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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

F I N A L M I N U T E S

MEETING OF:

**STATE BOARD OF SOCIAL WORKERS,
MARRIAGE AND FAMILY THERAPISTS,
AND PROFESSIONAL COUNSELORS
VIA VIDEOCONFERENCE**

TIME: 10:03 A.M.

February 11, 2022

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State Board of Social Workers,
Marriage and Family Therapists,
and Professional Counselors
February 11, 2022

BOARD MEMBERS:

- Joy E. Corby, Ph.D., LMFT, Chair
- Arion R. Claggett, Acting Commissioner, Bureau of Professional and Occupational Affairs - Absent
- Michelle Santiago, Psy.D., LPC, Vice Chair
- Erika Evans, Ph.D., LMFT
- Christian Jordal, Ph.D., LMFT
- Linda A. Martin, LCSW, RN
- Marilyn L. Painter, Public Member

BUREAU PERSONNEL:

- Jaime D. Black, Esquire, Board Counsel
- Sarah E. McNeill, Board Administrator

ALSO PRESENT:

- Johanna Byrd, ACSW, IOM, CAE, Executive Director, National Association of Social Workers, Pennsylvania Chapter

1 ***

2 State Board of Social Workers,
3 Marriage and Family Therapists
4 and Professional Counselors

5 February 11, 2022

6 ***

7 The State Board of Social Workers, Marriage and
8 Family Therapists, and Professional Counselors
9 Regulatory Meeting was held on Friday, February 11,
10 2022. Joy E. Corby, Ph.D., LMFT, Chair, called the
11 meeting to order at 10:03 a.m.

12 ***

13 Introduction of Board Members and Attendees

14 [Chair Corby requested Board members and attendees
15 introduce themselves.

16 Chair Corby reminded everyone that the meeting
17 was being recorded, and those who continued to
18 participate were giving their consent to be recorded.]

19 ***

20 Regulatory Discussion

21 [Jaime D. Black, Esquire, Board Counsel, stated the
22 Board would be reviewing Chapter 48 and Chapter 49.
23 She noted prior regulatory discussion regarding
24 Chapter 47 at the last regulatory meeting on January
25 11 and informed Board members that she adopted the

1 revisions made to Chapter 47 to Chapters 48 and 49.

2 Ms. Black referred to Chapter 48 regarding
3 definitions, pointing out direct client contact was
4 revised to reflect the revisions in Chapter 47.

5 Ms. Martin addressed an email sent to Ms. Black
6 regarding confusion in the regulation regarding direct
7 contact and in person contact, stating that direct
8 contact is not synonymous with in person contact. She
9 mentioned that the Board goes back prior to the
10 licensed clinical social worker (LCSW); licensed
11 marriage and family therapist (LMFT); and the licensed
12 professional counselor (LPC) and the context in social
13 work is direct practice as differentiated from social
14 work practice, social welfare administration, and
15 community advocacy.

16 Ms. Martin stated 'in person' is in the
17 regulations in two places and may need put in the
18 definitions and believed the only place 'in person' is
19 in the regulation applies to supervision. She
20 referred to responsibilities to clients/patients under
21 § 47.72(b)(6), where the regulation states that
22 licensees who provide services by means of electronic
23 means shall inform the client/patient of the
24 reasonably foreseeable limitations and risks
25 associated with those services.

1 Ms. Martin noted they already have the indirect
2 acknowledgement that licensees are providing the
3 electronic services through electronic means.

4 Ms. Black asked whether Ms. Martin was suggesting
5 removing the direct client contact definition
6 altogether and allow the electronic supervision to
7 cover the use of a virtual platform.

8 ***
9 [Christian Jordal, Ph.D., LMFT, entered the meeting at
10 10:08 a.m.]

11 ***
12 Ms. Martin had not completely formulated and
13 reviewed the whole regulation to look for
14 inconsistencies but believed there would be a problem
15 to have direct contact interpreted as "in person."

