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BCD NewsFlash—an online news source from The American Board of Examiners in Clinical Social Work

February 2008

Center/ABE Intervenes, Magellan Makes Changes

In November of 2007, a BCD clinical social worker contacted the Center/ABE with a concern about a clause in a provider contract from Magellan Health Services of California for employee assistance program (EAP) services. Magellan is a large behavioral-health managed care company. The clause addressed the clinician's handling of reports of threats of violence to the "health plan's customer's personnel, facilities or assets." Acknowledging that threats to persons are reportable, the clinician believed that the reporting of threats to facilities or assets might be a violation of patient confidentiality.

The Center intervened with Magellan on behalf of clinical social workers and their clients. In a written statement, the Center contended that California state law did not require reporting client's remarks as they related to facilities or assets, and that requiring clinical social workers to report such remarks was illegal. After some discussion, Magellan officials agreed, and Pamela J. Masters, MFT, General Manager, Magellan Health Services of California, sent the following letter:

"Thank you for your diligence in following up on this important contractual issue. I have reviewed your response dated November 16, 2007 to my letter of November 12, 2007 with internal legal counsel. It appears that we are really in agreement with the underlying issue.

"It was never Magellan's intent to require our EAP providers to focus on threats to our facilities or assets per se. Our concern lies with the protection of persons who may be affected by threats of violence. The wording of the language in the addendum is unfortunate in that it was not specific enough to clarify that intent. We agree in substance to the suggested wording you provided.

"We will take the following steps based upon your concerns:

1. We will revise the EAP contract addendum for use with new providers to include revised language regarding threat of violence which will substantially reflect the language suggested by you.
2. We will offer to you and your group a modification to your provider agreements to reflect the revised language.

3. We will not at this time issue revised EAP addenda to all California providers, but we will not require any provider to report threats to facilities or assets where such a threat does not also threaten persons.

“Again, your diligence and attention to this contractual issue is commendable. I hope that I can continue to rely upon your valuable insight, experience and expertise in ensuring that the California subsidiaries of Magellan are responsive to one of our most important assets, our network of providers.”

On January 25, 2008, Magellan sent us the revised language for Section 2.2.4 of their EAP contract Addendum:

“**Threats of Violence.** Provider will immediately report to a designated contact person for the applicable Plan all threats of violence to Plan customer personnel, including both threats directly against such personnel and threats to personnel arising from threatened violence to facilities in which the personnel work.”

All Magellan providers who wish to have a revised version of the EAP contract Addendum can contact Christiane Fiardo, LCSW, CEAP, EAP Affiliate Manager, Magellan Health Services at 800-424-1569 or e-mail cfiardo@magellanhealth.com.

We appreciate Magellan’s openness and responsiveness. Once again, vigilant BCD clinical social workers and Center members have enabled us to intervene on your behalf—other interventions may be discussed by calling Michael Brooks, BCD, 888-279-9378 (Pacific Time).

As a result of this positive interaction, the Center/ABE has accepted the invitation to advise Magellan on practice and policy matters. Mike Brooks, the Center’s Director of Policy and Business Development has joined the Provider Advisory Group, a taskforce of Magellan’s Professional Provider Review Committee, which reviews input from network providers on topics such as member rights and responsibilities, treatment record reviews, clinical practice guidelines, and medical necessity criteria. BCD clinical social workers who are Magellan CA network providers should contact Mike at 888 279-9378 with concerns that may be of interest to this Committee.

Mental Health Parity Bill Update

Throughout 2007, we at ABE have been sending you “email blasts” to enable you to contact your U.S. Representatives and Senators in support of federal Mental Health Parity legislation. Our “blasts” have gone out at critical moments in the evolution of this legislation, which could make a real difference in millions of lives and an increase in the number of clients for clinical social workers. It has been our goal to inform you and give you a timely opportunity to make

your views known.

Congress recessed in 2007 without having passed a Mental Health Parity bill—just as in every year since 2001. In the past, the bill was killed in committee by Republican leadership, despite President Bush’s public support for such a bill, which is intended to mandate that health insurance programs give people the same access to mental healthcare as they have to physical healthcare. With the Democrats’ take-over of Congress last year, many expected positive action and the passage of a bill. Instead, the Senate and House versions differed substantially. After wrangling and compromise, the Senate bill, criticized by some for being too favorable to the insurance industry, was brought more in line with the House version.

The Mental Health Parity Bill remains alive and is headed toward a final reconciliation of the Senate and House versions. The House version (H. 1424)—the so-called Wellstone Bill, introduced by Reps. Jim Ramstad and Patrick Kennedy—has been approved in three committees and is headed for the Rules Committee, while the improved Senate version (S.558) has passed the Senate. We have been tracking these bills through our involvement as a voting member of the Mental Health Liaison Group as well as in meetings with Congressional staffers. We expect the Mental Health Parity Bill to be a priority of this Congress, which reconvened on the 22nd of January. We will keep you informed by email about the status of this bill, and will continue to help you to make your views known.

In the meantime, if you wish to contact your federal Congressional delegation, it is easy to do: just call 202-224-3121 and ask to be connected to a Senator or Representative.

