



DEPARTMENT OF THE ARMY
HEADQUARTERS, U. S. ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO
ATTENTION OF

MCHO-CL-H (608-18a)

20 AUG 2001

MEMORANDUM FOR Commanders, Regional Medical Centers, MEDCOM
MEDCENS/MEDDACs, ATTN: Chiefs, Social Work Services

SUBJECT: Licensure Requirements for Social Workers

1. References:

- a. MCHO-CL-H Memorandum, 06 March 1998, Subject: Social Work Licensure (Encl. 1).
 - b. MCHO-CL-H Memorandum, 09 October 1998, Subject: Social Work Licensure with enclosures (Encl. 2).
 - c. MCHO-CL-H, Memorandum, 20 August 1999, Subject Social Work Licensure (Encl. 3).
2. Recently, questions have arisen on the "level" of licensure requirements for Social Workers. Policy on licensure requirements is defined in Enclosures 1 and 2 based on DoD requirements listed in the LOI to reference b above.
3. Enclosure 3 is not a policy memorandum requiring "the highest level of license required by the state," as often misquoted. This memorandum is encouragement of colleagues to enhance their professional capabilities. It is not to be taken to supersede basic licensure requirements defined in DoD Policy or Civilian Personnel Office standards for employment.
4. For requirements specific to FAP, see the DoD 6400.M, FAP Standards, Chapter 7.
5. POC for this memorandum is Mrs. Mary Behrend, Behavioral Health Division, Office of the Assistant Chief of Staff for Health Policy and Services, telephone commercial (210) 221-7267, DSN 471-7267 or email at Mary.Behrend@cen.amedd.army.mil.

Encls

1. MCHO-CL-H Memorandum
06 Mar 98
2. MCHO-CL-H Memorandum
09 Oct 98
3. MCHO-CL-H Memorandum
20 Aug 99

Rene J. Robichaux
RENE J. ROBICHAUX
COL, MS
Chief, Behavioral Health Division



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REPLY TO
ATTENTION OF

MCHO-CL-H (40a)

06 MAR 1998

MEMORANDUM FOR

Commanders, MEDCOM Regional Medical Commands, ATTN: Chief,
Social Work Service
Individual Social Work Officers

SUBJECT: Social Worker Licensure

1. References:

a. United States Code Title 10 - Armed Forces, 1094,
Licensure Requirements for Health-care Professionals

b. Department of Defense Directive Number 6025.13,
20 July 1995, subj: Clinical Quality Management Program (CQMP)
in the Military Health Services system (MHSS)

c. Interim Change No. I03, AR 40-68, 30 June 1995.

d. Memorandum, OTSG, MCJA, subj: Extension of Army
Regulation (AR) 40-68, Interim Change No. I03., 26 August, 1997.

e. Memorandum, HQ MEDCOM, MCPE-C, subj: Civilian Personnel
Division Technical Memorandum--Adverse Actions Resulting from
Loss of Professional License, 24 February 1995.

f. Memorandum, HQ MEDCOM, MCPE-C, subj: Federal Case Law
Regarding Deprivileging Actions Against Civilian Employees,
24 February 1995.

2. The purpose of this memorandum is to provide, in one document, key policies and guidance to the social work community concerning requirements for licensure as we approach 1 October 1998. This memorandum provides no new policies or guidance not previously published. Active duty, Reservists/Individual Mobilization Augmentees (IMAs), and Civil Service social workers will possess a current, valid, unrestricted professional license to be or continue to be employed in clinical or administrative positions throughout the Army Medical Department. The Regional Medical Commands (RMCs) and Chiefs, Social Work Service (SWS) are reminded of their responsibilities concerning these matters and must ensure that they and their subordinate clinical personnel (throughout their RMCs) are properly privileged to provide treatment services for our

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SUBJECT: Social Worker Licensure

patients. I charge each of you to conduct an assessment of your service/region and determine compliance with this memorandum and Interim Change No. I03 to AR 40-68. As appropriate, take necessary action to ensure compliance or temporarily or permanently remove "(See paragraph 2)", either temporarily or permanently, all providers who are not in compliance with Title 10, 1094, Interim Change No. I03, and AR 40-68 by 1 October 1998. To prevent removal from patient care, an Individual Development Plan (IDP) for the provider is considered appropriate for a temporary period to assist the employee (military or civilian) to gain compliance.