16 Chair Corby commented that Ms. Martin may be
17 saying that it only pertains to social workers because
18 direct contact means you are in person for LMFTs.

19 Ms. Martin commented that some of the confusion
20 happened when the Board merged because LMFTs have a
21 different context, but the original regulations were
22 written with the social work context. She noted that
23 it is direct services or direct practice as opposed to
24 administration or advocacy. She noted that it is
25 specific in the regulations that to be licensed as a

1 clinician, an individual has to do direct practice,
2 not in person practice.

3 Ms. Black asked whether direct practice is
4 different than direct client contact. She noted
5 having definitions that need to be applied when an
6 individual is going through the document. She stated
7 they are not looking at direct practice or looking to
8 change that definition or add a second definition but
9 to provide clarification that direct client contact
10 can include either in person or using a virtual
11 platform.

12 Ms. Martin explained that the regulations are
13 silent as far as supervised clinical experience being
14 in person because there is no reference to it. She
15 stated the reference in the code of ethics section
16 suggests that licensees are already providing services
17 by electronic means, but the regulations themselves
18 are silent on whether the supervised clinical work is
19 in person. She mentioned it is not silent on
20 supervision because it says supervision has to be in
21 person.

22 Ms. Black asked Ms. Martin if she is suggesting
23 taking out the definition of direct client contact in
24 Chapter 47 since the electronic supervision section
25 will be added.

1 Ms. Martin stated she would need to ponder that
2 issue.

3 Ms. Black informed Board members that they have
4 time to consider whether or not that option would be
5 best for the regulatory packet, because whatever
6 revisions were made still must come before the Board
7 for final approval.

8 Chair Corby commented that there may need to be a
9 definition of direct service/practice in the social
10 work section because it really pertains to LSWs and
11 direct client contact pertains to the LCSWs.

12 Ms. Martin further addressed the confusion,
13 stating that the regulations are silent on 'in person'
14 and saying direct means in person would add language
15 to the regulation. She noted, in other sections of
16 the regulation where supervision is referenced in a
17 setting, changes in the wording would need to be made.

18 Chair Corby noted the Board clarified terms for
19 the public, including "in person" and "direct client
20 contact." She noted the Board already adopted the
21 definition of "direct client contact," and in addition
22 to in person, it allows for electronic means between a
23 supervisor or client.

24 Ms. Martin again mentioned the only place in
25 person shows up is with supervision after searching

1 the original document. She stated it was regulated
2 that supervision has to be in person but not regulated
3 that the clinical services had to be in person. She
4 also noted some of the confusion is insurance does not
5 pay for it.

6 Ms. Black commented that when they did the policy
7 statement for indirect, the policy statement only
8 pertained to the interpretation of § 48.2(6), it was
9 not something that changed the regulation. She noted
10 when they did the policy statement for direct client
11 contact, it only provided clarification for § 48.2(6),
12 so just the LMFTs, not the LPCs or social workers
13 because that was not in those regulations.

14 Ms. Black noted that when they were working on
15 the revisions for Chapter 47, they did have that
16 phrase in one of the sections, and because the phrase
17 was in that section of the packet, they added the
18 definition to provide clarity.

19 Ms. Black referred to § 47.12c (b) (1), where at
20 least half of the experience shall be providing direct
21 client contact services in one of the following areas,
22 and because the phrase direct client contact was in
23 that revision, the definition was added to Chapter 47
24 to provide clarity that direct client contact would be
25 achieved if someone was in person or using an

1 electronic platform.

2 Ms. Black explained that direct client contact
3 only had to address marriage and family therapists
4 (MFTs) because that was the only place at that time
5 where direct client contact was used when doing the
6 policy statement, and due to the pandemic, in person
7 was not able to be achieved.

8 Ms. Black stated the Board interpreted direct
9 client contact to have an expanded meaning, and when
10 they started to do the general revision updates, that
11 phrase was used in Chapter 47 and is when the direct
12 client contact definition was applied to the social
13 work chapter.

