



May 14, 2020

Dear Social Work Employers,

As you are aware, COVID-19 has created disruptions and chaos across states, nations, and sectors of society. One such industry experiencing a great deal of uncertainty is the human services workforce, specifically, with respect to maintaining a robust workforce in perhaps our greatest time of need and assuring such workforce is appropriately educated and experienced.

While we have come to think of the traditional health care workers, such as physicians, nurses and respiratory therapists as the primary caregivers in this crisis, social workers are also a vital component to patient care responding to the onslaught of the pandemic with professionalism, courage, and an unwavering dedication. They are critical to the healthcare system that we all rely on and while often in the background, they are present in every central command center of a crisis and they are taking incredible risks to do so. They are working with patients, physicians, nurses, administrators, insurance companies, Medicaid, Medicare, and families and friends to coordinate care.

Social Workers are providing intakes, assessments, medication management, assistance with daily living skills, coordination of online appointments, and even job searches, in facilities across sectors of care being ravaged by the virus, such as homeless shelters, foster care congregate care facilities, juvenile justice, child welfare agencies and criminal justice facilities. They are still doing home visits when necessary – also, across service delivery sectors from child welfare to palliative care.

Although COVID-19 affected the format by which students complete their education, as in other years thousands of social work graduates will be entering the human services sector while simultaneously applying to the State Education Department for licensure as a Licensed Master Social Worker (LMSW). Graduates may practice for up to one year in an authorized setting under the supervision of a LMSW or LCSW with a limited permit, while meeting the examination requirement. The permit requires an application and fee for licensure; verification from the school that the M.S.W. was awarded and a permit application and fee. The Department will accept electronic lists from New York schools to verify groups of graduates, cutting down on paperwork and eliminating mail processes. New graduates can apply online and pay the fee for the license, to start the process. These improvements streamline the processing of permit applications.

Graduates are approved to take the licensure examination when the Department has received the application and fee for licensure and verification of the M.S.W. degree. At that time, the graduate schedules the examination with the Association of Social Work Boards (ASWB) at a local test center. The COVID-19 pandemic caused most testing sites to temporarily close to comply with social distancing provisions. Those sites have now re-opened but with appropriate distancing, reducing the number of seats for candidates taking examinations in social work and other occupations. This may lead to a delay, but the limited permits issued by the Department will

authorize students to practice in an authorized setting under the supervision of a LMSW or LCSW for one (1) year.

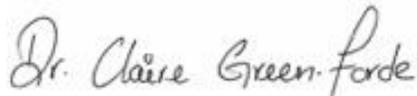
In an effort to assist both employers and recent graduates understand the scope of work they are authorized to do, we offer the following guidance:

- While we were successful in finally negotiating an end to the broad based exemptions to the social work and mental health practitioner licenses in 2018, it is important to note that such a resolution does not go into effect until one (1) year **AFTER** the Board of Regents, adopts implementation regulations. Those regulations may be adopted by the Board of Regents in June or July 2020. Once adopted the 365-day clock would begin. In the meantime, individuals employed by any entity or program regulated, operated, or funded by OMH, DOCCS, DOH, OPWDD, OCFS, and SOFA are authorized to practice all tasks in the scope of practice for the LMSW and LCSW without a license. This universe is incredibly expansive as includes state run facilities and thousands of programs in communities across every county that contract with any of the noted agencies. It is also important to note that any individual hired before the exemptions expire, are authorized to continue in such a position without licensure, in perpetuity.
- Should a facility require new graduates to possess a Limited Permit, the SED has noted they can and are processing such applications (which would be the normal course of action at this time of year).
- Section 7706, of Article 154 <http://www.op.nysed.gov/prof/sw/article154.htm> iterates the expansive list of tasks that do not require a license, including but not limited to:
  - helping an individual with the completion of forms or questionnaires.
  - reviewing existing case records and collecting background information about an individual which may be used by the licensed professional or multi-disciplinary team;
  - gathering and reporting information about previous behavioral health interventions, hospitalizations, documented diagnosis, or prior treatment for review by the licensed professional and multi-disciplinary team;
  - discussing with the individual his or her situation, needs, concerns, and thoughts in order to help identify services that support the individual's goals, independence, and quality of life;
  - providing advice, information, and assistance to individuals and family members to identify needs and available resources in the community to help meet the needs of the individual or family member;
  - engaging in immediate and long-term problem solving, engaging in the development of social skills, or providing general help in areas including, but not limited to, housing, employment, child care, parenting, community based services, and finances;
  - distributing paper copies of self-administered tests for the individual to complete when such tests do not require the observation and judgment of a licensed professional;
  - monitoring treatment by the collection of written and/or observational data in accordance with the treatment plan and providing verbal or written reports to the multi-disciplinary team;
  - identifying gaps in services and coordinating access to or arranging services for individuals such as home care, community based services, housing, employment, transportation, child care, vocational training, or health care;

- offering education programs that provide information about disease identification and recommended treatments that may be provided, and how to access such treatment;
- reporting on behavior, actions, and responses to treatment by collecting written and/or observational data as part of a multi-disciplinary team;
- using de-escalation techniques consistent with appropriate training;
- performing assessments using standardized, structured interview tools or instruments;
- directly delivering services outlined in the service plan that are not clinical in nature but have been tailored to an individual based on any diagnoses such individual may have received from a licensed professional; and
- advocating with educational, judicial or other systems to protect an individual's rights and access to appropriate services.

While we certainly understand the far reaching implications this unprecedented crisis has created, we sincerely hope one such causality will not be recent MSW graduates as iterated above, they are prepared and stand ready to play a strong supporting role in the next phase of the pandemic.

Sincerely,

A handwritten signature in cursive script that reads "Dr. Claire Green Forde". The ink is dark and the signature is fluid and legible.

Dr. Claire Green Forde, LCSW