
9:45 a.m. Call to Order of Public Hearing on Conversion Therapy – John Salay, LCSW, Board Chair

- Welcome and Roll Call
- Mission of the Board
- Public Hearing on Proposed Changes to the Regulations Governing Social Work related to Unprofession Conduct and Conversion Therapy
 - The Board intends to specify in regulations that the requirement for persons licensed or registered by the Board to conduct "one's practice in such a manner so as to make the practice a danger to the health and welfare of one's clients or to the public " precludes the provision of conversion therapy and to define what conversion therapy is and is not. The goal is to align regulations of the Board with the stated policy and ethics for the profession of social work.
- Adjournment of Public Hearing

10:00 a.m. Call to Order – John Salay, LCSW, Board Chair

- Welcome and Roll Call
- Mission of the Board
- Adoption of Agenda

Approval of Minutes

- Board Meeting – March 13, 2020*
- Regulatory Committee – March 12, 2020 (FOR INFORMATIONAL PURPOSES ONLY)

Public Comment

The Board will receive public comment related to agenda items at this time. The Board will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

Agency Director Report - David E. Brown, DC

Chair Report – John Salay

Board Counsel Report – James Rutkowski, Assistant Attorney General

Staff Reports

- Legislation and Regulatory Report – Elaine Yeatts, DHP Sr. Policy Analyst
 - Report on Status of Regulatory Actions
 - Report on Status of Regulatory Actions Recommended by Regulatory Committee
- Executive Director's Report – Jaime Hoyle, JD., Executive Director, Boards of Counseling, Psychology, and Social Work
- Discipline Report – Jennifer Lang, Deputy Executive Director, Boards of Counseling, Psychology, and Social Work
- Board Office Report – Latasha Austin, Licensing and Operations Manager, Board of Social Work

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- Licensing Unit Report – Charlotte Lenart, Licensing Deputy Director, Boards of Counseling, Psychology and Social Work
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Committee Reports

- Regulatory Committee Report – Joseph Walsh, Ph.D, LCSW
 - Recommendations from the Regulatory Committee*
 - Board of Health Professions Report – John Salay
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-

Election of Officers – Jaime Hoyle

Unfinished Business

- Update on the Study on Reciprocity Agreements – Jaime Hoyle
 - Update on the Study on the Mental Health Needs of Minors- Jaime Hoyle
 - Update on Supervisory Registry – Charlotte Lenart
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Next Meeting Dates:

- Regulatory: December 3, 2020
 - Full Board: December 4, 2020
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Meeting Adjournment

*Indicates a Board vote is required.

This information is in **DRAFT** form and is subject to change. The Board at the meeting will approve the official agenda and packet. One printed copy of the agenda and packet will be available for the public to view at the meeting pursuant to Virginia Code Section 2.2-3707(F).



Virginia Department of
Health Professions
Board of Social Work

MISSION STATEMENT

Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.

**THE VIRGINIA BOARD OF SOCIAL WORK
QUARTERLY BOARD MEETING MINUTES
Friday, March 13, 2020**

The Virginia Board of Social Work ("Board") convened a meeting at 10:00 a.m. on Friday, March 13, 2020 at the Department of Health Professions, 9960 Mayland Drive, Henrico Virginia, in Board Room 4.

PRESIDING OFFICER: John Salay, L.C.S.W., Chair

COMMITTEE MEMBERS PRESENT: Canek Aguirre, Citizen Member
Michael Hayter, L.C.S.W., C.S.A.C.
Gloria Manns, L.C.S.W.
Dolores Paulson, Ph.D., L.C.S.W.
Joseph Walsh, Ph.D, L.C.S.W.

COMMITTEE MEMBERS ABSENT: Angelia Allen, Citizen Member
Jamie Clancey, LC.S.W.
Maria Eugenia Del Villar, L.C.S.W.

BOARD STAFF PRESENT: Latasha Austin, Licensing Manager
Jaime Hoyle, J.D., Executive Director
Jennifer Lang, Deputy Executive Director- Discipline
Charlotte Lenart, Deputy Executive Director- Licensing
Jared McDonough, Administrative Specialist

OTHERS PRESENT: David E. Brown, D.C., Director, Department of Health Professions
Elaine Yeatts, Senior Policy Analyst, Department of Health Professions

BOARD COUNSEL PRESENT: Erin Barrett, Assistant Attorney General
James Rutkowski, Assistant Attorney General (*joined at 12:58pm*)

IN THE AUDIENCE: Sue Klaas, Department of Medical Assistance Services (DMAS)
Joseph G. Lynch, L.C.S.W., Virginia Society for Clinical Social Work
Nick Tomlinson
Alexandra Weinstein

CALL TO ORDER:
Mr. Salay called the meeting to order at 10:07 a.m.

ROLL CALL/ESTABLISHMENT OF A QUORUM:
Mr. Salay requested a roll call. Ms. Austin announced that six members of the Board were present at roll call; therefore, a quorum was established.

MISSION STATEMENT:
Dr. Walsh read the mission statement of the Department of Health Professions, which was also the mission statement of the Committee and Board.

EMERGENCY EGRESS:
Dr. Walsh announced the Emergency Egress procedures.

ADOPTIONS OF AGENDA:
Upon a motion by Ms. Manns, which Dr. Walsh properly seconded, the Board unanimously adopted the agenda with changes to move Dr. Brown and Ms. Yeatts' reports to after Board Staff Reports. The motion passed unanimously.

APPROVAL OF MINUTES:

Upon a motion by Dr. Walsh, which Dr. Paulson properly seconded, the Board unanimously approved, as written, the meeting minutes from the Quarterly Board Meeting held on December 6, 2019. The motion passed unanimously.

PUBLIC COMMENT:

Joseph Lynch provided public comment. (*See attachment 1*)

BOARD CHAIR REPORT & BOARD OF HEALTH PROFESSIONS REPORT:

Mr. Salay provided both his chair report and his report from the Board of Health Professions to the Board. Mr. Salay requested that each Board member try to review at least one discipline case a week. Mr. Salay informed the Board that he was scheduled to attend the ASWB Conference, but it was cancelled due to the current pandemic. Board members were informed that at this time no travel is being approved by the agency through May 1, 2020.

EXECUTIVE DIRECTOR'S REPORT:

Ms. Hoyle gave a 2019 Year End Report for the Behavioral Science Boards and the financial report for the Board of Social Work. A copy of the reports given were included in the agenda packet.

DISCIPLINE REPORT:

Ms. Lang reported on the disciplinary statistics for the Board of Social Work. A copy of the report given was included in the agenda packet.

LICENSING UNIT REPORT:

Ms. Lenart discussed the Board's satisfaction survey, and the steps staff has taken steps to remedy it. She also reported on the current licensure statistics for the Board of Social Work. A copy of the report given was included in the agenda packet.

BOARD OFFICE REPORT:

Ms. Austin reported on the 2019 year end licensure and examination statistics for the Board of Social Work. She also reported on the current examination statistics for the months of January and February 2020. A copy of the report given was included in the agenda packet. Ms. Austin also provided a Board Office Report to everyone at the meeting that included updates made by Board staff due to the recent regulatory changes. (*See attachment 2 for the addition to the Board office Report*)

BOARD COUNSEL'S REPORT:

Ms. Barrett informed the Board there was no report from Board Counsel.

AGENCY REPORT:

Dr. Brown provided a COVID-19 update for the Board. Dr. Brown informed the Board that the Governor issued a declaration of emergency as of yesterday, March 12, 2020 and that there were 17 confirmed cases in Virginia as of yesterday. Dr. Brown provided facts about the virus for the Board, what we can all do to prevent the spread of the virus and measures the agency is taking. He informed everyone that the agency has canceled all Board meetings and Disciplinary Hearings, suspended travel, and enacting teleworking options for staff. The Governor has set emergency leave in place for full-time and part-time employees and communication sessions are currently being help with employees of the agency to keeps them informed of all updates.

Dr. Brown informed everyone that the Commonwealth is working to keep the elderly safe by restricting access to hospitals and nursing homes. He also indicted that if someone should fall ill, they should not just walk into the emergency room or doctor's office, but they should contact their healthcare provider first for proper steps and instructions.

The Board took a break for lunch at 11:30am. The meeting reconvened at 12:03 pm.

REGULATORY COMMITTEE REPORT:

Dr. Walsh informed the Board that the Regulatory Board had a very productive meeting on yesterday and has several recommendations to present to the Board. (*See attachment 3 for recommendations 1-7*)

Recommendation #1 (*pages one & two of attachment*): To add #6 and #7 to the Standards of Practice under Professional Conduct in the Regulations.

Motion: Mr. Aguirre made a motion, which Dr. Paulson properly seconded, to adopt these changes to the regulations. The motion passed unanimously.

Recommendation #2 (*page three of attachment*): To delete 18VAC140-20-51(B)(3) as a correction to the regulations by fast track action.

Motion: Dr. Walsh made a motion, which Mr. Aguirre properly seconded, to adopt this correction to the regulations by Fast Track Action. The motion passed unanimously.

Recommendation #3 (*page four of attachment*): To delete 18VAC140-20-45(B)(6) as a requirement for licensure by endorsement.

There was concern from Ms. Yeatts about deleting this requirement for endorsement, as it would not be consistent with what neighboring jurisdictions are requiring. There was also concern about making this change prior to the study being done in reference to the Senate Joint Resolution No. 49 (provided in the agenda packet) on the need for additional micro-level, mezzo-level and macro-level social workers and increased compensation of such social workers in the Commonwealth.

Motion: Dr. Walsh made a motion, which Ms. Manns properly seconded, to adopt this change to the regulations by Fast Track Action.

After questions from Board members, asking how Senate Bill 53 (provided in agenda packet) may effect this change the Board placed the motion on hold to allow Ms. Yeatts to give part of her Legislation and Regulatory Action Report. Ms. Yeatts informed the Board that Senate Bill 53 is a bill directing the Board of Social Work to pursue the establishment of a reciprocal agreement with other jurisdictions. At this time, Virginia does not have reciprocity with any other jurisdiction, but offers licensure by endorsement for applicants holding a current and active license in another jurisdiction.

Motion Re-visited: The original motion to recommendation #3 was re-visited and the motion passed with one member opposed.

Recommendation #4 (*pages five & six of attachment*): To delete highlighted sections from 18VAC140-20-110 (C) & (D) from the Reinstatement and Reactivation section of the Regulations.

Motion: Dr. Walsh made a motion, which Dr. Paulson properly seconded, to adopt this change to the regulations by Fast Track Action. The motion passed, with two members opposed.

Recommendation #5 (*page seven of attachment*): To delete highlighted sections from 18VAC140-20-50 (A)(1) from the experience requirements in the Regulations.

Ms. Hoyle recommended that the Board hold off on this recommendation until the Board figures out what will be done with LMSWs. The Board sent the recommendation back to the Regulatory Committee to review.

Recommendation #6 (*page nine of attachment*): To add highlighted section (#5) to 18VAC140-20-50 (D) under the responsibilities of supervisees subsection in the Regulations.

Motion: Dr. Paulson made a motion, which Ms. Manns properly seconded, to adopt this change to the regulations. The motion passed unanimously.

Recommendation #7 (*page 10 of attachment*): To add supervisory contract to the definitions in the Regulations.

After discussion, staff recommended that the Board hold off on this recommendation and re-visit it in the Regulatory

Recommendation #8 (*see attachment #4*): The Regulatory Committee revised Guidance Document 140-9: Content for Training on Supervision for Clinical Social Work by adding Parallel Process and Theories of Supervision to the document under Context of Supervision.

After review of the revised document by the Board, the Board also recommended removing 2013 from the first sentence under Content Domains for training. It was also noted that the effective date of the document would not be March 13, 2020.

Motion: Dr. Paulson made a motion, which Mr. Salay properly seconded, to adopt these changes to Guidance Document 140-9. The motion passed unanimously.

Mr. Rutkowski joined the meeting at 12:58pm. Ms. Barrett left the meeting at 12:58pm.

Recommendation #9: The Regulatory Committee recommended to the Full Board to approve Board staff to create and maintain a public supervisor registry.

Motion: Dr. Walsh made a motion, which Ms. Manns properly seconded, to approve Board staff to create and maintain a public supervisor registry. The motion passed unanimously.

LEGISLATION & REGULATORY ACTIONS:

Ms. Yeatts reviewed the 2020 General Assembly Report, Chart of Regulatory Actions and Senate Bills with the Board. MS. Yeatts included her report in the agenda packet. Ms. Yeatts highlighted that Senate Bill 633, requiring the Board of Social Work adopt regulations for licensure of Music Therapists, and that the Secretary of the Commonwealth would appoint an Advisory Board to assist the Board in this process.

ADJOURNMENT:

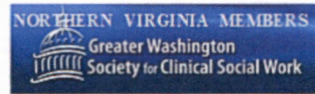
Mr. Salay adjourned the March 13, 2020 Quarterly Board meeting at 1:13 p.m.

John Salay, L.C.S.W., Chair

Jaime Hoyle, Executive Director



AND



Virginia Society for Clinical Social Work
5537 Solaris Drive
Chesterfield Virginia 23832

March 13, 2020

PUBLIC COMMENT
By: Joseph G. Lynch LCSW
TO THE VIRGINIA BOARD OF SOCIAL WORK
Regarding SB1046

I appreciate the opportunity to make public comment on behalf of the Virginia Society for Clinical Social Work and the Northern Virginia Members of the Greater Washington Society for Clinical Social Work.

One of the items on your agenda today is the "Legislative and Regulatory Report." In the Legislation section of the report is information about SB1046. The VSCSW asked Senator Deeds to introduce this bill. At the March 14, 2019 meeting of the VBSW Regulatory Committee they voted to recommend to the full board to add "clinical social worker." to §32.1-127.1:03(F) of the Code of Virginia (Health Records Privacy). The full board on advice of counsel did not pursue this matter.

SB1046 updated the language in §32.1-127.1:03(F) and in 8 other sections of the Code of Virginia to include "clinical social worker" (See attached list). I have been working on this effort for the last 10 years. I wanted to share with the Board what happened 10 years ago that has kept me motivated to change these Code sections. In my group practice an LPC was providing therapy to a 9-year-old girl. The parents were divorced. The girl reported to the LPC that her father was sexually abusing her on the weekend visitations. The LPC documented the information and contacted CPS to report the sexual abuse allegations. Two days later the father left a voicemail message for the LPC requesting a complete copy of the child's record. There are two Code sections that allow refusal to provide the record if there is a belief that it would be harmful to the child to release the record to a parent. In these Code sections the "...treating physician or treating clinical psychologist..." were granted this authority to refuse the release of the child's record. LPC's and LCSW's were not named in the Code section. I did not want the LPC to release the child's record to that father. There is another Code section that outlines the procedure for a health care provider to follow if they have received a Subpoena Duces Tecum and believe a motion to quash has been filed with the court. I had the LPC follow that procedure and cite the Code section that gave authority to refuse the release of the Child's record. I believed that if we could get the information to the JDR Judge, that the Judge would take steps to ensure the safety of the child. But, legally I had no case. We got lucky and the Judge did take steps to protect the child. I decided right then that I did not want LCSW's and LPC's to have to get "lucky" in order to protect children from harm and I started to build the case for updating the language in the Code to include LCSW's.

For the last 5 years I have been talking to Senator Deeds about the issue. I talked with Dr. Jack Barber when he was the Acting Commissioner of the DBHDS. When SB1046 passed I sent an email to the LPC who provided treatment to that 9-year-old little girl ten years ago. I let her know that she was part of the change effort and how that situation had kept me motivated all these years.

I wanted the VBSW to know the background that led to this bill becoming a reality.

“...the treating physician or, clinical psychologist, or clinical social worker...”

1

§ 8.01-413. Certain copies of health care provider's records or papers of patient admissible; right of patient, his attorney and authorized insurer to copies of such records or papers; subpoena; damages, costs and attorney fees.

2

§ 8.01-581.20. Standard of care in proceeding before medical malpractice review panel; expert testimony; determination of standard in action for damages.

3

§ 16.1-340.1. Involuntary temporary detention; issuance and execution of order.

4

§ 20-124.6. Access to minor's records.

5

§ 32.1-127.1:03. Health records privacy.

6

§ 37.2-809. Involuntary temporary detention; issuance and execution of order.

7

§ 38.2-608. Access to recorded personal information.

8

§ 53.1-40.2. Involuntary admission of prisoners with mental illness.

9

§ 54.1-2969. Authority to consent to surgical and medical treatment of certain minors.



Virginia Department of
Health Professions
Board of Social Work

Board Office Report

March 13, 2020

Updates made due to reduction in fees and elimination of supervised experience requirements for LBSW (effective 3-5-2020)

- Announcement placed in announcement section on Board website and under News & Updates
- Renewal Chart in announcement section on Board website has been updated to reflect new renewal fee for LBSW
- Fee section on Board website has been updated to reflect new application and renewal fees for LBSW
- Revised Regulations have been posted to Board website
- Licensure Process Handbook has been updated
- All LBSW examination and endorsement applications have been updated
- Renewal FAQs updated on website
- Licensing database has been updated with new application fee and renewal fee for new LBSW applications

Applications and Supporting Forms revised

- Registration of Supervision Initial & Add Change Applications
- LBSW Exam and Endorsement Applications
- LMSW Exam and Endorsement Applications
- Reinstatement Application & Reinstatement following Discipline Action Application
- All of the above applications have been revised
- Non-essential information was removed from application and supporting forms to help streamline application process
- All Paper application and supporting forms have been converted to fillable PDF documents

Miscellaneous Forms revised

- Name-Address Change Form
- Request for Change in Status (Active to Inactive)
- Request for Change in Status (Inactive to Active)
- Request for Verification of Virginia License
- Request for Late Renewal
- All forms have been converted to fillable PDF documents

Other website updates

- FAQs have been updated
- Supervisor FAQs updated

Staffing Updates:

- Latonya Campbell, temporary contract employee, resigned from her position as the Administrative Assistant for full time benefit employment. Her last day was Thursday, March 5, 2020.
- Resumes are currently being reviewed to fill the temporary contract position.
- Thank you to Charlotte Lenart and Board of Counseling support staff who have been assisting in the interim in different capacities.

Outreach:

- Presented to social work students at George Mason University (GMU) on January, 10, 2020
- Was scheduled to present to social work students at Virginia Commonwealth University (VCU) on March 24, 2020. Event has been canceled due to Covid 19 pandemic.

Election of Officers:

- Pursuant to the Virginia Board of Social Work By-laws

D. Election of Officers

1. *The Nomination Committee shall present a slate of officers for Chairman and Vice-Chairman at the meeting scheduled prior to July 1. The election of officers shall occur at the first scheduled Board meeting following July 1 of each year, and elected officers shall assume their duties at the end of the meeting.*
 2. *Officers shall be elected at a meeting of the Board with a quorum present.*
 3. *The Chairperson shall ask for additional nominations from the floor by office.*
 4. *Voting shall be by voice vote, roll call, or show of hands. A simple majority shall prevail with the current Chairperson casting a vote only to break a tie.*
 5. *Special elections shall be held in the same manner in the event of a vacancy of a position to fill the unexpired term.*
 6. *The election shall occur in the following order: Chairperson, Vice-Chairperson.*
 7. *All officers shall be elected for a term of one year, and may serve no more than two consecutive terms.*
- At the June 2018 Board Meeting, John Salay was elected Chairperson and Dolores Paulson was elected Vice-Chairperson
 - Nomination Committee will need to present a slate of officers for Chairman and Vice-Chairman at the Board Meeting currently scheduled for June 5, 2020.
 - Election of officers will need to occur at the Board Meeting currently scheduled for September 25, 2020.

2021 Meeting Dates:

RECOMMENDATIONS FROM THE REGULATORY COMMITTEE

Part V. Standards of Practice.

18VAC140-20-150. Professional conduct.

D. In regard to dual relationships, persons licensed by the board shall:

1. Not engage in a dual relationship with a client or a supervisee that could impair professional judgment or increase the risk of exploitation or harm to the client or supervisee. (Examples of such a relationship include familial, social, financial, business, bartering, or a close personal relationship with a client or supervisee.) Social workers shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs.

2. Not have any type of romantic relationship or sexual intimacies with a client or those included in collateral therapeutic services, and not provide services to those persons with whom they have had a romantic or sexual relationship. Social workers shall not engage in romantic relationship or sexual intimacies with a former client within a minimum of five years after terminating the professional relationship. Social workers who engage in such a relationship after five years following termination shall have the responsibility to examine and document thoroughly that such a relationship did not have an exploitive nature, based on factors such as duration of therapy, amount of time since therapy, termination circumstances, client's personal history and mental status, adverse impact on the client. A client's consent to, initiation of or participation in sexual behavior or involvement with a social worker does not change the nature of the conduct nor lift the regulatory prohibition.

3. Not engage in any romantic or sexual relationship or establish a therapeutic relationship with a current supervisee or student. Social workers shall avoid any nonsexual dual relationship with a supervisee or student in which there is a risk of exploitation or potential harm to the supervisee or student, or the potential for interference with the supervisor's professional judgment.

4. Recognize conflicts of interest and inform all parties of the nature and directions of loyalties and responsibilities involved.

5. Not engage in a personal relationship with a former client in which there is a risk of exploitation or potential harm or if the former client continues to relate to the social worker in his professional capacity.

6. Not engage in physical contact (such as cradling, caressing, kissing, and groping) with a client when there is a likelihood of psychological harm to the client. Social Workers who engage in physical contact are responsible for setting clear and culturally sensitive boundaries.