14 Chair Corby commented that the direct client
15 contact definition is only for LCSWs because there is
16 no wording for LSWs about direct client contact and
17 does not apply.

18 Ms. Martin stated in person or direct contact
19 only applies to supervision and does not apply to the
20 clinical services hours that licensees have to get for
21 the license.

22 Ms. Black referred to § 47.12c, where language
23 regarding supervision was added, and direct client
24 contact is in reference to supervision, but because
25 the phrase is in the new revisions, direct client

1 contact was added so someone knew that when they have
2 supervision and are meeting section § 47.12c(b)(2)
3 that half of it is done with direct client contact and
4 includes in person or a Health Insurance Portability
5 Accountability Act (HIPAA)-compliant platform.

6 Ms. Black stated direct client contact is not
7 pertaining to the services because it is not used in
8 that context.

9 Chair Corby commented that the term direct client
10 contact is only applicable to LCSWs and not applicable
11 to LSWs.

12 Ms. Martin noted that not to be correct, where
13 they do not talk about direct client contact and talk
14 about direct practice, or they would say in person.

15 Chair Corby stated it referred to the LCSW
16 supervision regulation. She mentioned trying to make
17 language similar for everyone, where half of LCSW
18 hours need to be in person in some way.

19 Johanna Byrd, ACSW, IOM, CAE, Executive Director,
20 National Association of Social Workers, commented that
21 Ms. Martin is correct that it does not say it, but it
22 had been enforced that way for a long time prior to
23 COVID, even though the regulations did not
24 specifically say it had to be in person.

25 Ms. Byrd stated a form supervisors had to fill

1 out to authenticate that they have completed their
2 supervision hours did include a signoff that an X
3 number of hours have been in-person face-to-face
4 client contact.

5 Ms. Byrd noted consulting with people who
6 struggled because they were doing telephone therapy
7 and were not able to get licensed because they were
8 not able to meet that reg. She noted it to be helpful
9 to keep in mind the entire body of the paperwork they
10 have to fill out in addition to the specific
11 regulations. She mentioned not being able to find
12 anything in the regulations when she first moved here
13 that required face-to-face but then that form did.

14 Ms. Martin mentioned being involved with the
15 National Association of Social Workers (NASW) on the
16 regs from the very beginning. She commented that half
17 of supervised work has to be clinical, and the other
18 half is administrative and coordination and case
19 management.

20 Ms. Black asked whether the majority of the Board
21 feels the language can stay in for now. She noted the
22 language will go out for public comment, and the Board
23 would address any comments the public feels are
24 confusing or burdensome. She noted that it is not the
25 final product until it goes before the Independent

1 Regulatory Review Commission (IRRC).

2

3 [Marilyn L. Painter, Public Member, exited the meeting
4 at 11 a.m.]

5

6 Chair Corby asked whether Board members are in
7 favor of keeping what is written, and the majority of
8 Board members agreed.

9 Ms. Byrd informed Board members that three social
10 workers appointed to the Board received final approval
11 yesterday.

12 Chair Corby believed the term "in person" is
13 under the MFTs and professional counselors (PCs) and
14 assumed it is under social work as well. She noted
15 that the term is in the regs and should be in the
16 definition section.

17 Ms. Black mentioned that she would like to look
18 everywhere in the regs the term "in person" is used to
19 make sure it is accurate if they are going to add the
20 definition.

21 Chair Corby commented that in person was defined
22 for MFTs in § 48.13(b)(5), PCs in § 48.13(b)(5), and
23 social workers in § 47.12c(b)(5).

24 Ms. Black explained that definition was added to
25 provide clarification of what in person would include,

1 but there is now a section that references electronic
2 supervision. She expressed concern as to whether they
3 need the in person definition because they did not
4 have the electronic supervision regulation, and the
5 interpretation had to include that virtual option when
6 they did the policy.

7 Ms. Black commented that she would think about
8 whether the definition is necessary. She noted that
9 there could be in person or means through an
10 electronic platform, and direct client contact is
11 broader than in person.