ABE Drafts Model Licensing Law: A New Paradigm

A new model practice act (licensing law) for clinical social work has been drafted by the Center for Clinical Social Work. Licensure is the place in which public protection (and public awareness) intersects with professional responsibilities; as such, it is a very visible and important aspect of clinical social work, and one in which the Center can make a major contribution. Certainly, high standards and clear delineations—national in scope—ought to inform the statutes and regulations of the states.

The Center model law, which is the first written by a national organization in ten years, proposes a new paradigm for defining the responsibilities and capabilities of clinical social workers and regulating their practice. It is intended to influence state licensing boards and other regulators. Comprehensive and highly detailed, the Center model law is premised on the concept that clinical social work, a distinct profession, requires laws and regulations that are unique to it and it alone.

In its multi-year review, the Center surveyed the social work laws of all of the states and Washington, DC, as well as laws governing the practice of other professions. The findings were disturbing. In most instances, state laws describe the responsibilities and capabilities of bachelor's-level social work in virtually the same terms as those applied to post-master's clinical social workers. Our work began with a realization that the difference of just a few words is in no way reflective of the actual differences between the two groups of practitioners: clearly, we had to specify, in great detail, the actual qualifications for the practice of clinical social work, and to relate those qualifications to regulatory concerns—and to do it in a way that no one could confuse clinical social workers with those who do not have the education, training, and capabilities that define our profession.

In framing the new Model Law, we found a major resource in the 1997 Social Work Model Practice Act of the Association of Social Work Boards (ASWB). This Act served as a template for sequencing, definitions, and categories. For each section of its Act, ASWB (on its website) makes available a range of discussion relating to that section. This gave us the benefit of a wide range of thinking, and positively informed our process, even as we disagreed with key points that ASWB adopted.

With many state laws, and with the ASWB Model Practice Act, the inference may be drawn that there is a logical and connected relationship between bachelor's level social work and post-master's-level clinical social work, as if the licensure of the former were somehow related to—or even prerequisite to—licensure of the latter. We reject the notion of any such connection, especially in terms of protection of the public, which is the sole reason for licensure in the first place. No bachelor's level social worker should be practicing without supervision of an entity or individual which has legal responsibility for the consequences to the public. If a state chooses to license a bachelor's level social worker, the terms of that licensure should have no bearing on, or connection to, the terms of licensure of clinical social workers.

Among other deficiencies in many state laws, we found that, in critical areas of professional development, such as clinical supervision, some state have no standards or unacceptably low standards, while some states make it legally possible for non-clinical social workers to do the work of clinical social workers as long as they are supervised by others (including, in most instances, supervision by non-clinical social workers).

In many states, too, entry-level clinical social workers (under supervision toward becoming licensees) are treated as a separate class of social worker (often labeled Licensed Master's Social Worker), subject to regulation outside of the context of clinical social work. In the ABE Model law, they are encompassed within the proper category of Clinical Social Worker.

In reviewing current state laws, ABE found that the New York law, enacted in 2004, embodies an enlightened approach to professional regulation and contains many excellent sections, other than elements relating to the category of "Licensed Master's Social Worker." The California law, too, offers several approaches that we found very helpful.

The ABE Model Law will be circulated for comment to members of the regulatory community and will be posted to the ABE website where you may read it and respond with comments.

Center/ABE Fights Medicare Discrimination

We at ABE have been fighting for major changes to Medicare Part B, currently under review of the U.S. Senate Finance Committee. Currently, beneficiaries must pay a coinsurance of 50 percent for outpatient mental health services, versus just a 20 percent coinsurance for physical healthcare. “Today Medicare beneficiaries pay 2½ times more for treatment of mental disorders... It is time to end the unfair distinction between physical and mental disorders under Medicare.” So said Sen. Olympia Snowe (R-ME) in introducing the Medicare Mental Health Copayment Equity Act, co-sponsored by Sen. John Kerry (D-MA) to end discriminatory treatment under Medicare Part B. As a member of the Mental Health Liaison Group, ABE is working to fix this inequity, and has sent out “email blasts” to those of you in states with Senators on the Finance Committee. As Congress reconvenes, we will continue to push for reform, and to give you opportunities to participate.

New Book from Hiram Johnson, BCD

Rev. Hiram Johnson, MSW, BCD, of Daphne, Alabama, is the author of the recently published book, *Tragic Redemption*, published by LangMarc Publishing of Austin, Texas (contact jjfsufan@aol.com). His book is a personal memoir that deals with “the issues and questions that plague us most: guilt, shame, resentment, acceptance, forgiveness, peace, superficial understanding of wholeness, and destructive self-orientation,” per Dr. Maxie Dunnam, Chancellor of the Asbury Theological Seminary.



Join the Center's Affiliates!

