion passed.

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Bernadette Winters, L.C.S.W., Committee Chair

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Jaime Hoyle, Executive Director



VSCSW, 10106-C Palace Way  
Henrico VA 23238

December 4, 2015

**PUBLIC COMMENT TO THE  
REGULATORY COMMITTEE OF THE VBSW**

I appreciate the opportunity to make public comment to the regulatory committee today. I provided binders with reports and detailed information concerning "psychotherapy" and "mid-level licensure" to the committee in July 2015. The two reports are available on the VSCSW web site <http://www.vscsw.org/faq/#154> and I have brought with me today copies of the two reports and a copies of a CD with all of the supporting documentation that is in the binders for anyone who would like those materials.

I want to comment on Dr. Walsh's Memo that I received yesterday. Dr. Walsh notes his *"...concerns about the (VBSW definition of Clinical Social Work Services), with regard to the issue of whether and how "psychotherapy" should be included, is that the terms "psychotherapy" and "counseling" are not defined in the Board's documents..."*

Frequently in my clinical practice in an initial session with a client I find myself asking the question "Why Now?" A client may have been struggling with an issue for many years but one day something triggers an action to seek help with the issue. I find myself asking the same question of Dr. Walsh's concerns. Why now is the VBSW raising question as to both "whether" and "how" the term psychotherapy is included in the VBSW regulations?

- Has there been a complaint from LCSW's about this word?
- Has there been an increase in the number of discipline cases in which a critical issue has been the word "psychotherapy"?
- The Virginia Regulatory Town Hall web site provides explanation concerning periodic regulatory review. It states that some of the purposes of executive branch review are:
  - Making sure that regulations are clearly written and easily understandable to the regulated community.
  - Determining if the regulation is essential to protect public health, safety, and welfare.
  - Determining if the regulation is the least burdensome and intrusive regulation possible  
<https://www.townhall.virginia.gov/um/faqrulemaking.cfm>
- So I raise the questions:
  - Has the VBSW made a determination that the definition of "Clinical social work services" in the regulations is not clearly written and easily understood by the regulated community?
  - Has the VBSW made a determination that the definition of "Clinical social work services" in the regulations is not essential to protect the public health, safety and welfare?

- Has the VBSW made a determination that the definition of “Clinical social work services” in the regulations is not the least burdensome and intrusive regulation possible?
- Dr. Walsh comments *that he does not know one way or the other if it is still the case that insurance companies in Virginia require that psychotherapy be within the scope of practice of clinical social workers in order to be reimbursed by insurance companies.*

The answer to this is an unequivocal Yes; health insurance companies in Virginia still require that psychotherapy be within the scope of practice of clinical social workers in order to be reimbursed by insurance companies. In order for an LCSW to bill an insurance company for services to a client the billing must include a Current Procedural Terminology (CPT) code. According to an NASW publication “Practice Perspectives” the CPT codes a social worker can use are:

- 90832 Psychotherapy, 30 minutes with patient and/or family member.
- 90834 Psychotherapy, 45 minutes with patient and/or family member.
- 90837 Psychotherapy, 60 minutes with patient and/or family member.

<http://www.socialworkers.org/assets/secured/documents/practice/clinical/ppnewcodes.pdf>

- The Virginia Regulatory process requires that a “...proposed regulation that is new, amended, or repealed must include a statement explaining the basis, purpose, substance and issues of the regulatory action and an Economic Impact Analysis (EIA) prepared by the Department of Planning and Budget (DPB)...”
- Virginia Register of Regulations web site <http://register.dls.virginia.gov/process.shtml>
- I am unclear as to the explanation from the VBSW as to the basis, purpose, substance and issues in regard to changing the definition of “Clinical social work services” in the regulations.

According to the DHP Quarterly Report dated 7/13/15 there were 5,948 LCSW’s currently licensed in Virginia. The economic impact of removing the word “psychotherapy” from the VBSW regulations would have catastrophic economic impact on those licensees.

#### SUMMARY:

- The VSCSW does not see that the VBSW has reason to alter the regulatory definition of “Clinical social work services.”
- VSCSW is opposed to altering the definition in regards to the word psychotherapy as any alteration could have the unintended impact of jeopardizing the ability of Virginia LCSW’s to be reimbursed by health insurance companies for the critical services they provide to citizens of the Commonwealth.

Re: Comments on Multi Level Licensure to Regulatory Committee

December 4, 2015

On behalf of the NASWVA, the professional association representing more than 3,000 social workers throughout Virginia, I submit these comments on multi level licensure per the request of the Regulatory Committee of the Virginia Board of Social Work.

NASW-VA supports multi tier licensure and believes that careful research needs to be done to ensure that the practice of social work is not negatively impacted by this decision. We would like to highlight a few points regarding this issue:

- (1) NASWVA fully supports the ASWB model legislation which includes multitier licensure.
  - a. We believe that multi-level licensure will only add to the workforce and the service provided by all of our professionals. By better defining the scope of practice and allowing individuals to select the level of license appropriate both for their scope of practice and to meet the qualifications and requirements of their employers and reimbursement policies multi level licensure will benefit the public and the industry.

(2) Portability is becoming increasingly valuable. NASWVA believes that multi-level licensure will provide our professionals portability and again increase the value of Virginia's workforce.

(3) Integrated Medicine – NASWVA believes that social work is vital to the healthcare continuum and is proven to keep cost lower and ensuring our social workers are adequately reimbursed for their services.

Thank you for your consideration of these comments. NASWVA looks forward to our continued work with the Board of Social Work.

Respectfully Submitted,

Debra A Riggs, CAE  
Executive Director, NASWVA