12 Ms. Black referred to § 48.2 regarding
13 educational requirements, where "internship" was
14 added, the phrase "which is comprised of at least 2
15 semesters or 4 quarters including" was added, and a
16 comma removed for grammatical purposes.

17 Dr. Jordal commented that 4 quarters is
18 specifically 12 months, and 2 semesters is less than
19 12 months, possibly 9 months, and thought it may need
20 to be 3 semesters or 4 quarters. He stated a
21 Commission on Accreditation for Marriage and Family
22 Therapy Education (COAMFTE) program needs to be 12
23 months continuous and 4 quarters equates to 12 months
24 and 2 semesters does not. He also mentioned the lack
25 of the word continuous when thinking about the

1 expectations for the public or whoever is viewing it
2 around training.

3 Chair Corby recalled something Sandy said, where
4 they look for at least 2 semesters of practicum on
5 transcripts, which is equal to 1 year.

6 Ms. Black asked whether everyone is okay with
7 leaving it as is, and Board members agreed.

8 Ms. Black asked Board members whether there were
9 any concerns regarding § 48.3.

10 Chair Corby again noted that a licensed marriage
11 and family therapist (MFT) should be LMFT, not just
12 MFT in § 48.3(1).

13 Dr. Santiago asked what happens to the person
14 whose supervised clinical experience is completed in
15 more than 6 years, noting there is nothing in the
16 rules and regs if time was completed over 6 years.

17 Ms. Black explained that the individual would not
18 be in compliance with the regulation. She stated the
19 Board would provide a provisional denial, giving them
20 the opportunity to appeal and provide their
21 explanation and then the Board would make a decision
22 whether or not to accept the explanation.

23 Dr. Santiago addressed people who struggle to
24 pass the exam, where they have been under supervision
25 for 6 years because they cannot pass the exam. She

1 asked whether the opportunity for somebody to petition
2 and write for an exemption should be included in the
3 section of no more than 6 years.

4 Chair Corby commented that it is not something
5 that needs to be written in the regs.

6 Ms. Black referred to § 48.3(4). She noted the
7 revisions discussed in Chapter 47 were placed in
8 Chapter 48.

9 Dr. Jordal commented that the American
10 Association for Marriage and Family Therapy (AAMFT)
11 has taken back the control of the supervision courses
12 for the MFT field. He noted the Board did not put in
13 a disciplinary-specific entity into the regulations,
14 but with "or an organized certification program" being
15 there, those wanting to be a CE provider in the state
16 of Pennsylvania and offer supervision classes would be
17 difficult from an MFT perspective.

18 Dr. Jordal noted it may open up the ability for
19 CE providers to offer supervision and raising the
20 question of how to evaluate those applications to be a
21 CE provider. He also noted it may run into the part
22 of the unspoken part of the regulations that states
23 that an LMFT may supervise in Pennsylvania, not an
24 approved supervisor due to the case law.

25 Chair Corby commented that "organized

1 certification program" was put in there because they
2 are not just talking about 1 or 2 continuing education
3 unit (CEU) classes but are talking about an actual
4 program. She noted that most of the certification
5 programs are anywhere from 15 to 24 CEUs or more, and
6 the intent was to have a question as to whether they
7 met the requirement for supervision certification.

8 Ms. Martin noted the language is confusing and
9 suggested just saying what the requirements are for
10 being a supervisor, where if they have done the
11 program, they meet the requirements.

12 Chair Corby agreed with Ms. Martin, where
13 supervisors who have already taken and passed the
14 graduate level course or an organized certification
15 program on supervision have already met this
16 requirement.

17 Chair Corby noted it would apply to the other
18 disciplines as well.

19 Ms. Black noted that the last sentence would
20 read, "supervisors who have already taken and passed a
21 graduate level course or an organized certification
22 program on supervision will be considered to have met
23 this requirement."