If you reside in California, Illinois, Louisiana, Maryland, New York, or Ohio, Kentucky, or Indiana, please consider joining your state clinical social work society, where you can get peer support, continuing education, and where you can help to strengthen the professional standing of clinical social work in your state. The Center for Clinical Social Work, ABE's parent organization, has welcomed the clinical social work societies of each of these states to its Leadership Council, and heartily endorses their work. Please look into joining one of these fine organizations:

California Clinical Social Work Society <http://www.clinicalsocialworksociety.org>

Illinois Society for Clinical Social Work <http://www.ilclinicalsw.com>

Louisiana Association of Clinical Social Workers <http://www.lacsw.org>

Maryland Society for Clinical Social Work <http://mcschw.org>

New York State Clinical Social Work Society <http://www.clinicalsw.org/index.html>

Ohio River Valley Clinical Social Work Society <http://orvcsws.org/main.php>

Center Member Benefits

The Center for Clinical Social Work, the new organization for clinical social workers, represents the profession at the national level, with programs aimed at Congress, state licensing boards, academia, and the insurance industry. Members of the Center—holders of the BCD may join for \$75 annually—should visit the Center website (CenterCSW.org) for new Member Benefits soon to be posted from Wiley, Costco, Hertz, Healthcare Providers Service Organization (insurance products), and Consolidated Legal Concepts (legal and identity protection services). Discounted goods and services are part of the benefits of membership.

\$100 Discount on EAP Conference

The Employee Assistance Society of North America (EASNA) offers all BCD-holders and Center members a \$100 discount off the registration fee for the 2008 EASNA Institute, to be held in Vancouver, BC, April 16-18. The theme of this year's institute is *Emerging Issues: EAPs and the Global Workforce*, with professional development programs and continuing education. Take advantage of this exciting opportunity to expand your knowledge and skills in the field of Employee Assistance. Registration will be available online in late January at www.easna.org/conferences.html.



Qualify for a 10% Discount with HPSO Professional Liability Insurance Program!

If you've ever considered switching insurers, HPSO is ready for you. Endorsed by ABE and already insuring over 900,000 healthcare providers, HPSO offers superior occurrence coverage at an affordable premium. Get peace of mind, a preferred rate, and the benefits that you deserve.

With over 25 years of experience, the Healthcare Providers Service Organization (HPSO) Professional Liability insurance is underwritten by American Casualty Company, a CNA company. A.M. Best Company, an independent insurance rating service, has rated CNA with an A (Excellent) rating (as of April, 2005).

ABE's Board Certified Diplomates have professional liability limits of up to \$1,000,000 for each claim and up to \$3,000,000 aggregate. Additional coverages, up to the applicable limits of liability, are built into the program at no extra cost. . .

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Classification	Annual Premium Rate ¹
Clinical Social Worker - BCD Full-Time Self-Employed	\$216
Clinical Social Worker - BCD Part-Time Self-Employed	\$120

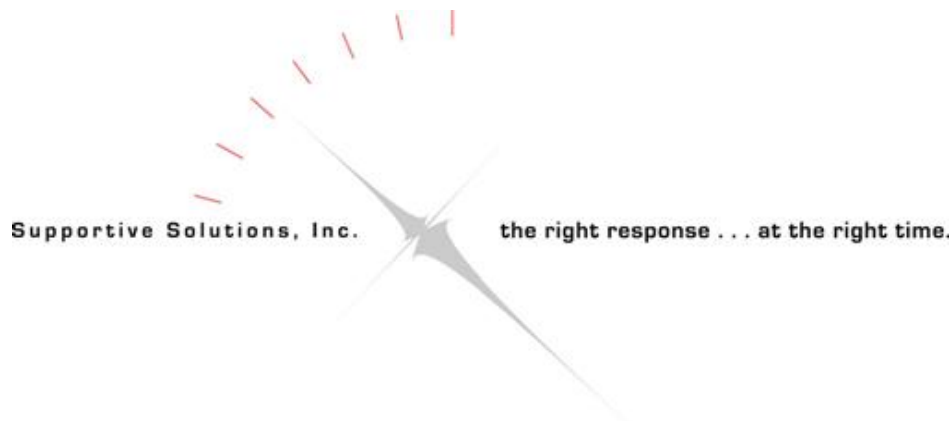
Clinical Social Worker - BCD Full-Time Employed	\$95
Clinical Social Worker - BCD Part-Time Employed	\$95

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Our crisis consultant community is unique. Our application process is more rigorous than other groups because we want only those individuals who are experienced in providing crisis response (not just crisis intervention). We follow a consultant model of practice and use a strength-based approach that incorporates the use of natural support systems to help groups and individuals manage their reactions in times of crisis.

Our approach to working with our consultants is unique also. We believe in supporting our consultants in the process of providing services. We are available 24/7 to answer questions regarding response work that you provide for us. SSI encourages dialogue

between consultants and offers online formats which encourage the exchange of ideas, research and practice challenges. We provide updates on new events and training, many of which are at no cost to you.

If you are interested in applying to become part of our crisis support consultant community, please call 1-724-325-3367 or email: tonya.slawinski@supportive-solutions.com. We invite you to visit our website to view our consultant qualifications, and our approach to crisis response: www.supportive-solutions.com.

We look forward to hearing from you soon!

Tonya Slawinski, Ph.D., BCD., LCSW
President, Supportive-Solutions, Inc.

[Click here](#) for our address and contact information. Send email change requests to dlq@abecsw.org.