

MAY 19 1981

The Human Services Committee convened on Monday, February 16, 1981, in Room 103 of the Capitol at 12:30 p.m. with CHAIRMAN BUDD GOULD presiding. All members were present with the exception of REPRESENTATIVES CONN and BRAND who were excused.

OF MONTANA

HJR 26.

The hearing was opened by REP. MOORE. This Joint Resolution requests an interim study of the Legislative Finance Committee to determine feasibility of combining in one department functions relating to developmental disabilities presently performed by SRS and the Department of Institutions.

PROPONENTS:

JUDY CARLSON, Deputy Director of the SRS, testified as a proponent. The bill does not recognize the role of DHES or the role of the Office of the Superintendent of Public Instruction in the field of developmental disabilities. She suggests an extension of the study to include that. It might be useful for the committee to look at institutional services or models for services vs. community models, giving it a broader range; she said.

OPPONENTS:

There were none.

QUESTIONS FROM THE COMMITTEE:

REP. BARDANOUE asked Judy Carlson to clarify her statement.

Judy Carlson repeated her testimony as a proponent.

REP. MOORE stated that every agency of the state will be included in this study.

The hearing was closed.

HB 554.

REP. BERGENE opened the hearing on the bill, which provided for a masters of social work; creating a state board of social work examiners.

PROPONENTS:

She read a Question and Answer sheet (EXHIBIT I) giving information on laws other states have in this area. She also read written testimony from GALEN WILSON, (EXHIBIT II) a proponent of the bill, a letter from the Board of County Commissioners of Great Falls (EXHIBIT III). PETER GUTHRIE, President of the Montana Chapter of National Association of Social Workers (EXHIBIT IV) read prepared testimony.

ANDREE DELIGDISCH read written testimony favoring the bill (EXHIBIT V). Her testimony stated that a clinical social worker will greatly benefit from passage of this bill. Certification is a necessary step in collecting insurance payments, she said.

CHARLES HOREJSI, Ph.D. from the University of Montana read written testimony supporting HB 554 (EXHIBIT VI). Charles Horejsi submitted a letter to CHAIRMAN GOULD from HERMAN A. WALTERS, Ph.D., a clinical psychologist from Missoula (EXHIBIT VIII) in favor of the bill.

SHARON HANTON, Executive Director of the Montana Chapter of the National Association of Social Workers endorsed HB 554 (EXHIBIT VII).

WILLIAM EVANS, said that he had been asked by the Montana Chapter of National Association of Social Workers (NASW) to look into the prospects of proposing a bill certifying or licensing Social Workers in Montana. He presented written testimony in regard to his study and endorsed HB 554 (EXHIBIT IX).

DR. CHUCK CERNEY, Chairman of Medical and Psychiatric Social Services at the Montana Deaconess Medical Center in Great Falls, presented the written testimony of Dr. Donald E. Engstrom, MD, the President of the Montana Psychiatric Association (EXHIBIT X) who urged passage of HB 554.

ZELLA JACOBSEN, representing the Mental Health Association of Montana, read written testimony as a proponent of the bill (EXHIBIT XI). She said this is not a licensing bill, but an attempt of social workers to be responsive to the public and help to identify standards of practice, such as education and experience.

OPPONENTS:

IRVING DAYTON, Deputy Commissioner of Higher Education of the University System, referred to the designation "master of social work" in the bill. He said that a Masters Degree is an academic degree indicating a certain amount of post-graduate work being completed. He felt that it would be unfortunate to have the state agency or board conferring this on people which could be confused with a recognized academic degree clarified. He suggested changing the name to "certified social worker" or "certified professional social worker", neither of which could be confused with the academic "Masters" degree.

QUESTIONS FROM THE COMMITTEE:

REP. MANNING asked if giving the social workers the proposed designation would help them to collect insurance.

DR. CERNEY felt that it would.

REP. BARDANOUE asked how many social workers in the state had an academic masters degree.

DAYTON said there were approximately 150.

REP. BARDANOUE asked if all social workers were eligible for this certification.

DELIGDISCH said if they meet the qualifications stated in the bill, they would be eligible. The qualifications include 3,000 hours of experience, she said.

REP. BARDANOUE asked about the rulemaking powers. DR. CERNEY stated that the proposed certification would be voluntary, not mandatory.

REP. NILSON asked for the proponents' opinions on the proposed amendment of the title, as suggested by Irving Dayton. DELIGDISCH said she would concur.

REP. WINSLOW asked if social workers were paid by their patients directly, since they presently cannot collect from some insurance companies. DELIGDISCH said nearly all were. She said she had records of \$28,000 in claims in the past year the insurance companies refused to pay. She felt the bill would help to collect at least \$20,000 of that amount.

REP. GOULD asked if the individual pays when insurance companies do not. DELIGDISCH said that they did in most cases, but they also pay for insurance and felt the insurance companies should pay the claim.

REP. BARDANOUE asked for clarification on the proposed amendment to the title of the social worker, saying he felt that "certified social worker" might sound like the person either is or isn't a "professional". HORESJI said the intent was not to offend anyone; he suggested that another possibility was "certified graduate social worker."

REP. BERGENE asked if "certified master level" would be objectionable.

DAYTON said people with doctor's degrees might object to it. He felt it would reduce confusion if the word "master" were removed.

REP. BENNETT asked about adding "of social work". He also asked if there is a bill that certifies psychologists.

GUTHRIE said there is a licensing bill, but he thought it only pertained to people with doctorate degrees.

REP. BENNETT said HB 554 refers to licensing and psychotherapy and asked if social workers and psychiatrists might have a conflict in that area.

CHARLES GUTHRIE, From the University of Montana, said it is commonly recognized that social workers provide psychological therapy.

DR. CERNEY said the term "psychological therapy" crossed over many professions.

REP. BENNETT asked what course work a person must take to receive a Masters Degree in Social Work.

DR. CERNEY said it is a comprehensive two year course of 60 credit hours and internship including child psychology, individual therapy, family, and group therapy and a study of many other areas.

During the period of internship, you are learning the practical skills, he said.

REP. BERGENE closed the hearing on HB 554.

#### HB 534.

The hearing on HB 534 was opened by REP. BENGSTON. The purpose of the bill is to create a board of respiratory therapy and cardio-pulmonary technology. The bill has been modeled after bills from other states. She said this is the only area of "critical care" that does not require licensing.

#### PROPONENTS:

BOB HUGHES, Respiratory Therapist at Billings Deaconess Hospital, said respiratory therapists are presenting the bill in reaction to a ruling that Federal Administrators of Medicare recently passed, saying that they are not going to pay for anything that isn't administered by licensed personnel. He briefly explained the bill, saying this is not a restrictive bill and will not limit practice but will require licensing. There are national exams which can be used keeping cost to a minimum.

