

# **EXHIBIT 1- Social Work Title 19-101.pdf**

Uploaded by: arthur flax

Position: FAV

**HEALTH OCCUPATIONS  
TITLE 19. SOCIAL WORKERS**

*SUBTITLE 1 DEFINITIONS; GENERAL PROVISIONS*

**§ 19-101. Definitions**

---

(a) In this title the following words have the meanings indicated.

(b) "Board" means the State Board of Social Work Examiners.

(c) "Certified" means having demonstrated to the satisfaction of the Board that the individual has completed 2 years of supervised social work practice as defined in § 19-302(d) or (e) of this title.

(d) "Independent practice" means to practice bachelor social work or master social work without the requirement of supervision by another social worker.

(e) "License" means, unless the context requires otherwise, one of four categories of licenses issued by the Board authorizing an individual to practice:

- (1) Bachelor social work;
- (2) Master social work;
- (3) Certified social work; or
- (4) Certified social work—clinical.

(f) "Licensed bachelor social worker" means an individual licensed by the Board to practice bachelor social work.

(g) "Licensed certified social worker" means an individual licensed by the Board, on or before December 31, 2023, to practice certified social work.

(h) "Licensed certified social worker—clinical" means an individual licensed by the Board to practice clinical social work.

(i) "Licensed master social worker" means an individual licensed by the Board to practice master social work.

(j) "Practice bachelor social work" means to use the education and training required under § 19-302(b) of this title to:

(1) Practice social work under the supervision of a licensed certified social worker, licensed certified social worker—clinical, licensed master social worker, or licensed bachelor social worker who meets the conditions specified in regulations; or

(2) If approved by the Board in accordance with § 19-302(f) of this title, engage in independent practice.

(k) "Practice certified social work" means to use the education, training, and experience required under § 19-302(d) of this title to practice social work.

(l) "Practice clinical social work" means to use the specialized education, training, and experience required under § 19-302(e) of this title to practice social work.

(m) "Practice master social work" means to use the education and training required under § 19-302(c) of this title to:

(1) Practice social work under the supervision of a licensed certified social worker, licensed certified social worker-clinical, or licensed master social worker who meets the conditions specified in regulations; or

(2) If approved by the Board in accordance with § 19-302(f) of this title, engage in independent practice.

(n) (1) "Practice social work" means to apply the theories, knowledge, procedures, methods, and ethics derived from receiving a baccalaureate or master's degree from a program in social work that is accredited by or a candidate for accreditation by the Council on Social Work Education, or an equivalent organization approved by the Council on Social Work Education, to restore or enhance social functioning of individuals, couples, families, groups, organizations, or communities through:

(i) Assessment;

(ii) Planning;

(iii) Intervention;

(iv) Evaluation of intervention plans;

(v) Case management;

(vi) Information and referral;

(vii) Counseling that does not include diagnosis or treatment of behavioral health disorders;

(viii) Advocacy;

(ix) Consultation;

(x) Education;

(xi) Research;

(xii) Community organization;

(xiii) Development, implementation, and administration of policies, programs, and activities; or

(xiv) Supervision of other social workers as set forth in regulations.

(2) "Practice social work" includes:

(i) Counseling for alcohol and drug use and addictive behavior; and

(ii) Using technology as set forth in regulations.

(3) For an individual licensed as a master social worker, "practice social work" also includes:

(i) Supervision of other social workers if the master social worker meets the requirements set out in regulations;

(ii) Formulating a diagnosis, under the supervision of a licensed certified social worker-clinical;

(iii) Treatment of biopsychosocial conditions, under the supervision of a licensed certified social worker-clinical; and

(iv) Treatment of behavioral health disorders, including substance use disorders, addictive disorders, and mental disorders, and the provision of psychotherapy under the supervision of a licensed certified social worker-clinical.

(4) For an individual licensed as a certified social worker, "practice social work" also includes:

(i) Supervision of other social workers;

(ii) Formulating a diagnosis, under the supervision of a licensed certified social worker-clinical;

(iii) Treatment of biopsychosocial conditions, under the supervision of a licensed certified social worker-clinical; and

(iv) Treatment of behavioral health disorders, including substance use disorders, addictive disorders, and mental disorders, and the provision of psychotherapy under the supervision of a licensed certified social worker-clinical.

→ (5) For an individual licensed as a certified social worker-clinical, "practice social work" also includes:

(i) Supervision of other social workers;

(ii) Evaluation, diagnosis, and treatment of biopsychosocial conditions, mental and emotional conditions and impairments, and behavioral health disorders, including substance use disorders, addictive disorders, and mental disorders, as defined in § 7.5-101 of the Health – General Article;

(iii) Petitioning for emergency evaluation under Title 10, Subtitle 6 of the Health –

General Article; and

(iv) The provision of psychotherapy.

(o) "Private practice" means the provision of psychotherapy by a licensed certified social worker—clinical who assumes responsibility and accountability for the nature and quality of the services provided to a client:

(1) In exchange for direct payment or third-party reimbursement; or

(2) On a pro bono basis as determined in regulations adopted by the Board.

(p) "Psychotherapy" means the assessment and treatment of mental disorders and behavioral health disorders.

(q) "Reactivation" means the process of obtaining a license less than 5 years after the Board placed an individual on inactive status.

(r) "Reinstatement" means the process of obtaining a license less than 5 years after the Board placed an individual on nonrenewed status.

(s) "Reissuance" means the process of obtaining a license more than 5 years after the Board placed an individual on inactive or nonrenewed status.

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

(1) Provides evaluation and direction of the supervisee; and

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

## § 19-102. Legislative policy

---

(a) The General Assembly finds that the profession of social work profoundly affects the lives, health, safety, and welfare of the people of this State.

(b) The purpose of this title is to protect the public by:

(1) Setting minimum qualification, education, training, and experience standards for the licensing of individuals to practice social work; and

(2) Promoting and maintaining high professional standards for the practice of social work.