RECOMMENDATIONS FROM THE REGULATORY COMMITTEE

7. Not sexually harass clients. Sexual harassment includes sexual advances; sexual solicitation; requests for sexual favors; and other verbal written, electronic, or physical contact of a sexual nature.

E. Upon learning of evidence that indicates a reasonable probability that another mental health provider is or may be guilty of a violation of standards of conduct as defined in statute or regulation, persons licensed by the board shall advise their clients of their right to report such misconduct to the Department of Health Professions in accordance with § 54.1-2400.4 of the Code of Virginia.

RECOMMENDATIONS FROM THE REGULATORY COMMITTEE

18VAC140-20-51. Requirements for licensure by examination as an LBSW or LMSW.

A. In order to be approved to sit for the board-approved examination as an LBSW or an LMSW, an applicant shall:

1. Meet the education requirements prescribed in 18VAC140-20-60.
2. Submit a completed application to the board office to include:
 - a. The application fee prescribed in 18VAC140-20-30; and
 - b. Official transcripts submitted from the appropriate institutions of higher education.

B. In order to be licensed by examination as an LBSW or an LMSW, an applicant shall:

1. Meet the requirements prescribed in 18VAC140-20-60; and
2. Submit, in addition to the application requirements of subsection A of this section, the following:
 - a. Verification of a passing score on the board-approved national examination;
 - b. Documentation of any other health or mental health licensure or certification, if applicable; and
 - c. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

~~3. For licensure as a LBSW, submit documentation, on the appropriate forms, of the successful completion of the supervised experience requirements of 18VAC140-20-60 along with documentation of the supervisor's out of state license where applicable. An applicant, whose former supervisor is deceased or whose whereabouts is unknown, shall submit to the board a notarized affidavit from the present chief executive officer of the agency, corporation, or partnership in which the applicant was supervised. The affidavit shall specify dates of employment, job responsibilities, supervisor's name and last known address, and the total number of hours spent by the applicant with the supervisor in face-to-face supervision.~~

RECOMMENDATIONS FROM THE REGULATORY COMMITTEE

18VAC140-20-45. Requirements for licensure by endorsement.

A. Every applicant for licensure by endorsement shall submit in one package:

1. A completed application and the application fee prescribed in 18VAC140-20-30.
2. Documentation of active social work licensure in good standing obtained by standards required for licensure in another jurisdiction as verified by the out-of-state licensing agency. Licensure in the other jurisdiction shall be of a comparable type as the licensure that the applicant is seeking in Virginia.
3. Verification of a passing score on a board-approved national exam at the level for which the applicant is seeking licensure in Virginia.
4. Documentation of any other health or mental health licensure or certification, if applicable.
5. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

~~6. Verification of:~~

~~a. Active practice at the level for which the applicant is seeking licensure in another United States jurisdiction for 24 out of the past 60 months;~~

~~b. Active practice in an exempt setting at the level for which the applicant is seeking licensure for 24 out of the past 60 months; or~~

~~c. Evidence of supervised experience requirements substantially equivalent to those outlined in 18VAC140-20-50 A 2 and A 3.~~

~~7.6. Certification that the applicant is not the respondent in any pending or unresolved board action in another jurisdiction or in a malpractice claim.~~

B. If an applicant for licensure by endorsement has not passed a board-approved national examination at the level for which the applicant is seeking licensure in Virginia, the board may approve the applicant to sit for such examination.

RECOMMENDATIONS FROM THE REGULATORY COMMITTEE

18VAC140-20-110. Late renewal; reinstatement; reactivation.

A. An LBSW, LMSW, or clinical social worker whose license has expired may renew that license within one year after its expiration date by:

1. Providing evidence of having met all applicable continuing education requirements.
2. Paying the penalty for late renewal and the renewal fee as prescribed in 18VAC140-20-30.

B. An LBSW, LMSW, or clinical social worker who fails to renew the license after one year and who wishes to resume practice shall apply for reinstatement and pay the reinstatement fee, which shall consist of the application processing fee and the penalty fee for late renewal, as set forth in 18VAC140-20-30. An applicant for reinstatement shall also provide:

1. Documentation of having completed all applicable continued competency hours equal to the number of years the license has lapsed, not to exceed four years;
2. Documentation of any other health or mental health licensure or certification held in another United States jurisdiction, if applicable; and
3. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank.

~~C. In addition to requirements set forth in subsection B of this section, an applicant for reinstatement whose license has been lapsed for 10 or more years shall also provide evidence of competency to practice by documenting:~~

- ~~1. Active practice in another United States jurisdiction for at least 24 out of the past 60 months immediately preceding application;~~
- ~~2. Active practice in an exempt setting for at least 24 out of the past 60 months immediately preceding application; or~~
- ~~3. Practice as a supervisee under supervision for at least 360 hours in the 12 months immediately preceding reinstatement of licensure in Virginia. The supervised practice shall include a minimum of 60 hours of face-to-face direct client contact and nine hours of face-to-face supervision.~~

D. An LBSW, LMSW, or clinical social worker wishing to reactivate an inactive license shall submit the difference between the renewal fee for active licensure and the fee for inactive licensure renewal and document completion of continued competency hours equal to the number of years the license has been inactive, not to exceed four years. ~~An applicant for reactivation who has been inactive for 10 or more years shall also provide evidence of competency to practice by documenting:~~

RECOMMENDATIONS FROM THE REGULATORY COMMITTEE

1. Active practice in another United States jurisdiction for at least 24 out of the past 60 months immediately preceding application;
2. Active practice in an exempt setting for at least 24 out of the past 60 months immediately preceding application; or
3. Practice as a supervisee under supervision for at least 360 hours in the 12 months immediately preceding reactivation of licensure in Virginia. The supervised practice shall include a minimum of 60 hours of face-to-face direct client contact and nine hours of face-to-face supervision.

RECOMMENDATIONS FROM THE REGULATORY COMMITTEE

18VAC140-20-50. Experience requirements for a licensed clinical social worker.

A. Supervised experience. Supervised post-master's degree experience without prior written board approval will not be accepted toward licensure, except supervision obtained in another United States jurisdiction may be accepted if it met the requirements of that jurisdiction.

1. Registration. An individual who proposes to obtain supervised post-master's degree experience in Virginia shall, prior to the onset of such supervision, or whenever there is an addition or change of supervised practice, supervisor, clinical social work services or location:

a. Register on a form provided by the board and completed by the supervisor and the supervised individual; and

b. Pay the registration of supervision fee set forth in 18VAC140-20-30.

2. Hours. The applicant shall have completed a minimum of 3,000 hours of supervised post-master's degree experience in the delivery of clinical social work services and in ancillary services that support such delivery. A minimum of one hour and a maximum of four hours of face-to-face supervision shall be provided per 40 hours of work experience for a total of at least 100 hours. No more than 50 of the 100 hours may be obtained in group supervision, nor shall there be more than six persons being supervised in a group unless approved in advance by the board. The board may consider alternatives to face-to-face supervision if the applicant can demonstrate an undue burden due to hardship, disability or geography.

a. Supervised experience shall be acquired in no less than two nor more than four consecutive years.

b. Supervisees shall obtain throughout their hours of supervision a minimum of 1,380 hours of supervised experience in face-to-face client contact in the delivery of clinical social work services. The remaining hours may be spent in ancillary services supporting the delivery of clinical social work services.

3. An individual who does not complete the supervision requirement after four consecutive years of supervised experience may request an extension of up to 12 months. The request for an extension shall include evidence that demonstrates extenuating circumstances that prevented completion of the supervised experience within four consecutive years.

B. Requirements for supervisors.

RECOMMENDATIONS FROM THE REGULATORY COMMITTEE

1. The supervisor shall hold an active, unrestricted license as a licensed clinical social worker in the jurisdiction in which the clinical services are being rendered with at least two years of post-licensure clinical social work experience. The board may consider supervisors with commensurate qualifications if the applicant can demonstrate an undue burden due to geography or disability or if supervision was obtained in another United States jurisdiction.
2. The supervisor shall have received professional training in supervision, consisting of a three credit-hour graduate course in supervision or at least 14 hours of continuing education offered by a provider approved under 18VAC140-20-105. The graduate course or hours of continuing education in supervision shall be obtained by a supervisor within five years immediately preceding registration of supervision.
3. The supervisor shall not provide supervision for a family member or provide supervision for anyone with whom he has a dual relationship.
4. The board may consider supervisors from jurisdictions outside of Virginia who provided clinical social work supervision if they have commensurate qualifications but were either (i) not licensed because their jurisdiction did not require licensure or (ii) were not designated as clinical social workers because the jurisdiction did not require such designation.

C. Responsibilities of supervisors. The supervisor shall:

1. Be responsible for the social work activities of the supervisee as set forth in this subsection once the supervisory arrangement is accepted;
2. Review and approve the diagnostic assessment and treatment plan of a representative sample of the clients assigned to the applicant during the course of supervision. The sample should be representative of the variables of gender, age, diagnosis, length of treatment and treatment method within the client population seen by the applicant. It is the applicant's responsibility to assure the representativeness of the sample that is presented to the supervisor;
3. Provide supervision only for those social work activities for which the supervisor has determined the applicant is competent to provide to clients;
4. Provide supervision only for those activities for which the supervisor is qualified by education, training and experience;
5. Evaluate the supervisee's knowledge and document minimal competencies in the areas of an identified theory base, application of a differential diagnosis, establishing and monitoring a treatment plan, development and appropriate use of the professional relationship, assessing the

RECOMMENDATIONS FROM THE REGULATORY COMMITTEE

client for risk of imminent danger, understanding the requirements of law for reporting any harm or risk of harm to self or others, and implementing a professional and ethical relationship with clients;

6. Be available to the applicant on a regularly scheduled basis for supervision;

7. Maintain documentation, for five years post-supervision, of which clients were the subject of supervision; and

8. Ensure that the board is notified of any change in supervision or if supervision has ended or been terminated by the supervisor.

D. Responsibilities of supervisees.

1. Supervisees may not directly bill for services rendered or in any way represent themselves as independent, autonomous practitioners, or licensed clinical social workers.

2. During the supervised experience, supervisees shall use their names and the initials of their degree, and the title "Supervisee in Social Work" in all written communications.

3. Clients shall be informed in writing of the supervisee's status and the supervisor's name, professional address, and phone number.

4. Supervisees shall not supervise the provision of clinical social work services provided by another person.

5. While providing clinical social work services supervisee shall remain under Board approved supervision until licensed in Virginia as a licensed clinical social worker.

RECOMMENDATIONS FROM THE REGULATORY COMMITTEE

18VAC140-20-10. Definitions.

A. The following words and terms when used in this chapter shall have the meanings ascribed to them in § 54.1-3700 of the Code of Virginia:

Baccalaureate social worker

Board

Casework

Casework management and supportive services

Clinical social worker

Master's social worker

Practice of social work

Social worker

B. The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Accredited school of social work" means a school of social work accredited by the Council on Social Work Education.

"Active practice" means post-licensure practice at the level of licensure for which an applicant is seeking licensure in Virginia and shall include at least 360 hours of practice in a 12-month period.

"Ancillary services" means activities such as case management, recordkeeping, referral, and coordination of services.

"Clinical course of study" means graduate course work that includes specialized advanced courses in human behavior and the social environment, social justice and policy, psychopathology and diversity issues; research; clinical practice with individuals, families, and groups; and a clinical practicum that focuses on diagnostic, prevention and treatment services.

"Clinical social work services" include the application of social work principles and methods in performing assessments and diagnoses based on a recognized manual of mental and emotional disorders or recognized system of problem definition, preventive and early intervention services and treatment services, including psychosocial interventions, psychotherapy and counseling for mental disorders, substance abuse, marriage and family dysfunction, and problems caused by social and psychological stress or health impairment.

"Supervisory contract" means an agreement that outlines the expectations and responsibilities of the supervisor and resident in accordance with regulations of the board.

RECOMMENDATIONS FROM THE REGULATORY COMMITTEE

"Exempt practice" is that which meets the conditions of exemption from the requirements of licensure as defined in § 54.1-3701 of the Code of Virginia.

"Face-to-face supervision" means the physical presence of the individuals involved in the supervisory relationship during either individual or group supervision or the use of technology that provides real-time, visual contact among the individuals involved.

"LBSW" means a licensed baccalaureate social worker.

"LMSW" means a licensed master's social worker.

"Nonexempt practice" is that which does not meet the conditions of exemption from the requirements of licensure as defined in § 54.1-3701 of the Code of Virginia.

"Supervisee" means an individual who has submitted a supervisory contract and has received board approval to provide clinical services in social work under supervision.

"Supervision" means a professional relationship between a supervisor and supervisee in which the supervisor directs, monitors and evaluates the supervisee's social work practice while promoting development of the supervisee's knowledge, skills and abilities to provide social work services in an ethical and competent manner.

Virginia Board of Social Work

Content for Training on Supervision for Clinical Social Work

Introduction:

Regulations Governing the Practice of Social Work (Section 18VAC 140-20-50.C.) apply specifically to those practitioners who provide supervision to social workers who intend to apply for clinical licensure in the Commonwealth of Virginia.

The requirement states that supervisors must have 14 hours of continuing education in supervision or a three-hour graduate level course in supervision. A supervisor must renew the training every five years. This requirement recognizes the essential role good supervision plays in the training and mentoring of Social Workers desiring licensure. The supervisory role has a set of unique knowledge and skills that can be articulated and taught.

Content domains for training:

To clarify the supervisory training, the Board has reviewed a number of existing courses and an updated study produced by the Association of Social Work Boards (ASWB) in collaboration with the National Association of Social Workers (NASW) in 2013. The Board recommends a Clinical Supervision Course address the following seven Domains:

- Context of Supervision
 - Understanding Scope of Practice
 - Communities of Practice
 - Interdisciplinary Supervision
 - Cultural Awareness and Cross-Cultural Supervision
 - Dual Supervision and Conflict Resolution
 - Parallel Process
 - Theories of Supervision
- Conduct of Supervision
 - Confidentiality
 - Contracting for Supervision
 - Leadership and Role Model
 - Competency
 - Supervisory Signing Off
 - Self-Care
- Legal and Regulatory Issues
 - Liability
 - Regulations
 - Documentation
 - Other Legal Concerns

- Ethical Issues
 - Ethical Decision Making
 - Boundaries
 - Self-Disclosure
 - Attending to Safety
 - Alternative Practice
- Technology
 - Distance Supervision
 - Risk Management
- Evaluation and Outcomes
- Termination

The ASWB and NASW study enumerates each of these competencies in each of these areas. The total study can be secured at <https://members.aswb.org/best-practices/supervision-resources/> and at <https://www.socialworkers.org/LinkClick.aspx?fileticket=GBrLb14BuwI%3D&portalid=0>.

Additional knowledge content:

A course should also incorporate knowledge of the following:

- The Virginia Board of Social Work Regulations, particularly:
 1. Supervision, supervisory responsibilities, and requirements
 2. Regulations on the standards of practice
- The Social Work Code of Ethics (NASW of the Clinical Social Work Association)

Teachers/Trainers for a course in supervision:

Teachers/Trainers should instruct persons taking a course in supervision in the competencies as outlined in accordance with acceptable teaching practices to include but not limited to: the didactic method, discussion, role play, the distribution of relevant readings. Teachers/Trainers should be clinicians with supervisory experience and knowledge of theory and practice in the art of supervision.

**THE VIRGINIA BOARD OF SOCIAL WORK
REGULATORY COMMITTEE MEETING MINUTES**

Thursday, March 12, 2020

The Regulatory Committee of the Virginia Board of Social Work ("Committee") convened a meeting at 1:00 p.m. on Thursday, March 12, 2020 at the Department of Health Professions, 9960 Mayland Drive, Henrico Virginia, in Board Room 4.

PRESIDING OFFICER: Joseph Walsh, L.C.S.W., Ph.D., Committee Chair

COMMITTEE MEMBERS PRESENT: Michael Hayter, L.C.S.W., C.S.A.C.
Gloria Manns, L.C.S.W.
Dolores Paulson, L.C.S.W., Ph.D.
John Salay, L.C.S.W.

COMMITTEE MEMBERS ABSENT: Maria Eugenia del Villar, L.C.S.W.

BOARD STAFF PRESENT: Latasha Austin, Licensing Manager
Jaime Hoyle, Executive Director
Jennifer Lang, Deputy Executive Director- Discipline
Charlotte Lenart, Deputy Executive Director- Licensing

OTHERS PRESENT: Elaine Yeatts, Senior Policy Analyst, Department of Health Professions

IN THE AUDIENCE: Sue Klaus, Department of Medical Assistance Services (DMAS)
Joseph G. Lynch, L.C.S.W., Virginia Society for Clinical Social Work
Nick Tomlinson
Alexandra Weinstein

CALL TO ORDER:
Dr. Walsh called the meeting to order at 1:01 p.m.

ROLL CALL/ESTABLISHMENT OF A QUORUM:
Dr. Walsh requested a roll call. Ms. Austin announced that five members of the Committee were present; therefore, a quorum was established.

MISSION STATEMENT:
Dr. Walsh read the mission statement of the Department of Health Professions, which is also the mission statement of the Committee and Board.

EMERGENCY EGRESS:
Dr. Walsh announced the Emergency Egress procedures.

ADOPTIONS OF AGENDA:
Upon a motion by Mr. Hayter, which was properly seconded by Ms. Manns, the Committee unanimously adopted the agenda as received.

APPROVAL OF MINUTES:
Upon a motion by Dr. Paulson, which was properly seconded by Mr. Salay, the meeting minutes from the Regulatory Committee Meeting held on December 5, 2019 were approved as written. The motion passed unanimously.

PUBLIC COMMENT:
There was no public comment.

LEGISLATION & REGULATORY REPORT:

Ms. Yeatts briefly reviewed the Chart of Regulatory Actions and 2020 General Assembly Reports provided in the meeting packet with the Committee. Ms. Yeatts informed the Committee that she would be providing a full detail report at the Board Meeting being held tomorrow, March 13, 2020.

Ms. Yeatts also informed the Committee that the provision in 18VAC140-20-51(B)(3) requiring documentation of supervised experience for LBSWs was inadvertently left in the regulation. The requirement for supervised experience for LBSW licensure that was previously specified in section 18VAC140-20-60 was deleted as of March 5, 2020. Documentation of supervised experience is not required as of March 5, 2020.

Motion: A motion was made by Dr. Paulson, which was properly seconded by Mr. Salay, to recommend to the Full Board by Fast Track Action to amend section 18VAC140-20-51 of the Regulations Governing the Practice of Social Work by deleting subsection (B)(3) that states the following:

For licensure as a LBSW, submit documentation, on the appropriate forms, of the successful completion of the supervised experience requirements of 18VAC140-20-60 along with documentation of the supervisor's out-of-state license where applicable. An applicant, whose former supervisor is deceased or whose whereabouts is unknown, shall submit to the board a notarized affidavit from the present chief executive officer of the agency, corporation, or partnership in which the applicant was supervised. The affidavit shall specify dates of employment, job responsibilities, supervisor's name and last known address, and the total number of hours spent by the applicant with the supervisor in face-to-face supervision.

The motion passed unanimously.

UNFINISHED BUSINESS:

- *Supervisor Registry Update*

The Committee revisited discussion regarding a supervisor registry. Ms. Lenart informed the Committee that after consultation with Board Counsel, the Board of Social Work would be able to post a Supervisor Registry if the supervisor signs documentation agreeing to be on the Registry and if the Registry only posts public information. Ms. Lenart informed the Committee of the issues that would occur. Current regulations state that the supervision training must occur 5 years immediately preceding the registration of supervision application. It should be noted that the regulations do not state that training needs to occur every 5 years, but needs to be completed 5 years prior to a supervisee submitting an application for registration of supervision. While the database system used is set up to capture the approval date and expiration date of a supervisor, if the supervisor has multiple training the expiration date would need to be five years from the date of the oldest training certificate:

For example: A supervisor took four trainings to meet the 14-hour requirement. (In August 2015 they completed 7 hours; January 2016 they completed 2 hours; March 2016 they completed 3 hours; April 2017 they completed 2 hours) In this example, the expiration date of the supervision training would be August 2020. Board staff would have to continually update the list as they took additional hours to meet the requirements.

Ms. Lenart also informed the Committee that while the registry would be beneficial to the supervisors, supervisee and applicants it would require Board staff to consistently update the registry, which would require additional time and resources on already limited staff. In addition, the supervisor would need to complete a supervisor application, provide attestation to 2 years of post-licensure clinical social work experience, copy of their supervisor-training certificate (s) and authorization to post their name on a registry. The registry would simply be an excel spreadsheet until such time the Department of Health Professions could develop a more intuitive system to search for a supervisor.

Ms. Lenart discussed with the Committee as an alternative, the Board could amend the regulations in such a way that requires that a supervisor complete initial training. After such initial training, the supervisor would then be required to completed supervision training each renewal. It was discussed that this alternative would cause an increase in licensees that would have to be audited following renewal.

Motion: A motion was made by Mr. Salay, which was properly seconded by Dr. Paulson, to recommend staff create a supervisor registry. The motion passed unanimously.

- *Expanding upon the Board's Standards of Practice*

At the last meeting, the Committee discussed the Board's Standards of Practice and the need for clarification and expansion to what could be considered boundary issues and violations. Dr. Walsh and Dr. Paulson brought forth to the Committee the following suggested additions to 18VAC140-20-150 (D) of the Regulations Governing the Practice of Social Work:

#6. Not engage in physical contact (such as cradling, caressing, kissing, and groping) with a client when there is a possibility of psychological harm to the client. Social Workers who engage in physical contact are responsible for setting clear and culturally sensitive boundaries.