LARRY VANNOSTRAND, Coordinator of Cardio and Pulmonary Services in Montana, said this is a relatively new profession of about 15 years. It is practiced in areas of diagnosis, open-heart surgery, and intensive care. He said the respiratory therapist and cardio-pulmonary technicians operate respirators and other pieces of equipment that maintain life support during emergency situations. They work under a doctor's supervision. He said the technology has become very complicated and only qualified

personnel should be operating the equipment. If the equipment is not maintained and operated correctly, it can lead to incorrect diagnosis and unnecessary surgery, he said.

RONALD BURNHAM, a pulmonary therapist and the Medical Director of Respiratory Therapy Service at St. Vincent's Hospital in Billings, testified that there are currently 6 pulmonary medical specialists in Montana, 5 of whom support this bill. He said this bill will not prohibit nurses and other personnel who presently do this work. He also said that federal legislation has recently approved payment of out-patient services in this field. Also, he felt that if this law is not passed, it may lead to people calling themselves therapists, when they have not been trained in the field.

OPPONENTS:

KEN RUTLEDGE, representing the Montana Hospital Association, said that there are many employees in a hospital working in diagnostic and therapeutic areas. If these technicians are licensed, there will be a great many others who will be introducing bills to be licensed. Also, there will be a difficulty in hiring, particularly in rural areas, he felt. Another problem would be the risk of malpractice and the possibility that the hospital could be sued. He urged defeat of the bill.

QUESTIONS FROM THE COMMITTEE:

REP. KEYSER asked who would arrange the examinations for the technicians.

BOB HUSS, testifying at the hearing, said it would be set up by the American Association of Therapy. There is now an independent company which writes the examinations, which also writes the examinations for many high schools, he said.

REP. KEYSER asked if the doctors had any input into the content of the examinations.

HUSS said it is overseen by 50% doctors and 50% therapists.

REP. KEYSER referred to the nurses operating the equipment and asked why there should be any exemptions.

HUSS said the exemptions were for the smaller hospitals and for individuals who have the proficiency from experience, but who haven't had the training. However, he said, even they must take the examination. He also said that after 1986 all would be required to take the schooling.

REP. KEYSER asked if the job market was more important than the qualifications.

HUSS said "no", that he was saying that people now working in this field should be given an opportunity to prove they are capable of doing the job.

REP. BARDANOUE asked what the present qualifications are.

JIM ROBERTS, of the Deaconess Hospital in Great Falls said that his hospital has national credentials -- that a cardio-respiratory therapist must complete 12 months of school. He said they must work 12 months and then take an examination, and that a cardio-pulmonary specialist has slightly different qualifications.

VANNOSTRAND said the program is set up much the same as that for a physician -- graduates must take a certification test before they can be registered. It is a 3-year program, he said.

JIM ROBERTS said that a person has to be at least certified to be hired right at the present time, which means he (the CPS) would have gone to school. There are people who have been working in this area for 10 years, he said, who have not been able to be certified. If the bill is passed, they will have an opportunity to be licensed, he felt.

REP. BENGSTON closed the hearing on HB 534.

EXECUTIVE SESSION.  
HB 258 and HJR 1 .

REP. SEIFERT reported to the committee that the subcommittee had been considering these two bills and that Legislative Researcher ANNE BRODSKY is preparing a draft of a substitute HB 258 which should be ready in the afternoon.

HB 513.

REP. WINSLOW moved for a DO NOT PASS.

REP. MENAHAN moved a substitute motion of DO PASS. A vote was taken on the DO PASS motion. It failed by a vote of 6 YES and 8 NO votes, the NO votes cast by the following representatives: GOULD, WINSLOW, KEYSER, SEIFERT, BENNETT, SIVERTSEN, DEVLIN, PAVLOVICH.

REP. KEYSER moved for a reversal of the motion and the vote. It passed and the NO votes were recorded as follows: BERGENE, BARDANOUE, MANNING, METCALF, NILSON and MENAHAN.

HB 458.

REP. MENAHAN moved for a DO NOT PASS on HB 458. The motion was seconded and PASSED by a vote of 9 to 5, the NO votes being cast by: GOULD, KEYSER, SEIFERT, BENNETT, DEVLIN.

HB 664.

RUSS JOSEPHSON read a draft of the STATEMENT OF INTENT.

REP. MANNING moved that the STATEMENT OF INTENT BE ACCEPTED by the committee. The MOTION CARRIED UNANIMOUSLY.

HB 514.

REP. DUSSAULT appeared before the committee and asked if the bill could be tabled at this time. She would like time to consider amendments, but said she may allow the bill to die in committee.

REP. MANNING MOVED TO TABLE THE BILL. The motion was seconded and PASSED UNANIMOUSLY.

HB 554.

REP. MANNING MOVED that HB 554 DO PASS.

REP. BARDANOUE MOVED to AMEND the bill by striking the word "masters", and inserting "certified" to read "certified social workers", wherever it appears in the bill.

REP. BERGENE told REP. BARDANOUE and the committee that the proponents of HB 554 were trying to come up with a suitable change.

REP. BENNETT said this bill would allow social workers to practice psychotherapy and that he objected to that.

REP. BERGENE said that both psychotherapists and social workers treat emotionally ill persons.

REP. METCALF said he would like to support REP. BARDANOUE's motion.

REP. SIVERTSEN agreed. The motion was seconded and a vote taken. The motion passed UNANIMOUSLY.

REP. BARDANOUE MOVED for a DO PASS AS AMENDED on HB 554. After some discussion, a vote was taken and the motion PASSED by a vote of 12 to 2. The NO votes were recorded as follows: REP. BENNETT and REP. SEIFERT. There were two absent and REP. SWITZER asked to abstain from voting as he hadn't had an opportunity to be present at the hearing.

RUSS JOSEPHSON read a Statement of Intent for the bill.

REP. MANNING MOVED that the committee accept it. The Motion

PASSED UNANIMOUSLY.

HB 634.

REP. WINSLOW MOVED for a DO PASS on HB 634.

REP. KEYSER MOVED an AMENDMENT as follows: On page 6, line 17, strike "1986" and re insert "1982".

REP. WINSLOW said the reason for "1986" was to help the small hospitals, by giving them additional time.

REP. BARDANOUE and REP. SIVERTSEN said they found it difficult to accept this bill.

REP. DEVLIN MOVED a SUBSTITUTE MOTION of DO NOT PASS.

Discussion by the committee followed. REP. BERGENE thought there might be an increase in cost to the hospital as a result of the bill.

REP. KEYSER agreed.

REP. WINSLOW said it was important to realize the function of respiratory therapy--to realize that they are dealing with severely sick people. He thought better trained personnel would result in better patient care.

CHAIRMAN GOULD said hospitals wouldn't want to hire anyone who might open the hospital to malpractice suits.

REP. BARDANOUE was not in favor of anything causing higher hospital costs.