## § 19-103. Scope of title

---

This title does not limit the right of an individual to practice a health occupation that the individual is authorized to practice under this article.

## **Exhibit 2-WCC list by profession.pdf**

Uploaded by: arthur flax

Position: FAV


[FAQ & Contact Information](#) [Site Index](#) [Home](#)
[General Information](#)
[Public Online Services](#)
[Claims & Adjudication](#)
[Vocational Rehabilitation](#)
[Medical & Fee Guide Info](#)
[CompHub Portal](#)
[Workers' Compensation Links](#)

## VOCATIONAL REHABILITATION CONTINUING EDUCATION

### Organizations and Rehabilitation Service Practitioners

Maryland law ([LE-9-671](#), [LE 9-6A-18](#)) mandates that practitioners must be registered with the Maryland Workers' Compensation Commission. Practitioners providing vocational rehabilitation services to a Maryland injured worker. Practitioners providing vocational rehabilitation services to a Maryland injured worker must be registered with the Maryland Workers' Compensation Commission.

### Rehabilitation Services Practitioner Training

#### Attention Vocational Rehabilitation Practitioners:

Effective March 01, 2024, the Commission will no longer offer MCRSP training. Practitioners may obtain six (6) of the twelve (12) CEUs over the three-year period by attending the MWCEA Annual Conference (2 credit hours per year).

CEUs may also be obtained by attending seminars or workshops provided by other organizations that are approved by the Commission. It is highly recommended that you get approval before taking any courses.

[Continuing Education Credits Pre-Approval Request Form & Info link](#)

**UPDATED MCRSP Renewal Procedures:** Renewal is based on acceptance of the submitted application, compliance with the rules, regulations, and standards of practice of the Practitioner's licensing Commission or Board and documentation of the completion of twelve (12) continuing education credits since the date of the practitioner's most recent registration or renewal. Six (6) credits of CEUs shall be in training or information classes given or approved by the Commission.

For 2023 renewals, [please click this link to access the current 80 slide MCRSP training](#). Upon completion of the training, you have access to the MCRSP quiz link located on the last page. A score of 70% is required to pass the quiz. If unsuccessful, you may retake the quiz. There is no waiting period or limit for retakes.

Questions may be sent to [wccsupportserv@wcc.state.md.us](mailto:wccsupportserv@wcc.state.md.us).

[Voc Rehab Forms and Processes](#) ▶  
[Questions and Answers for Vocational Rehabilitation](#)  
[VR Registration & Certification Information](#)  
[VR Continuing Education / Training Certification Information](#)  
[VR Registered Practitioner's lists - PDF](#) ▶  
[VR Registered Providers List -PDF](#)

### ON INFO

[Vocational rehabilitation services to a](#)  
[VR Counselors](#) and with  
[Nurse Case Managers](#) to be  
[PTs & OTs](#)

## **Exhibit 3-wcc list of VR Rehab practitioners-1.pdf**

Uploaded by: arthur flax

Position: FAV



**MARYLAND WORKERS' COMPENSATION COMMISSION**  
**LISTING OF REGISTERED VOCATIONAL REHABILITATION COUNSELORS**

FIRST NAME	LAST NAME	WCC NUMBER	RENEWAL YEAR	COMPANY
JASON	ALEXANDER	N2598-2020	2023	ALLY CASE MANAGEMENT
ANDREW	STECKEL	N1557-2020	2023	ARCH CARE CONSULTANTS
JAMES	ALLEN	N1067-2022	2025	ALLEGiant MANAGED CARE
SHEILA	CAPIZZI	G0093-2021	2024	ALLEGiant MANAGED CARE
FRANCES	CUESTA	N2035-2022	2025	ALLEGiant MANAGED CARE
STEPHANIE	DUBICKI	N2060-2021	2024	ALLEGiant MANAGED CARE
LYDMARIE	LOPEZ	N1979-2022	2025	ALLEGiant MANAGED CARE
DAWN	MALONE	N1313-2021	2024	ALLEGiant MANAGED CARE
JAMIE	SCHENKER	G0077-2021	2024	ALLEGiant MANAGED CARE
STEWART	STONE	N2834-2021	2024	ALLEGiant MANAGED CARE
ANNE	WHEELEY	N2171-2019	2025	ALLEGiant MANAGED CARE
ALBERTO	FELIX	N2987-2022	2025	AURORA CASE MANAGEMENT
SUSANNE	FURR	N2601-2022	2025	AURORA CASE MANAGEMENT
JENNIFER	GARIFALOS	N2853-2020	2023	AURORA CASE MANAGEMENT
CHELSEY	NETTEY	N2599-2023	2026	AURORA CASE MANAGEMENT
HANNAH	RIGEL	N2776-2022	2025	AURORA CASE MANAGEMENT
MARYANNE	MCKENZIE	N1688-2021	2024	BROADSPIRE
THERESA	BROWN	G0035-2021	2024	BROWN REHAB LLC
EMMANUEL	ENRIQUEZ	N0203-2022	2025	CAM PHYSICAL THERAPY AND WELLNESS SERVICES
KENTRELL	PITTMAN	N3061-2021	2024	CENTER FOR COUNSELING & REHABILITATION
ARTHUR	FLAX	G0235-2021	2024	COMPREHENSIVE PSYCHOSOCIAL SERVICES
ANDREA	CASANOVA	N2482-2022	2025	CORVEL CORPORATION
LAURIE	CRAIG	N0295-2021	2024	CORVEL CORPORATION
ROBIN	TRAVALINE	N2549-2022	2025	CORVEL CORPORATION
PATRICK	THOMPSON	N2434-2021	2024	COVENTRY HEALTH CARE
AISHA	GARDINER	N0750-2022	2025	CRITICAL INCIDENT MANAGEMENT SERVICE, LLC
DOREEN	MATTHEWS	N2250-2020	2023	D.C. VOCATIONAL SERVICES, INC.
BARBARA	MONOE	N2571-2020	2023	DEPT OF LABOR
JAMES	SULLIVAN	N2200-2020	2023	DRS REGISTRY SERVICES, INC.
RANDY	SULLIVAN	N2065-2020	2023	DRS REGISTRY SERVICES, INC.
SAMANTHA	KIELEY	G0130-2021	2024	FIRST REHABILITATION RESOURCES
BRIAN	SAPPINGTON	N1149-2020	2023	FIRST REHABILITATION RESOURCES
ALLISON	SCHWEIZER	N1765-2022	2025	FIRST REHABILITATION RESOURCES
KATIE	ZUMMO	N1837-2019	2022	FIRST REHABILITATION RESOURCES
YOLANDA	ALBORNOZ	G2008-2021	2024	GENEX SERVICES
ADOLFO	ARSUAGA	N2139-2022	2025	GENEX SERVICES
DEBORAH	BENTLEY	G0144-2021	2024	GENEX SERVICES
TRACEY	BUTLER	N2527-2022	2025	GENEX SERVICES
SCOTT	CATULLE	N1017-2022	2025	GENEX SERVICES
NATALEE	COVIELLO	N1362-2022	2025	GENEX SERVICES
CARLOS	ENCINAS	N1788-2020	2023	GENEX SERVICES
SOFIA	HARRIS	N2306-2020	2023	GENEX SERVICES
DEBORAH	HILDEBRAND	N1829-2022	2025	GENEX SERVICES