24 Chair Corby reminded the Board that there is
25 nothing in the regulations about being prepared to be

1 supervisors and up until this point were told they
2 cannot do anything, noting Ms. Black slipped that one
3 in.

4 Ms. Black noted the need to await public comment
5 and see where it goes throughout the reg process. She
6 made the revision and noted to put it in Chapter 47
7 and Chapter 49.

8 Ms. Black referred to § 48.12 regarding general
9 qualifications for licensure proposed revisions, and
10 Board members had no comments.

11 Ms. Black referred to § 48.13 regarding licensed
12 MFTs. She noted revisions to § 48.13(b), where "has
13 direct client contact and" was removed. She also
14 noted § 48.13(b)(1) was rephrased to read, "direct
15 client contact." She noted removing the proposed
16 language and keeping the original language, "other
17 systems interventions (psychoeducation or family)" in
18 § 48.13(b)(1)(iv) to keep it consistent with social
19 work and professional counseling.

20 Ms. Black referred to § 48.13a regarding
21 electronic supervision, and the Board members had no
22 comments.

23 Ms. Black referred to § 48.14 regarding standards
24 for supervisors, and Board members had no comments.

25 Ms. Black noted § 48.15, where exemption from

1 licensure examination is being removed.

2 Ms. Black referred to § 48.16a licensure by
3 endorsement under Act 41 for marriage and family
4 therapists and asked why the section is missing
5 reference to CEs. She stated Act 41 allows for
6 competency to be met by being actively engaged for 2
7 of the last 5 years and provides for the applicant to
8 demonstrate competency by completing CE requirements
9 but is not referenced.

10 Ms. Black stated the template that various boards
11 have used have the 2 out of 5 which is listed but also
12 have that CE option.

13 Chair Corby suggested Ms. Black ask Ms. Wucinski
14 because the Board was the first Board to do something
15 with the act, and Ms. Wucinski had to write it up to
16 also be used by other boards.

17 Ms. Black stated the template that had been used
18 by other boards has changed and may have to add that
19 back in. She commented that she would touch base with
20 Ms. Wucinski, but the language may need to be added
21 into competency.

22 Ms. Black explained that the language is already
23 in the statute, and everyone is working with a piece
24 of legislation that is already considered settled law
25 and being enforced. She noted the Board has already

1 issued provisional licenses for individuals who have
2 only been practicing a couple of months.

3 Chair Corby commented that an individual would
4 need to have actively practiced 2 years out of the
5 last 5. She noted that somebody who was licensed in
6 another state is required to have an active license.
7 She stated individuals not meeting those regulations
8 would get a provisional license.

9 Ms. Black explained that there are two prongs to
10 the Act, where the first prong is determining whether
11 or not someone who has an active license in good
12 standing is from a jurisdiction who is substantially
13 equivalent. She explained that they automatically get
14 past that if they are in the United States because of
15 the Board's ruling.

16 Ms. Black commented that the Board would then
17 look at the competency of someone who is already
18 licensed and in good standing by whether they have
19 been actively engaged in the practice for 2 of the
20 last 5 years. She noted the other option the Act
21 gives boards is completion of the Pennsylvania Board's
22 CE requirements, not the CE requirements of where they
23 were licensed. She commented that the Act wants to
24 make sure the Board is not letting somebody in who is
25 just licensed, but has to meet one of those competency

1 standards.

2 Ms. Black explained that Act 41 is another
3 pathway for an individual to demonstrate competency
4 that the statutory language provides. She mentioned
5 that most of them would fall into the practice part of
6 it, but it is just another avenue the Act itself has
7 given to demonstrate that.

8 Dr. Jordal referred to § 48.16a(1), where an
9 applicant who is not licensed in another
10 U.S. State or Territory must submit a copy of the
11 current applicable law, regulation, or
12 other rule governing licensure requirements in the
13 jurisdiction in which they are licensed. He requested
14 clarification as to why it says they are not licensed
15 but having to submit documentation to support they are
16 licensed.