REP. KEYSER said he had had good experience with respiratory therapists and felt the bill was an attempt to improve care.

REP. SIVERTSEN said licensure and establishment of boards is reflected in higher costs.

REP. DEVLIN's motion of DO NOT PASS was seconded and voted upon. The results were 8 YES and 7 NO, the NO votes being cast by REPRESENTATIVES WINSLOW, BERGENE, MANNING, METCALF, PAVLOVICH, NILSON, and MENAHAN.

HB 646.

The hearing on HB 646 was reopened to approve a Statement of Intent.

RUSS JOSEPHSON distributed copies of the Statement.

REP. MANNING MOVED that the committee ACCEPT THE STATEMENT OF INTENT prepared for the bill. The motion was seconded and



PASSED UNANIMOUSLY.

HB 686.

REP. METCALF presented a substitute bill (previously voted in an 8 to 8 tie) for HB 686 (EXHIBIT XIII) with an attached STATEMENT OF INTENT. He said that the DHES, SRS, and the Montana Nursing Home Association all agree with the bill. He said it gives three new definitions. "Department" is now SRS; "protective oversight" and "residential care facility" are also redefined. He explained other provisions of the bill.

REP. BARDANOUVE MOVED the AMENDMENTS as presented by REP. METCALF.

The AMENDMENTS were opposed by REP. SIVERTSEN.

REP. METCALF MOVED for a DO PASS AS AMENDED for HB 686. The motion was seconded and PASSED by a vote of 8 to 7, the NO votes being cast by REPRESENTATIVES KEYSER, SEIFERT, BENNETT, SIVERTSEN, DEVLIN, SWITZER and PAVLOVICH.

HB 646.

RUSS JOSEPHSON read a suggested amendment for HB 646 regarding "regions" which raised the question which regions. He suggested "in each of the Governor's planning regions" be inserted. No official action was taken on the suggestion.

The meeting adjourned at 2:30 p.m.



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CHAIRMAN BUDD GOULD

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## VISITORS' REGISTER

HOUSE                      HUMAN SERVICES                      COMMITTEE                     BILL 554Date 2/16/81SPONSOR                      REP. BERGENE                     

NAME	RESIDENCE	REPRESENTING	SUP- PORT	OP- POSE
Andree Delgado	Great Falls		X	
Peter Guthrie	Billings	mt. NASW	X	
Bill Evans	Helena		X	
Salin Wilson	Great Falls		X	
JUDITH H CARLSON		SRS		
SHARON HAYDON	BOZEMAN	NASW	X	
Zepp Jacobson	Great Falls	Mental Health Assn	X	
Nelle Leary	Helena	Mental Health	X	
Charles Johnson	Gr Falls		X	
E E DAYTON	HELENA	UNIV. SYSTEM		
LISA BRAGO	BOZEMAN	NASW	X	
Charlene Hiegar	Missoula		X	
John Johnson	Helena	self		
John Johnson	Gr Falls	MSR	X	
Ray J. Kelly	Helena	MSR	X	
Richard Varrier	Helena	OLA		
Kim Rutledge	Helena	Montana Hosp Assoc	✓	

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR LONGER FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

## VISITORS' REGISTER

HOUSE            HUMAN SERVICES            COMMITTEE

BILL 634

Date 2/16/81

SPONSOR Rep. Bengston

[illegible]

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR LONGER FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

## VISITORS' REGISTER

HOUSE            HUMAN SERVICES            COMMITTEE

BILL HJR 26

Date 2/16/81

SPONSOR      REP. MOORE

[illegible]

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR LONGER FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

WITNESS STATEMENT

NAME Ken Rutledge BILL No. H/B 554

ADDRESS P.O. Box 5119, Helena DATE 2/16/81

WHOM DO YOU REPRESENT Montana Hosp. Assoc.

SUPPORT ☒ OPPOSE ☐ AMEND ☐

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

WITNESS STATEMENT

NAME Ken Rutledge BILL No. HB 634

ADDRESS P.O. Box 5119, Helena DATE 2/16/81

WHOM DO YOU REPRESENT Montana Hospital Assoc

SUPPORT \_\_\_\_\_ OPPOSE ☒ \_\_\_\_\_ AMEND \_\_\_\_\_

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

I

## SOCIAL WORK CERTIFICATION BILL

### QUESTIONS AND ANSWERS

Q1. Do other states have laws that regulate social work practice?

- A. Yes. About one-half of the states now have social work licensure, registration or certification laws. The nearby states of South Dakota, Idaho, Utah, and Colorado are examples.

Q2. Why is certification needed?

- A1. A growing number of insurance carriers require the State regulation of a profession as a prerequisite for reimbursement for "covered" or reimbursable services. If a non-regulated professional provides a service to a client, most insurance companies refuse to pay the cost of the service. In the case of a private insurance policy, this may mean that the client must pay the cost of an otherwise covered service simply because the State has no form of professional certification. In short, the client pays twice--once for the insurance premium and again for the service rendered.

Insurance carriers desire state certification because it provides them with a tangible indicator that the provider of the service has met at least minimum qualifications. Without some form of certification, the insurance carriers have no way of determining if the professional is qualified to provide the service.

2. Certification will enable consumers to identify social work practitioners who have met certain standards of professional training and experience.

Certification will protect the client's right to confidentiality since this is covered under the Bill.

Certification will give the consumer an avenue for redress for malpractice.

Q3. What is the difference between licensure and certification?

- A. It is important to note that the proposed bill creates a certification process. It does not create a licensing procedure. A certification process is defined as the reservation of a title for use by persons who meet certain standards of education, experience, and pass an exam. By contrast, licensure is defined as title reservation, plus setting aside an exclusive area of practice for those meeting established standards and holding the license to practice.

A licensing procedure defines certain professional tasks and activities and says, in effect, that only those with a license can perform these tasks and activities. The proposed certification process does not exclude non-certified social workers from the practice of social work.

Q4. How many people will be eligible for certification as a Certified Master of Social Work (CMSW)?

- A. Approximately 120-130.

Q5. Which social work practitioners are at present most directly affected by the reluctance of vendors to make third party payments to non-certified practitioners?

- A. Masters of Social Work in clinical practice in agencies. These are the approximately 40 clinical social workers employed in the community mental health centers in Montana. At present, most private insurance companies either refuse payment for services outright, or require that the counseling be supervised and "countersigned" by a psychiatrist. This requirement constitutes an added expenditure of consultation time for the already overburdened psychiatrists and it also necessitates that even more time be taken away from direct client services. The requirement for counter-signature increases the cost of services.

Clinical social workers in private practice. At present, there are about five private practitioners in Montana (two are employed part-time). The same factors described in the paragraph above affect these private practitioners.

Q6. Will other Master of Social Work practitioners be affected?