# Certificate of Completion

## State of Maryland Workers' Compensation Commission

This is to certify that

**ARTHUR FLAX**

has successfully completed the MCRSP Workshop and has thereby  
satisfied the mandatory requirements set forth by  
COMAR 14.09.05.02E for Vocational Rehabilitation  
Service Practitioners.

**G0235**

Practitioner Number

**02/08/2023**

Date

*Deanna Brown*  
Director of Support Services Division

# **Exhibit 4-WCC TITLE 14 CH 08 LCSW-C MED PROVIDER.**

Uploaded by: arthur flax

Position: FAV

# **Title 14 INDEPENDENT AGENCIES**

## **Subtitle 09 WORKERS' COMPENSATION COMMISSION**

### **Chapter 08 Guide of Medical and Surgical Fees (Effective as of February 24, 2020)**

**Authority: Labor and Employment Article, §§9-309, 9-663, and 9-731, Annotated Code of Maryland**

#### **.01 Definitions.**

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

(1) "Ambulatory surgical center (ASC)" means any center, service, office facility, or other entity that:

(a) Operates primarily for the purpose of providing surgical services to patients requiring a period of postoperative observation but not requiring overnight hospitalization; and

(b) Seeks reimbursement from payers as an ambulatory surgery center.

(2) "Authorized provider" means:

(a) A licensed physician's assistant (P.A.), providing services on or after March 24, 2008;

(b) A licensed acupuncturist;

(c) A medical doctor (M.D.);

(d) A doctor of osteopathy (D.O.);

(e) A doctor of chiropractic (D.C.), for services provided within the scope of Health Occupations Article, Title 3, Annotated Code of Maryland;

(f) Podiatrist (D.P.M.);

(g) An optometrist (O.D.);

(h) A certified registered nurse anesthetist (C.R.N.A.);

(i) An occupational therapist (O.T.);

(j) A pharmacist (R. Ph.);

(k) A licensed physical therapist (P.T.);

(l) A psychologist (Ph.D.);

(m) A licensed clinical social worker (L.C.S.W.);

(n) A licensed audiologist;

(16) "Resource based relative value scale (RBRVS)" means the system by which medical providers are reimbursed based on the resource costs needed to provide a given service. Under the RBRVS, CMS assigns each medical procedure a relative value quantifying the relative work (work), practice expense (PE), and malpractice costs (MP) for each service.

(17) "RBRVS relative value unit (RVU)" means the uniform value assigned by CMS to each medical procedure and service identified by CPT/HCPCS code quantifying the work (work), practice expense (PE), and malpractice costs (MP) for each service.

(18) "Time Unit" means a measure of each 15-minute interval, or fraction thereof, during which anesthesiology services are performed.

## **.02 Incorporation by Reference.**

A. The "Official Maryland Workers' Compensation Medical Fee Guide" (1995) is incorporated by reference.

B. Health Services Cost Review Commission. In accordance with Health-General Article, §19-211, Annotated Code of Maryland, in the case of a discrepancy between a rate for a hospital service set by the Health Services Cost Review Commission and that set by the Workers' Compensation Commission, the rate set by the Health Services Cost Review Commission shall prevail.

(3) The facility MRA shall be calculated by multiplying each RBRVS RVU by each corresponding GPCI, adding those sums, and then multiplying that total by the MSCF as follows: Facility MRA = ((Work RVU × Work GPCI) + (Transitioned Facility PE RVU × PE GPCI) + (MP RVU × MP GPCI)) × MSCF.

(4) For anesthesiology services, the MRA shall be calculated by adding the Time Units and Base Units and multiplying that sum by the MSCF: MRA = (Time Units + Base Units) × MSCF.

(5) In calculating the MRA, the following MSCFs apply:

(a) For anesthesiology services, the MSCF is \$19.39;

(b) For orthopedic and neurological surgical procedures, MSCF is \$53.77; and

(c) For all other medical services and treatment, except as otherwise provided, the MSCF is \$40.70.

#### F. Ambulatory Surgical Centers.

(1) For medical services and treatment provided at an ASC between September 1, 2004, and January 31, 2006, the MRA is calculated by multiplying the CMS 2004 ASC group payment rate by 109 percent.

(2) For medical services and treatment provided at an ASC between February 1, 2006, and March 24, 2008, the MRA is calculated by multiplying the 2004 CMS ASC group payment rate by 125 percent.

