## National Association of Social Workers

1. Based on the language of Act 62 of 2008, LSWs and LCSWs do not need to hold an additional license as a behavior specialist in order to provide services, including behavior modification, to autistic children and be eligible to bill private insurance.

The authorizing legislation and preamble to the regulations are very clear that licensed professionals can continue to practice within their scope of practice. However, a lack of a clarification through a limitation or referral section within the regulations has created confusion about who does need this license.

- The definition of the "practice of social work" is broadly defined, but clearly inclusive of the functions of a behavior specialists when stating, "rendering services in which a special knowledge of social resources, human personality and capabilities and therapeutic techniques is directed at helping people to achieve adequate and productive personal, interpersonal and social adjustments in their individual lives, their families and in their community."
- More specifically, the defined practice of clinical social work states that these professionals render services in which "a special knowledge of social resources, human personality and capabilities and therapeutic techniques is directed at helping people to achieve adequate and productive personal, interpersonal and social adjustments in their individual lives, in their families and in their community. The term includes person and environment perspectives, systems theory and cognitive/behavioral theory, to the assessment and treatment of psychosocial disability."
- 2. Lack of specificity has the potential to result in many unintended consequences and to create mass confusion among licensed professionals who are working with children on the spectrum today. Licensed mental health professions working with children on the spectrum today could be told that they are no longer eligible for reimbursement even though the intent to exclude licensed professionals is not present anywhere in the law.

The result could easily be inappropriate limitations on who families can select as service providers. Limitations that are based solely on insurances companies interpretations about who they must pay.

- 3. The unclear nature of these regulations also could create the unintended consequence and set a non-existing precedent, clearly counter to the law, requiring that already licensed professionals obtain a second license solely to serve one specific population of clients.
  - There is no current licensed profession that must hold a second license to practice within their scope of practice. Additionally, there is no evidence in the law that creating such a burden was the intent of these regulations, but without specificity the regulations have been read by some to create that requirement.

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- 4. Clarification has been requested from the Departments of Public Welfare and Insurance outlining how these regulations will impact already licensed mental health professions, but none has been provided. Without clarity in regulations, licensed mental health professionals need to be concerned.
- 5. These final regulations include many changes from the first public version, and these dramatic changes were made without the chance to vet consequences with stakeholders.
  - The regulations went from creating certification to creating a license.
  - The authorizing legislation does not limit who can provide coursework necessary for this license, but the regulations create a monopoly situation by authorizing only DPW and ONE private company to approve workshop content. No other license has such a limited list of approved providers for required educational experience.
  - The term "HOURS" is not clearly defined as to whether it means only college course work or if continuing education is acceptable to fulfill these requirements.
  - The requirements related to experience lack any specificity about when they can be occurred. For instance, one could argue that being a camp counselor at 18 should count as clinical experience.