- A. At present, many Master of Social Work practitioners are not affected by the third party payment issue. These are primarily social workers employed in social work education, hospitals, and social and rehabilitation services, or those who perform administrative functions. Under the proposed certification bill, those who are not affected at present by the third party payment issue can continue to do their work without certification. If, in the future, different regulations make certification of benefit to them, or to the organizations which employ them, the opportunity will then be available to become certified.

Q7. Is certification voluntary?

- A. Certification will be voluntary. The certification will denote that the Certified Social Worker has met certain standards of professional training. The act does not prevent non-certified social workers from practicing. (The certification is analogous to the procedure used to certify accountants. There are "Certified Public Accountants" and "Accountants;" both are practicing. The user of services has the choice to select a certified or non-certified practitioner.) (See Section 2 of the Bill.)

Q8. Why does this law focus on social workers with a master's degree rather than also including social workers with a bachelor's degree?

- A. The profession of social work recognizes the master's level social worker as the clinical level of practice. Insurance carriers have not, and apparently will not, reimburse for services provided by social workers with less than a master's degree in social work (MSW). Thus, for the purposes of insurance coverage, bachelor's degree social workers (BSW) need not be included.

Q9. Do social workers provide psychotherapy?

- A. Yes. Professional social work is one of the mental health disciplines and is recognized by other professions and the public as a profession providing



mental health services, including psychotherapy. For example, a January 1981 Money magazine article on "How to Find a Psychotherapist" identifies five professionals providing psychotherapy: (1) psychiatrists; (2) psychoanalysts; (3) clinical psychologists; (4) clinical social workers; and (5) psychiatric nurses. A clinical social worker is described as having at least a master's degree in social work and two years of experience. (See Section 1 of the Bill.)

Q10. What is required to become a Certified Masters of Social Work?

- A. An applicant must meet the educational requirements, accumulate 3,000 practice hours within the past five years since receiving a master's or doctorate in social work, and pass an exam or be a member of the Academy of Certified Social Workers (ACSW). (See Section 5 of the Bill.)

Q11. Who will be on the social work board of examiners?

- A. Five people - one private practitioner, one State social service representative, one private social service or mental health representative, one social work educator, and one consumer. (See Section 4 of the Bill.)

Q12. Will certification keep people out of social work employment?

- A. No. It will simply designate minimum standards of education and experience. It does provide title protection for anyone representing himself or herself as a Certified Masters of Social Work.

Q13. Will certification be expensive?

- A. The bill states that application renewal, reciprocity, and examination fees shall be based on actual costs. The costs should not be excessive. All costs will be met by those persons who are certified, and there will be no costs to the State regulatory agency or State government. (See Section 9 of the Bill.)

Q14. Does one need to be a member of a professional social work organization (e.g. NASW) to be certified?

- A. No. Membership in a professional organization is not required. (See Section 2 of the Bill.)

Q15. How will increased third party payments aid the State of Montana?

- A. Initially, third party payments will benefit those State and private non-profit agencies who charge for their services and receive supplementary State support. For example, it will allow for collection of additional fees into the community mental health centers which will aid Montana in maintaining mental health services to its citizens. At present, there are about 40 master's level social workers employed in the community mental health centers.

Finally, some State and county agencies, as well as private medical facilities, who presently are unable to collect for social work services may be able to do so. These would be such agencies as family court services, private hospitals, clinics. etc.

If you have further questions, feel free to contact one of the following:

Dave Briggs  
801 North Last Chance Gulch  
Helena, Montana 59601

Peter Guthridge  
217 Rolling Meadows Drive  
Billings, Montana 59101

Diane Hadden  
Western Montana Mental Health Center  
T12 Fort Missoula  
Missoula, Montana 59801

Sharon Hanton  
20 Hodgman Canyon  
Bozeman, Montana 59715

Galen A. Wilson  
RR 2 South, Box 925  
Great Falls, Montana 59401

11  
Great Falls, Montana  
Feb 12, 1981

Honorable Doni Bergene  
Montana State Representative  
Capitol Station  
Helena, Mt. 59620

Dear Representative Bergene

I am writing in support of HB  
554, certification for masters level social  
workers.

Certification will provide a vehicle  
through which third party carriers will  
reimburse social workers (masters level)  
employed in clinics, hospitals, mental health  
centers and certain other state and private  
facilities for services delivered. It should  
also provide increased access to needed  
health services because of greater  
insurance coverage.

- The certification process will identify to the public social workers who have met certain standards of professional training.

Certification, Registration or Licensure is in existence for social workers in about 50% of the states at the present time. This includes the Rocky Mountain States of Utah, Idaho & Colorado.

I am aware that the Montana Association for Mental Health is in support of this legislation.

H.B. 554, as written, will be self supporting financially.

Thank you for taking time from your busy schedule to read this letter..

cc Public Health  
Committee members

Sincerely yours  
Gerald Wilson

# Cascade County

*State of Montana*

TELEPHONE: (406) 761-6700



**Great Falls, Montana 59401**

February 11, 1981

The Honorable Toni Bergene  
Public Health Committee  
House of Representatives  
Capitol Station  
Helena, Montana 59601

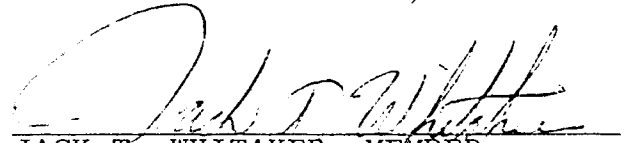
Dear Mrs. Bergene:

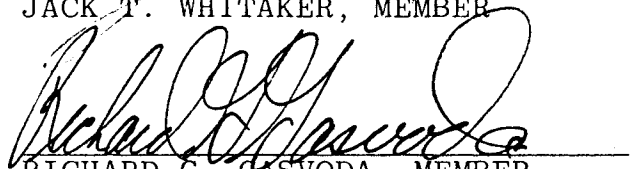
Please be advised that the Board of County Commissioners of Cascade County would like to go on record in support of House Bill 544 which would provide for the certification of Masters of Social Work.

Sincerely yours,

BOARD OF COUNTY COMMISSIONERS  
OF CASCADE COUNTY

  
FRANKLIN H. STEYAERT, CHAIRMAN

  
JACK T. WHITAKER, MEMBER

  
RICHARD G. CASVODA, MEMBER

mw:

cc: The Honorable Dick Manning  
The Honorable Les Nilson



IV

February 13, 1981

My name is Peter Guthridge and I am the President of the Montana Chapter, National Association of Social Workers. The chapter is composed of approximately 120 Social Workers from around the state. Several of the goals of the chapter are:

- To promote the quality and effectiveness of social work practice within the state and to promote high standards of practice.
- To promote efforts on behalf of human well-being by methods of professional action, and, in general, to work towards improving conditions of life within our communities through the use of professional knowledge and skills.