(3) For medical services and treatment provided at an ASC on, or after, March 24, 2008, the MRA is calculated by multiplying the current calendar year ASC MRR by 125 percent.

#### G. MSCF Annual Adjustment.

(1) Beginning January 1, 2009, an adjustment shall be made to the prior year's MSCFs and percentage multiplier (for ASCs).

(2) The MSCFs for the following year shall be calculated by multiplying the MSCFs in effect on November 1 of the current year by the percentage change in the first quarter MEI of the current year, as published on November 1 of the current year, and adding that amount to the current year's MSCFs.

(3) The percentage multiplier for the following year shall be calculated by multiplying the percentage multiplier in effect on November 1 of the current year by the percentage change in the first quarter MEI of the current year, as published on November 1 of the current year, and adding that amount to the current year's percentage multiplier.

(4) The resulting figures shall be utilized as the new MSCF and percentage multiplier for the following year for the purpose of calculating the MRA under §§E and F of this regulation.

(5) The Commission shall post the new MSCFs and percentage multiplier on its website by December 1.

(6) The resulting new MSCFs and percentage multiplier shall be effective January 1 of the following year.

(7) The Commission shall review the annual adjustment process every 5 years to assure that reimbursement rates are neither inadequate nor excessive.

## **.06 Reimbursement Procedures.**

A. To obtain reimbursement under this chapter, an authorized provider shall:

(1) Complete Form CMS-1500 in accordance with the written instructions posted on the Commission's website; and

(2) Within the time provided in §H of this regulation, submit to the employer or insurer the completed Form CMS-1500, which shall include:

- (a) An itemized list of each service;
- (b) The diagnosis relative to each service;
- (c) The medical records related to the service being billed;
- (d) The appropriate CPT/HCPCS code with CPT modifiers, if any, for each service;
- (e) The date of each service;
- (f) The specific fee charged for each service;
- (g) The tax ID number of the provider;
- (h) The professional license number of the provider; and
- (i) The National Provider Identifier (NPI) of the provider.

B. Modifiers.

(1) Modifying circumstances may be identified by use of the relevant CPT modifier in effect when the medical service or treatment was provided.

(2) The identification of modifying circumstances does not imply or guarantee that a provider will receive reimbursement as billed.

C. Time for Reimbursement. Reimbursement by the employer or insurer shall be made within 45 days of the date on which the Form CMS-1500 was received by the employer or insurer, unless the claim for treatment or services is denied in full or in part under §G of this regulation.

D. Untimely Reimbursement. If an employer or insurer does not pay the fee calculated under this chapter or file a notice of denial of reimbursement, within 45 days of receipt of the CMS-1500, the Commission may assess a fine against the employer or its insurer, and award interest to the provider in accordance with Labor and Employment Article, §§9-663 and 9-664, Annotated Code of Maryland, and COMAR 14.09.06.02.

E. Denial of Reimbursement.

(1) If an employer or insurer denies, in full or in part, a claim for treatment or services, the employer or insurer shall:

- (a) Notify the provider of the reasons for the denial in writing; and

## **.07 Medical Records.**

A. Medical records are the basis for determining whether a particular treatment or service is medically necessary and, therefore, reimbursable.

B. Each health care provider is responsible for creating and maintaining legible medical records documenting the employee's course of treatment.

C. Employee medical records shall include the:

- (1) History of the patient;
- (2) Results of a physical examination performed in conformity with the standard of practice of similar health care providers, with similar training, in the same or similar communities;
- (3) Progress, clinical, or office notes that reflect:
  - (a) Subjective patient complaints;
  - (b) Objective findings of the provider;
  - (c) Assessment of the presenting problem;
  - (d) Any plan or plans of care or recommendations for treatment; and
  - (e) Updated assessments of patient's medical status and response to therapy;
- (4) Copies of lab, x-ray, or other diagnostic tests, if any, that reflect the current progress of the patient and response to therapy; and
- (5) Hospital inpatient and outpatient records, if any, including:
  - (a) Operation reports;
  - (b) Test results;
  - (c) Consultation reports;
  - (d) Discharge summaries; and
  - (e) Other dictated reports.

D. Writing, Maintaining, and Submitting Medical Records.

(1) Employee medical records shall be submitted to the employer or insurer, or, upon request, to the Commission.

(2) The cost of maintaining medical records is included in the treatment and service fees established by the Official Maryland Workers' Compensation Medical Fee Guide (1995) and this chapter. A provider may not submit a separate fee for writing or maintaining medical records.

(3) Additional Medical Report Fees.



## **EXHIBIT 5- CMS Final Rule 2024 LCSW-C physical hea**

Uploaded by: arthur flax

Position: FAV

## Behavioral Health Services

For CY 2024, we are implementing Section 4121 of the CAA, 2023, which provides for Medicare Part B coverage and payment under the Medicare Physician Fee Schedule for the services of marriage and family therapists (MFTs) and mental health counselors (MHCs) when billed by these professionals. Additionally, we are finalizing our proposal to allow addiction counselors or drug and alcohol counselors who meet the applicable requirements to be an MHC to enroll in Medicare as MHCs. MFTs and MHCs will be able to begin submitting Medicare enrollment applications after the CY 2024 Physician Fee Schedule final rule is issued, and they will be able to bill Medicare for services starting January 1, 2024, consistent with statute. (See [link here for enrollment information](#)). We are also making corresponding changes to Behavioral Health Integration codes to allow MFTs and MHCs to bill for these services.

We are also implementing Section 4123 of the CAA, 2023, which requires the Secretary to establish new HCPCS codes under the PFS for psychotherapy for crisis services that are furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting, including the home or a mobile unit) furnished on or after January 1, 2024. Section 4123 of the CAA, 2023 specifies that the payment amount for psychotherapy for crisis services shall be equal to 150% of the fee schedule amount for non-facility sites of service for each year for the services identified (as of January 1, 2022) by HCPCS codes 90839 (*Psychotherapy for crisis; first 60 minutes*) and 90840 (*Psychotherapy for crisis; each additional 30 minutes — List separately in addition to code for primary service*), and any succeeding codes.