17 Ms. Black explained that individuals not licensed
18 in a U.S. State or Territory and are licensed in
19 another country would have to submit the applicable
20 law and regulations that governs that jurisdiction.

21 Ms. Black referred to § 48.16b regarding
22 professional corporations, noting the entire section
23 had been added to the MFT Chapter to be consistent
24 with the Social Work Chapter and would be seen
25 subsequently in Chapter 49 as well.

1 Ms. Black noted the section will also be added to
2 § 48.16c regarding fictitious names.

3 Dr. Jordal questioned the relevancy of the
4 inclusion, noting it is a huge thing to incorporate,
5 and the reality is most applicants or organizations
6 could probably get around this by becoming a limited
7 liability company (LLC), either sole proprietor or
8 otherwise.

9 Ms. Black noted receiving requests for review
10 and approval that come into the Corporation Bureau if
11 they cannot approve or process them.

12 Ms. Black noted occasionally receiving a request
13 from an MFT or LPC, but they do not have regulations
14 right now that require them to get their approval, so
15 this would change that and treat them similarly to
16 social workers.

17 Dr. Jordal commented that consistency across each
18 of the licenses makes sense. He mentioned it is also
19 a little bit about title protection and being aware of
20 how an organization is named, noting the Board has the
21 ability to look at that.

22 Ms. Black stated § 48.16b gives the Board the
23 authority over LMFTs and § 48.16c gives them the
24 ability to look at their names to make sure they are
25 not fraudulent or misleading for public protection

1 purposes. She stated the current regulations do not
2 have that over the LPCs and LMFTs, just social workers
3 and would keep it consistent between the three
4 disciplines.

5 Ms. Black addressed continuing education and
6 referred to § 48.32 regarding requirements for
7 biennial renewal. She noted the child abuse packet
8 was just before IRRC and finalized, and she will put
9 the finalized language in here as well.

10 Ms. Black referred to § 48.33 regarding
11 acceptable continuing education courses and programs,
12 and Board members had no comments concerning the
13 proposed revision.

14 Ms. Black referred to § 48.35 regarding standards
15 for courses and programs, and Board members had no
16 comments.

17 Ms. Black referred to § 48.36 regarding
18 preapproved providers of continuing education courses
19 and programs for marriage and family therapists.

20 Chair Corby asked why AAMFT for the MFTs or the
21 American Counseling Association (ACA) for the PCs are
22 not listed under § 48.36(a)(2)(i).

23 Ms. Martin commented that it is in the original
24 regulation but not included in the annex.

25 Ms. Black further explained that the annex only

1 includes changes, and language or provisions not being
2 changed are not listed out. She explained that
3 anything being taken out would be in brackets.

4 Ms. McNeill referred to § 48.36(a)(7), the
5 following groups and their regional, state, and local
6 affiliates, noting AAMFT is there under the original
7 regulations.

8 Chair Corby commented that the numbering is
9 different in the annex than in the original, and AAMFT
10 and ACA are not listed under the entities that can
11 cosponsor or approve continuing education but should
12 be listed.

13 Ms. Black stated there are two groups in the
14 regulations, group 6 and group 7, and AAMFT and ACA
15 are still listed under 7, which is going to be changed
16 to number 3 in the revisions.

17 Chair Corby noted that one group is able to
18 approve and another does not say that, and AAMFT and
19 ACA need to be able to approve.

20 Ms. Black explained that the language had been
21 added in the annex under number 3, where the following
22 entities and their regional, state, and local
23 affiliates may sponsor, cosponsor, or approve
24 continuing education courses and programs. She
25 mentioned it removed the Family Service Association of

1 America and replaced it with Wesley Family Services.
2 She noted that ACA and AAMFT is already listed under
3 that section but offered to put ACA and AAMFT in
4 section 6.

5 Dr. Jordal agreed with putting those in section 6
6 and being consistent with all three disciplines. He
7 also asked if there is a reason why the American
8 Nurses Credentialing Center (ANCC) is in that section
9 and whether it could be removed. He expressed concern
10 with organizations that are not specific to one of the
11 three disciplines having the ability to approve. He
12 noted the opportunity for public comment for
13 organizations to counter his suggestion.