The association believes HB 554 is in agreement with these goals and, if adopted, would work towards enhancing these and related goals. The members of the association, several human services organizations, other professional groups and non-member Social Workers appear to favor HB 554.

Some of the details within the bill are:

- . Approximately 120 to 130 people around the state will be eligible for certification.
- . The certification process - testing, renewals, reciprocity, for example, will be based on actual costs which will be met by those persons who are certified at no costs to the state regulatory agency or state government.
- . Section 8 of the bill describes how the applicant fees will be used to cover the costs of the necessary processing. The examination fee, in similar manner, will be used to cover the costs involved in administering the examination.
- . Finally this law focuses only on masters level Social Workers. This is because the profession recognizes masters level Social Worker as the clinical level of practice and insurance carriers will not reimburse for services provided by persons with a bachelor's degree.

Thank you for your time.

IV  
Testimony Housebill 554 (Certification of Master of Social Work)  
February 16, 1981, 12:30 PM

Ladies and gentlemen,

my name is Andree Deligdisch; I am a clinical social worker from Great Falls, Montana where I am employed by the Community Mental Health Center.

I will speak to the issue of collection of payments for services from third parties- s.a. insurances and CHAMPUS ( the insurance carrier for dependents of the military).

At the present time there are about 40 clinical social workers employed by the Mental Health Centers in Montana, 5 in private practice and about 5 in other agencies (s.a. Family Court services or Lutheran Social Services) who do provide clinical services (counselling).

In many cases the clients who request and receive these services carry medical insurance, for which, of course, they pay a premium. However, when it comes to collection of payment from the insurance for the services rendered, the insurance company refuses to pay, on the basis that in Montana there is no form of professional certification for professional social workers.

Naturally, the insurance carriers require that certain standards be met to qualify for insurance payments, and that is both understandable and desirable. If a state does not provide the mechanism to set standards, which the insurance companies can review, the insurance company refuses payment.

The client ends up paying the premium and then also having to pay for the counselling services on a private basis.

CHAMPUS( the medical insurance which covers the dependents of the military) is somewhat different in that it will pay for certain services provided the clinical social worker reviews the case monthly with a psychiatrist and the psychiatrist co-signs the monthly reports.

To provide you with some financial data: this past week I saw 26 clients, of which 6 were covered by insurances and 2 by CHAMPUS. Under the present situation, my center will will collect from the two people covered by CHAMPUS, but the six others will have to pay their own bill. Also, in January one couple discontinued marital counselling as a direct result of their insurance's refusal to pay. They did not feel they could pay their individual fee, and so discontinued to come.

I had our center do a "run" on our computer for the calendar year 1980, for services provided by our 10 Masters Social Workers, for clients who carried insurances.

Blue Cross/Blue Shield	\$ 7110.00	none will be paid
Other Insurances	\$ 10202.00	about 30% paid 70% not paid
CHAMPUS	\$ 28433.00	about 50% paid about 50% not paid
Total	\$ 45745.00	

If we take the amounts not paid (rounded off):

Blues	\$ 7100.00	(100%)
Other insurances	\$ 7140.00	(70%)
CHAMPUS	\$ 14200.00	(50%)

Total	\$ 28440.00
-------	-------------

we come up with a total of \$28,440.00 of which our center would probably have collected a good portion, if Montana had had a procedure to certify social workers.

As undoubtedly all of you know, the Mental Health Centers do have to produce increasingly larger amounts of their budgets from collections; also, the more we can collect from insurances the less we will have to depend on state monies.

Certification of social workers is a necessary first step in this process toward better collection. It is imperative that Montana adopt a form of professional certification for social workers, s.a. the one proposed in House Bill 554.



Comments on  
House Bill 554

by  
Charles Horejsi, Ph.D.  
Department of Social Work  
University of Montana  
Missoula, Montana

Tel. 243-2841 or 549-7903

One of the most influential figures in American social work was Charlotte Towle who was born and raised in Butte, Montana. When she died in 1966 she was a professor at the University of Chicago. In one of her many books she wrote

In a profession there is a recognized body of knowledge and skill to be attained for competent practice. Its practitioners must give evidence of capacity to use that knowledge and skill.  
(C. Towle, The Learner in Education for the Profession, University of Chicago Press, 1954.)

The proposed bill sets up a certification procedure for social workers to give evidence of their capacity to use professional knowledge and skill.

This certification procedure should not be confused with a licensing procedure that defines certain professional tasks and activities and says, in effect, that only license-holders can perform these tasks.

The certification process simply reserves a certain title for those persons who meet established standards of education, experience, pass an exam and meet certain other requirements. It does not exclude non-certified social workers from the practice of social work.

(Section 6) Those eligible for certification under this bill must have a graduate degree from a school accredited by the Council on Social Work Education. The Council on Social Work Education, is recognized by the U.S. Department of Education as the only accrediting agency for social work education in the United States.

A typical accredited program requires two years of full time study, including supervised practice experience. Curriculum includes content on human behavior, social policy, social services, research and practice techniques.

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will on part  
of  
accreditation

You may be interested to learn that the first school of social work was established in 1898. One of Montana's famous individuals, Jeannette Rankin (1880-1973), was one of the first graduates of that first school of social work (then known as the New York School of Philanthropy, now known as the Columbia University School of Social Work).

(Section 7) Under this bill certain individuals--namely those who are members of the Academy of Certified Social Workers--are exempt from the written exam. A word of explanation is in order.

*if they have already passed the ACSW exam*  
The ACSW was established in 1961. The requirements for membership are similar to those of this bill. ACSW members must pass a national written exam. However, ACSW members must maintain a paid membership in the National Association of Social Workers. The proposed bill does not require a membership in a specific professional organization.

Over one half of the states now have some form of social work certification or licensure. That includes such nearby states as Idaho, South Dakota, Colorado and Utah. Persons holding a social work license or certificate from another state will be exempt from the Montana exam if the Board of Examiners determines that standards are similar.

I respectfully ask that you pass HB 554. Thank you.