#7. Not sexually harass clients. Sexual harassment includes sexual advances; sexual solicitation; request for sexual favors; and other verbal written, electronic, or physical contact of a sexual nature.

Motion: Upon a motion by Dr. Paulson, which was properly seconded by Dr. Walsh, to recommend to the Full Board to add #6 to the Standards of Practice in the Regulations but deleting possibility of psychological harm... and adding likelihood of psychological harm... The motion passed unanimously.

Motion: Upon a motion by Mr. Salay, which was properly seconded by Dr. Paulson, to recommend to the Full Board to add #7 to the Standards of Practice in the Regulations. The motion passed unanimously.

Motion: Upon a motion by Dr. Paulson, which was properly seconded by Dr. Walsh, to recommend to the Full Board to add #8 to the Standards of Practice in the Regulations. Five members of the Committee opposed the motion. The motion failed and the recommendation will not move forward to the Full Board.

- *LMSW Discussion*

Ms. Hoyle discussed with the Committee whether the definition for a Master's Social Worker should be revised. Pursuant to Chapter 37 of Title 54.1 of the Code the Virginia, the current definition is as follows:

"Master's social worker" means a person who engages in the practice of social work and provides non-clinical, generalist services, including staff supervision and management.

Motion: Upon a motion by Mr. Salay, which was properly seconded by Dr. Walsh, to recommend to the Full Board that the definition for Master's Social Worker be changed removing non-clinical from the definition and use the Association of Social Work Boards Model Social Work Practice Act as a guideline for a new definition. The motion passed with four members in favor of the motion and one in opposed of the motion.

Ms. Yeatts suggested to the Committee to wait until the Senate Joint Resolution No. 49 for a study for the need for additional micro-level, mezzo-level and macro-level social workers and increased compensation of such social workers in the Commonwealth be completed first before processing with this recommendation.

NEW BUSINESS:

- *Guidance Document 140-9: Content for Training on Supervision for Clinical Social Work*

The Committee discussed the content of the supervision training supervisors are receiving to meet the requirement to be a Board approved supervisor. Committee members were concerned that the information being provided in the trainings are outdated and are not referring to the current Virginia Laws and Regulations Governing the Practice in Social Work. The Committee further discussed developing its own supervision training and offerings online or through a webinar. It was also suggested that some type of question and answer section be developed to include in the training related to current Laws and Regulations Governing the Practice of Social Work. Mr. Salay agreed to work on putting together content for training. After discussion, it was suggested that Parallel Process and Theories of Supervision be added to Guidance Document 140-9 under Context of Supervision.

Motion: A motion was made by Dr. Paulson, which was properly seconded by Dr. Walsh, to adopt Guidance Document 140-9 with the additions of adding Parallel Process and Theories of Supervision to the document under Context of Supervision.

- *Review of Endorsement Requirements for Each License Type*

Ms. Hoyle revisited Senate Bill No. 53 provided in the meeting agenda packet with the Committee directing the Board of Social Work to pursue the establishment of a reciprocal agreement with other jurisdictions. Virginia currently does not have reciprocity with any other jurisdictions, but offers licensure by endorsement. Ms. Hoyle reviewed with the Committee the current endorsement requirements for LBSWs, LMSWs and LCSWs. Ms. Hoyle also discussed the state comparisons for licensure. A chart was provided in the meeting agenda packet for review. Ms. Hoyle discussed with the Committee what the reciprocal agreement could potentially look like and discussed issues with current endorsement provisions that could be burdensome to LBSWs and LMSWs. Suggested changes would be provided later in the meeting.

Dr. Walsh left the meeting at 4:00pm and Dr. Paulson presided over the remainder of the meeting as chair in his absence.

- *Pathways to reduce the Add/Change requirements for supervision and make them more efficient*

Ms. Lenart discussed with the Committee changes staff have made to the Add/Change process to make it more efficient. Changes included eliminating non-essential data collected during the online application process, eliminating the request for their worksite address on the application and only requesting it on the supervision form, eliminating some of the practicum information requested, separating the initial and add/change instruction pages so that an applicant only needs to review the instructions for that specific application, and all the supplemental forms are now fillable PDF documents.

In order to streamline and make the add/change application process more efficient, Ms. Lenart also suggested that the Board would need to identify if the change in the following areas require a new application and/or fee:

- Addition or change to supervised practice
- Addition or change in supervisor
- Addition or change to clinical social work services
- Addition or change in location

Currently, any change in supervision would require an application and fee pursuant to 18VAC140-20-50(A)(1) of the current regulations, which state the following:

1. Registration. An individual who proposes to obtain supervised post-master's degree experience in Virginia shall, prior to the onset of such supervision, or whenever there is an addition or change of supervised practice, supervisor, clinical social work services or location:

a. Register on a form provided by the board and completed by the supervisor and the supervised individual; and

b. Pay the registration of supervision fee set forth in 18VAC140-20-30.

Ms. Lenart also posed the question to the Committee if they needed to know the worksite if where the supervisee is working? If so, she suggested a one page form could possibly be used that would be signed by both the supervisee and supervisor. She also advised the Committee that this process would not require a fee from the applicant, but would still require staff time to input changes, update the system and notify the applicant and supervisor. She also notes that the Board of Counseling does not require an application for an add/change of worksite, but does require the supervisor and resident to have a current supervisory contract in place that spells out the responsibilities for each before the resident can start counting hours toward licensure.

Dr. Paulson suggested adding to the responsibilities of a supervisee that while providing clinical social work services they have to remain under Board approved supervision until licensed in Virginia as a LCSW. It was also suggested that supervisory contract be defined in the Regulations and a sample contract be made available.

Motion: A motion was made by Mr. Salay, which was properly seconded by Mr. Hayter, to recommend to the Full Board to amend 18VAC140-20-50(A)(1) by eliminating supervised practice, clinical social work services or location.

Ms. Lenart also posed the question to the Committee if a supervisee could use virtual telehealth platforms to screen, assess and intervene with clients while they are under Board approved supervision, as the Guidance document on technology-assisted therapy does not address this question. It was suggested that this be discussed at the next Regulatory Committee

Meeting along with Face-to-Face for supervisees and the Guidance document only address Face-to-face for licensees.

- *Loopholes within the Supervision Timeline*

Ms. Lenart and Ms. Austin discussed with the Committee the loopholes within the supervision timeline. They reviewed with the Committee that pursuant to current laws and regulations, in order to provide clinical social work services in a non-exempt setting, an individual must hold an active LCSW license in Virginia or be under Board approved supervision. The supervised experience expires after 4 years unless they request a 12 month extension. They informed the Committee that the current issues with this are that once a supervisee has been approved to sit for the exam, are they still required to meet all the supervised experience requirements, such as meeting once a week with their supervisor? Also, once a supervisee has been approved to sit for the examination, they are given two years to sit and pass the exam. During this time they are still required to be under Board approved supervision in order to provided clinical social work services.

Ms. Lenart and Ms. Austin suggested that the Board needs to decide how staff should address extensions in supervision for those approved to sit for the exam, as the process to stay under supervision is very confusing for the public and Board staff. Supervisees are not aware they need to be granted and extension or apply for add add/change or initial supervision after they are approved to sit for the exam.

- ❖ Should they automatically be aligned with the approval deadline to pass the exam?
- ❖ Should the supervisee be required to submit a request for an extension in supervision? What if the supervisor or worksite is different from what was approved?
- ❖ Should the supervisee be required to submit a new online application and supplemental documentation? Should it be an initial application or add/change?
- ❖ What if they let their supervision approval expire? For instance, they submit an application for LCSW by Examination after they approval for supervision has expired?

Board staff are suggesting the Board consider the following changes:

- ❖ Allow the supervisee the option of taking the exam during their supervised experience so that they can immediately be considered for an LCSW once they pass the exam and complete their supervised experience and apply for licensure; or
- ❖ Change the regulations to state that the supervisee must complete all the supervised experience and pass the exam within X years. The applicant would not submit an application to sit for the exam but would submit an application for licensure once they meet the minimum requirements; or
- ❖ Increase the supervised experience approval time from 4 years to 6 years to allow applicants time to finish their supervised experience, submit their application to sit for the exam and pass the exam; or
- ❖ Give every applicant an extension to match their exam expiration date. This would require the Board asking the applicant where they are working and under whose supervision in order to update the database system.

- *Regulation Changes to Consider*

Board staff posed to the Committee to recommend the Board consider the following Regulation changes:

1. Consider eliminating 18VAC140-20-51(B)(3) which states:

For licensure as a LBSW, submit documentation, on the appropriate forms, of the successful completion of the supervised experience requirements of 18VAC140-20-60 along with documentation of the supervisor's out-of-state license where applicable. An applicant, whose former supervisor is deceased or whose whereabouts is unknown, shall submit to the board a notarized affidavit from the present chief executive officer of the agency, corporation, or partnership in which the applicant was supervised. The affidavit shall specify dates of employment, job responsibilities, supervisor's name and last known address, and the total number of hours spent by the applicant with the supervisor in face-to-face supervision.

This recommendation was already addressed in Ms. Yeatts Regulatory report.

2. Consider amending 18VAC140-20-45(A)(6) which states:

Verification of:

- a. *Active practice at the level for which the applicant is seeking licensure in another United States jurisdiction for 24 out of the past 60 months;*
- b. *Active practice in an exempt setting at the level for which the applicant is seeking licensure for 24 out of the past 60*

months; or

c. Evidence of supervised experience requirements substantially equivalent to those outlined in 18VAC140-20-50 A 2 and A 3.

These endorsement requirements are burdensome for LBSWs and LMSWs as supervised experience is not required for these license types in Virginia. Consider amending this section to make this requirement specifically **only** for LCSWs.

Motion: A motion was made by Mr. Salay, which was properly seconded by Ms. Manns, to recommend to the Full Board to delete 18VAC140-20-45(A)(6) as a requirement for endorsement by Fast Track Action.

3. Consider amending the evidence of competency to practice section of 18VAC140-20-110(C) and (D) which states: C. In addition to requirements set forth in subsection B of this section, an applicant for reinstatement whose license has been lapsed for 10 or more years shall also provide evidence of competency to practice by documenting:

1. Active practice in another United States jurisdiction for at least 24 out of the past 60 months immediately preceding application;

2. Active practice in an exempt setting for at least 24 out of the past 60 months immediately preceding application; or

3. Practice as a supervisee under supervision for at least 360 hours in the 12 months immediately preceding reinstatement of licensure in Virginia. The supervised practice shall include a minimum of 60 hours of face-to-face direct client contact and nine hours of face-to-face supervision.

D. An LBSW, LMSW, or clinical social worker wishing to reactivate an inactive license shall submit the difference between the renewal fee for active licensure and the fee for inactive licensure renewal and document completion of continued competency hours equal to the number of years the license has been inactive, not to exceed four years. An applicant for reactivation who has been inactive for 10 or more years shall also provide evidence of competency to practice by documenting:

1. Active practice in another United States jurisdiction for at least 24 out of the past 60 months immediately preceding application;

2. Active practice in an exempt setting for at least 24 out of the past 60 months immediately preceding application; or

3. Practice as a supervisee under supervision for at least 360 hours in the 12 months immediately preceding reactivation of licensure in Virginia. The supervised practice shall include a minimum of 60 hours of face-to-face direct client contact and nine hours of face-to-face supervision.

The competency to practice for reinstatement and inactive to active licensure are burdensome for LBSWs and LMSWs as supervised experience is not required for these license types in Virginia. Consider amending this section to make this requirement specifically **only** for LCSWs.

Motion: A motion was made by Mr. Salay, which was properly seconded by Mr. Hayter, to recommend to the Full Board to delete all of 18VAC140-20-110(C) and delete (D)(1),(2)(3) as a requirement by Fast Track Action.

NEXT MEETING:

Dr. Paulson announced that the next Regulatory Committee Meeting would occur on June 4, 2020 at 1:00pm.

ADJOURNMENT:

Dr. Paulson adjourned the March 12, 2020 Regulatory Committee meeting at 4:50p.m.

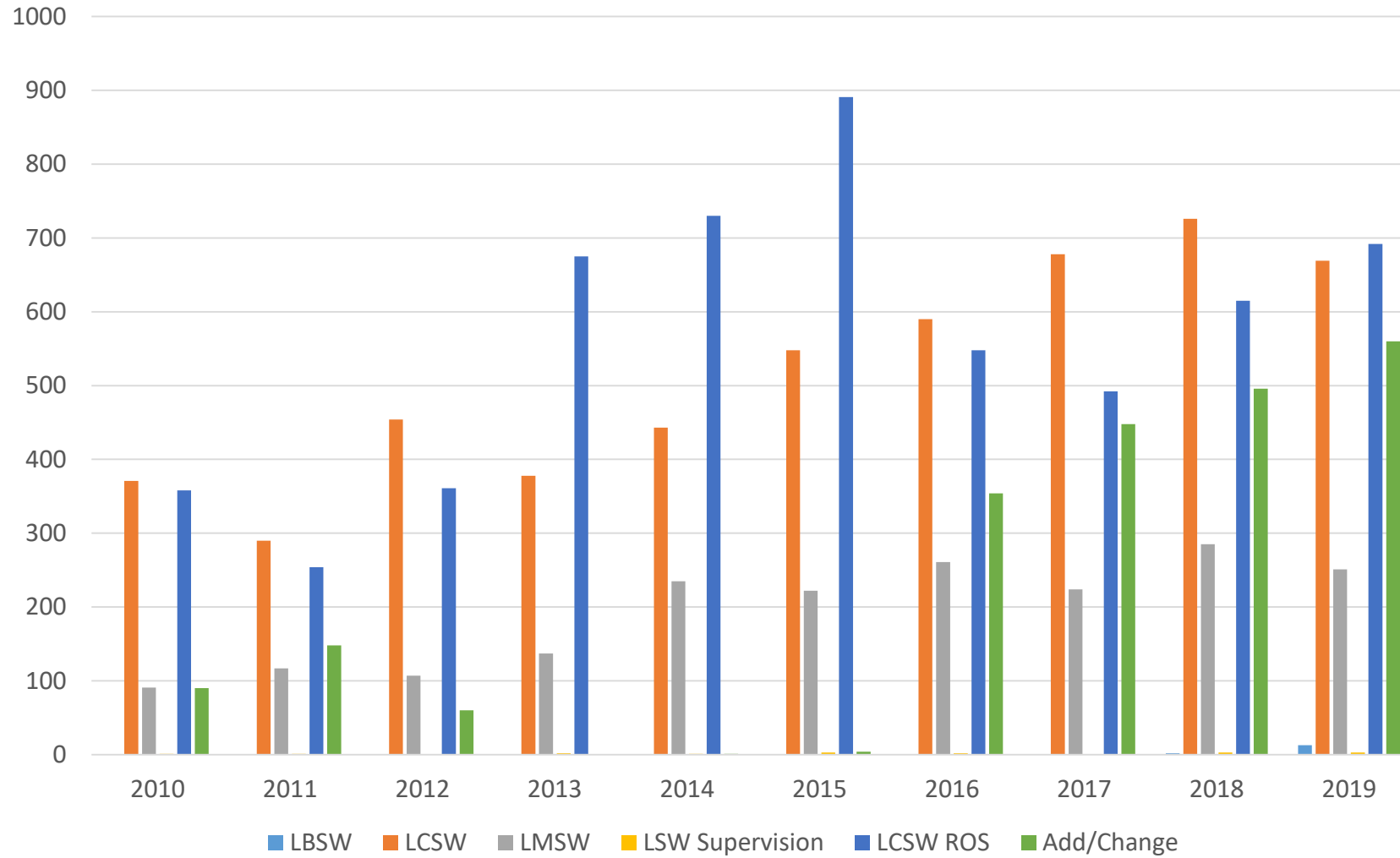
Joseph Walsh, L.C.S.W., Ph.D., Committee Chair

Jaime Hoyle, Executive Director

Board of Social Work Applications Year to Year

	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010
Social Work										
LBSW	13	2	0	0	0	0	0	0	0	0
LCSW	713	726	678	590	548	443	378	454	290	371
LMSW	270	285	224	261	222	235	137	107	117	91
LSW										
LSW Supervision	4	3	0	2	3	1	2	0	1	1
LCSW ROS										
Initial	730	615	492	548	891	730	675	361	254	358
Add/Change	611	496	448	354	4	1	0	60	148	90
Total	1341	1111	940	902	895	731	675	421	402	448
Total	2341	2127	1842	1755	1668	1410	1192	982	810	911

Social Work Applications By Year



Applications Received by Type and Subtype	January Totals	February Totals	March Totals	April Totals	May Totals	June Totals	July Totals	August Totals	Year to Date Totals
Registrations									
LCSW Supervisee	61	33	35	25	43	60	60	62	379
LSW Supervisee	9	0	9	0	0	0	0	0	18
Add/Change Supervision LCSW	50	81	39	33	37	39	39	43	361
Add/Change Supervision LSW	0	16	0	0	0	0	0	0	16
Total	120	130	83	58	80	99	99	105	774
Licenses									
LBSW	1	2	3	6	10	5	4	3	34
LMSW	20	23	11	29	50	36	24	40	233
LCSW	63	49	54	59	71	67	93	103	559
Total	61	74	68	94	131	108	121	146	803
Total Applications Received	145	204	151	152	211	207	220	251	1541

Registrations Issued

	January Totals	February Totals	March Totals	April Totals	May Totals	June Totals	July Totals	August Totals	Year to Date Totals
Initial Supervisee for LCSW	38	50	42	18	16	16	12	89	281
Supervision	51	40	0	34	22	22	4	64	237
Total	89	90	42	52	38	38	16	153	518

Licenses Issued

LBSW by Endorsement	2	2	0	1	0	0	0	0	5
LBSW By Examination	0	0	0	0	0	0	0	1	1
LMSW By Endorsement	5	0	6	11	1	8	13	7	51
LMSW by Examination	4	8	8	1	6	14	3	6	50
LMSW by Reinstatement	0	1	0	0	0	0	0	0	1
COVID Temp License	0	0	0	53	156	91	88	91	479
LCSW by Reinstatement	1	4	1	2	4	0	0	5	17
LCSW by Examination	25	24	36	1	25	14	22	17	164
LCSW by Endorsement	18	6	24	32	23	11	39	10	163
Total	55	45	75	101	215	138	165	137	931
Total Registratons and Licenses Issued	144	135	117	153	253	176	181	290	1449

Virginia Department of Health Professions
Cash Balance
As of June 30, 2020

	<u>110- Social Work</u>
Board Cash Balance as June 30, 2019	\$ 971,155
YTD FY20 Revenue	902,315
Less: YTD FY20 Direct and Allocated Expenditures	<u>542,122</u>
Board Cash Balance as June 30, 2020	<u><u>\$ 1,331,348</u></u>

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over)	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	206,715.00	141,075.00	(65,640.00)	146.53%
4002406	License & Renewal Fee	672,300.00	617,480.00	(54,820.00)	108.88%
4002407	Dup. License Certificate Fee	4,040.00	850.00	(3,190.00)	475.29%
4002409	Board Endorsement - Out	6,775.00	4,625.00	(2,150.00)	146.49%
4002421	Monetary Penalty & Late Fees	12,270.00	780.00	(11,490.00)	1573.08%
4002432	Misc. Fee (Bad Check Fee)	35.00	35.00	-	100.00%
	Total Fee Revenue	902,135.00	764,845.00	(137,290.00)	117.95%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	180.00	-	(180.00)	0.00%
	Total Sales of Prop. & Commodities	180.00	-	(180.00)	0.00%
	Total Revenue	902,315.00	764,845.00	(137,470.00)	117.97%
5011110	Employer Retirement Contrib.	7,341.64	7,825.00	483.36	93.82%
5011120	Fed Old-Age Ins- Sal St Emp	4,363.33	4,429.00	65.67	98.52%
5011140	Group Insurance	742.61	759.00	16.39	97.84%
5011150	Medical/Hospitalization Ins.	7,557.00	8,244.00	687.00	91.67%
5011160	Retiree Medical/Hospitalizatn	663.34	678.00	14.66	97.84%
5011170	Long term Disability Ins	351.43	359.00	7.57	97.89%
	Total Employee Benefits	21,019.35	22,294.00	1,274.65	94.28%
5011200	Salaries				
5011230	Salaries, Classified	56,850.90	57,877.00	1,026.10	98.23%
5011250	Salaries, Overtime	1,680.13	-	(1,680.13)	0.00%
	Total Salaries	58,531.03	57,877.00	(654.03)	101.13%
5011300	Special Payments				
5011340	Specified Per Diem Payment	1,600.00	2,800.00	1,200.00	57.14%
5011380	Deferred Compnstn Match Pmts	308.00	556.00	248.00	55.40%
	Total Special Payments	1,908.00	3,356.00	1,448.00	56.85%
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	323.34	-	(323.34)	0.00%
	Total Terminatn Personal Svce Costs	323.34	-	(323.34)	0.00%
5011930	Turnover/Vacancy Benefits				
	Total Personal Services	81,781.72	83,527.00	1,745.28	97.91%
5012000	Contractual Svcs				
5012100	Communication Services				
5012110	Express Services	-	537.00	537.00	0.00%
5012140	Postal Services	10,772.41	4,411.00	(6,361.41)	244.22%
5012150	Printing Services	47.22	67.00	19.78	70.48%
5012160	Telecommunications Svcs (VITA)	392.11	550.00	157.89	71.29%
5012190	Inbound Freight Services	6.47	-	(6.47)	0.00%
	Total Communication Services	11,218.21	5,565.00	(5,653.21)	201.59%
5012200	Employee Development Services				