3. Please report to me the results of your medical treatment facility (MTF) and RMC survey of the status of licensure for all social workers in your RMC no later than 15 May 1998. This report should include the number of individuals (military and civilian) who are not in compliance for all mental health disciplines to include the ADAPCP. After the beginning of Fiscal Year 1999, we are subject to Quality Assurance (QA) compliance audits and inspections. Therefore, it is extremely important to ensure that our patients receive the best quality care we can provide and protect our respective commands, commanders, and ourselves from unnecessary potential litigation.

4. To assure consistently high quality professional clinical services, I believe it important for all officers who are or strive to be Chiefs of SWS to possess or be working towards their clinical supervisory license. This license takes many forms depending upon state requirements. Having an advanced clinical supervisory license will provide high quality supervision for our company grade officers and more recently graduated civilian clinicians. Possessing and maintaining such a license also ensures the continuation of sound clinical practice and provides our patients with an added degree of confidence that they are receiving treatment services that are clinically "state-of-the-art". After 1 October 1998, prospective civil service (social worker) employees will be required, as a condition of employment, to possess a current, valid, unrestricted professional license

5. In accordance with (IAW) reference 1.a., "A person under the Jurisdiction of the Secretary of a military department may not provide health care independently as a health care professional under this chapter unless the person has a current license to provide such care." It also states that "The commanding officer

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of each health care facility of the Department of Defense shall ensure that each person who provides health care independently as a health-care professional at the facility meets the requirements stated above." "The term health care professional means a physician, dentist, clinical psychologist, or nurse and any other person (social worker) providing direct health care as may be designated by the Secretary of Defense in regulations."

6. Reference 1.b. states in paragraph D., (Policy), 1.d. (Credentials and Clinical Privileges), (1) (Licensure), that Healthcare practitioners shall possess and maintain a current, valid, and unrestricted license or other authorizing document in accordance with the issuing authority, before practicing within the defined scope of practice for like specialties." "Healthcare practitioners who do not possess a license or authorizing document may practice only under a written plan of supervision with a licensed person of the same or similar discipline."

7. Paragraph (2) [Waivers], reference 1.b., states that "Authority to waive the license requirements is vested with the Assistant Secretary of Defense (Health Affairs) and shall be used only to address extraordinary circumstances. A waiver shall require compelling documentation of career potential and competent performance on the part of the involved individual". "Such documentation shall be endorsed by The Surgeon General of the applicable Military Department."

8. As of 26 August 1997, the Army Surgeon General authorized the extension of Army Regulation (AR) 40-68, Interim Change No. I03 to AR 40-68, Quality Assurance Administration. The revision ensures compliance with the Department of Defense Directive implementing Public Law 99-660, "The Health Care Quality Improvement Act of 1986, "and Title 42, United States Code Sections 11131-11152. Interim Change I03 is effective through 30 June 1999.

9. According to reference 1.c., page 42, 9-1., Policy, Federal civil service and military social workers "will maintain a professional license, certification and/or registration as required by the profession and appropriate regulatory bodies." "This license will be current (not revoked, suspended, or lapsed in registration), valid (the issuing authority accepts and considers QA information [practitioner professional performance and conduct] in determining continued licensure, and unrestricted (not subject to restriction pertaining to the scope, location), or type of practice ordinarily granted all other applicants for similar licensure in the granting jurisdiction)."

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10. Paragraph 9-1.a.(1)d. of reference 1.c. directs that "social workers who provided direct patient care as designated by the commander shall possess and maintain a current, valid, and unrestricted license or other authorizing document." Paragraph 9-1.a.(1)d.(3) goes on to state that "Nonphysician Health Care Providers (HCPs) completing their initial professional school and/or internship, will obtain a license within 12 months of completion of such schooling and/or training." Exceptions to this directive are authorized when state licensure requirements specifically conflict with and/or specify additional requirements that would preclude obtaining the license within the 12-month period.