I am Sharon Hanton, Executive Director of the Montana Chapter of the National Association of Social Workers. The Montana members of this association strongly endorse House Bill 554. Our state is changing. No longer is our population leaving the state. Instead, more people are moving into it. Social service related agencies as well as social workers in private practice are feeling the effects of this population shift. At the same time there are predictions that federal monies for social services will be cut. The sense of the times is that we must look to other sources of revenue to maintain these services. Twenty-five states have already passed legislation opening avenues through which social workers are being reimbursed by private insurance companies and federal and state agencies. For example, the states of Virginia and Utah have effective legislation creating a board of examiners and establishing criteria by which social workers can qualify for reimbursement. Blue Cross and Blue Shield Insurance Companies are reimbursing social workers for services rendered to subscribers in their insurance programs. For these reasons, I urge you to vote in favor of House Bill 554

VII

Herman A. Walters, Ph.D.  
Clinical Psychologist  
600 East Beckwith Avenue  
Missoula, Montana 59801  
February 12, 1981


The. Hon. Budd Gould, Chairman  
Public Health  
Montana State Legislature  
Helena, Montana 59601

Dear Mr. Gould:

This letter is to express my support of HB 554, "An act for providing for the certification of Masters of Social Work...". As a long-time clinical practitioner in Missoula, and as a member of the state licensing board in psychology, I am keenly aware of the great need the public has for some means of identifying competent, trained clinicians. At the present, anyone may identify himself as a "counselor", "social worker", "marriage therapist", and on and on, and may offer services for fee to the public without any sort of control over the competence, ethics, or responsibilities that go with such services. I firmly believe that increasing professionalization of ALL clinical specialties is in the long-term best interest of the public. Montana is being inundated by untrained, unqualified, unscrupulous "clinicians", and our major source of hope in dealing with this problem lies in certification and licensing. I strongly applaud Social Work for taking this step and hope you will review their proposal favorably.

Please feel free to contact me if there is any further information I can provide, or if there is any way I may be of service.

Sincerely yours,



Herman A. Walters, Ph.D.  
(406) 243-4523

February 16, 1981

Respectively submitted to the House of Representatives  
Human Services Committee  
by William Evans

RE: HOUSE BILL 554 - CERTIFICATION OF SOCIAL WORKERS

In May of 1980 I was asked by the Montana Chapter of NASW (National Association of Social Workers) to look into the prospects of proposing a bill certifying or licensing Social Workers in Montana. I conducted a total of twenty three interviews from May on. I interviewed three directors of hospital social service departments in Billings and Helena, one private practitioner in Billings, three therapists in Great Falls Community Mental Health, three persons in private agencies in Helena and Butte, three Social Workers in SRS (Social and Rehabilitative Services), two Social Workers heading small one or two man mental health centers, two directors of County Welfare Departments, Helena and Butte, one Social Worker in the Department of Institutions, a Legislator from Missoula and a Social Work professor from the University of Montana.

There was enthusiasm regarding the concept of a Certification proposal, particularly on the part of graduate trained Social Workers, regardless of their employment setting. One reason predominated over others; that potentially, once there is Certification or Licensure, major insurance companies will begin to consider third party payments for Social Work services. (CHAMPUS and Blue Cross have made it known that they would not even consider reimbursement until some sort of state qualifications are established.)

page 2 - William Evans  
re: House Bill 554

Other comments that emerged from my interviews included the following two themes; That whatever the final proposal is, that it (1) needs to be more exact as to who can be Certified than the proposal four years ago, which was criticized for being too broad, and (2) that the Certification be voluntary. Regardless of position held, it was everyone's feeling that those who are most interested and can benefit by Certification have an opportunity to be Certified in the State of Montana. Those Social Workers who are not interested should not be mandated into any form of credentialing.

From a mental health perspective, Montana has few Psychiatrists, particularly in the smaller communities. The responsibility for delivering the multitude of consultative, and psychotherapeutic services to Montana communities and institutions, falls primarily on the shoulders of people who have degrees in Social Work and Psychology. The greater potential that these people have for recognition and reimbursement for their services, the greater the likelihood that they will be able to stay in a community and maintain a practice, be it under the auspices of a mental health center program, or as a private practitioner.

This concludes my remarks, thank you for the opportunity of speaking before you.

X

## GREAT FALLS CLINIC

P. O. BOX 5012  
1220 CENTRAL AVENUE  
GREAT FALLS, MONTANA 59403  
PHONE (406) 454-2171

February 11, 1981

### INTERNAL MEDICINE

F. J. ALLAIRE, M.D.  
D. E. ANDERSON, M.D.  
D. W. BRENTON, M.D.  
NEUROLOGY-EMG-EEG  
G. A. BUFFINGTON, M.D.  
NEPHROLOGY  
J. D. EIDSON, M.D.  
K. A. GUTER, M.D.  
ONCOLOGY  
J. D. HUNTER, M.D.  
L. W. KINCER, M.D.  
CARDIOLOGY  
T. J. LENZ, M.D.  
W. N. PERSON, M.D.  
M. S. REID, M.D.  
CARDIOLOGY  
T. W. ROSENBAUM, M.D.  
NEPHROLOGY

### OBSTETRICS AND GYNECOLOGY

R. E. ASMUSSEN, M.D.  
P. L. BURLEIGH, M.D.  
R. J. MCCLURE, M.D.  
G. K. PHILLIPS, M.D.

### PEDIATRICS

J. W. BRINKLEY, M.D.  
J. A. CURTIS, M.D.  
J. M. EICHNER, M.D.  
J. L. HALING, M.D.  
J. R. HALSETH, M.D.  
J. P. HINZ, M.D.

### SURGERY

T. J. BERGER, M.D.  
CARDIAC SURGEON  
R. E. LAURITZEN, M.D.  
GENERAL AND VASCULAR  
J. E. MUNGAS, M.D.  
VASCULAR SURGEON  
L. M. TAYLOR, M.D.  
GENERAL AND THORACIC  
W. C. VASHAW, M.D.  
GENERAL AND VASCULAR

### PSYCHIATRY

D. E. ENGSTROM, M.D.

### PSYCHOLOGY

E. E. SHUBAT, PH.D.

### ADMINISTRATION

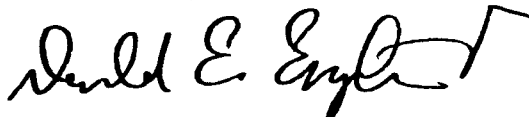
W. D. TAYLOR  
M. D. MISSIMER

To Whom It May Concern:

As a psychiatrist in private practice and as President-Elect of the Montana Psychiatric Association, I have considerable contact with social workers. As a result of six years of working with social workers in the state of Montana, I have reached the firm opinion that state certification is essential and that it should require an MSW, or higher, degree as the main prerequisite to certification.

In my opinion, House Bill #554 provides the requirements essential to assuring that social workers practicing in the state of Montana fulfill the educational, experience and ethical standards necessary for adequate practice of the social work profession. I urge passage of this bill.

Respectfully,



Donald E. Engstrom, M.D.

DEE:rl

DEPARTMENT OF PSYCHIATRY & PSYCHOLOGY

## HUMAN SERVICES

HB 554

My name is Zella Jacobson and I am representing the Mental Health Association of Montana. We would urge your support of House Bill 554 to certify Masters prepared Social Workers.

The Mental Health Association is a strong advocate for provision of the highest quality professional services for the citizens of Montana. This proposed bill does not exclude practice at an educational level below Masters, it identifies those who have chosen to obtain a Masters degree and become certified. This is not a licensing bill but an attempt on the part of social workers to be responsive to the public and help to identify standards of practice such as education and experience. Professional accountability is the thrust of this bill and we support that accountability. This bill also provides a mechanism for third party payments which will financially assist Mental Health Centers, hospitals, clinics, family court services and others. Reimbursement requires some type of credentialing and this bill addresses that issue.

