



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

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REPLY TO
ATTENTION OF

MCHO-CL-E (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 (COMP)
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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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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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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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.



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