⊗ Additionally, we are finalizing our proposal to allow the Health Behavior Assessment and Intervention (HBAI) services described by CPT codes 96156, 96158, 96159, 96164, 96165, 96167, and 96168, and any successor codes, to be billed by clinical social workers, MFTs, and MHCs, in addition to clinical psychologists. Health Behavior Assessment and Intervention codes are used to identify the psychological, behavioral, emotional, cognitive, and social factors included in the treatment of physical health problems. Allowing a wider range of practitioner types to furnish these services will allow for better integration of physical and behavioral health care, particularly

given that there are so many behavioral health ramifications of physical health illness.

We are also finalizing an increase in the valuation for timed behavioral health services under the PFS. Specifically, we are finalizing our proposal to apply an adjustment to the work RVUs for psychotherapy codes payable under the PFS, which we are implementing over a four-year transition. In response to public comments, we are also finalizing the application of this adjustment to psychotherapy codes that are billed with an E/M visit and to the HBAI codes. We believe that these finalized changes will begin to address distortions that have occurred in valuing time-based behavioral health services over many years.

Section 4121(b) of the CAA, 2023 also established that the hospice interdisciplinary group is required to include at least one social worker, MFT, or MHC. Therefore, CMS is finalizing its proposal to modify the requirements for the hospice Conditions of Participation (CoPs) to allow social workers, MHCs or MFTs to serve as members of the interdisciplinary group (IDG) and removing the proposed language requiring that the determination regarding whether a social worker, MFT or MHC serve as a member of the IDG *depending on the preferences and needs of the patient*.

Additionally, Section 4121(b) of the CAA 2023 allows MFTs and MHCs to furnish services in Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs). CMS is finalizing the requirements for the RHC and FQHC Conditions for Certification and Conditions for Coverage (CfCs) to allow MFTs and MHCs to provide additional behavioral health services in these facilities. CMS is also finalizing, as proposed, revising the definitions of several health care professionals who are already eligible to provide services at RHCs and FQHCs, including nurse practitioners. The revised definition for nurse practitioners includes the removal of the requirement that they be certified in primary care to provide care in these facilities. CMS believes that removing this requirement will aid in addressing staffing shortages that healthcare facilities are experiencing in underserved and rural communities by increasing the number of nurse practitioners eligible to provide care in RHCs and FQHCs.

In the proposed rule, we also sought comment on ways we can continue to expand access to behavioral health services and requested

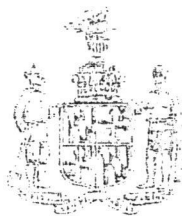
# **Exhibit 6-Atty Gen- ULTIMATE ISSUE 1-30-2004.pdf**

Uploaded by: arthur flax

Position: FAV

J. JOSEPH CURRAN, JR.  
ATTORNEY GENERAL

DONNA HILL STATON  
Deputy Attorney General



ROBERT A. ZARNOCH  
Assistant Attorney General  
Counsel to the General Assembly

RICHARD E. ISRAEL  
KATHRYN M. ROWE  
SANDRA J. COHEN  
Assistant Attorneys General

THE ATTORNEY GENERAL OF MARYLAND  
OFFICE OF COUNSEL TO THE GENERAL ASSEMBLY

January 30, 2004

The Honorable Samuel I. Rosenberg  
415 Lowe House Office Building  
Annapolis, Maryland 21401-1991

Dear Delegate Rosenberg:

You have asked for advice concerning the views of this office as to whether a licensed clinical social worker may testify on ultimate issues such as sanity, competence to stand trial, and matters within the scope of practice of a licensed clinical social worker.<sup>1</sup> It is my view that a licensed clinical social worker may provide diagnostic testimony with respect to mental disorders and psychosocial conditions. This would generally mean that they may testify on issues of sanity and competence to stand trial and in other situations where a person's mental condition is at issue.

As you are aware, I wrote a letter in 1994 that concluded that a licensed clinical social worker was not qualified to testify on ultimate issues of fact such as criminal responsibility and competence to stand trial. Letter to the Honorable Virginia M. Thomas from Kathryn M. Rowe dated June 6, 1994. Since that time, the Court of Appeals has addressed this issue and has taken a different position. As a result, it is now my view that a licensed clinical social worker may be permitted to testify on ultimate issues such as sanity and competence to stand trial.

In *In re Adoption/Guardianship No. CCJ14746*, in the Circuit Court for Washington County, 360 Md. 634 (2000), the Court of Appeals addressed the issue of whether the Circuit Court for Washington County had erred in permitting a licensed clinical social worker to testify with respect to a diagnosis of an abused child as suffering from ADHD and borderline intellectual functioning and to the view that the mother's ability to manage and parent the child was impaired because of her own chronic mental illness. The Court relied on the language of Health Occupations Article § 19-101(f), which at that time provided that the practice of clinical social work included "rendering a diagnosis based on a recognized manual of mental and emotional disorders," and also on the advanced educational standards that the law imposed on licensed clinical social workers as opposed to other social workers. Chapter 554 of 2000, which took effect soon after the decision in *Adoption No. CCJ14746*, eliminated this language and added language which includes in the practice of social work by a licensed clinical social worker the "evaluation, diagnosis, and treatment of psychosocial

---


<sup>1</sup> I use the term "licensed clinical social worker" to refer to those licensees that the statute officially calls "licensed certified social worker - clinical."

The Honorable Samuel I. Rosenberg  
January 30, 2004  
Page 2

conditions and mental disorders as defined in § 10-101(f) of the Health - General Article" and the provision of psychotherapy. Health Occupations Article § 19-101(m)(4)(ii). This change provides licensed clinical social workers with at least as broad diagnostic authority as the former law, and thus, does not alter the conclusions in *Adoption No. CCJ14746. In re Yve S.*, 373 Md 551, 615 (2003).