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over)	
5012210	Organization Memberships	250.00	1,500.00	1,250.00	16.67%
	Total Employee Development Services	250.00	1,500.00	1,250.00	16.67%
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	16,535.30	5,500.00	(11,035.30)	300.64%
5012440	Management Services	225.53	212.00	(13.53)	106.38%
	Total Mgmnt and Informational Svcs	16,760.83	5,712.00	(11,048.83)	293.43%
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	94.82	-	(94.82)	0.00%
5012530	Equipment Repair & Maint Srvc	1,256.24	-	(1,256.24)	0.00%
	Total Repair and Maintenance Svcs	1,351.06	-	(1,351.06)	0.00%
5012600	Support Services				
5012630	Clerical Services	30,210.40	62,208.00	31,997.60	48.56%
5012640	Food & Dietary Services	1,327.77	480.00	(847.77)	276.62%
5012660	Manual Labor Services	145.92	2,188.00	2,042.08	6.67%
5012670	Production Services	584.56	2,405.00	1,820.44	24.31%
5012680	Skilled Services	3,950.28	24,297.00	20,346.72	16.26%
	Total Support Services	36,218.93	91,578.00	55,359.07	39.55%
5012700	Technical Services				
5012760	C.Operating Svcs (By VITA)	37.15	-	(37.15)	0.00%
	Total Technical Services	37.15	-	(37.15)	0.00%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	4,137.54	3,809.00	(328.54)	108.63%
5012850	Travel, Subsistence & Lodging	650.35	3,107.00	2,456.65	20.93%
5012880	Trvl, Meal Reimb- Not Rprtble	516.00	2,417.00	1,901.00	21.35%
	Total Transportation Services	5,303.89	9,333.00	4,029.11	56.83%
	Total Contractual Svcs	71,140.07	113,688.00	42,547.93	62.57%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013110	Apparel Supplies	8.29	-	(8.29)	0.00%
5013120	Office Supplies	1,978.20	276.00	(1,702.20)	716.74%
5013130	Stationery and Forms	156.62	41.00	(115.62)	382.00%
	Total Administrative Supplies	2,143.11	317.00	(1,826.11)	676.06%
5013200	Energy Supplies				
5013230	Gasoline	53.16	-	(53.16)	0.00%
	Total Energy Supplies	53.16	-	(53.16)	0.00%
5013400	Medical and Laboratory Supp.				
5013420	Medical and Dental Supplies	9.21	-	(9.21)	0.00%
	Total Medical and Laboratory Supp.	9.21	-	(9.21)	0.00%
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matr	35.57	-	(35.57)	0.00%
5013530	Electrcal Repair & Maint Matr	1.70	-	(1.70)	0.00%
	Total Repair and Maint. Supplies	37.27	-	(37.27)	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over)	% of Budget
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	21.00	21.00	0.00%
5013630	Food Service Supplies	-	82.00	82.00	0.00%
5013640	Laundry and Linen Supplies	1.23	-	(1.23)	0.00%
5013650	Personal Care Supplies	32.97	-	(32.97)	0.00%
	Total Residential Supplies	<u>34.20</u>	<u>103.00</u>	<u>68.80</u>	<u>33.20%</u>
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	45.75	-	(45.75)	0.00%
	Total Specific Use Supplies	<u>45.75</u>	<u>-</u>	<u>(45.75)</u>	<u>0.00%</u>
	Total Supplies And Materials	<u>2,322.70</u>	<u>420.00</u>	<u>(1,902.70)</u>	<u>553.02%</u>
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	83.70	26.00	(57.70)	321.92%
	Total Insurance-Fixed Assets	<u>83.70</u>	<u>26.00</u>	<u>(57.70)</u>	<u>321.92%</u>
5015300	Operating Lease Payments				
5015340	Equipment Rentals	546.47	540.00	(6.47)	101.20%
5015350	Building Rentals	16.80	-	(16.80)	0.00%
5015390	Building Rentals - Non State	12,007.03	13,267.00	1,259.97	90.50%
	Total Operating Lease Payments	<u>12,570.30</u>	<u>13,807.00</u>	<u>1,236.70</u>	<u>91.04%</u>
5015500	Insurance-Operations				
5015510	General Liability Insurance	421.76	97.00	(324.76)	434.80%
5015540	Surety Bonds	17.73	6.00	(11.73)	295.50%
	Total Insurance-Operations	<u>439.49</u>	<u>103.00</u>	<u>(336.49)</u>	<u>426.69%</u>
	Total Continuous Charges	<u>13,093.49</u>	<u>13,936.00</u>	<u>842.51</u>	<u>93.95%</u>
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	962.88	-	(962.88)	0.00%
	Total Computer Hrdware & Sftware	<u>962.88</u>	<u>-</u>	<u>(962.88)</u>	<u>0.00%</u>
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	43.00	43.00	0.00%
	Total Educational & Cultural Equip	<u>-</u>	<u>43.00</u>	<u>43.00</u>	<u>0.00%</u>
5022300	Electrnc & Photographic Equip				
5022330	Voice & Data Transmissn Equip	165.00	-	(165.00)	0.00%
	Total Electrnc & Photographic Equip	<u>165.00</u>	<u>-</u>	<u>(165.00)</u>	<u>0.00%</u>
5022400	Medical and Laboratory Equip				
5022420	Medical and Dental Equip	6.59	-	(6.59)	0.00%
	Total Medical and Laboratory Equip	<u>6.59</u>	<u>-</u>	<u>(6.59)</u>	<u>0.00%</u>
5022600	Office Equipment				
5022610	Office Appurtenances	-	21.00	21.00	0.00%
	Total Office Equipment	<u>-</u>	<u>21.00</u>	<u>21.00</u>	<u>0.00%</u>
5022700	Specific Use Equipment				

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over)		% of Budget
				Budget		
5022710	Household Equipment	7.81	-	(7.81)		0.00%
	Total Specific Use Equipment	<u>7.81</u>	<u>-</u>	<u>(7.81)</u>		<u>0.00%</u>
	Total Equipment	<u>1,142.28</u>	<u>64.00</u>	<u>(1,078.28)</u>		<u>1784.81%</u>
	Total Expenditures	<u>169,480.26</u>	<u>211,635.00</u>	<u>42,154.74</u>		<u>80.08%</u>
Allocated Expenditures						
20100	Behavioral Science Exec	85,049.16	92,510.40	7,461.24		91.93%
30100	Data Center	72,050.02	93,812.49	21,762.47		76.80%
30200	Human Resources	5,840.23	3,567.41	(2,272.81)		163.71%
30300	Finance	45,739.55	43,672.60	(2,066.95)		104.73%
30400	Director's Office	16,685.41	17,462.09	776.68		95.55%
30500	Enforcement	99,694.25	126,913.39	27,219.15		78.55%
30600	Administrative Proceedings	25,965.63	30,260.26	4,294.63		85.81%
30700	Impaired Practitioners	353.37	1,451.33	1,097.96		24.35%
30800	Attorney General	504.48	504.55	0.06		99.99%
30900	Board of Health Professions	12,748.47	12,706.22	(42.25)		100.33%
31100	Maintenance and Repairs	-	932.36	932.36		0.00%
31300	Emp. Recognition Program	111.13	161.43	50.30		68.84%
31400	Conference Center	107.13	223.45	116.32		47.94%
31500	Pgm Devlpmnt & Implmentn	7,793.00	7,662.39	(130.60)		101.70%
	Total Allocated Expenditures	<u>372,641.82</u>	<u>431,840.37</u>	<u>59,198.55</u>		<u>86.29%</u>
	Net Revenue in Excess (Shortfall) of Expenditures	<u>\$ 360,192.92</u>	<u>\$ 121,369.63</u>	<u>\$ (238,823.29)</u>		<u>296.77%</u>

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April
5011660	Defined Contribution Match - Hy	-	-	-	38.04	38.04	38.04	38.04	38.04	38.04	38.04
	Total Terminatn Personal Svce Costs	-	-	-	38.04	38.04	38.04	38.04	38.04	38.04	38.04
	Total Personal Services	8,857.60	6,347.81	6,020.31	6,620.17	7,079.63	7,379.65	6,979.63	6,979.65	7,772.57	7,274.92
5012000	Contractual Svcs										
5012100	Communication Services										
5012140	Postal Services	1,400.99	1,985.72	1,291.76	-	3,459.04	102.47	596.64	82.65	119.50	340.45
5012150	Printing Services	11.75	-	-	-	-	-	-	-	35.47	-
5012160	Telecommunications Svcs (VITA)	32.85	28.39	32.83	30.37	38.30	36.42	34.17	28.39	34.50	36.91
5012190	Inbound Freight Services	-	-	-	-	4.75	-	-	-	1.32	-
	Total Communication Services	1,445.59	2,014.11	1,324.59	30.37	3,502.09	138.89	630.81	111.04	190.79	377.36
5012200	Employee Development Services										
5012210	Organization Memberships	-	-	-	-	-	-	250.00	-	-	-
	Total Employee Development Services	-	-	-	-	-	-	250.00	-	-	-
5012400	Mgmnt and Informational Svcs										
5012420	Fiscal Services	106.82	11,387.66	42.51	-	16.95	6.82	15.93	-	4.78	11.25
5012440	Management Services	-	31.61	64.36	-	39.80	-	18.68	-	9.41	-
	Total Mgmnt and Informational Svcs	106.82	11,419.27	106.87	-	56.75	6.82	34.61	-	14.19	11.25
5012500	Repair and Maintenance Svcs										
5012510	Custodial Services	-	-	-	-	31.61	-	-	-	-	-
5012530	Equipment Repair & Maint Srvc	-	-	-	-	1,251.77	-	-	2.11	-	-
	Total Repair and Maintenance Svcs	-	-	-	-	1,283.38	-	-	2.11	-	-
5012600	Support Services										
5012630	Clerical Services	1,593.60	3,725.04	1,593.60	-	6,947.10	3,618.87	2,297.37	6,802.68	3,022.86	609.28
5012640	Food & Dietary Services	194.80	48.18	-	-	382.45	369.26	-	-	108.28	224.80
5012660	Manual Labor Services	22.63	17.29	-	5.55	36.38	29.64	-	5.14	-	-
5012670	Production Services	105.16	12.60	10.90	35.60	107.45	148.15	-	-	-	-
5012680	Skilled Services	558.34	558.34	279.17	279.17	279.17	279.17	279.17	287.55	287.55	287.55
	Total Support Services	2,474.53	4,361.45	1,883.67	320.32	7,752.55	4,445.09	2,576.54	7,095.37	3,418.69	1,121.63
5012700	Technical Services										
5012760	C.Operating Svcs (By VITA)	-	-	-	-	-	-	-	37.15	-	-

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April
	Total Specific Use Supplies	45.75	-	-	-	-	-	-	-	-	-
	Total Supplies And Materials	227.34	140.48	230.30	-	443.88	472.27	112.35	72.92	319.97	116.32
5015000	Continuous Charges										
5015100	Insurance-Fixed Assets										
5015160	Property Insurance	38.32	-	-	-	-	-	-	-	-	-
	Total Insurance-Fixed Assets	38.32	-	-	-	-	-	-	-	-	-
5015300	Operating Lease Payments										
5015340	Equipment Rentals	-	55.12	48.70	-	99.54	48.70	50.91	48.70	48.70	48.70
5015350	Building Rentals	3.60	-	-	3.60	-	-	4.80	-	-	-
5015390	Building Rentals - Non State	988.65	1,119.59	974.86	1,001.17	1,051.94	988.96	1,007.28	1,059.12	979.13	872.36
	Total Operating Lease Payments	992.25	1,174.71	1,023.56	1,004.77	1,151.48	1,037.66	1,062.99	1,107.82	1,027.83	921.06
5015500	Insurance-Operations										
5015510	General Liability Insurance	137.54	-	-	-	-	-	-	-	-	-
5015540	Surety Bonds	8.12	-	-	-	-	-	-	-	-	-
	Total Insurance-Operations	145.66	-	-	-	-	-	-	-	-	-
	Total Continuous Charges	1,176.23	1,174.71	1,023.56	1,004.77	1,151.48	1,037.66	1,062.99	1,107.82	1,027.83	921.06
5022000	Equipment										
5022170	Other Computer Equipment	-	-	-	-	-	3.35	-	-	-	959.53
	Total Computer Hrdware & Sftware	-	-	-	-	-	3.35	-	-	-	959.53
5022300	Electrnc & Photographic Equip										
5022330	Voice & Data Transmissn Equip	-	-	-	-	165.00	-	-	-	-	-
	Total Electrnc & Photographic Equip	-	-	-	-	165.00	-	-	-	-	-
5022420	Medical and Dental Equip	-	-	-	-	-	-	-	-	-	-
	Total Medical and Laboratory Equip	-	-	-	-	-	-	-	-	-	-
5022710	Household Equipment	-	7.81	-	-	-	-	-	-	-	-
	Total Specific Use Equipment	-	7.81	-	-	-	-	-	-	-	-
	Total Equipment	-	7.81	-	-	165.00	3.35	-	-	-	959.53

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April
Total Expenditures		14,288.11	25,720.84	11,890.10	8,541.73	21,689.96	14,866.31	11,646.93	15,406.06	14,288.05	10,782.07
Allocated Expenditures											
20100	Behavioral Science Exec	9,862.93	6,837.56	6,933.26	5,904.83	7,282.01	7,060.50	7,268.10	7,761.29	7,230.54	7,219.70
20200	Opt/Vet-Med/ASLP Executive Dir	-	-	-	-	-	-	-	-	-	-
20400	Nursing / Nurse Aid	-	-	-	-	-	-	-	-	-	-
20600	Funeral/LTCA/PT	-	-	-	-	-	-	-	-	-	-
30100	Data Center	7,733.93	7,169.11	2,818.00	5,136.78	8,392.66	3,006.67	8,588.16	5,309.91	7,483.28	6,284.41
30200	Human Resources	525.93	50.83	31.29	4,206.75	56.37	37.18	52.80	125.17	33.49	116.28
30300	Finance	3,961.00	3,226.47	2,905.83	7,016.45	(909.92)	3,800.55	3,838.85	7,021.58	4,379.60	3,641.70
30400	Director's Office	1,895.74	1,322.29	1,285.24	1,264.10	1,672.43	1,448.87	1,420.27	1,458.10	1,384.00	1,375.05
30500	Enforcement	15,525.61	9,013.04	6,061.57	5,099.97	7,551.25	9,196.68	9,444.10	8,511.73	7,172.36	7,366.44
30600	Administrative Proceedings	-	-	5,056.06	830.60	467.59	-	2,578.05	1,091.49	-	9,386.17
30700	Impaired Practitioners	75.00	22.99	22.53	22.03	34.70	23.51	31.67	25.80	24.30	32.51
30800	Attorney General	-	-	-	-	252.21	-	126.14	-	-	126.14
30900	Board of Health Professions	1,363.24	1,129.43	840.00	1,067.44	1,154.89	869.99	1,076.24	1,109.79	1,210.46	1,185.69
31000	SRTA	-	-	-	-	-	-	-	-	-	-
31100	Maintenance and Repairs	-	-	-	-	-	-	-	-	-	-
31300	Emp. Recognition Program	1.38	-	-	-	2.16	-	-	32.79	66.73	8.07
31400	Conference Center	6.54	15.30	(3.23)	5.06	21.52	9.45	9.43	16.81	(1.68)	9.57
31500	Pgm Devlpmnt & Implmentn	807.12	665.05	585.89	528.00	803.28	610.80	719.68	602.02	890.73	554.15
98700	Cash Transfers	-	-	-	-	-	-	-	-	-	-
Total Allocated Expenditures		41,758.42	29,452.07	26,536.45	31,082.02	26,781.15	26,064.19	35,153.49	33,066.50	29,873.83	37,305.88
Net Revenue in Excess (Shortfall) of Expenditures		\$ (18,226.53)	\$ (31,627.91)	\$ (18,616.55)	\$ (19,183.75)	\$ (33,916.11)	\$ (27,405.50)	\$ (27,332.92)	\$ (31,187.56)	\$ (25,186.88)	\$ (30,837.95)

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	May	June	Total
4002400	Fee Revenue			
4002401	Application Fee	21,260.00	19,480.00	206,715.00
4002406	License & Renewal Fee	266,390.00	388,397.50	672,300.00
4002407	Dup. License Certificate Fee	500.00	1,190.00	4,040.00
4002409	Board Endorsement - Out	550.00	575.00	6,775.00
4002421	Monetary Penalty & Late Fees	1,010.00	200.00	12,270.00
4002432	Misc. Fee (Bad Check Fee)	-	-	35.00
	Total Fee Revenue	<u>289,710.00</u>	<u>409,842.50</u>	902,135.00
4003000	Sales of Prop. & Commodities			
4003020	Misc. Sales-Dishonored Payments	90.00	-	180.00
	Total Sales of Prop. & Commodities	<u>90.00</u>	<u>-</u>	180.00
	Total Revenue	<u>289,800.00</u>	<u>409,842.50</u>	902,315.00
5011000	Personal Services			
5011100	Employee Benefits			
5011110	Employer Retirement Contrib.	644.64	322.32	7,341.64
5011120	Fed Old-Age Ins- Sal St Emp	375.93	188.27	4,363.33
5011140	Group Insurance	66.14	33.07	742.61
5011150	Medical/Hospitalization Ins.	687.00	343.50	7,557.00
5011160	Retiree Medical/Hospitalizatn	59.08	29.54	663.34
5011170	Long term Disability Ins	31.30	15.65	351.43
	Total Employee Benefits	<u>1,864.09</u>	<u>932.35</u>	21,019.35
5011200	Salaries			
5011230	Salaries, Classified	5,049.52	2,524.76	56,850.90
5011250	Salaries, Overtime	-	-	1,680.13
	Total Salaries	<u>5,049.52</u>	<u>2,524.76</u>	58,531.03
5011340	Specified Per Diem Payment	-	-	1,600.00
5011380	Deferred Compnstrn Match Pmts	28.00	14.00	308.00
	Total Special Payments	<u>28.00</u>	<u>14.00</u>	1,908.00
5011600	Terminatn Personal Svce Costs			

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	May	June	Total
5011660	Defined Contribution Match - Hy	38.04	19.02	323.34
	Total Terminatn Personal Svce Costs	<u>38.04</u>	<u>19.02</u>	<u>323.34</u>
	Total Personal Services	6,979.65	3,490.13	81,781.72
5012000	Contractual Svcs			-
5012100	Communication Services			-
5012140	Postal Services	820.84	572.35	10,772.41
5012150	Printing Services	-	-	47.22
5012160	Telecommunications Svcs (VITA)	30.59	28.39	392.11
5012190	Inbound Freight Services	0.40	-	6.47
	Total Communication Services	<u>851.83</u>	<u>600.74</u>	<u>11,218.21</u>
5012200	Employee Development Services			
5012210	Organization Memberships	-	-	250.00
	Total Employee Development Services	<u>-</u>	<u>-</u>	<u>250.00</u>
5012400	Mgmnt and Informational Svcs			
5012420	Fiscal Services	4.19	4,938.39	16,535.30
5012440	Management Services	61.67	-	225.53
	Total Mgmnt and Informational Svcs	<u>65.86</u>	<u>4,938.39</u>	<u>16,760.83</u>
5012500	Repair and Maintenance Svcs			
5012510	Custodial Services	-	63.21	94.82
5012530	Equipment Repair & Maint Srvc	2.36	-	1,256.24
	Total Repair and Maintenance Svcs	<u>2.36</u>	<u>63.21</u>	<u>1,351.06</u>
5012600	Support Services			
5012630	Clerical Services	-	-	30,210.40
5012640	Food & Dietary Services	-	-	1,327.77
5012660	Manual Labor Services	-	29.29	145.92
5012670	Production Services	14.50	150.20	584.56
5012680	Skilled Services	287.55	287.55	3,950.28
	Total Support Services	<u>302.05</u>	<u>467.04</u>	<u>36,218.93</u>
5012700	Technical Services			
5012760	C.Operating Svcs (By VITA)	-	-	37.15

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	May	June	Total
	Total Technical Services	-	-	37.15
5012800	Transportation Services			
5012820	Travel, Personal Vehicle	-	-	4,137.54
5012850	Travel, Subsistence & Lodging	-	-	650.35
5012880	Trvl, Meal Reimb- Not Rprtble	-	-	516.00
	Total Transportation Services	-	-	5,303.89
	Total Contractual Svs	1,222.10	6,069.38	71,140.07
5013000	Supplies And Materials			
5013100	Administrative Supplies			-
5013110	Apparel Supplies	-	8.29	8.29
5013120	Office Supplies	45.67	130.26	1,978.20
5013130	Stationery and Forms	-	-	156.62
	Total Administrative Supplies	45.67	138.55	2,143.11
5013200	Energy Supplies			
5013230	Gasoline	-	-	53.16
	Total Energy Supplies	-	-	53.16
5013400	Medical and Laboratory Supp.			
5013420	Medical and Dental Supplies	-	2.65	9.21
	Total Medical and Laboratory Supp.	-	2.65	9.21
5013500	Repair and Maint. Supplies			
5013520	Custodial Repair & Maint Matrl	-	-	35.57
5013530	Electrcal Repair & Maint Matrl	-	-	1.70
	Total Repair and Maint. Supplies	-	-	37.27
5013600	Residential Supplies			
5013640	Laundry and Linen Supplies	-	-	1.23
5013650	Personal Care Supplies	-	-	32.97
	Total Residential Supplies	-	-	34.20
5013700	Specific Use Supplies			
5013730	Computer Operating Supplies	-	-	45.75