Moreover, there is confusion among the public relative to the term "social worker". This bill provides representation to the public of a certified masters of social work and the accompanying qualifications - qualifications beyond the minimum level of entry into practice.

House Bill 554 recognizes professional achievement, qualifies titles and provides a vehicle for third party reimbursement.

We urge your support of this bill.

Thank you.

2/16/81



HOUSE BILL 646

Statement of Intent. History: House Bill 646 generally clarifies the State Laws relating to child day care facilities. (Title 53, Chapter 4, Part 5)

Levels of care are specifically defined:

- Day Care Center provides care for 13 or more children. (53-4-501, MCA)
- Group Day Care Home provides care for 7 to 12 children. (53-4-501, MCA)
- Family Day Care Home provides care for 6 or fewer children. (53-4-501, MCA)

The term "Day-Care Facility" has been expanded to include all levels of care. (Section 53-4-501, MCA)

House Bill 646 in Sections 53-4-501 and 53-4-502, MCA, eliminates the requirement for family day care homes to be licensed, and requires a provider to simply register with the Department of Social and Rehabilitation Services that they comply with minimal State regulations for quality care.

Rule-Making Authority. Although House Bill 646 amends 53-4-501 through 53-4-516, MCA, the present Law does give the Department of Social and Rehabilitation Services the authority for the purposes of Title 53, Chapter 4, Part 5, to license child day care facilities and for rule-making authority in relation to licensing. However, because of the new provisions in this Act and the fact rules have not been revised since 1965, it is anticipated new rules will be promulgated.

Rules relating to licensing or registration will address the following areas:

Family Day Care Homes -- character, suitability, qualifications of applicants to care for children; programs and practices for health, safety, transportation, development; ages and numbers of children that may be cared for in a day care facility.

Group Day Care Homes and Centers -- including the above -- numbers of staff required for adequate supervision; physical facilities and equipment; admission procedures; health supervision of staff, essential records, general financial ability and competence of an applicant to provide necessary care and maintain prescribed standards. Availability of public liability insurance and fire insurance is applicable to all levels of care. (53-4-508, MCA)

Rules dealing with health and safety will be developed with the assistance of the Department of Health and Environmental Sciences. (53-4-506, MCA)

Physical well-being and safety of the children in day care facilities is provided by the State Fire Marshal who shall adopt standards for fire and life safety. (53-4-505, MCA)

It is the intention of the legislature that the rates payable to a day care facility under section 15 be set after the appropriation level has been determined by the legislature.

AMENDMENTS TO HOUSE BILL 686

1. Page 1, line 6  
Strike: "REVISING DEFINITIONS IN"
2. Page 1, line 7  
Strike: "TITLE 50, CHAPTER 51, Part 1,"
3. Page 1, line 8  
Strike: "AMENDING SECTION 50-51-102,"
4. Page 1, line 9  
Strike: "MCA;"
5. Page 1, lines 12 through line 14 page 3  
Strike: All  
Insert: the following new material

NEW MATERIAL. Section 1. Purpose. In order to comply with the Keys Amendments to the federal Social Security Act found in Section 505 (d) of Public Law 94-566, as implemented by Title 45 Code of Federal Regulations Part 1397, it is the intent of this [act]: to encourage the development of safe and appropriate residential care facilities as an alternative to institutional living for appropriate elderly individuals and handicapped children and adults; to limit the use of supplemental social security income funds for substandard facilities for such persons; and to promulgate standards and enforcement procedures for such residential care facilities.

Section 2. Definitions. As used in this [act], the following definitions apply:

(1) "Department" means the department of social and rehabilitative services provided for in Title 2, chapter 15, part 22.

(2) "Protective oversight" means 24 hour responsibility for the welfare of a resident of a facility which may include daily awareness of a resident's functioning, his whereabouts, the ability to intervene if a crisis arises for a resident, and supervision in areas like nutrition and medication.

(3) "Residential care facility" means a facility providing room and board plus protective oversight, to the degree needed, to recipients of supplemental social security income benefits.

Section 3. Standards for residential care facilities. The department may establish by rules standards by which residential care facilities may be licensed. These standards may include

but shall not be limited to those for: admission policies, safety, sanitation, protection of civil rights, provision of facilities for the handicapped such as wide hallways and grabrails, inspections, license applications, warnings prior to license denial or revocation, and waiver of standards. Those standards relating to sanitation, and fire and life safety, shall be adopted after consultation with the department of health and environmental sciences and the state fire marshal of the department of justice, respectively.

Section 4. Compliance with health care facility licensing laws. Nothing in this [act] shall be construed to relieve a person operating a residential care facility from complying with the applicable licensing laws governing health care facilities such as skilled and intermediate long-term care facilities and personal care facilities found in Title 50, Chapter 5, Part 2.

Section 5. Effective date. This act is effective on passage and approval."

-End-

STATEMENT OF INTENT

HOUSE BILL 686

A statement of intent is required for HOUSE BILL 686 because it authorizes the Department of Social and Rehabilitative Services to adopt rules setting forth standards governing residential care facilities so that they may be licensed and their residents continue to be eligible to receive supplemental social security income benefits. It is the intent of this legislation that residential care facilities have standards set for them to insure the safety and health of their residents.

## STATEMENT OF INTENT

## HOUSE BILL 686

## House Human Services Committee

1 A statement of intent is required for House Bill 686  
2 because it authorizes the Department of Social and  
3 Rehabilitation Services to adopt rules setting forth  
4 standards governing residential care facilities so that they  
5 may be licensed and their residents continue to be eligible  
6 to receive supplemental social security income benefits. It  
7 is the intent of this legislation that residential care  
8 facilities have standards set for them to insure the safety  
9 and health of their residents.

HB 686 and S. I.

EX. XIII

1 HOUSE BILL NO. 686

2 INTRODUCED BY McLANE, WILLIAMS, ELLERD, DUNALDSON

3 BY REQUEST OF

4 THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

5  
6 A BILL FOR AN ACT ENTITLED: "AN ACT REVISING DEFINITIONS IN  
7 TITLE 56, CHAPTER 51, PART 1, TO ALLOW FOR LICENSURE OF  
8 RESIDENTIAL CARE FACILITIES; AMENDING SECTION 50-51-102,  
9 MEA, AND PROVIDING AN IMMEDIATE EFFECTIVE DATE."

10  
11 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

12 Section 1. Section 50-51-102, MEA, is amended to read:  
13 "50-51-102. Definitions. Unless the context requires

14 otherwise, in this chapter the following definitions apply:  
15 (1) "Board" means board of health and environmental  
16 sciences.