14 Ms. Black cautioned the Board against using a
15 public comment period to have organizations justify
16 it. She informed the Board that they would have to
17 justify why it is being removed not only to commenters
18 but also to IRRC as to why it is in the best interest
19 of the public.

20 Dr. Jordal commented that organizations have to
21 be careful about presuming they have knowledge that
22 can cross disciplines, especially when the name of the
23 organization is discipline specific.

24 Ms. Martin commented that nurses can be nurse
25 practitioners and certified nurse clinicians and

1 believed it to be fruitful to intertwine the different
2 professions for continuing education.

3 Chair Corby noted being opposed to nurses being
4 able to approve CE without having to submit a packet.
5 She believed there can be cross because there are
6 psych nurses who have certificates and could sponsor
7 or cosponsor graduate programs but would not want them
8 listed as an entity that can approve.

9 Dr. Jordal supported moving nurses so they do not
10 have outright approval but have the ability to be a
11 provider with approval.

12 Ms. Black offered to move the American Nurses
13 Credentialing Center to § 48.36(a)(1), where nurses
14 could provide, sponsor, or cosponsor but not approve.

15 Ms. Black asked whether the majority of the Board
16 wanted to move the American Nurses Credentialing
17 Center to § 48.36(a)(1), and Board members agreed.

18 Dr. Jordal asked whether the Board has the
19 ability to raise costs under 48.36(b).

20 Ms. Black commented that the Board would be able
21 to raise costs but would have to get the Bureau of
22 Finance and Operations (BFO) involved to create a
23 report on the implication the increase will have on
24 the licensed community and the Board.

25 Chair Corby asked whether the language could be

1 changed to "the fee noted on the application" instead
2 of a specific locked-in amount.

3 Ms. Black noted there was the suggestion of the
4 Board needing a fee increase the last time BFO
5 presented, where this could possibly get wrapped into
6 that or whether it would be kept separate in a general
7 revisions packet. She also believed a specific number
8 would be required for a fee increase.

9 Ms. Black offered to speak with BFO and
10 regulatory counsel regarding public notice and a
11 comment period. She further explained that the Board
12 would have a fee report with the regulatory packet.
13 She mentioned needing a Regulatory Analysis Form (RAF)
14 disclosing what the financial ramification is going to
15 be to both the licensed community and the Board. She
16 noted the \$65 gets referred to in the RAF with the
17 report and could be added, but there is going to be a
18 financial report that goes with it.

19 Dr. Jordal supported awaiting further information
20 to make an informed decision. He expressed concern
21 with CE providers feeling a fee increase may be too
22 much but also concern with the burden of time and
23 expense on the Board reviewing applications. He also
24 noted the additional Bachelor of Social Work license
25 that will probably kick up more applications for CEs.

1 Chair Corby asked why "a rationale as to why the
2 organization should be included as a preapproved
3 provider" is being removed.

4 Dr. Jordal commented that the only place the
5 Board could deny organizations would be by using the
6 regulations, and the rationale statement opens up a
7 possible challenge to the Board's decision.

8 Ms. Black stated the rationale statement is more
9 subjective rather than the objective criteria in §
10 48.35. She agreed with Dr. Jordal, where any denial of
11 the preapproved CE provider is going to have to be
12 based in a specific regulation.

13 Chair Corby referred § 48.35, where a provider or
14 licensee seeking Board approval of a course or program
15 does not include preapproved providers and asked how
16 someone becomes preapproved. She asked whether
17 someone could submit an application to become a
18 preapproved provider.

19 Ms. McNeill explained that they can submit an
20 application, and there is an application for approval
21 for preapproved providers for each of the discipline
22 types.

23 Chair Corby stated preapproved providers need to
24 be inserted in 48.35(a) because there is no language
25 about applications becoming preapproved anywhere.