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	May	June	Total
	Total Specific Use Supplies	-	-	45.75
	Total Supplies And Materials	45.67	141.20	2,322.70
5015000	Continuous Charges			
5015100	Insurance-Fixed Assets			-
5015160	Property Insurance	-	45.38	83.70
	Total Insurance-Fixed Assets	-	45.38	83.70
5015300	Operating Lease Payments			
5015340	Equipment Rentals	48.70	48.70	546.47
5015350	Building Rentals	4.80	-	16.80
5015390	Building Rentals - Non State	1,070.99	892.98	12,007.03
	Total Operating Lease Payments	1,124.49	941.68	12,570.30
5015500	Insurance-Operations			
5015510	General Liability Insurance	-	284.22	421.76
5015540	Surety Bonds	-	9.61	17.73
	Total Insurance-Operations	-	293.83	439.49
	Total Continuous Charges	1,124.49	1,280.89	13,093.49
5022000	Equipment			
5022170	Other Computer Equipment	-	-	962.88
	Total Computer Hrdware & Sftware	-	-	962.88
5022300	Electrnc & Photographic Equip			
5022330	Voice & Data Transmissn Equip	-	-	165.00
	Total Electrnc & Photographic Equip	-	-	165.00
5022420	Medical and Dental Equip	-	6.59	6.59
	Total Medical and Laboratory Equip	-	6.59	6.59
5022710	Household Equipment	-	-	7.81
	Total Specific Use Equipment	-	-	7.81
	Total Equipment	-	6.59	1,142.28

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	May	June	Total
Total Expenditures		<u>9,371.91</u>	<u>10,988.19</u>	<u>169,480.26</u>
Allocated Expenditures				
20100	Behavioral Science Exec	7,504.61	4,183.82	85,049.16
20200	Opt\Vet-Med\ASLP Executive Dir	-	-	-
20400	Nursing / Nurse Aid	-	-	-
20600	Funeral\LTCA\PT	-	-	-
30100	Data Center	3,109.80	7,017.30	72,050.02
30200	Human Resources	40.47	563.67	5,840.23
30300	Finance	4,460.03	2,397.42	45,739.55
30400	Director's Office	1,428.23	731.08	16,685.41
30500	Enforcement	9,110.06	5,641.44	99,694.25
30600	Administrative Proceedings	5,090.94	1,464.72	25,965.63
30700	Impaired Practitioners	25.20	13.12	353.37
30800	Attorney General	-	-	504.48
30900	Board of Health Professions	896.66	844.63	12,748.47
31000	SRTA	-	-	-
31100	Maintenance and Repairs	-	-	-
31300	Emp. Recognition Program	-	-	111.13
31400	Conference Center	9.19	9.17	107.13
31500	Pgm Devlpmt & Implmentn	637.61	388.66	7,793.00
98700	Cash Transfers	-	-	-
Total Allocated Expenditures		<u>32,312.81</u>	<u>23,255.01</u>	<u>372,641.82</u>
Net Revenue in Excess (Shortfall) of Expenditures		<u>\$ 248,115.28</u>	<u>\$ 375,599.30</u>	<u>360,192.92</u>

Staff Discipline Reports
 02/29/2020 - 09/03/2020

NEW CASES RECEIVED IN BOARD 02/29/2020 - 09/03/2020				
	Counseling	Psychology	Social Work	BSU Total
Cases Received for Board review	166	57	52	275

OPEN CASES (as of 09/03/2020)				
Open Case Stage	Counseling	Psychology	Social Work	BSU Total
Probable Cause Review	54	43	4	
Scheduled for Informal Conferences	27	2	5	
Scheduled for Formal Hearings	6	1	0	
Other (on hold, pending settlement, etc)	16	8	19	
Cases with APD for processing (IFC, FH, Consent Order)	2	0	2	
TOTAL CASES AT BOARD LEVEL	105	54	30	189
OPEN INVESTIGATIONS	77	35	17	129
TOTAL OPEN CASES	182	89	47	318

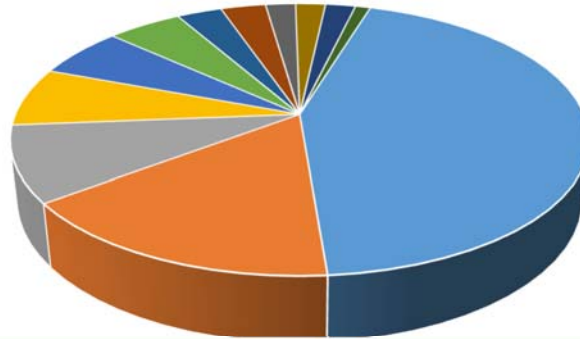
UPCOMING CONFERENCES AND HEARINGS	
Informal Conferences	October 30, 2020
Formal Hearings	Held following scheduled board meetings, as necessary



Virginia Department of
Health Professions
 Board of Social Work

CASES CLOSED (02/29/2020 - 09/03/2020)	
Closed – no violation	97
Closed – undetermined	0
Closed – violation	3
Credentials/Reinstatement – Denied	0
Credentials/Reinstatement – Approved	0
TOTAL CASES CLOSED	100

Closed Case Categories



- Diagnosis/Treatment (44)
2 violations
- No jurisdiction (16)
- Business Practice Issues (9)
- Inappropriate Relationship (7)
1 violation
- Fraud, Patient Care (6)
- Confidentiality (5)
- Inability to Safely Practice (3)
- Records Release (3)
- Abuse/Abandonment/Neglect (2)
- Standard of Care-Other (2)
- Unlicensed Activity (2)
- Fraud, Non-patient Care (1)

AVERAGE CASE PROCESSING TIMES (counted on closed cases)	
Average time for case closures	301
Avg. time in Enforcement (investigations)	125
Avg. time in APD (IFC/FH preparation)	64
Avg. time in Board (includes hearings, reviews, etc).	175
Avg. time with board member (probable cause review)	13



SOCIAL WORK LICENSING REPORT

As of September 15, 2020

Satisfaction Survey Results
3rd Quarter - 87.9%
4th Quarter - 90.5%

TOTALS AS OF SEPTEMBER 15, 2020

There were 10,929 Social Work licensees as of September 15, 2020. The number of current licenses are broken down by profession in the following chart.

Current Licenses and Registrations	
Total for Licensed Baccalaureate Social Worker	22
Total for LSW Supervision	8
Total for Licensed Clinical Social Worker	7,433
Total for Registration of Supervision	2,629
Total for Licensed Master's Social Worker	828
Total for Registered Social Worker	8
Total for Associate Social Worker	1
Total for Social Work	10,929



Virginia Department of
Health Professions
 Board of Social Work

March 2020

There were 220 licenses issued for Social Work for the month of **March**. The number of licenses and registration issued are listed in the below chart. During this month the Board received 184 applications.

Licenses and Registrations issued for March 2020	
Total for Licensed Baccalaureate Social Worker	0
Total for LSW Supervision	0
Total for Licensed Clinical Social Worker	69
Total for Registration of Supervision	132
Total for Licensed Master's Social Worker	19
Total for Registered Social Worker	0
Total for Associate Social Worker	0
TOTAL	220

April 2020

There were 154 licenses and registrations issued for Social Work for the month of **April**. The number of licenses and registration issued are listed in the below chart. During this month the Board received 157 applications.

Licenses and Registrations issued for April 2020	
Total for Licensed Baccalaureate Social Worker	0
Total for LSW Supervision	0
Total for Licensed Clinical Social Worker (Includes 54 Temporary Licenses)	89
Total for Registration of Supervision	52
Total for Licensed Master's Social Worker	12
Total for Registered Social Worker	0
Total for Associate Social Worker	0
TOTAL	154



Virginia Department of
Health Professions
 Board of Social Work

May 2020

There were 262 licenses and registrations issued for Social Work for the month of **May**. The number of licenses and registration issued are listed in the below chart. During this month the Board received 216 applications.

Licenses and Registrations issued for May 2020	
Total for Licensed Baccalaureate Social Worker	0
Total for LSW Supervision	0
Total for Licensed Clinical Social Worker (Includes 166 Temporary Licenses)	216
Total for Registration of Supervision	39
Total for Licensed Master's Social Worker	7
Total for Registered Social Worker	0
Total for Associate Social Worker	0
TOTAL	262

June 2020

There were 182 licenses and registrations issued for Social Work for the month of **June**. The number of licenses and registration issued are listed in the below chart. During this month the Board received 210 applications.

Licenses and Registrations issued for June 2020	
Total for Licensed Baccalaureate Social Worker	0
Total for LSW Supervision	0
Total for Licensed Clinical Social Worker (Includes 98 Temporary Licenses)	131
Total for Registration of Supervision	36
Total for Licensed Master's Social Worker	15
Total for Registered Social Worker	0
Total for Associate Social Worker	0
TOTAL	182



Virginia Department of
Health Professions
 Board of Social Work

July 2020

There were 185 licenses and registrations issued for Social Work for the month of **July**. The number of licenses and registration issued are listed in the below chart. During this month the Board received 225 applications.

Licenses and Registrations issued for July 2020	
Total for Licensed Baccalaureate Social Worker	0
Total for LSW Supervision	0
Total for Licensed Clinical Social Worker (Includes 92 Temporary Licenses)	153
Total for Registration of Supervision	16
Total for Licensed Master's Social Worker	16
Total for Registered Social Worker	0
Total for Associate Social Worker	0
TOTAL	185

August 2020

There were 274 licenses and registrations issued for Social Work for the month of **August**. The number of licenses and registration issued are listed in the below chart. During this month the Board received 239 applications.

Licenses and Registrations issued for August 2020	
Total for Licensed Baccalaureate Social Worker	1
Total for LSW Supervision	0
Total for Licensed Clinical Social Worker (Includes 92 Temporary Licenses)	116
Total for Registration of Supervision	153
Total for Licensed Master's Social Worker	4
Total for Registered Social Worker	0
Total for Associate Social Worker	0
TOTAL	274



Virginia Department of
Health Professions
Board of Social Work

September 1 – 15, 2020

There were 112 licenses and registrations issued for Social Work for the first 15 days of September. The number of licenses and registration issued are listed in the below chart. So far this month the Board received 114 applications.

Licenses and Registrations issued for September 2020	
Total for Licensed Baccalaureate Social Worker	0
Total for LSW Supervision	0
Total for Licensed Clinical Social Worker (Includes 14 Temporary Licenses)	73
Total for Registration of Supervision	33
Total for Licensed Master's Social Worker	6
Total for Registered Social Worker	0
Total for Associate Social Worker	0
TOTAL	112



Virginia Department of

Health Professions

Board of Social Work

Additional Information:

• Staffing and Building Information:

- The Board recently was able to hire an additional full time licensing specialist. Sharniece Vaughan, who has been with the Board of Counseling for 3 years as a contractor, filled this position.
- The Board currently has two full time staff members to answer phone calls, emails and to process applications. Jared McDonough, part-time employee for the BSU unit, also provides 5 to 10 hours of support per week.
- The Department of Health Professions reception areas remain closed for walk-in services.
- Board staff continues to work primarily from home, which has caused a slight delay in the processing of applications, but the Board is still within the 30-day process guidelines established by the Agency.

• Renewals:

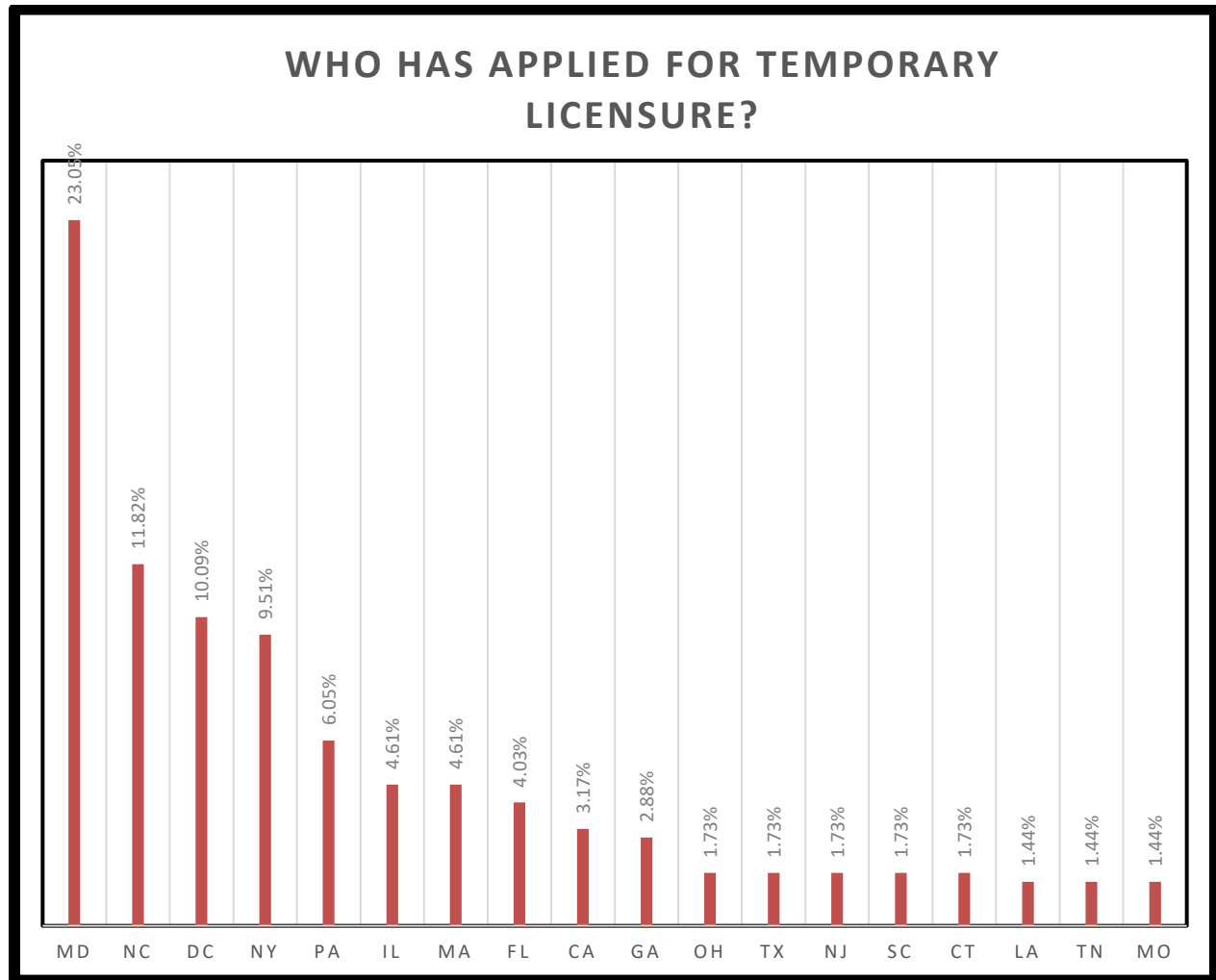
- Renewal email notifications were sent to all licensees, certification holders and registrants on May 6, 2020 and again on June 9, 2020.
- The Board granted a one-year extension for continuing education (CE) to all licensees and registrants. Each licensee and registrant will have until June 30, 2021 to complete the required CEs. This extension did not apply to those individuals who must complete CEs as part of a Board order.
- During the 2021 renewal, all licensees and registrants will be required to attest to completing the required CE hours for 2020.

• Temporary Social Work Licenses:

- Pursuant to Governor Northam's Executive Order No. 57 (effective April 17, 2020 and amended on June 10, 2020) *Licensed Social Workers with an active license issued by another state may be issued a temporary license by endorsement as a health care practitioner of the same type for which such license is issued in another state upon submission of an application and information requested by the applicable licensing board and the board's verification that the applicant's license issued by another state is active in good standing and there are no current reports in the United States Department of Health and Human Services National Practitioner Data Bank. Such temporary license shall expire **September 8, 2020**. During such time the practitioner may seek a full Virginia license or transition patients to Virginia-licensed practitioners.*



- Health care practitioners with an active license issued by another state may provide **continuity of care** to their current patients who are Virginia residents through telehealth services for the **duration of Amended Executive Order 51**. Establishment of a relationship with a new patient requires a Virginia license.
- As of September 8, the Board issued 516 temporary licenses.



2020 STATISTICAL LICENSURE INFORMATION
(January 1, 2020- September 15, 2020)

- Number of Social Work Licenses/Registrations Issued in 2020

2020 (Jan 1- Sept 15)	Licensed Clinical Social Workers	Endorsement	227	
		Examination	186	
		Reinstatement	22	
		COVID19 Temp	494	
	Licensed Master's Social Worker	Endorsement	60	
		Examination	54	
		Reinstatement	2	
	Licensed Baccalaureate Social Worker	Endorsement	5	
		Examination	1	
		Reinstatement	0	
	LCSW Registration of Supervision	Add/Change	335	
		Initial Application	303	
Total # of Social Work Licenses/Registrations Issued:			1,689	

- 2020 Online Applications Received

(Jan 1- Sept 15)	By Endorsement	By Examination	Total
LCSW	270	280	550
LMSW	86	169	255
LBSW	6	29	35

(Jan 1- Sept 15)	Initial Application	By Add/Change	Total
LCSW Registration of Supervision	428	408	836

Total # of online applications received in 2020: 1,676

- Current active & current inactive Social Work Licenses/Registrations as of 09/15/2020:

	Current Active	Current Inactive	Total
Associate Social Worker	1	0	1
Licensed Clinical Social Worker	7,247	190	7,437
Licensed Masters Social Worker	809	19	828
Licensed Baccalaureate Social Worker	22	0	22
LSW Supervision	8	0	8

Registered Social Worker	8	0	8
Registration of Supervision	2,629	1	2,629
			Total 10,933

Social Work 2020 Total Count- all license types (Jan 1, 2020- Sept 15, 2020)

New Applications (initial, add/change, exam & endorsement- paper & online)	1,752
Duplicate License Request (LCSW- 145; LMSW- 14; LBSW- 0)	159
Duplicate Wall Certificate Request (LCSW- 19; LMSW- 3; LBSW- 0)	22
Verification of VA License Request (LCSW- 168; LMSW-33; LBSW- 0)	201
Inactive Renewal (LCSW- 189; LMSW- 19; LBSW- 0)	208
Inactive to Active (LCSW- 8; LMSW- 1; LBSW- 0)	9
Reinstatement Applications (LCSW- 21; LMSW- 2; LBSW- 0)	23
Renewals (LCSW- 6,838; LMSW- 703; LBSW- 16; Registered SW- 8; Associate SW-1)	7,566
Late Renewals (LCSW- 18; LMSW- 9; LBSW- 0)	27
Address Changes	376

2020 STATISTICAL EXAMINATION INFORMATION

(January 1, 2020- September 15, 2020)

- Number of Social Work Applicants approved to test

2020 (Jan 1- Jan 31)	Licensed Clinical Social Worker Applicants	Clinical Exam	41
	Licensed Master Social Worker Applicants	Masters Exam	16
	Licensed Baccalaureate Social Worker Applicants	Bachelors Exam	0
Total # of Social Work Applicants Approved to test:			57

2020 (Feb 1- Feb 29)	Licensed Clinical Social Worker Applicants	Clinical Exam	26
	Licensed Master Social Worker Applicants	Masters Exam	7
	Licensed Baccalaureate Social Worker Applicants	Bachelors Exam	0
Total # of Social Work Applicants Approved to test:			33

2020 (Mar 1- Mar 31)	Licensed Clinical Social Worker Applicants	Clinical Exam	50
	Licensed Master Social Worker Applicants	Masters Exam	15
	Licensed Baccalaureate Social Worker Applicants	Bachelors Exam	0
Total # of Social Work Applicants Approved to test:			65

2020 (Apr 1- Apr 30)	Licensed Clinical Social Worker Applicants	Clinical Exam	26
	Licensed Master Social Worker Applicants	Masters Exam	6
	Licensed Baccalaureate Social Worker Applicants	Bachelors Exam	1
Total # of Social Work Applicants Approved to test:			33

2020 (May 1- May 31)	Licensed Clinical Social Worker Applicants	Clinical Exam	28
	Licensed Master Social Worker Applicants	Masters Exam	19
	Licensed Baccalaureate Social Worker Applicants	Bachelors Exam	4
Total # of Social Work Applicants Approved to test:			51

2020 (June 1- Jun 30)	Licensed Clinical Social Worker Applicants	Clinical Exam	13
	Licensed Master Social Worker Applicants	Masters Exam	9
	Licensed Baccalaureate Social Worker Applicants	Bachelors Exam	2
Total # of Social Work Applicants Approved to test:			24

2020 (Jul 1- Jul 31)	Licensed Clinical Social Worker Applicants	Clinical Exam	3
	Licensed Master Social Worker Applicants	Masters Exam	33
	Licensed Baccalaureate Social Worker Applicants	Bachelors Exam	5
Total # of Social Work Applicants Approved to test:			41

2020 (Aug 1- Aug 31)	Licensed Clinical Social Worker Applicants	Clinical Exam	44
	Licensed Master Social Worker Applicants	Masters Exam	6
	Licensed Baccalaureate Social Worker Applicants	Bachelors Exam	1
Total # of Social Work Applicants Approved to test:			51