In conclusion, it is my view that a licensed clinical social worker may be permitted to testify with respect to ultimate issues such as sanity and competence to stand trial.

Sincerely,



Kathryn M. Rowe  
Assistant Attorney General

KMR/kmr  
rosenberg81.wpd

# **HB-1404 (2025) Testimony.pdf**

Uploaded by: arthur flax

Position: FAV

March 7, 2025

Maryland General Assembly  
Delegates C.T. Wilson Chair, and Brian M. Crosby, Vice Chair  
Delegate Susan McComas, Sponsor  
Economic Matters Committee  
Room 231  
House Office Building  
Annapolis, Maryland 21401

RE: HB 1404 Workers Compensation –Rehabilitation Practitioners-  
Licensed Certified Social Worker-Clinical

**POSITION: FAVORABLE – STRONGLY SUPPORT**

Dear Delegate Wilson and Members of the Committee:

Disclaimer: The opinions concerning HB-1404 are my own and do not represent those of any other person, individual, Government Agency, for or not for profit corporation or organization. I am registered with the Workers Compensation Commission (G-0235) as a Vocational Rehabilitation Counselor.

I reviewed the requirements for the Workers Compensation Commission –Vocational Rehabilitation:

There are 3 categories listed under Vocational Rehabilitation (VR) Registered Practitioner's Lists:

VR Counselors, Nurse Case Managers, PTs and OTs. (See attachment). The Licensed Certified Social Worker-Clinical is not listed. Licensed Social Workers (all categories of Social Work licensure) who voluntarily register with the Workers Compensation Commission are grouped together under Practitioners Vocational Rehabilitation Counselors by name only; the Professional license category is not identified after the VR Practitioners name. However, L&E 9-6A-04 affirms the right to practice within the full scope of the practitioner's license per the Health Occupations Article. Therefore, by not identifying the Vocational Rehabilitation Counselors Occupation, the public is not aware of the full range of services the Practitioner may provide for the injured worker.

The only exception(s) to this are Nurses, Physical Therapists, and Occupational therapists who are listed separately under Vocational Rehabilitation Practitioners.

Therefore, this legislation is requested to identify and acknowledge the occupation of the Licensed Certified Social Worker-Clinical, and the full Scope of as defined in HO-19-101. Et.al. and 19-103 Scope of Title (5) (ii). COMAR Title 14 –Subtitle 09, Chapter 08; Authority: L&E Article Sec. 9-309, 9-663, 9-731 affirms the recognition of the LCSW-C).

This proposed legislation does not expand nor authorize the LCSW-C to engage in any actions not currently authorized in the Social Work Statute or by the Workers Compensation Commission. The purpose of the legislation is to make it easier for the public, and the Commission to identify and use the services the LCSW-C registered with the Commission and who complies with all requirements of the Vocational Rehabilitation Division of the Workers Compensation Commission. This legislation has no effect on any other category of Social Work licensee.

Sincerely,

  
Arthur Flax, LCSW-C, WCC-VR G-0235  
410-653-6300  
[flaxcps@gmail.com](mailto:flaxcps@gmail.com)

Attachments: Testimony

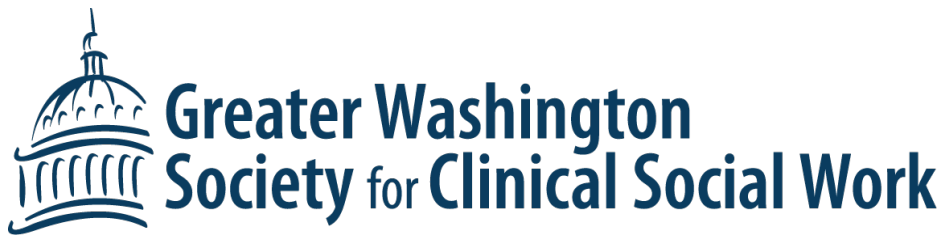
Exhibit 1. HO-19-101 et.al.; Exhibit 2.WCC List Profession; 3. WCC list of VR Practitioners; 4. WCC Title 14; 5. CMS final Rule; 6. Atty. Gen. Ultimate Issue.



# **HB1404\_FAV\_GWSCSW\_Workers' Comp. - Rehabilitation**

Uploaded by: Christine Krone

Position: FAV



House Economic Matters Committee

March 11, 2025

House Bill 1404 – *Workers' Compensation – Rehabilitation Practitioners – Licensed Certified Social Worker-Clinical*  
**SUPPORT**

The Greater Washington Society for Clinical Social Work (GWSCSW) was established in 1975 to promote and advance the specialization of clinical practice within the social work profession. Through our lobbying, education, community building, and social justice activities, we affirm our commitment to the needs of those in our profession, their clients, and the community at large. On behalf of GWSCSW, we support House Bill 1404.

House Bill 1404 expands the pool of professionals who can provide vocational rehabilitation services under Maryland's Workers' Compensation program, particularly for cases involving behavioral or mental disorders. The bill broadens the definition of a rehabilitation practitioner to include Licensed Certified Social Worker-Clinical (LCSW-C) as having sufficient training and experience to provide vocational rehabilitation services. Currently, rehabilitation practitioners are limited to (1) a nurse certified by the State Board of Nursing as a nurse case manager; (2) a rehabilitation counselor; and (3) a vocational evaluator. As the highest level of licensure for social workers in Maryland, LCSW-Cs meet or exceed all the qualifications and experience requirements to be able to register as rehabilitation practitioners in workers' compensation claims. For these reasons GWSCSW supports House Bill 1404. We urge a favorable vote.