1 Dr. Jordal noted Dr. Santiago's comment in the
2 chat is on point, stating that preapproval is to
3 infinity. He mentioned that if the Board clarifies
4 that there is a preapproval process, then they may
5 have people applying who are a new provider and then
6 that is not in the regs. He stated it is like having
7 two different systems, where there are ones that are
8 listed and then a shadow process that nobody knows
9 fully what it is about.

10 Chair Corby asked Ms. McNeill how many other
11 providers the Board has preapproved that are not on
12 this list.

13 Ms. McNeill was not able to provide an answer but
14 offered to provide the information sometime in the
15 future.

16 Chair Corby commented that there are groups that
17 are becoming preapproved providers and then nobody
18 knows about it because it is not in the regs and not
19 clear anywhere that it is even possible to apply to
20 become a preapproved provider.

21 Dr. Jordal mentioned having an additional section
22 in the regs to speak to this, as well as an associated
23 fee, and whether to list any preapproved providers.

24 ***

25 [Linda A. Martin, LCSW, RN, exited the meeting at

1 11:58 a.m.]

2

3 [Erika Evans, Ph.D., LMFT, exited the meeting at
4 11:58 a.m.]

5

6 Dr. Santiago commented that it should also state
7 how long acceptance as a provider lasts.

8 Dr. Jordal commented that they either have the
9 shadow system that is to infinity and at the same time
10 they are not able to track what organizations are in
11 the regs versus which ones are already approved but
12 not in the ring. He asked whether there would need to
13 be a renewal period if they create this system, which
14 would produce extra work for the Board.

15 Ms. Black offered to look into the construction
16 process of it. She stated that consideration of
17 possibly changing the preapproved provider list would
18 require a change in drafting the regulation, whether
19 to add or subtract, which is a regulatory process that
20 takes time to implement.]

21

22 [Christian Jordal, Ph.D., LMFT, exited the meeting at
23 12:01 p.m.]

24

25 [Dr. Santiago asked Ms. Black whether there was a way

1 to show social work, MFT, and LPC revisions in
2 columns. She mentioned previously printing those for
3 review but thought there may be a better method.

4 Ms. Black encouraged Dr. Santiago to continue
5 printing those out because it is probably the easiest
6 way. She noted that she would move changes to Chapter
7 49 and make the discussed revisions. She informed
8 everyone that she would have Ms. McNeill send out an
9 email to the Board regarding another date to discuss
10 LPCs.

11 Chair Corby commented that the first 30 minutes
12 were more about social work than MFTs but was
13 applicable in some fashion for the whole Board. She
14 mentioned the importance of not seeing things
15 necessarily about time but looking at all of them and
16 whether there is input into it in the same way.]

17 ***

18 Adjournment

19 CHAIR CORBY:

20 I make the motion that we adjourn.

21 DR. SANTIAGO:

22 I second the motion that we adjourn.

23 Second.

24 CHAIR CORBY:

25 All in favor, say aye.

1 [The motion carried unanimously.]

2 ***

3 [There being no further business, the State Board of
4 Social Workers, Marriage and Family Therapists, and
5 Professional Counselors Regulatory Meeting adjourned
6 at 12:05 p.m.]

7 ***

8

9 CERTIFICATE

10

11 I hereby certify that the foregoing summary
12 minutes of the State Board of Social Workers, Marriage
13 and Family Therapists and Professional Counselors
14 meeting, was reduced to writing by me or under my
15 supervision, and that the minutes accurately summarize
16 the substance of the State Board of Social Workers,
17 Marriage and Family Therapists and Professional
18 Counselors meeting.

19

20

21



22

Amber Garbinski,

23

Minute Clerk

24

Sargent's Court Reporting

25

Service, Inc.

1 STATE BOARD OF SOCIAL WORKERS,
2 MARRIAGE AND FAMILY THERAPISTS,
3 AND PROFESSIONAL COUNSELORS
4 REFERENCE INDEX
5

6 February 11, 2022
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