11. According to paragraph 9-1.h.(1) of reference 1.c., "all unlicensed HCPs will practice under supervision." Military and civilian employees who are unlicensed will work under the direct supervision of a licensed and credentialed provider of the same discipline. This arrangement will be in writing and the privileging plan outlined and kept within the providers' Credentialling file. Refer to 9-1.h.(2) for the appropriate definition of supervision and monitoring of the unlicensed practitioner's work.

12. All military social work officers will be licensed by October 1998 irrespective of the position to which they are currently assigned. Licensure is now considered a basic requirement to perform all facets of clinical and administrative duties. In accordance with reference 1.c., 9-1.1., "Licensure requirements apply regardless of whether the individuals are performing clinical or administrative duties." Officers must be independently creditable to work in MTF clinic. Without a license, officers are required to be and will be restricted in the scope of their ability to practice independently IAW Interim Change No. I03. This policy applies irrespective of the officers' current or planned duty assignment. Regardless of assignment, the nearest MTF Credentialling Committee must credential social work officers. They may or may not be privileged as necessary. Privileges must be granted if they practice social work as a matter of duty regardless of the setting (field or garrison). Privileging identifies the scope of practice for the provider. Treatment of patients irrespective of where the officer may be assigned requires he/she to be privileged. Officers who are not credentialed and thereby not potentially privilegible, will be considered as non-deployable and subject to administrative and/or legal sanctions IAW applicable directives.

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13. In accordance with paragraph 9-1.j. of reference 1.c., "All military individuals who are not in compliance with this chapter will have all favorable personnel actions suspended under AR 600-8-2." Furthermore, in paragraph 9-1.j.(2), "Those individuals who are not in compliance with this chapter and are in an obligated status will be used in their specialties under the supervision of appropriately licensed healthcare personnel or in such capacities as their commander may direct until the expiration of their obligations. At that time, they will be separated from the Service under the provisions of AR 635-100 (or AR 635-200) or AR 135-175 (or AR 135-178) for loss of professional status."

14. Reserve officers and IMAs are subject to the same requirements as their counterparts on active duty. To serve in either a clinical or administrative position while on active duty training (ADT), they must be credentialed and privileged. To be credentialed, they must have a valid, unrestricted license. Prior to reporting to the ADT site, they must submit their Credentialing packet or request for the Social Work Service for initial review and for subsequent review by the MTF Credentialing committee. Once the Credentialing Committee has granted privileges, the provider may practice only within the scope of the granted privileges. In the event a reservist arrives for ADT and has not satisfied Credentialing and privileging requirements, he/she may not practice clinical social work in any form. To avoid having to qualify every year for annual ADT, the reservists or IMA can, IAW paragraph 1.a.1. (Policy), have prepared the "Credentials Transfer Brief (Memorandum, DOD(Health Affairs), 11 July 1994, subj: DOD Inter-facility Credentials Transfer and Privileging) as the preferred mechanism to carry out this credentials transfer." Use of this process will substantially reduce problems or difficulties when arriving at the ADT site and facilitate immediate treatment of patients.

15. Civil Service social workers must also be credentialed and privileged or be credentialable in the same manner as their military counterparts. Reference 1.c., paragraph 9-1.h.(3), states that "practitioners not subject to the Uniformed Code of Military Justice (UCMJ) who provide health care in violation of these restrictions are subject to a civil money penalty of not more than \$5,000 (10 USC 1094)."