**For more information call:**

Christine K. Krone  
Danna L. Kauffman  
410-244-7000

Greater Washington Society for Clinical Social Work: [www.gwscsw.org](http://www.gwscsw.org)

**Contacts:** Director, Legislation & Advocacy Program: Judy Gallant, LCSW-C; email: [judy.gallant@verizon.net](mailto:judy.gallant@verizon.net); mobile (301) 717-1004  
Legislative Consultants: Christine K. Krone and Danna L. Kauffman, Schwartz, Metz, Wise & Kauffman, PA,  
20 West Street, Annapolis, MD 21401

Email: [ckrone@smwpa.com](mailto:ckrone@smwpa.com); mobile (410) 940-9165 ; [dkauffman@smwpa.com](mailto:dkauffman@smwpa.com); mobile (410) 294-7759

# **Support for HB1404 1.pdf**

Uploaded by: Darlyn McLaughlin

Position: FAV

SUSAN K. McCOMAS  
*Legislative District 34B*  
Harford County

DEPUTY MINORITY WHIP

Appropriations Committee

*Subcommittees*

Public Safety and Administration

Oversight Committee on Pensions

*Joint Committees*

Administrative, Executive,  
and Legislative Review

Legislative Ethics

*Past President*

Women Legislators of Maryland



*Annapolis Office*  
The Maryland House of Delegates  
6 Bladen Street, Room 411  
Annapolis, Maryland 21401  
410-841-3272 · 301-858-3272  
800-492-7122 Ext. 3272  
Fax 410-841-3202 · 301-858-3202  
Susan.McComas@house.state.md.us

## *The Maryland House of Delegates* ANNAPOLIS, MARYLAND 21401

### HB 1404 – Rehabilitation Practitioners – Licensed Certified Social Worker – Clinical (LCSW-C)

Under the Labor and Employment Article, a Rehabilitation practitioner currently means a nurse certified by the State Board of Nursing as a nurse case manager, a rehabilitation counselor, and a vocational evaluator. HB 1404 proposes to add a Licensed Certified Social Worker – Clinical to that list of potential providers for those obtaining a determination of benefits from the Maryland Worker's Compensation Commission.

Not all injuries at work are physically apparent, but all services approved by the Worker's Compensation Commission should be available to the complainant. A simple change makes a significant difference in opening the door to more available services for those injured at work.

To become a Licensed Certified Social Worker-Clinical (LCSW-C) in Maryland, you need a CSWE-accredited master's degree in social work, 3,000 hours of supervised clinical social work experience, and a passing score on the ASWB clinical exam. LCSW-C licensees also have a continuing education requirement. These are highly trained providers in the areas of mental and behavioral health.

Just as HB1404 provides for the addition of these professionals as "Rehabilitation Practitioners," HB1404 also states that violations of the rules and regulations adopted by The State Board of Social Work Examiners are grounds for denial or revocation of any applicant or registrant's registration as a Rehabilitation Practitioner.

HB1404 expands the services available to those injured at work through an award of benefits by the Worker's Compensation Commission.

Please enter a FAVORABLE REPORT for HB1404.

# **HB1404 Workers' Compensation - Rehabilitation Prac**

Uploaded by: Dean Judy Postmus

Position: FAV

**Written Testimony in Support of HB 1404  
Workers' Compensation - Rehabilitation Practitioners -  
Licensed Certified Social Worker-Clinical**

Thank you, Chairman Delegate Wilson, Vice Chair Delegate Crosby, and members of the Economic Matters Committee for addressing this critical issue and therefore recognizing the vital role of social work. The School of Social Work appreciates the opportunity to provide testimony in favor of HB 1404. HB 1404 adds clinical social workers to the current list of "rehabilitation practitioners" permitted to provide services for Workers' Compensation cases.

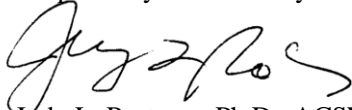
Current law restricts the rehabilitation practitioners to nurses, rehabilitation counselors, or vocational evaluators. For workers' compensation cases related to permanent impairments involving a behavioral or mental disorder, clinical social workers are uniquely prepared to provide clinical services. The changes proposed in the bill will better reflect that the far majority of behavioral health services are delivered by licensed social workers and they have the expertise to assess, evaluate, and treat individuals with behavior health conditions.

We support the language in the bill that limits these tasks to only include a licensed social worker at the highest level of licensing, the LCSW-C, and not the other social work licenses (LBSW or LMSW.) The requirements to earn this highest level of licensure include the following steps which take a minimum of over a four-year process before earning the LCSW-C.

Here is a description of the minimum requirements: (1) earn a master's degree from an accredited program; (2) successfully complete two field placement practicums/professional internships – two full-days their foundation year of the master's program and three full-days in their advanced year; (3) practice social work competencies in both placements under the supervision of a licensed and experienced social worker; (4) pass all the clinical coursework which is required for the LCSW-C; (5) pass the first (of two) national licensing test administered through the National Association of Social Work Boards (ASWB) or the *Masters exam*; (6) complete additional application requirements to earn the LMSW license; (7) work with their LMSW license for a minimum of 3,000 hours of social work experience under the supervision of a LCSW-C; (8) the work experience must be "clinical social work experience" which is defined to include: completing assessments; formulating diagnostic impressions or a diagnosis; treating mental disorders and other conditions; treating behavioral health disorders including substance use disorders, addictive disorders and other conditions; and providing psychotherapy; (9) pass the second national licensing test administered through the National Association of Social Work Boards (ASWB) which tests their clinical knowledge or *Clinical exam*; and (10) complete a minimum of 40 hours of continuing education in social work practice every two-year period.

I share these details to highlight that the steps along the social work licensing pathway for the LCSW-C has more than screened and prepared them to provide services concerning Workers' Compensation matters. Thank you for your consideration of HB 1404.