2020 (Sept 1- Sept 15)	Licensed Clinical Social Worker Applicants	Clinical Exam	1
	Licensed Master Social Worker Applicants	Masters Exam	28
	Licensed Baccalaureate Social Worker Applicants	Bachelors Exam	5

Total # of Social Work Applicants Approved to test: 34

GRAND TOTAL 2020 (Jan 1- Sept 15)	Licensed Clinical Social Workers Applicants	Clinical Exam	232
	Licensed Master Social Worker Applicants	Masters Exam	139
	Licensed Baccalaureate Social Worker Applicants	Bachelors Exam	18
Total # of Social Work Applicants Approved to test:			389

DRAFT

9960 Mayland Dr, Henrico, VA 23233

Due to the COVID-19 declared state of emergency and consistent with Amendment 28 to HB29 (Budget Bill for 2018-2020) and the applicable provisions of § 2.2-3708.2 in the provisions of Freedom of Information Act, the Board convened a virtual meeting to consider such regulatory and business matters as presented on the agenda necessary for the board to discharge its lawful purposes, duties and responsibilities

[An audio file of this meeting may be found here.](#)

In Attendance

Virtual- Sahil Chaudhary, Citizen Member
Virtual- Helene Clayton-Jeter, OD, Board of Optometry
Virtual- Kevin Doyle, EdD, LPC, LSATP, Board of Counseling
Virtual- Louise Hershkowitz, CRNA, MSHA, Board of Nursing
In-Person- Allen Jones, Jr., DPT, PT, Board of Physical Therapy, Board Chair
Virtual- Derrick Kendall, NHA, Board of Long-Term Care Administrators
Virtual- Ryan Logan, RPh, Board of Pharmacy
Virtual- Kevin O'Connor, MD, Board of Medicine
Virtual- Martha Rackets, PhD, Citizen Member
Virtual- John Salay, MSW, LCSW, Board of Social Work
Virtual- Herb Stewart, PhD, Board of Psychology
In-Person- James Wells, RPh, Citizen Member

Absent

Sheila E. Battle, MHS, Citizen Member
Louis Jones, FSL, Board of Funeral Directors and Embalmers
Steve Karras, DVM, Board of Veterinary Medicine
Alison King, PhD, CCC-SLP, Board of Audiology & Speech-Language
Maribel Ramos, Citizen Member
Vacant-Board of Dentistry

DHP Staff

Virtual- Barbara Allison-Bryan, MD, Deputy Director DHP
Virtual- David Brown, DC, Director DHP
In-Person- Elizabeth A. Carter, PhD, Executive Director BHP
Virtual- Jay Douglas, MSM, RN, CSAC, FRE, Executive Director, Board of Nursing
In-Person- Laura Jackson, MSHSA, Operations Manager BHP
Virtual- Yetty Shobo, PhD, Deputy Executive Director BHP

**DHP Staff
Cont'd.**

- Virtual- Corie E. Tillman-Wolf, JD, Executive Director Boards of Funeral Directors and Embalmers, Long-Term Care Administrators and Physical Therapy
- Virtual- Elaine Yeatts, Senior Policy Analyst DHP

OAG

- Virtual- Charis Mitchell, Assistant Attorney General

**Virtual
Attendees**

- Ashley Wright
- Baron Glassgow
- Ben Traynham
- C. Barrineau
- James Pickral
- Jo Twombly
- Lauren Schmitt
- Marie Rodriguez
- Mark
- Melika Zand
- Sarah Giardenelli
- Sheila
- Traci Hobson
- Unidentified Call-in User 11
- Unidentified Call-in User 12
- Unidentified Call-in User 13
- Unidentified Call-in User 7
- Unidentified Call-in User 8

Call to Order

- Dr. Jones, Jr., Board Chair
- Time: 11:04 a.m.
- Quorum: Established

Agenda

The agenda was approved by acclamation as presented.

Public Comment

No public comment was received by the Board office prior to the August 19, 2020 5:00 p.m. deadline.

**Approval of
Minutes**

On properly seconded motion by Dr. Clayton-Jeter, the minutes from the June 25, 2020 meeting were approved as presented.

Director's Report

Dr. Brown stated that the Department has held several virtual meetings since the onset of COVID-19 and the closing of the Perimeter Center Building to the public. DHP is following government mandated protocols to keep individuals safe and leveraging teleworking to the extent possible. The Enforcement and APD divisions and the Boards are keeping abreast of the incoming cases and disciplinary hearings.

Legislative and Regulatory Report

Ms. Yeatts provided an overview of current legislative and regulatory actions. She also noted that the change made to the Boards Bylaws (Guidance document 75-4) are effective today.

Board Chair Report

Dr. Jones, Jr., thanked Dr. Stewart for filling in as Chair for the June 25, 2020 meeting. He thanked staff for all their efforts in keeping the boards up and running during this pandemic. He noted that the Fall election of officers will usher in the new position of 2nd Chair.

Board Study Into the Need to Regulate Diagnostic Medical Sonographer

Mr. Wells provided an overview of the Diagnostic Medical Sonographer study findings. He advised that after reviewing the study materials that the Regulatory Research Committee deemed that Criterion One: Risk for Harm to the Consumer was not met. There was insufficient evidence of harm attributable to the practice of diagnostic medical sonography by individuals credentialed to justify their regulation by the state. However, the Regulatory Research Committee did have concern about the use of 3-D ultrasound medical devices by unlicensed people taking "Keepsake" fetal sonograms. This matter is being referred to the full Board for further discussion.

Motion: Dr. Doyle moved and Dr. O'Connor seconded acceptance of the Regulatory Research Committee's findings.

Discussion and Amended Motion: Upon discussion, an amendment was made to the original motion to table the discussion of the fetal imaging concerns to the November 10, 2020 agenda. The motion was properly seconded, all members voted in favor, none opposed.

**Board Study
into the Need to
Regulate
Naturopathic
Doctors**

Mr. Wells provided an overview of the Naturopathic Doctor study findings. He stated that the Committee found sufficient evidence of all six criterion and recommended, under criterion seven, licensure of the profession. The Committee requested that the scope of practice include physical exams, ordering lab tests and interpretation of lab tests, ordering x-rays or other videography but with the interpretation by another qualified practitioner. Further, there should be no prescriptive authority for legend drugs. The profession should be regulated under the Board of Medicine. Also, lay practitioners who are not licensed under this chapter should not be precluded from (i) providing natural health consulting on Ayurvedic medicine, traditional naturopathic therapies, herbalism, nutritional advice, or homeopathy, or (ii) from selling vitamins and herbs, provided the person or lay practitioner does not use any title prohibited under § 54.1-2956.14.

A motion to approve the Committees recommendations was made by Mr. Salay and properly seconded.

After discussion and review of the Criteria, the Board voted on the Committee's recommendations. Five members (Dr. Doyle, Ms. Hershkowitz, Mr. Salay, Dr. Rackets, and Mr. Wells) were in favor of licensure, six members (Dr. O'Connor, Dr. Clayton-Jeter, Mr. Logan, Dr. Jones, Jr., Dr. Stewart, Mr. Chaudhary) opposed licensure. The motion failed.

**Executive
Director's
Report**

Due to time constraints, Dr. Carter requested that the Executive Director's Report be carried over to the November 10, 2020 meeting.

**Healthcare
Workforce Data
Center**

Due to time constraints, Dr. Carter requested that the Healthcare Workforce Data Center report also be carried over to the November 10, 2020 meeting.

**Individual
Board Reports**

Board of Medicine - Dr. O'Connor stated that the Board cancelled all June meetings and had just recently begun board hearings. He provided that disciplinary hearings are stacking up so the October meeting (hopefully to be held in person) will have a full schedule to include informal conferences. Dr. O'Connor commended Board staff for keeping up with credentialing of the boards professions.

Board of Nursing - Ms. Hershkowitz (Attachment 2)

Board of Optometry - Dr. Clayton-Jeter (Attachment 3)

Board of Audiology & Speech-Language Pathology - no report

Board of Counseling - Dr. Doyle (Attachment 4)

Board of Funeral Directors & Embalmers - no report

Board of Long-Term Care Administrators - no report

Board of Pharmacy - Mr. Logan reported that the Board of Pharmacy held a virtual meeting and public hearing on June 16, 2020. He stated that the Board is receiving approximately 100 applications for registered patients weekly.

Board of Psychology - Dr. Stewart (Attachment 5)

Board of Social Work - Mr. Salay (Attachment 6)

Board of Physical Therapy - Dr. Jones, Jr. (Attachment 7)

Board of Veterinary Medicine - no report

Board of Dentistry - vacant

New Business There was no new business.

Next Full Board Meeting Dr. Jones, Jr. advised the Board that the next meeting is scheduled for November 10, 2020 at 10:00 a.m.

Adjourned The meeting adjourned at 1:26 p.m.

Vice Chair Signature Allen Jones, Jr., DPT
_____ / ____ / _____

Board Exec. Director Signature Elizabeth A. Carter, PhD
_____ / ____ / _____

Legislation Assigned to DHP in the Special Session of the General Assembly

SB 5070 Nurse practitioners; practice without a practice agreement.

Introduced by: [Jennifer A. Kiggans](#) |

SUMMARY AS INTRODUCED:

Nurse practitioners; practice without a practice agreement. Reduces the number of years of full-time clinical experience a nurse practitioner must have to be eligible to practice without a written or electronic practice agreement from five years to two years.

HB 5057 Health care providers, certain; licensure or certification by endorsement.

Introduced by: [Nicholas J. Freitas](#) |

SUMMARY AS INTRODUCED:

Certain health care providers; licensure or certification by endorsement. Requires the Board of Health to issue a certification by endorsement to any applicant for certification as an emergency medical services provider who holds a valid, unrestricted licensure or certification as an emergency medical services provider under the laws of another state, the District of Columbia, or a United States possession or territory and, in the opinion of the Board of Health, meets the qualifications necessary for certification as an emergency medical services provider in the Commonwealth. The bill also requires the Board of Medicine to issue a license or certificate by endorsement to an applicant who holds a valid, unrestricted license or certificate under the laws of another state, the District of Columbia, or a United States territory or possession with which the Commonwealth has not established a reciprocal relationship upon endorsement by the appropriate board or other appropriate authority of such other states, the District of Columbia, or United States territory or possession and a determination by the Board of Medicine that the applicant's credentials are satisfactory to the Board of Medicine and the examinations and passing grades required by such other board or authority are fully equal to those required by the Board of Medicine.

Department of Health Professions Current Regulatory Actions

Board		Board of Audiology and Speech-Language Pathology		
Chapter	Action / Stage Information			
[18 VAC 30 - 21]	Regulations Governing the Practice of Audiology and Speech-Language Pathology	<table border="1" style="width: 100%;"> <tr> <td style="background-color: #ffffcc;">Handling fee [Action 5491]</td> </tr> <tr> <td style="background-color: #ffffcc;">Fast-Track - Register Date: 8/31/20 [Stage 8909]</td> </tr> </table>	Handling fee [Action 5491]	Fast-Track - Register Date: 8/31/20 [Stage 8909]
Handling fee [Action 5491]				
Fast-Track - Register Date: 8/31/20 [Stage 8909]				
Board		Board of Counseling		
Chapter	Action / Stage Information			
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	<table border="1" style="width: 100%;"> <tr> <td style="background-color: #ffffcc;">Unprofessional conduct - conversion therapy [Action 5225]</td> </tr> <tr> <td style="background-color: #ffffcc;">Proposed - Register Date: 8/31/20 [Stage 8743]</td> </tr> </table>	Unprofessional conduct - conversion therapy [Action 5225]	Proposed - Register Date: 8/31/20 [Stage 8743]
Unprofessional conduct - conversion therapy [Action 5225]				
Proposed - Register Date: 8/31/20 [Stage 8743]				
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	<table border="1" style="width: 100%;"> <tr> <td style="background-color: #ffffcc;">Periodic review [Action 5230]</td> </tr> <tr> <td style="background-color: #ffffcc;">Proposed - At Secretary's Office [Stage 8872]</td> </tr> </table>	Periodic review [Action 5230]	Proposed - At Secretary's Office [Stage 8872]
Periodic review [Action 5230]				
Proposed - At Secretary's Office [Stage 8872]				
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	<table border="1" style="width: 100%;"> <tr> <td style="background-color: #ffffcc;">Resident license [Action 5371]</td> </tr> <tr> <td style="background-color: #ffffcc;">Proposed - Register Date: 9/14/20 [Stage 8897]</td> </tr> </table>	Resident license [Action 5371]	Proposed - Register Date: 9/14/20 [Stage 8897]
Resident license [Action 5371]				
Proposed - Register Date: 9/14/20 [Stage 8897]				
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	<table border="1" style="width: 100%;"> <tr> <td style="background-color: #ffffcc;">Handling fee - returned check [Action 5436]</td> </tr> <tr> <td style="background-color: #ffffcc;">Fast-Track - Register Date: 8/31/20 [Stage 8832]</td> </tr> </table>	Handling fee - returned check [Action 5436]	Fast-Track - Register Date: 8/31/20 [Stage 8832]
Handling fee - returned check [Action 5436]				
Fast-Track - Register Date: 8/31/20 [Stage 8832]				
[18 VAC 115 - 40]	Regulations Governing the Certification of Rehabilitation Providers	<table border="1" style="width: 100%;"> <tr> <td style="background-color: #ffffcc;">Periodic review [Action 5305]</td> </tr> <tr> <td style="background-color: #ffffcc;">Proposed - Register Date: 9/14/20 [Stage 8908]</td> </tr> </table>	Periodic review [Action 5305]	Proposed - Register Date: 9/14/20 [Stage 8908]
Periodic review [Action 5305]				
Proposed - Register Date: 9/14/20 [Stage 8908]				
[18 VAC 115 - 80]	Regulations Governing the Registration of Qualified Mental Health Professionals	<table border="1" style="width: 100%;"> <tr> <td style="background-color: #ffffcc;">Registration of QMHP-trainees [Action 5444]</td> </tr> <tr> <td style="background-color: #ffffcc;">Fast-Track - Register Date: 9/14/20 [Stage 8843]</td> </tr> </table>	Registration of QMHP-trainees [Action 5444]	Fast-Track - Register Date: 9/14/20 [Stage 8843]
Registration of QMHP-trainees [Action 5444]				
Fast-Track - Register Date: 9/14/20 [Stage 8843]				
Board		Board of Dentistry		
Chapter	Action / Stage Information			

[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Waiver for e-prescribing [Action 5382] Emergency/NOIRA - Register Date: 12/23/19 [Stage 8755]
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Amendment to restriction on advertising dental specialties [Action 4920] Proposed - At Governor's Office [Stage 8500]
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Administration of sedation and anesthesia [Action 5056] Proposed - Register Date: 9/14/20 [Stage 8502]
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Technical correction [Action 5198] Fast-Track - At Governor's Office [Stage 8622]
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Handling fee/returned check [Action 5451] Fast-Track - Register Date: 8/31/20 [Stage 8855]
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Change in renewal schedule [Action 4975] Final - Register Date: 7/20/20 [Stage 8853]
[18 VAC 60 - 25]	Regulations Governing the Practice of Dental Hygiene	Protocols for remote supervision of VDH and DBHDS dental hygienists [Action 5323] Proposed - Register Date: 9/14/20 [Stage 8854]
[18 VAC 60 - 30]	Regulations Governing the Practice of Dental Assistants	Training in infection control [Action 5505] NOIRA - At Secretary's Office [Stage 8932]
[18 VAC 60 - 30]	Regulations Governing the Practice of Dental Assistants	Education and training for dental assistants II [Action 4916] Proposed - Register Date: 1/20/20 [Stage 8508]

Board	Board of Funeral Directors and Embalmers	
Chapter		Action / Stage Information
[18 VAC 65 - 20]	Regulations of the Board of Funeral Directors and Embalmers	Results of periodic review [Action 5165] Final - At Secretary's Office [Stage 9020]
[18 VAC 65 - 30]	Regulations for Preneed Funeral Planning	Periodic review 2018 [Action 5220] Final - At Secretary's Office [Stage 9021]
[18 VAC 65 - 40]	Regulations for the Funeral Service Intern Program	Periodic review 2019 [Action 5221] Proposed - At Governor's Office [Stage 8787]

Board	Board of Long-Term Care Administrators
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Chapter		Action / Stage Information
[18 VAC 95 - 15]	Regulations Governing Delegation to an Agency Subordinate [under development]	<u>Replacement of section from Chapter 20 on delegation to an agency subordinate</u> [Action 5465] Fast-Track - At Governor's Office [Stage 8873]
[18 VAC 95 - 30]	Regulations Governing the Practice of Assisted Living Facility Administrators	<u>Recommendations of RAP on qualifications for licensure</u> [Action 5471] NOIRA - At Secretary's Office [Stage 8883]

Board	Board of Medicine
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Chapter		Action / Stage Information
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	<u>Conversion therapy</u> [Action 5412] NOIRA - Register Date: 8/31/20 [Stage 8797]
[18 VAC 85 - 21]	Regulations Governing Prescribing of Opioids and Buprenorphine	<u>Waiver for e-prescribing of an opioid</u> [Action 5355] Proposed - Register Date: 9/14/20 [Stage 8840]
[18 VAC 85 - 40]	Regulations Governing the Practice of Respiratory Therapists	<u>CE credit for specialty examination</u> [Action 5486] Fast-Track - Register Date: 8/31/20 [Stage 8902]
[18 VAC 85 - 50]	Regulations Governing the Practice of Physician Assistants	<u>Practice with patient care team physician</u> [Action 5357] Proposed - Register Date: 8/31/20 [Stage 8839]
[18 VAC 85 - 160]	Regulations Governing the Registration of Surgical Assistants and Surgical Technologists	<u>Licensure of surgical assistants</u> [Action 5580] Final - AT Attorney General's Office [Stage 9039]

Board	Board of Nursing
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Chapter		Action / Stage Information
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	<u>Unprofessional conduct - conversion therapy</u> [Action 5430] NOIRA - Register Date: 8/31/20 [Stage 8826]
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	<u>Name tag requirement for foreign graduates</u> [Action 5479] Fast-Track - Register Date: 8/31/20 [Stage 8891]

[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	Registration of clinical nurse specialists [Action 5306] Final - <i>At Secretary's Office</i> [Stage 9023]
[18 VAC 90 - 26]	Regulations for Nurse Aide Education Programs	Implementing Result of Periodic Review [Action 5157] Proposed - <i>Register Date: 9/14/20</i> [Stage 8837]
[18 VAC 90 - 27]	Regulations Governing Nursing Education Programs	Use of simulation [Action 5402] Proposed - <i>DPB Review in progress</i> [Stage 9024]
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	Unprofessional conduct/conversion therapy [Action 5441] NOIRA - <i>Register Date: 8/31/20</i> [Stage 8838]
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	Autonomous practice [Action 5132] Final - <i>Register Date: 6/22/20</i> [Stage 8907]
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	Waiver for electronic prescribing [Action 5413] Proposed - <i>AT Attorney General's Office</i> [Stage 9038]
[18 VAC 90 - 50]	Regulations Governing the Licensure of Massage Therapists	 Conformity to 2020 legislation [Action 5569] Final - <i>Register Date: 8/31/20</i> [Stage 9025]

Board




Board of Optometry


Chapter		Action / Stage Information
[18 VAC 105 - 20]	Regulations of the Virginia Board of Optometry	Waiver for e-prescribing [Action 5438] Emergency/NOIRA - <i>Register Date: 9/14/20</i> [Stage 8834]
[18 VAC 105 - 20]	Regulations of the Virginia Board of Optometry	Repeal of professional designation rules and fees [Action 5426] Fast-Track - <i>Register Date: 9/14/20</i> [Stage 8819]

Board

Board of Pharmacy

Chapter		Action / Stage Information
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	Use of medication carousels and RFID technology [Action 5480] NOIRA - <i>Register Date: 9/14/20</i> [Stage 8892]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	Delivery of dispensed prescriptions; labeling [Action 5093] Proposed - <i>Register Date: 2/3/20</i> [Stage 8779]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	Handling fee [Action 5519] Fast-Track - <i>At Secretary's Office</i> [Stage 8953]

[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	<u>Prohibition against incentives to transfer prescriptions</u> [Action 4186] Final - At Governor's Office [Stage 7888]									
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	<u>Increase in fees</u> [Action 4938] Final - At Governor's Office [Stage 8777]									
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	<u>Brown bagging and white bagging</u> [Action 4968] Final - At Secretary's Office [Stage 8947]									
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	 <u>Placement of chemicals in Schedule I</u> [Action 5517] Final - Register Date: 7/6/20 [Stage 8951]									
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	 <u>Scheduling for conformity to DEA scheduling</u> [Action 5518] Final - Register Date: 7/6/20 [Stage 8952]									
[18 VAC 110 - 21]	Regulations Governing the Licensure of Pharmacists and Registration of Pharmacy Technicians	<u>CE credit for volunteer hours</u> [Action 5546] Fast-Track - At Secretary's Office [Stage 8986]									
[18 VAC 110 - 50]	Regulations Governing Wholesale Distributors, Manufacturers and Warehouse	<u>Delivery of Schedule VI prescription devices</u> [Action 5084] Final - At Secretary's Office [Stage 8950]									
[18 VAC 110 - 60]	Regulations Governing Pharmaceutical Processors	<u>Prohibition of products for vaping or inhalation with vitamin E acetate</u> [Action 5452] Emergency/NOIRA - Register Date: 8/31/20 [Stage 8856]									
[18 VAC 110 - 60]	Regulations Governing Pharmaceutical Processors	<u>Registered agents and wholesale distribution</u> [Action 5398] Proposed - At Secretary's Office [Stage 8948]									
[18 VAC 110 - 60]	Regulations Governing Pharmaceutical Processors	 <u>Conforming to 2020 legislation</u> [Action 5545] Final - Register Date: 8/31/20 [Stage 8985]									
<table border="1"> <tr> <td style="background-color: #2c4e64; color: white; text-align: center;">Board</td> <td colspan="2" style="text-align: center;">Board of Physical Therapy</td> </tr> <tr> <td style="background-color: #2c4e64; color: white;">Chapter</td> <td colspan="2" style="background-color: #2c4e64; color: white;">Action / Stage Information</td> </tr> <tr> <td>[18 VAC 112 - 20]</td> <td>Regulations Governing the Practice of Physical Therapy</td> <td> <u>Implementation of the Physical Therapy Compact</u> [Action 5362] Proposed - Register Date: 8/31/20 [Stage 8898] </td> </tr> </table>			Board	Board of Physical Therapy		Chapter	Action / Stage Information		[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	<u>Implementation of the Physical Therapy Compact</u> [Action 5362] Proposed - Register Date: 8/31/20 [Stage 8898]
Board	Board of Physical Therapy										
Chapter	Action / Stage Information										
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	<u>Implementation of the Physical Therapy Compact</u> [Action 5362] Proposed - Register Date: 8/31/20 [Stage 8898]									

[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	Practice of dry needling [Action 4375] Final - Register Date: 9/14/20 [Stage 8723]
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	 Renewal fee reduction [Action 5589] Final - AT Attorney General's Office [Stage 9052]
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	Periodic review [Action 5228] Final - At DPB [Stage 9053]

Board	Board of Psychology
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Chapter	Action / Stage Information	
[18 VAC 125 - 20]	Regulations Governing the Practice of Psychology	Implementation of Psychology Interstate Compact [Action 5567] Emergency/NOIRA - At Secretary's Office [Stage 9019]
[18 VAC 125 - 20]	Regulations Governing the Practice of Psychology	Unprofessional conduct/conversion therapy [Action 5218] Proposed - Register Date: 8/31/20 [Stage 8802]
[18 VAC 125 - 20]	Regulations Governing the Practice of Psychology	Result of Periodic Review [Action 4897] Final - At Governor's Office [Stage 8899]

Board	Board of Social Work
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Chapter	Action / Stage Information	
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	Unprofessional conduct/practice of conversion therapy [Action 5241] Proposed - Register Date: 8/31/20 [Stage 8763]
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	Correction to qualification for LBSW licensure [Action 5494] Fast-Track - Register Date: 8/31/20 [Stage 8912]

VIRGINIA BOARD OF HEALTH PROFESSIONS

BYLAWS

ARTICLE I. Name.