17 (2) "Department" means the department of health and  
18 environmental sciences.

19 (3) "Hotel" or "motel" includes a building or  
20 structure kept, used, maintained, or advertised as or held  
21 out to the public to be a hotel, motel, inn, motor court,  
22 tourist court, public lodging house, or place where sleeping  
23 accommodations are furnished for a fee to transient guests  
24 with or without meals.

25 (4) "Person" includes an individual, partnership,

1 corporation, association, county, municipality, cooperative  
2 group, or other entity engaged in the business of operating  
3 owning, or offering the services of a hotel, motel, tourist  
4 home, retirement home, or rooming house.  
5 (5) "Rooming house" or "retirement home" means  
6 buildings in which separate sleeping rooms are rented  
7 providing sleeping accommodations for three or more persons  
8 on a weekly, semi-monthly, monthly, or permanent basis  
9 whether or not meals or central kitchens are provided but  
10 without separated cooking facilities or kitchens within each  
11 room, and whose occupants do not need professional nursing  
12 services on a full-time basis. "Residential care" means the  
13 provision of room and board and light personal care as  
14 defined in 53-5-302.

15 (6) "Rooming house" or "retirement home" means a  
16 building or portion thereof kept, used, maintained,  
17 advertised, or held out to the public as a rooming house or  
18 retirement home or a place in which at least three sleeping  
19 rooms are rented to provide sleeping accommodations.

20 (7) "Sleeping accommodations" means sleeping quarters  
21 the provision of linen service and housekeeping service  
22 except that the term does not include linen and housekeeping  
23 services if such services are provided by residents under  
24 the supervision of the operator in association with a  
25 residential care program.

SECOND PRINTING  
HB 686

1 (b) (1) "tourist home" means on establishment or  
 2 premises where sleeping accommodations are furnished to  
 3 transient guests for hire or rent on a daily or weekly  
 4 rental basis in a private home when the accommodations are  
 5 offered for hire or rent for the use of the traveling  
 6 public  
 7 (f) (2) "transient guest" means a guest for only a  
 8 brief stay such as the traveling public"

9 SECTION 1. PURPOSE. IN ORDER TO COMPLY WITH THE KEYS  
 10 AMENDMENTS TO THE FEDERAL SOCIAL SECURITY ACT FOUND IN  
 11 SECTION 505(D) OF PUBLIC LAW 94-566, AS IMPLEMENTED BY TITLE  
 12 45, PART 1397, CODE OF FEDERAL REGULATIONS, IT IS THE INTENT  
 13 OF THIS [ACT]: TO ENCOURAGE THE DEVELOPMENT OF SAFE AND  
 14 APPROPRIATE RESIDENTIAL CARE FACILITIES AS AN ALTERNATIVE TO  
 15 INSTITUTIONAL LIVING FOR APPROPRIATE ELDERLY INDIVIDUALS AND  
 16 HANDICAPPED CHILDREN AND ADULTS; TO LIMIT THE USE OF  
 17 SUPPLEMENTAL SOCIAL SECURITY INCOME FUNDS FOR SUBSTANDARD  
 18 FACILITIES FOR SUCH PERSONS; AND TO PROMULGATE STANDARDS AND  
 19 ENFORCEMENT PROCEDURES FOR SUCH RESIDENTIAL CARE FACILITIES.

20 Section 2. Saving clauses. This act does not affect  
 21 rights and duties that matured or penalties that were  
 22 incurred or proceedings that were begun before the  
 23 effective date of this act.

24 SECTION 2. DEFINITIONS. AS USED IN THIS [ACT], THE  
 25 FOLLOWING DEFINITIONS APPLY:

1 (1) "DEPARTMENT" MEANS THE DEPARTMENT OF SOCIAL AND  
 2 REHABILITATION SERVICES PROVIDED FOR IN TITLE 2, CHAPTER 15,  
 3 PART 22.  
 4 (2) "PROTECTIVE OVERSIGHT" MEANS 24-HOUR  
 5 RESPONSIBILITY FOR THE WELFARE OF A RESIDENT OF A FACILITY  
 6 THAT MAY INCLUDE DAILY AWARENESS OF A RESIDENT'S  
 7 FUNCTIONING, HIS WHEREABOUTS, THE ABILITY TO INTERVENE IF A  
 8 CRISIS ARISES FOR A RESIDENT, AND SUPERVISION IN AREAS LIKE  
 9 NUTRITION AND MEDICATION.

10 (3) "RESIDENTIAL CARE FACILITY" MEANS A FACILITY  
 11 PROVIDING ROOM AND BOARD AND PROTECTIVE OVERSIGHT, TO THE  
 12 DEGREE NEEDED, TO RECIPIENTS OF SUPPLEMENTAL SOCIAL SECURITY  
 13 INCOME BENEFITS, AND IN WHICH NO MORE THAN 15 PERSONS SHALL  
 14 RESIDE.

15 SECTION 3. STANDARDS FOR RESIDENTIAL CARE FACILITIES.  
 16 (1) THE DEPARTMENT MAY ADOPT RULES ESTABLISHING STANDARDS BY  
 17 WHICH RESIDENTIAL CARE FACILITIES MAY BE LICENSED. THESE  
 18 STANDARDS MAY INCLUDE BUT ARE NOT LIMITED TO THOSE FOR:

19 (A) ADMISSION POLICIES;

20 (B) SAFETY;

21 (C) SANITATION;

22 (D) PROTECTION OF CIVIL RIGHTS;

23 (E) PROVISION OF FACILITIES FOR THE HANDICAPPED  
 24 INCLUDING WIDE HALLWAYS AND GRABRAILS;

25 (F) INSPECTIONS;



(G) LICENSE APPLICATIONS:

(H) WARNINGS PRIOR TO LICENSE DENIAL OR REVOCATION:

AND

(I) WAIVER OF STANDARDS:

(J) THOSE STANDARDS RELATING TO SANITATION AND FIRE

AND LIFE SAFETY SHALL BE ADOPTED AFTER CONSULTATION WITH THE

DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES AND THE

STATE FIRE MARSHAL.

SECTION 4. COMPLIANCE WITH HEALTH CARE FACILITY

LICENSING LAWS. NOTHING IN THIS [ACT] SHALL BE CONSTRUED TO

RELIEVE A PERSON OPERATING A RESIDENTIAL CARE FACILITY FROM

THE RESPONSIBILITY OF COMPLYING WITH THE APPLICABLE

LICENSING LAWS GOVERNING HEALTH CARE FACILITIES INCLUDING

SKILLED AND INTERMEDIATE LONG-TERM CARE FACILITIES AND

PERSONAL CARE FACILITIES PROVIDED FOR IN TITLE 50, CHAPTER

51, PART 2.

Section 5. Effective date. This act is effective on

passage and approval.

-End-