Respectfully submitted by



Judy L. Postmus, Ph.D., ACSW, Dean & Professor

cc: Delegate McComas

# **NASW Maryland - 2025 HB 1404 FAV - LCSW-C Rehabili**

Uploaded by: Karessa Proctor

Position: FAV

**Economic Matters Committee**

**March 11, 2025**

**House Bill 1404**

**Workers' Compensation - Evaluation of Permanent Impairments - Licensed Certified  
Social Worker-Clinical**

**\*\*\* POSITION: FAVORABLE \*\*\***

On behalf of the National Association of Social Workers, Maryland Chapter (NASW-MD), I am pleased to submit this testimony in support of House Bill 1404. NASW-MD represents over 2,700 licensed social workers across the state, and we believe that this legislation will enhance the ability of social workers to contribute meaningfully to the rehabilitation process for injured workers, while also aligning with the evolving needs of our profession.

House Bill 1404 seeks to authorize Licensed Certified Social Workers-Clinical (LCSW-C) to register as rehabilitation practitioners under the workers' compensation system. This is a critical step forward in recognizing the unique skills that clinical social workers bring to the rehabilitation process and ensuring that injured workers receive holistic, comprehensive care during their recovery.

Social workers play a crucial role in supporting individuals facing mental health challenges, trauma, and life-altering injuries. LCSW-C possess advanced clinical training that equips them to assess, diagnose, and provide therapeutic services to individuals struggling with the emotional and psychological impacts of injury and illness. By allowing LCSW-C to serve as rehabilitation practitioners, this bill will help ensure that injured workers receive the full spectrum of care that they need, including emotional and mental health support, in addition to physical rehabilitation.

Furthermore, this bill aligns with the growing recognition of the importance of mental health in the recovery process. Injured workers often face significant emotional stress, anxiety, depression, and trauma related to their injuries. LCSW-C are trained to assess and intervene with these conditions, helping to prevent long-term mental health issues and promote a faster, more effective recovery. This not only benefits the individual worker but also has the potential to reduce overall healthcare costs associated with prolonged recovery times and the development of secondary conditions.

*(over)*



The provisions of this bill also ensure that LCSW-C are not subject to certain supervision requirements that may be inappropriate or burdensome for individuals who are already licensed clinical professionals. As licensed clinicians with advanced education and training, LCSW-C have the expertise to function independently in the rehabilitation process and provide high-quality care without unnecessary administrative barriers.

NASW-MD strongly supports this bill because it will allow LCSW-C to make a more meaningful impact in the lives of injured workers. By expanding the scope of rehabilitation practitioners to include these professionals, we can improve the quality of care available to workers and ensure that rehabilitation services are comprehensive, addressing both physical and mental health needs.

We respectfully urge the committee to move forward with this important legislation. Thank you for your attention to this matter

Sincerely,

Karessa Proctor, BSW, MSW (she/her)  
Executive Director - Maryland  
National Association of Social Workers (NASW) Maryland Chapter

# **HB 1404 - EM - BSWE - LOS.docx.pdf**

Uploaded by: State of Maryland (MD)

Position: FAV



*Wes Moore, Governor · Aruna Miller, Lt. Governor · Ryan Moran, DrPH, MHSA, Acting Secretary*

Maryland Board of Social Work Examiners  
4201 Patterson Ave  
Baltimore, MD 21215

March 11, 2025

The Honorable C.T. Wilson  
Chair, Economic Matters  
230 Taylor House Office Building  
Annapolis, Maryland 21401

**Re: HB 1404 - Workers' Compensation – Rehabilitation Practitioners – Licensed Certified Social Worker–Clinical – Letter of Support**

Dear Chair Wilson and Committee Members:

The Board of Social Work Examiners (BSWE) is writing this Letter of Support for HB 1404. As the highest independent clinical level of social work, a Licensed Certified Social Worker – Clinical (LCSW-C) is competent to provide professional services relevant to assisting injured workers via a Workman's Compensation claim. In fact, they are already authorized to assist injured workers through evaluation and treatment of mental and emotional disorders, conditions and impairments when involved in a Worker's Compensation case. Providing clinical mental health services to these clients is well within the scope of practice for a LCSW-C.

However, the LCSW-C is underutilized in this work despite being recognized by the Workers Compensation Commission (WCC) for their skills (COMAR: WCC Chapter 14, Title 08). Unfortunately, the LCSW-C is not readily identifiable to the public or referral sources such as attorneys, the Department of Rehabilitative Services (DORS), and other private or public rehabilitation providers.

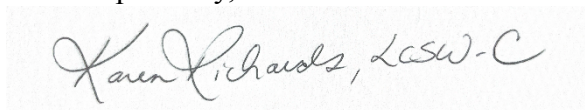
This bill will clarify and authorize LCSW-Cs to be listed as a "Rehabilitation Practitioner" once they meet the training and regulation requirements of the WCC. Since the LCSW-C is the highest clinical level of social work licensure in Maryland, they would qualify for the additional training required to become certified as a Rehabilitation Practitioner. Obtaining this recognition will allow LCSW-Cs to specialize and/or expand their scope of practice. There is a shortage of qualified mental health practitioners to provide services to people injured in the course of employment. This legislation will fill this need and elevate Social Work among other health care professions.

BSWE is pleased to support this bill that will provide another avenue for practice specialization for LCSW-Cs. Since they are at the highest level of practice licensure, many LCSW-Cs seek

specializations that allow them to expand their training and skills. This legislation supports these endeavors without putting additional regulation oversight on the Board of Social Work.

For these reasons, the Board of Social Work Examiners requests a favorable vote on HB 1404. For more information, please contact me at 410-740-4722 or at [karen.richards2@maryland.gov](mailto:karen.richards2@maryland.gov).

Respectfully,

A handwritten signature in cursive script that reads "Karen Richards, LCSW-C". The signature is written in dark ink on a light-colored, slightly textured background.

Karen Richards, LCSW-C  
Executive Director, BSWE

*The opinion of the Board of Social Work Examiners expressed in this document do not necessarily reflect that of the Department of Health or the Administration.*