This body shall be known as the Virginia Board of Health Professions as set forth in the *Code of Virginia* Chapter 25, Title 54.1, Subtitle III, hereinafter referred to as the Board.

ARTICLE II. Powers and Duties.

The powers and duties of the Board (§54.1-2510 *Code of Virginia*) are:

1. To evaluate the need for coordination among the health regulatory boards and their staffs and report its findings and recommendations to the Director (of the Department of Health Professions) and the boards (within the Department of Health Professions);
2. To evaluate all health care professions and occupations in the Commonwealth, including those regulated and those not regulated by other provisions of Title 54.1, Subtitle III, *Code of Virginia*, to consider whether each such profession or occupation should be regulated and the degree of regulation to be imposed. Whenever the Board determines that the public interest requires that a health care profession or occupation which is not regulated by law should be regulated, the Board shall recommend to the General Assembly a regulatory system to establish the appropriate degree of regulation;
3. To review and comment on the budget for the Department;
4. To provide a means of citizen access to the Department;
5. To provide a means of publicizing the policies and programs of the Department in order to educate the public and elicit public support for Department activities;
6. To monitor the policies and activities of the Department, serve as a forum for resolving conflicts among the health regulatory boards and between the health regulatory boards and the Department and have access to Departmental information;
7. To advise the Governor, the General Assembly and the Director on matters relating to the regulation or deregulation of health care professions and occupations;
8. To make bylaws for the government of the Board of Health Professions and the proper fulfillment of its duties under Chapter 25 of the *Code of Virginia*;

9. To promote the development of standards to evaluate the competency of the professions and occupations represented on the Board of Health Professions;
10. To review and comment, as it deems appropriate, on all regulations promulgated or proposed for issuance by the health regulatory boards under the auspices of the Department. At least one member of the relevant Board shall be invited to present during any comments by the Board on proposed board regulations;
11. To review periodically the investigatory, disciplinary and enforcement processes of the Department and the individual boards to ensure the protection of the public and the fair and equitable treatment of health professionals;
12. To examine the scope of practice conflicts involving regulated and unregulated professions and advise the health regulatory boards and the General Assembly of the nature and degree of such conflicts;
13. To receive, review, and forward to the appropriate health regulatory board any departmental investigative reports related to complaints of violations by practitioners to Chapter 24.1 (§54.1-2410 et seq.) of the *Code of Virginia*, entitled “Practitioner Self-Referral Act.”;
14. To determine compliance with and violations of and grant exceptions to the prohibitions set forth in the “Practitioner Self-Referral Act” (Chapter 24.1 §54.1-2410 et seq. of the *Code of Virginia*); and
15. To take appropriate actions against entities, other than practitioners as defined in §54.1-2410 et seq. of the *Code of Virginia*, for violations of the “Practitioner Self-Referral Act.”

ARTICLE III. Members.

1. The membership of the Board shall be the persons appointed by the Governor of the Commonwealth as set forth in the *Code of Virginia* (§54.1-2507).
2. Members of the Board shall attend all regular and special meetings of the Board unless prevented by illness or other unavoidable cause.

ARTICLE IV. Officers and Election.

1. The Officers of the Board shall be the Chair, the First Vice Chair, and the Second Vice Chair.
2. The Officers shall be elected by the Board members at the Annual Meeting of the Board

each fall.

3. The term of office shall be for the next calendar year following the election, or until the successor shall be elected as herein provided.
4. A vacancy occurring in any elected position shall be filled by the Board at the next meeting.

ARTICLE V. Duties of Officers.

1. The Chair shall preside at all meetings of the Board; appoint all committees, except as where specifically provided by law; call special meetings; and perform duties as prescribed by parliamentary authority.
2. The First Vice Chair shall act as Chair in the absence of the Chair, and the Second Vice Chair shall act in the absence of both the Chair and the First Vice Chair.

ARTICLE VI. Executive Committee.

1. This Committee shall consist of the Officers.
2. The Committee shall review matters of interest to the Board and may make recommendations to the Board.
3. The Chair of the Board shall be the Chair of the Committee.

ARTICLE VII. Committees.

1. The Chair may appoint committees as necessary to assist in fulfilling the duties of the Board.
2. The committees shall be advisory to the Board and shall offer recommendations to the Board for final action.

ARTICLE VIII. Meetings.

1. The Board shall meet at least one time per year on a date at the discretion of the Board.

2. Special meetings shall be called by the Chair or by written request to the Chair of any three members of the board, provided that there is at least seven days' notice given to Board members.
3. A quorum for any Board meeting shall consist of a majority of the members of the board. A quorum for any committee shall consist of a majority of committee members. No member shall vote by proxy.
4. A majority vote of the members present shall determine all matters at any meeting, regular or special, unless otherwise provided herein.
5. Members shall attend all scheduled meetings of the Board and committees to which they serve. In the event of two consecutive absences at any meeting of the Board or its committees, the Chair shall make a recommendation to the Director of the Department of Health Professions for referral to the Secretary of Health and Human Resources and Secretary of the Commonwealth.

ARTICLE IX. Parliamentary Authority.

The rules contained in the current edition of Robert's Rules of Order shall govern the Board in all cases to which they are applicable and in which they are not inconsistent with these bylaws and any special rules the Board may adopt and any statutes applicable to the Board.

ARTICLE X. Amendment of Bylaws.

The bylaws may be amended at any meeting of the Board by an affirmative vote of two-thirds of the members present, provided the proposed amendment was distributed to all members of the Board at least 30 days in advance.

**Virginia Board of Nursing
Report to the Board of Health Professions Meeting
August 20, 2020**

The Board of Nursing resumed “in person” hearings July 21, 2020. It continues to conduct hearings in person, with carefully managed public health precautions. The Board will initiate virtual Business Meetings in October.

The National Council of State Boards of Nursing (NCSBN) held a virtual Delegate Assembly on August 12, 2020. Marie Gerardo, First Vice-President of the Board and I served as Virginia’s Delegates. The Assembly approved a revised APRN (Advanced Practice Registered Nurse) Compact, with the hope of having seven states approve it, which will allow it to move forward. As BHP members may be aware, the Nurse Licensure Compact, which provides for multi-state licensure of RNs and LPNs is currently in effect in 33 states, including Virginia, with more states pending legislative approval.

Of significant note, Jay P. Douglas, Executive Director of the Virginia Board of Nursing was elected President-Elect of NCSBN, taking office on August 12, 2020 for a two-year term before becoming President. Ms. Douglas has previously served on the NCSBN Board of Directors as Region III Director.

Respectfully submitted,

Louise Hershkowitz, CRNA, MSHA

Statistics

Last board meeting held on July 17, 2020. Next board meeting scheduled for October 16, 2020.

Complaints

FY2017 Received - 36	FY2018 Received - 42	FY2019 Received - 29	FY2020 Received - 35
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Licenses

Y-T-D as of 02/20/19

Total – 1,989	TPA – 1,642	DPA – 87	Professional Designations - 260
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Activities of the Board:

- Board staff is 100% teleworking. Licensing staff shifted to paperless licensure files. Discipline staff has shifted to paperless activities wherever possible and just implemented SharePoint. Board members are now able to access electronic case discipline files on a shared, secure platform.
- Regulatory action to repeal Professional Designations is awaiting publication for public comment.
- Regulatory action for e-prescribing waiver is awaiting publication for public comment. To date only four waiver requests have been received and granted.
- During the Board’s July meeting, the following actions were taken:
 - o Voted to forgo CE audit for previous licensure period due to the pandemic and staff resources. The Board took no action to adjust the CE requirements for the current licensure period. Although the regulations require real-time, interactive activities where the presenter and the licensee must be able to interact, the Board discussed that the requirements are written in a manner to permit virtual activities.
 - o Voted to resubmit legislation to “clean-up” Optometry statute to remove outdated language.
 - o Voted to handle requests for waiver of experience requirements for the spouse of active duty military or veteran on a case-by-case basis by the Executive Director in consultation with the Board’s President.
 - o Voted to adopt the 2020 Healthcare Workforce Data Center Survey.
 - o Voted to adopt a telemedicine guidance document which will be published for public comment before becoming effective.
 - o Voted to convene the TPA-Formulary Committee to review 18VAC105-20-47(A)(2), Topically Administered Schedule VI Agents, of the regulations and make recommendations to the Board at its next meeting.
- The Federal Contact Lens Rule is being amended to require documentation that a patient received a copy of his/her contact lens prescription. In addition, new requirements will apply to contact lens sellers. Once an effective date is known, the Board will need to review the amendments for possible regulatory changes.

Counseling Monthly Snapshot for June 2020

Counseling has closed more cases in June than received cases. Counseling has closed 21 patient care cases and 9 non-patient care cases for a total of 30 cases.

Cases Closed	
Patient Care	21
Non-Patient Care	9
Total	30

The board has received 15 patient care cases and 11 non-patient care cases for a total of 26 cases.

Case Received	
Patient Care	15
Non-Patient Care	11
Total	26

As of June 31, 2020 there are 119 patient care cases open and 71 non-patient care cases open for a total of 190 cases.

Case Open	
Patient Care	119
Non-Patient Care	71
Total	190

There are 35823 Counseling licensees as of July 1, 2020. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Certified Substance Abuse Counselor	1972
Licensed Marriage and Family Therapist	938
Licensed Professional Counselor	6562
Qualified Mental Health Prof-Adult	7924
Qualified Mental Health Prof-Child	7042
Registered Peer Recovery Specialist	313
Rehabilitation Provider	192
Resident In Counseling	4181
Resident in Marriage and Family Therapy	224
Resident in Substance Abuse Treatment	9
Substance Abuse Counseling Assistant	280
Substance Abuse Trainee	2034
Substance Abuse Treatment Practitioner	307
Trainee for Qualified Mental Health Prof	3845
Total for Counseling	35823

There were 555 licenses issued for Counseling for the month of June. The number of licenses issued are broken down by profession in the following chart.

License Issued	
Certified Substance Abuse Counselor	8
Licensed Marriage and Family Therapist	27
Licensed Professional Counselor	154
Pre-Education Review-Counseling	3
Qualified Mental Health Prof-Adult	65

Qualified Mental Health Prof-Child	45
Registered Peer Recovery Specialist	4
Resident In Counseling	71
Resident in Marriage and Family Therapy	2
Resident in Substance Abuse Treatment	1
Substance Abuse Counseling Assistant	7
Substance Abuse Trainee	21
Substance Abuse Treatment Practitioner	6
Trainee for Qualified Mental Health Prof	141
Total for Counseling	555

Current Licenses as of August 20, 2020	
Profession	Current Licensees
<i>Certified Substance Abuse Counselor</i>	1855
<i>Licensed Marriage and Family Therapist</i>	901
<i>Licensed Professional Counselor</i>	6518
<i>Certified Rehab Counselor</i>	193
<i>Qualified Mental Health Prof-Adult</i>	7076
<i>Qualified Mental Health Prof-Child</i>	5663
<i>Registered Peer Recovery Specialist</i>	280
<i>Resident In Counseling</i>	4175
<i>Resident in Marriage and Family Therapy</i>	231
<i>Resident in Substance Abuse Treatment</i>	9
<i>Substance Abuse Counseling Assistant</i>	238
<i>Substance Abuse Trainee</i>	2040
<i>Substance Abuse Treatment Practitioner</i>	298
<i>Trainee for Qualified Mental Health Prof</i>	4064
Total for Counseling	35,541

Regulatory Changes

Section	Change	Stage
18VAC115-20	Handling Fee – Returned Check	Fast Track; Register date - 8/31/20
18VAC115-20	Periodic Review for Professional Counseling	Proposed: At the Secretary’s Office
18VAC115-40	Periodic Review for Certified Rehab Providers	Proposed: Register Date – 9/14/2020
18VAC115-20	Resident License: Regulations implement the statutory mandate for issuance of a temporary license for a residency in counseling. The amendments set fees for initial and renewal of a resident license, qualifications for the issuance of a license and for its renewal, limitations on the number of times a resident may renew the temporary license, and a time limit for passage of the licensing examination. Amendments in Chapter 20 for professional counselors are duplicated in Chapter 50 for marriage and family therapists and in Chapter 60 of licensed substance abuse treatment practitioners.	Proposed: Register Date – 9/14/2020
18VAC115-20, 18 VAC115-30, 18VAC115-50, 18VAC115-60	Specify in Regulations that the standard of practice requiring persons licensed, certified or registered by the board to “Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare” precludes the provision of conversion therapy and to define what conversion therapy is and is not.	Proposed: Register Date: 8/31/2020
18VAC-115-80	Regulations governing the registration of QMHP trainees	Fast Track: Register Date -9/14/2020

Actions Taken in Response to Covid-19:

-Asked the Governor for a Waiver for the required internship hours as many of the sites were closed.

-We gave all licensees a one-year extension for CEs

-We began issuing Temporary licenses. As of today, we have issued 498 temporary LPC licenses and 131 LMFT licenses. The temporary license expire 9.8.2020 and the hope is that many of these individuals apply by endorsement.

On the horizon: The Secretary of the Commonwealth has appointed the Art Therapy Advisory Board so we will be planning to adopt regulations for the Governing of Art Therapists soon.

NEXT MEETING: August 21 2020



Virginia Department of
Health Professions
Board of Psychology

Psychology has closed more cases in June than received. Psychology has closed 10 patient care cases and 3 non-patient care cases for a total of 13 cases.

Cases Closed	
Patient Care	10
Non-Patient Care	3
Total	13

The board has received 6 patient care cases and 4 non-patient care cases for a total of 10 cases.

Cases Received	
Patient Care	6
Non-Patient Care	4
Total	10

As of June 30, 2020 there are 73 patient care cases open and 16 non-patient care cases open for a total of 89 cases.

Case Open	
Patient Care	73
Non Patient Care	16
Total	89

There were 131 licenses issued for psychology for the month of June. The number of licenses issued are broken down by profession in the following chart.

License Issued	
Clinical Psychologist	129
Resident in Training	1
School Psychology- Limited	1
Total for Psychology	131

Current Licenses as of August 20, 2020	
Profession	Current Licenses
<i>Applied Psychologist</i>	28
<i>Clinical Psychologist</i>	3822
<i>Resident in School Psychology</i>	10
<i>Resident in Training</i>	798
<i>School Psychologist</i>	193
<i>School Psychologist-Limited</i>	569
<i>Sex Offender Treatment Provider</i>	426
<i>SOTP Trainee</i>	137
Total for Psychology	5883

Regulatory Changes

Section	Change	Stage
18VAC125-20	The Board intends to specify in section 150 that the standard of practice requiring licensed psychologists to “avoid harming patients or clients, research participants, students and others for whom they provide professional services and minimize harm when it is foreseeable and unavoidable” includes the provision of conversion therapy and to define what conversion therapy is and is not. The goal is to align regulations of the Board with the stated policy and ethics for the profession.	Proposed Stage: Register Date: 8/31/2020
18VAC125-20	Periodic Review: The Board intends to update its regulations for consistency and clarity, reduce the regulatory hurdle for licensure by endorsement, increase the opportunities for continuing education credits, specify a time frame within which an applicant must have passed the national examination, and simplify the requirement for individual supervision in a residency. The Board will also consider requiring all psychology doctoral programs to be accredited by the American Psychological Association, the Canadian Psychologic Association or another accrediting body acceptable to the Board within three years of the effective date of the regulation. Finally, the Board intends to revamp its regulations on standards of conduct to emphasize rules for professionalism, confidentiality, client records, and prohibitions on dual relationships.	Final: At Governor’s Office
18VAC125-20	Implementation of Psychology Interstate Compact Chapter 1162 of the 2020 Acts of the Assembly mandates membership of the Commonwealth of Virginia in the Psychology Interjurisdictional Compact and requires the Board to promulgate regulations to implement the provisions of the act to be effective within 280 days of enactment. Amendments add definitions consistent with the Compact and revise the standards of practice and the grounds for disciplinary action to ensure that they cover persons practicing with an E.Passport or temporary authorization to practice in Virginia through the Compact.	Emergency/NOIRA: At Secretary’s Office

Actions Taken During Covid:

- Gave all licensees a one-year extension to complete CEs.
- We began issuing Temporary Licenses. As of today, we have issued 597 LCP licenses. These licenses expire on 9/8/2020 and we hope many will apply by endorsement.

On the Horizon:

- We are undergoing a periodic review of the Sex Offender Treatment Provider Regulations and will be holding a Regulatory Advisory Panel (RAP) on September 10, 2020 to discuss any changes to the regulations that will then be presented to the Regulatory Committee at its October 25, 2020 meeting.
- Changes to the EPPP

Next Meeting:

October 26, 2020



Virginia Department of Health Professions

Board of Social Work

Social Work Monthly Snapshot for June 2020

Social Work has closed more cases in June than received. Social Work has closed 22 patient care cases and 11 non-patient care cases for a total of 33 cases.

Cases Closed	
Patient Care	22
Non-Patient Care	11
Total	33

The board has received 3 patient care cases and 4 non-patient care cases for a total of 7 cases.

Cases Received	
Patient Care	3
Non-Patient Care	4
Total	7

As of June 31, 2020 there are 41 patient care cases open and 12 non-patient care cases open for a total of 53 cases.

Case Open	
Patient Care	41
Non-Patient Care	12
Total	53

There were 182 licenses issued for social work for the month of June. The number of licenses issued are broken down by profession in the following chart.

License Issued	
Licensed Clinical Social Worker	131
Licensed Master's Social Worker	15
Registration of Supervision	36
Total for Social Work	182

Current Licenses as of August 20, 2020	
Profession	Current Licenses
<i>Associate Social Worker</i>	1
<i>Licensed Baccalaureate Social Worker</i>	22
<i>Licensed Clinical Social Worker</i>	7359
<i>Licensed Master's Social Worker</i>	811
<i>LSW Supervision</i>	8
<i>Registered Social Worker</i>	8
<i>Registration of Supervision</i>	2608
Total for Social Work	10817

Regulatory Changes

Section	Change	Stage
18VAC140-20	Unprofessional Conduct/Practice of Conversion Therapy	Proposed: Register Date: 8/31/2020
18VAC140-20	Correction to qualification for LBSW	Fast Track: Register Date: 8/31/2020

News Update:

The Board wants to focus on workforce issues and ensuring that any regulatory and policy changes protect the public but also ensure that the workforce needs are met. The Board is also discussing the LMSW in more detail to determine that it is in line with the ASWB model Act and promotes mobility.

Actions taken during Covid:

- Gave each licensee a year extension to complete CEs
- Issued Temporary licenses. As of today, we have issued 464 LCSW licenses. These licenses expire on 9/8/2020 and we hope many will apply by endorsement.

Also will be adding Music Therapists and an Advisory Board this year pursuant to recent legislation. As of today, the advisory board members have not been appointed.