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16. Civil Service Job Series 185 social workers in the Alcohol and Drug Abuse Prevention and Control Program (ADAPCP) must possess a current, valid, unrestricted professional license. This applies to all individuals in the 185 job series, whether in an administrative or clinical position. ADAPCP personnel working in the 185 job series, but lack a Master's degree in social work may not remain in the 185 job series. Their Job Series must be changed, and they cannot be titled "social worker." All new hires to the ADAPCP counseling staff must be 180 or 185 qualified. Incumbent counseling staff who are not in the 180 or 185 job series must be in an Individual Development Plan (IDP), working toward qualifying in the 180 or 185 job series. Incumbents working toward qualifying in the 185 job series may continue to work under the license/privileging of the clinical director until they qualify for transfer to the 185 job series.
17. Reference 1.e., paragraph 3 states that "Failure to meet the license requirements may be the basis for an adverse action against civilian employees for not meeting a condition of employment or maintaining qualifications for continued employment in the position for which hired." Refer to this memorandum (24 February 1995) for additional information and guidance. It was furnished to major subordinate commands, MTFs, and major Army command Civilian Personnel Officers.
18. Reference 1.f., paragraph 2 states that "Civilian employees who lose their clinical privileges under the procedures contained in AR 40-68, Quality Assurance Administration, are no longer qualified to hold the position for which they were hired." "Management must then reassign, change to lower grade, or remove the employee for failure to meet a condition of employment."
19. Paragraph 2 of reference 1.f. states that "No adverse personnel action will be initiated for loss of privileges until the affected employee has exhausted his appeal rights to the U.S. Army Medical Command and/or the Office of The Surgeon General (OTSG)." A copy of this memorandum should be provided to the servicing Civilian Personnel Advisory Center (CPAC) and the Civilian Personnel Operation Center (CPOC).
20. This memorandum will be provided to all active duty, reservists/IMAs, civil service social workers and all new accession social work officers during the last phase of their Officer Basic Course. It should be a matter of discussion and education for them prior to their departure to their first assignment.

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SUBJECT: Social Worker Licensure

21. Our point of contact is LTC Ekwurzel, Behavioral Health Division, Office of the Assistant Chief of Staff for Health Policy and Services, DSN 471-7221 or Commercial (210) 221-7221.



GRIFFIN DAVID LOCKETT, DSW
Colonel, MS
Social Work Consultant to
The Army Surgeon General

CF:

Commander, MEDCOM, ATTN: MCPE-C

Commander, MEDCOM, ATTN: MCHO-CL-Q



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REPLY TO
ATTENTION OF

S: 2 Nov 98

MCHO-CL-H (40a)

09 OCT 1998

MEMORANDUM FOR Commanders, MEDCOM Regional Medical Commands

SUBJECT: Social Work Licensure Requirements

1. Effective 1 October 1998, all social workers, including General Schedule 185 series, contract, and active duty, are required to be licensed by authority contained in Department of Defense Directive Number 6025.13, 20 July 1995, subj: Clinical Quality Management Program (CQMP) in the Military Health Services system (MHSS); and Interim Change No. I03, AR 40-68, subj: Quality Assurance Administration, 30 June 1995. This includes all master level social workers regardless of the clinical practice area, service, or department in which they work. We request that you provide a list of any social workers, by medical treatment facility, who did not meet this licensure requirement. Suspense for this action is 2 November 1998.
2. As of 1 October 1998, any privileged but unlicensed social workers will have their privileges modified to place them under the supervision of a licensed social worker or like professional.
3. The enclosed Letter of Instruction provides more specific guidance on quality assurance procedures and personnel actions necessary for staff without a license.
4. My point of contact is COL Lockett, Chief, Behavioral Health Division and Social Work Consultant to The Army Surgeon General. DSN 471-6499 or Commercial (210) 221-6499.

FOR THE COMMANDER:

Encl
as

KEVIN C. KILEY
Brigadier General, MC
Deputy Chief of Staff for
Operations, Health Policy
and Services

Handwritten initials

LETTER OF INSTRUCTION (LOI)

SUBJECT: Social Work Licensure Requirments

1. Purpose. To provide additional guidance for quality assurance and personnel procedures for social work staff who did not meet the 1 October 1998 licensure requirement.

2. References.

a. United States Code Title 10 - Armed Forces, 1094, Licensure Requirements for Health-care Professionals

b. Department of Defense Directive Number 6025.13, 20 July 1995, subj: Clinical Quality Management Program (CQMP) in the Military Health Services system (MHSS)

c. Interim Change No. I03, AR 40-68, 30 June 1995.

d. Memorandum, OTSG, MCJA, subj: Extension of Army Regulation (AR) 40-68, Interim Change No. I03., 26 August, 1997.

e. Memorandum, HQ MEDCOM, MCPE-C, subj: Civilian Personnel Division Technical Memorandum--Adverse Actions Resulting from Loss of Professional License, 24 February 1995.

f. Memorandum, HQ MEDCOM, MCPE-C, subj: Federal Case Law Regarding Deprivileging Actions Against Civilian Employees, 24 February, 1995.

g. Memorandum, HQ MEDCOM, MCHO-CL-H, subj: Social Worker Licensure, 6 March 1998.

3. Procedures.

a. As much as possible, the supervising social workers should meet the qualifications of the social worker's State licensing board, so that we do not impede a social worker's progress in meeting the conditions of their State board.

b. Social workers who do not meet requirements for licensure will be subject to administrative personnel action. For military, in accordance with reference 1c.: "Failure to obtain or maintain a current license will be reason for flagging and adverse personnel actions, including loss of special pays and benefits, reclassification, and/or separation, unless specifically waived by the Assistant Secretary of Defense (Health Affairs). For civilians, this includes: reassigning the social worker to an area or duties that do not require a license, downgrading the employee to a position not requiring a license or

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SUBJECT: Social Work Licensure Requirments

to a position for which they qualify; or terminating the worker because he or she no longer meets the standards for the position IAW references 1d-1g., unless specifically waived as stated above. For civilian employees, the above actions must be coordinated with your management employee relations representative. Request you coordinate any action with your Regional Medical Command Chief, Social Work or the Social Work Consultant.

c. If a social worker has aggressively been pursuing a license, you may consider granting the social worker enough time to complete the requirements; i.e., waiting to take the examination or waiting for the results. This is not a waiver of the licensure requirement. They also must remain under the supervision of a licensed social worker until the license is obtained. Civilian employees should have been on an Individual Development Plan, and military personnel's support form should have indicated steps to obtain a license.

d. Because each State's requirements vary, please ensure adequate time is allowed to meet requirements. For example, a few states do not offer a license until the social worker has had a minimum of 2,000 hours of post master's clinically supervised practice. Thus, new social work officers may not be eligible for a license until they meet that State's requirement. In the future, new accessions will be required to have a license as a condition of accession. A State license should already be a condition of employment for a civilian social worker.

COL GRIFFIN DAVID LOCKETT/MCHO-CL-H/DSN 471-6499



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MCHO-CL-H (40a)

20 Aug 99

MEMORANDUM FOR Military and Civilian Social Workers

SUBJECT: Social Work Licensure

1. As a profession, Army Social Work has been recognized as a leader in complying with the licensure requirement. I commend each of you for the progress you have made toward becoming a 100 percent licensed profession in the Army Medical Department. Most of you very quickly recognized that there are many more benefits of being licensed than just complying with the requirement.
2. While we have made significant gains in meeting the basic licensure requirement, your goal as a professional should be to ensure that you continue to pursue advanced licensure status, and board certification. Clinical practice is an integral part of the services we deliver. All social workers have a professional responsibility to extend their knowledge and skills. Professional growth and anticipation of the changing nature of our practice remains a fundamental measure of our ability to provide quality services.
3. The advanced clinical practice license attests to the commitment of experienced professionals in monitoring, evaluating and improving their own practice. We must also evaluate the practice of those who work for and with us. Chiefs, supervisors and clinical directors have a professional responsibility to provide appropriate clinical supervision to social workers and other clinical staff. Setting the example by guiding and enhancing the practice of other professionals is one of the most important legacies anyone can contribute to the profession.
4. We must continue to elevate the profession and strive toward the highest level of professional practice. To translate this philosophy into action, I charge each of you with seeking the appropriate training, supervision and credentialing needed to practice with an advanced clinical practice license or other advanced license. Increasing your knowledge, skills and quality service, regardless of your practice domain, is the mark of any profession.

GRIFFIN DAVID LOCKETT
DSW, LMSW-ACP
Colonel, MS
Social Work Consultant to
The Army Surgeon General