Next Board Meeting:

September 25, 2020

Board of Physical Therapy

Last Meeting: August 11, 2020

Next Meeting: November 17, 2020

Updates:

- The Board convened a virtual business meeting on August 11, 2020. The Board discussed a number of issues and completed a number of action items:
 - The Board adopted final regulations resulting from a periodic review of the Board's practice regulations.
 - The Board considered revisions to two guidance documents as a result of some issues identified during the COVID pandemic. One of those guidance documents relating to Telehealth has been referred to the Legislative/Regulatory Committee for further review and recommendation.
 - The Board considered and approved a fee reduction for 2020 renewals.
 - The Board considered and approved an exemption to the CE requirements for licensees renewing in 2020.
 - The Board elected Dr. Allen R. Jones, Jr., PT, DPT, as President, and Dr. Mira Mariano, PT, PhD, as Vice President.

- The Board reviewed a Board Assessment Resource (BAR) tool created by the Federation of State Boards of Physical Therapy, which is a tool designed to help walk Boards through a self-assessment of their effectiveness in licensing and discipline operations and providing information to licensees and stakeholders.

- Since the Board's meeting on August 11th, there has been some movement on final regulations for the practice of dry needling by physical therapists. The regulations have been in process for the past 3.5 years. The regulations have a pending effective date of October 29, 2020, once the final comment period ends.

D. Election of Officers

1. The Nomination Committee shall present a slate of officers for Chairman and Vice-Chairman at the meeting scheduled prior to July 1. The election of officers shall occur at the first scheduled Board meeting following July 1 of each year, and elected officers shall assume their duties at the end of the meeting.
2. Officers shall be elected at a meeting of the Board with a quorum present.
3. The Chairperson shall ask for additional nominations from the floor by office.
4. Voting shall be by voice vote, roll call, or show of hands. A simple majority shall prevail with the current Chairperson casting a vote only to break a tie.
5. Special elections shall be held in the same manner in the event of a vacancy of a position to fill the unexpired term.
6. The election shall occur in the following order: Chairperson, Vice-Chairperson.
7. All officers shall be elected for a term of one year, and may serve no more than two consecutive terms.

2020 SESSION**SB 53 Social workers; licensure by endorsement.**Introduced by: [William M. Stanley, Jr.](#) | [all patrons](#) ... [notes](#) | [add to my profiles](#)**SUMMARY AS PASSED SENATE:** (all summaries)

Board of Social Work; reciprocal licensing agreements. Directs the Board of Social Work to pursue the establishment of reciprocal agreements with jurisdictions that are contiguous with the Commonwealth for the licensure of baccalaureate social workers, master's social workers, and clinical social workers. The bill provides that reciprocal agreements shall require that a person hold a comparable, current, unrestricted license in the other jurisdiction and that no grounds exist for denial based on the Code of Virginia and regulations of the Board.

FULL TEXT[11/18/19 Senate: Prefiled and ordered printed; offered 01/08/20 20100386D](#) pdf | [impact statement](#)[02/06/20 Senate: Committee substitute printed 20107751D-S1](#) pdf | [impact statement](#)[03/05/20 Senate: Bill text as passed Senate and House \(SB53ER\)](#) pdf | [impact statement](#)[04/02/20 Governor: Acts of Assembly Chapter text \(CHAP0617\)](#) pdf**HISTORY**[11/18/19 Senate: Prefiled and ordered printed; offered 01/08/20 20100386D](#)[11/18/19 Senate: Referred to Committee on Rehabilitation and Social Services](#)[01/17/20 Senate: Rereferred from Rehabilitation and Social Services \(11-Y 0-N\)](#)[01/17/20 Senate: Rereferred to Education and Health](#)[01/22/20 Senate: Assigned Education sub: Health Professions](#)[02/06/20 Senate: Reported from Education and Health with substitute \(13-Y 0-N\)](#)[02/06/20 Senate: Committee substitute printed 20107751D-S1](#)[02/07/20 Senate: Constitutional reading dispensed \(37-Y 0-N\)](#)[02/10/20 Senate: Read second time](#)[02/10/20 Senate: Reading of substitute waived](#)[02/10/20 Senate: Committee substitute agreed to 20107751D-S1](#)[02/10/20 Senate: Engrossed by Senate - committee substitute SB53S1](#)[02/10/20 Senate: Constitutional reading dispensed \(39-Y 0-N\)](#)[02/10/20 Senate: Passed Senate \(39-Y 0-N\)](#)[02/13/20 House: Placed on Calendar](#)[02/13/20 House: Read first time](#)[02/13/20 House: Referred to Committee on Health, Welfare and Institutions](#)[02/13/20 House: Assigned HWI sub: Health Professions](#)[02/21/20 House: Subcommittee recommends reporting \(6-Y 0-N\)](#)[02/25/20 House: Reported from Health, Welfare and Institutions \(22-Y 0-N\)](#)[02/27/20 House: Read second time](#)[02/28/20 House: Read third time](#)[02/28/20 House: Passed House BLOCK VOTE \(100-Y 0-N\)](#)

02/28/20 House: VOTE: Block Vote Passage (100-Y 0-N)

03/05/20 Senate: Enrolled

03/05/20 Senate: Bill text as passed Senate and House (SB53ER)

03/06/20 House: Signed by Speaker

03/07/20 Senate: Signed by President

03/12/20 Senate: Enrolled Bill Communicated to Governor on March 12, 2020

03/12/20 Governor: Governor's Action Deadline 11:59 p.m., April 11, 2020

04/02/20 Governor: Approved by Governor-Chapter 617 (effective 7/1/20)

04/02/20 Governor: Acts of Assembly Chapter text (CHAP0617)

VIRGINIA ACTS OF ASSEMBLY -- 2020 SESSION

CHAPTER 617

An Act to direct the Board of Social Work to pursue the establishment of reciprocal agreements with jurisdictions that are contiguous with the Commonwealth for the licensure of social workers.

[S 53]

Approved April 2, 2020

Be it enacted by the General Assembly of Virginia:

1. *§ 1. That the Board of Social Work shall pursue the establishment of reciprocal agreements with jurisdictions that are contiguous with the Commonwealth for the licensure of baccalaureate social workers, master's social workers, and clinical social workers. Reciprocal agreements shall require that a person hold a comparable, current, unrestricted license in the other jurisdiction and that no grounds exist for denial based on the Code of Virginia and regulations of the Board.*

COMMONWEALTH OF VIRGINIA

SUSAN CLARKE SCHAAR

CLERK OF THE SENATE
POST OFFICE BOX 396
RICHMOND, VIRGINIA 23218



SENATE

April 8, 2020

Dr. David E. Brown
Director, Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Richmond, Virginia 23233

Dear Dr. Brown:

This is to inform you that, pursuant to Rule 20 (o) of the Rules of the Senate of Virginia, the Senate Committee on Education and Health has referred the subject matters contained in Senate Bill 431 and Senate Bill 858 to the Department of Health Professions for study. It is requested that the appropriate committee chair and bill patrons receive written reports, with copies to this office, by November 1, 2020.

With kind regards, I am

Sincerely yours,

A handwritten signature in cursive script that reads "Susan Clarke Schaar".

Susan Clarke Schaar

SCS:dhl

cc: The Honorable L. Louise Lucas, Chair, Senate Committee on
Education and Health
The Honorable Scott A. Surovell, Patron of SB 431
The Honorable J. Chapman Petersen, Patron SB 858
Amigo Wade, Acting Director, Division of Legislative Services

2020 SESSION

SB 431 Provision of mental health services to a minor; access to health records.

Introduced by: [Scott A. Surovell](#) | [all patrons](#) ... [notes](#) | [add to my profiles](#)

SUMMARY AS INTRODUCED:

Provision of mental health services to a minor; access to health records. Prohibits a health care provider from refusing to provide mental health services to a minor on the basis that the parents of such minor refuse to agree to limit their access to such minor's health care records or request that such health care provider testify in a court proceeding regarding the treatment of the minor.

FULL TEXT

01/07/20 Senate: Prefiled and ordered printed; offered 01/08/20 20100739D [pdf](#) | [impact statement](#)

HISTORY

01/07/20 Senate: Prefiled and ordered printed; offered 01/08/20 20100739D

01/07/20 Senate: Referred to Committee on Education and Health

01/16/20 Senate: Assigned Education sub: Health Professions

01/23/20 Senate: Passed by indefinitely in Education and Health with letter (15-Y 0-N)

04/08/20 Senate: Letter sent to the Department of Health Professions

20100739D

SENATE BILL NO. 431

Offered January 8, 2020

Prefiled January 7, 2020

A *BILL to amend and reenact §§ 20-124.6 and 54.1-2915 of the Code of Virginia and to amend the Code of Virginia by adding in Article 1 of Chapter 35 of Title 54.1 a section numbered 54.1-3506.2 and by adding in Chapter 36 of Title 54.1 a section numbered 54.1-3617, relating to provision of mental health services to a minor; access to health records.*

Patron—Surovell

Referred to Committee on Education and Health

Be it enacted by the General Assembly of Virginia:

1. That §§ 20-124.6 and 54.1-2915 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding in Article 1 of Chapter 35 of Title 54.1 a section numbered 54.1-3506.2 and by adding in Chapter 36 of Title 54.1 a section numbered 54.1-3617 as follows:

§ 20-124.6. Access to minor's records.

A. Notwithstanding any other provision of law, neither parent, regardless of whether such parent has custody, shall be denied access to the academic or health records of that parent's minor child unless otherwise ordered by the court for good cause shown or pursuant to subsection B.

B. In the case of health records, access may also be denied if the minor's treating physician or the minor's treating clinical psychologist has made a part of the minor's record a written statement that, in the exercise of his professional judgment, the furnishing to or review by the requesting parent of such health records would be reasonably likely to cause substantial harm to the minor or another person. If a health care entity denies a parental request for access to, or copies of, a minor's health record, the health care entity denying the request shall comply with the provisions of subsection F of § 32.1-127.1:03. The minor or his parent, either or both, shall have the right to have the denial reviewed as specified in subsection F of § 32.1-127.1:03 to determine whether to make the minor's health record available to the requesting parent.

C. *No health care provider shall refuse to provide mental health services to a minor solely on the basis that a parent of such minor does not consent to having his access to the health records of such minor limited or denied for any reason other than those provided in subsections A and B.*

D. For the purposes of this section, the meaning of the term "health record" or the plural thereof and the term "health care entity" shall be as "health care entity," "health care provider," and "health record" mean the same as those terms are defined in subsection B of § 32.1-127.1:03.

§ 54.1-2915. Unprofessional conduct; grounds for refusal or disciplinary action.

A. The Board may refuse to issue a certificate or license to any applicant; reprimand any person; place any person on probation for such time as it may designate; impose a monetary penalty or terms as it may designate on any person; suspend any license for a stated period of time or indefinitely; or revoke any license for any of the following acts of unprofessional conduct:

1. False statements or representations or fraud or deceit in obtaining admission to the practice, or fraud or deceit in the practice of any branch of the healing arts;

2. Substance abuse rendering him unfit for the performance of his professional obligations and duties;

3. Intentional or negligent conduct in the practice of any branch of the healing arts that causes or is likely to cause injury to a patient or patients;

4. Mental or physical incapacity or incompetence to practice his profession with safety to his patients and the public;

5. Restriction of a license to practice a branch of the healing arts in another state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, or for an entity of the federal government;

6. Undertaking in any manner or by any means whatsoever to procure or perform or aid or abet in procuring or performing a criminal abortion;

7. Engaging in the practice of any of the healing arts under a false or assumed name, or impersonating another practitioner of a like, similar, or different name;

8. Prescribing or dispensing any controlled substance with intent or knowledge that it will be used otherwise than medicinally, or for accepted therapeutic purposes, or with intent to evade any law with respect to the sale, use, or disposition of such drug;

9. Violating provisions of this chapter on division of fees or practicing any branch of the healing arts

INTRODUCED

SB431

59 in violation of the provisions of this chapter;

60 10. Knowingly and willfully committing an act that is a felony under the laws of the Commonwealth
61 or the United States, or any act that is a misdemeanor under such laws and involves moral turpitude;

62 11. Aiding or abetting, having professional connection with, or lending his name to any person
63 known to him to be practicing illegally any of the healing arts;

64 12. Conducting his practice in a manner contrary to the standards of ethics of his branch of the
65 healing arts;

66 13. Conducting his practice in such a manner as to be a danger to the health and welfare of his
67 patients or to the public;

68 14. Inability to practice with reasonable skill or safety because of illness or substance abuse;

69 15. Publishing in any manner an advertisement relating to his professional practice that contains a
70 claim of superiority or violates Board regulations governing advertising;

71 16. Performing any act likely to deceive, defraud, or harm the public;

72 17. Violating any provision of statute or regulation, state or federal, relating to the manufacture,
73 distribution, dispensing, or administration of drugs;

74 18. Violating or cooperating with others in violating any of the provisions of Chapters 1 (§ 54.1-100
75 et seq.), 24 (§ 54.1-2400 et seq.) and this chapter or regulations of the Board;

76 19. Engaging in sexual contact with a patient concurrent with and by virtue of the practitioner and
77 patient relationship or otherwise engaging at any time during the course of the practitioner and patient
78 relationship in conduct of a sexual nature that a reasonable patient would consider lewd and offensive;

79 20. Conviction in any state, territory, or country of any felony or of any crime involving moral
80 turpitude;

81 21. Adjudication of legal incompetence or incapacity in any state if such adjudication is in effect and
82 the person has not been declared restored to competence or capacity;

83 22. Performing the services of a medical examiner as defined in 49 C.F.R. § 390.5 if, at the time
84 such services are performed, the person performing such services is not listed on the National Registry
85 of Certified Medical Examiners as provided in 49 C.F.R. § 390.109 or fails to meet the requirements for
86 continuing to be listed on the National Registry of Certified Medical Examiners as provided in 49
87 C.F.R. § 390.111; ~~or~~

88 23. Failing or refusing to complete and file electronically using the Electronic Death Registration
89 System any medical certification in accordance with the requirements of subsection C of § 32.1-263.
90 However, failure to complete and file a medical certification electronically using the Electronic Death
91 Registration System in accordance with the requirements of subsection C of § 32.1-263 shall not
92 constitute unprofessional conduct if such failure was the result of a temporary technological or electrical
93 failure or other temporary extenuating circumstance that prevented the electronic completion and filing
94 of the medical certification using the Electronic Death Registration System; *or*

95 24. *Conditioning the delivery of mental health services to a minor on the agreement of the minor's*
96 *parent or guardian to refrain from requesting or subpoenaing medical records or court testimony.*

97 B. The commission or conviction of an offense in another state, territory, or country, which if
98 committed in Virginia would be a felony, shall be treated as a felony conviction or commission under
99 this section regardless of its designation in the other state, territory, or country.

100 C. The Board shall refuse to issue a certificate or license to any applicant if the candidate or
101 applicant has had his certificate or license to practice a branch of the healing arts revoked or suspended,
102 and has not had his certificate or license to so practice reinstated, in another state, the District of
103 Columbia, a United States possession or territory, or a foreign jurisdiction.

104 **§ 54.1-3506.2. Conditioning of mental health treatment for minors prohibited.**

105 *No practitioner licensed pursuant to this chapter shall condition the delivery of mental health*
106 *treatment to a minor on the agreement of the minor's parent or guardian to refrain from requesting or*
107 *subpoenaing medical records or court testimony.*

108 **§ 54.1-3617. Conditioning of mental health treatment for minors prohibited.**

109 *No practitioner licensed pursuant to this chapter shall condition the delivery of mental health*
110 *treatment to a minor on the agreement of the minor's parent or guardian to refrain from requesting or*
111 *subpoenaing medical records or court testimony.*



Virginia Department of **Health Professions**

Members of the Workgroup on Mental Health Needs of Minors

- **Senator Scott A. Surovell, Esq.**
- **Roger C. Burket, MD, DFAPA, DFAACAP**
- **Karen A. Ransone, MD, FAAP**
- **John Salay, LCSW**
- **Susan B. Wallace, LCP, School Psychologist**
- **Christine Payne, RN**
- **Holly Tracy, LPC, LMFT**
- **Julie M. Cillo, Esq.**

Department of Health Professions Staff

- **William Harp, MD, Executive Director, Board of Medicine**
- **Jaime Hoyle, JD, Executive Director, Boards of Counseling, Psychology, and Social Work**
- **Elaine Yeatts, Department of Health Professions Senior Policy Analyst and Regulatory Coordinator**

Workgroup on Mental Health Needs of Minors
Draft Summary of the Workgroup Meeting

Primary Issue Senator Surovell wants to solve with legislation:

- Most therapists that counsel children require provisions in their contract prohibiting themselves from testifying in Court proceedings.
- Therapists often have the best and impartial information about what is going on with a child and can often alleviate the need for a child to testify, which is horrible to do to a child.
- It is becoming difficult for parents to find therapists who do not have these provisions in their contracts.
- Senator Surovell wants to ensure children receive services and ensure courts have complete information to make the best decision for the child.

Apparent Agreement among the workgroup:

- Do what is best for the child
- Recognition that this type of information is necessary to be made available to the legal system
- Issues involved are complex
- Hope there is a way to obtain at necessary information without a child perceiving it as a violation of confidentiality.
- Include an immunity provision in the Code for clinicians who act in good faith.

Example of Legal Perspective:

- Having strong counselors, social workers, psychologists, and other mental health specialists is important to children and families, including those families in high conflict custody matters.
- Strong counselors, social workers, psychologists, and other mental health specialists who have been in a treating role with children and families, including those families in high conflict custody matters, are important sources of information for courts that have to make determinations of custody to serve a child's best interests. The sources of information from such individuals includes their records and their testimony.
- Courts are required under section 20-124.3 to consider, among other factors, the following:
 - the mental health of the child, the mental health of each parent,
 - a parent's ability to accurately assess and meet the emotional needs of the child,
 - the ability of each parent to cooperate in and resolve disputes regarding matters affecting the child,
 - Any history of family abuse, etc.
- Without information from counselors, social workers, psychologists, and other mental health specialists that pertain to these factors, a custody determination that the Court may make could be not in the best of the child; it could be detrimental to the child's best interest; and it could be against

the work that the professionals have been doing and the progress that has been made on behalf of that child

- Using forensic experts to conduct custody evaluations as an alternative to disclosure of records and testimony is another source of information, but cannot replace the valuable information that the above referenced professionals have. The forensic experts still need access to the information from these providers (records and interviews). Furthermore, the underlying information used to form the basis of the evaluator's opinion still must be accessible to the attorneys and Court. Therefore, reliance on an evaluation does not eliminate the need for disclosure of counseling records and information. In addition, although custody evaluations are a great tool and can be vital in some custody cases, the court does not grant every request for a custody evaluation, custody evaluations can cost at a minimum \$10,000-\$20,000, and the availability of custody evaluators are limited throughout the Commonwealth.
- If good counselors, social workers, psychologists, and other mental health specialists refuse to treat children and families due to the possibility of litigation and the possibility of disclosure of their records and/or the need for their testimony, we do not serve the best interests of these children/families or resolve the problems. If the courts do not get the information from the professionals who are a source of facts for many factors the court must consider, then the custody determinations do not serve the children's best interests.

Example of Clinical Provider Perspectives:

- Working with children is always tricky, not just because they do not have the cognitive ability of adults, but because they have parents and guardians.
- Most guidelines from professional organizations draw a distinction between a forensic evaluator (duty to a court) and a treating provider (duty to the patient). Guidelines often state that, except in unusual situations where no forensic evaluators are available, clinicians in a treatment role should not serve in a forensic role.
 - Risk of role confusion leading to bias, lack of objectivity, disclosure of confidences or embarrassing information for the patient or family, and damage to the relationship with the patient.
- Information obtained from a treating provider might be incomplete, leading to less than optimal outcomes if relied upon by a court.
- Obligated to reveal any possible disclosure to the client at the onset of treatment that could have a chilling effect on the development of the relationship and the success of the treatment.
- Younger children will have trouble conceptualizing this and/or remembering any disclosure.
 - Children often do not understand the limits of a therapist's confidence. For them it is more black and white. You said, "you wouldn't tell what I said" is just that. The child may not know or understand the background and other issues. To believe the therapeutic relationship is less important than perceived immediate danger is naive. If a child feels like his therapist has betrayed him, that child may not open up to any therapist, or any adult for a long time or maybe ever.
- Parents of older children/teens often do not want the therapist to disclose any information to them because they respect the nature of the therapeutic relationship.
- Custody disputes that happen mid-treatment could result in the revealing of information that will be harmful to the parent/child, parent/therapist, and therapist/child relationship.

- Although this bill seeks to reduce harm in the courts placement decision-making process, it may well cause greater harm as noted above.
- Revelations will increase unfounded complaints towards board members from a parent who does not like what the therapist revealed.
 - In many cases, a case can become a custody case after the therapeutic relationship has begun. In some circumstances one parent may take the child to a therapist in order to seek some advantage over the other parent. The child may or may not be naive to this. The family often does not inform the therapist of these intentions. Indeed, we have had several cases where parents were so angry with a therapist because of something that got into a court or social work report that they have gone after the clinician. There should be some way to safeguard against these usually unsubstantiated complaints. They are stressful for the clinicians, the boards and often the families.
- The immunity clause would only protect against civil action, not the professional complaint.
- It still was not clear as to what happens for children in alternate placements such as DSS custody when the parents get involved.
- It does not change federal HIPAA requirements to have a release of information.