



Commonly Asked Questions & FAQ about Licensed Minnesota School Social Workers Fall 2020

1. Do school social workers have the same training as social workers who practice in a co-located or community mental health clinic or hospital?

Yes. Social work education, training and licensure are overseen by the [Council on Social Work Education](#), the [Association of Social Work Boards](#), and in our state, the [Minnesota Board of Social Work](#). The oversight, regulation, and support these entities provide are applicable to social work practice in various settings. *School social workers hold the same licensure and follow the same ethical guidelines as all other community social workers.*

School social work is a specialized area of practice within the broad field of the social work profession, thus “school social worker” is the title we hold following receipt of [Tier 3 or Tier 4 licensure from the Minnesota Professional Educator Licensing and Standards Board \(PELSB\)](#). While the roles and responsibilities of school social workers may vary across schools and districts based on funding streams and the needs of the student population, school social workers operate under a scope of practice dependent upon their education, training, and level of licensure obtained by their state health licensing board, the Minnesota Board of Social Work (MSSWA, 2014). School social workers hold a degree in social work which encompasses specialized preparation in cultural diversity, systems theory, social justice, risk assessment and intervention, consultation and collaboration, and clinical intervention strategies to address the mental health needs of students (SSWAA, 2020).

2. What are the different licensing levels and which ones can bill for mental health services?

The Minnesota Board of Social Work offers four levels of licensure that direct the scope of practice for individually licensed social workers in the state: <https://mn.gov/boards/social-work/lawsandregulations/>

1. Licensed Social Worker (LSW): May engage in generalist social work practice: must be supervised by another social worker for the equivalent of two years of full-time practice.
2. Licensed Graduate Social Worker (LGSW): May engage in generalist social work practice under supervision; must be supervised by either a LISW or LICSW for equivalent of two years of full-time practice. In addition an LGSW may, under supervision of an LICSW, engage in clinical social work practice while working towards licensure as an independent clinical social worker and would be considered a clinical trainee.
3. Licensed Independent Social Worker (LISW): May engage in generalist social work practice, and may, under supervision of an LICSW, engage in clinical social work practice while working towards licensure as an independent clinical social worker. Could be a mental health practitioner or clinical trainee.

4. Licensed Independent Clinical Social Worker (LICSW): May engage in generalist social work practice, including clinical social work practice. Is a mental health professional, possessing the license to diagnose and treat mental health conditions independently.

School social workers who are licensed as an LICSW can bill for services. In addition, school social workers who are licensed as an LISW or LGSW can also bill for services if under the supervision of a Licensed Independent Clinical Social Worker.

3. What type of licensure are school social workers required to hold?

To work as a school social worker in Minnesota, a candidate must:

1. Hold a baccalaureate or master's degree in social work from a program accredited by the Council on Social Work Education.
2. Pass one of the exams offered by the Association of Social Work Boards.
3. Hold a current license in Minnesota to practice as a social worker by the [Minnesota Board of Social Work \(MN BOSW\)](#); and
4. Hold a current license to practice school social work by the [Professional Educator Licensing and Standards Board \(PELSB\)](#).

PELSB licensure for Related Services at Tier 3 or Tier 4 as a school social worker allows the practitioner to provide social work services to children in prekindergarten through grade 12 in a school setting. Many school districts in Minnesota are requiring that school social workers have a Masters of Social Work (MSW) degree due to the additional education and proficiencies to deliver social work services in the educational setting.

4. Are school social workers qualified to provide mental health expertise in a school setting?

Yes. School social workers are mental health practitioners and professionals, as defined by [Minnesota Statute 245.462 Subdivision 17 and 18](#), who meet Minnesota requirements to practice social work in the school setting as described in the section above.

5. What is the scope of practice of a school social worker?

School social workers have the same scope of practice as community social workers that hold the same level of licensure from the Minnesota Board of Social Work. Reference question 2 above for specifics on the continuum of licensure overseen by the Minnesota Board of Social Work. In addition, school social work services are outlined in the [Individuals with Disabilities Act \(IDEA\) section 300.34 Related Services Part \(c\) \(14\)](#) to include:

- (i) Preparing a social or developmental history on a child with a disability;
- (ii) Group and individual counseling with the child and family;
- (iii) Working in partnership with parents and others on those problems in a child's living situation (home, school, and community) that affect the child's adjustment in school;
- (iv) Mobilizing school and community resources to enable the child to learn as effectively as possible in his or her educational program; and
- (v) Assisting in developing positive behavioral intervention strategies.

6. Are school social workers bound under the Health Insurance Portability and Accountability Act (HIPAA), the Family Educational Rights and Privacy Act (FERPA), or both?

The answer will depend on the specific roles and responsibilities of the school social worker. [HIPAA is only applicable when services are being billed under insurance or medicaid. The Family Educational Rights and Privacy Act \(FERPA\) is always applicable in educational settings.](#)

Where a school does employ a health care provider that conducts one or more covered **transactions electronically, such as electronically transmitting health care claims to a health plan for payment, the school is a HIPAA covered entity** and must comply with the HIPAA Transactions and Code Sets and Identifier Rules with respect to such transactions. **However, even in this case, many schools would not be required to comply with the HIPAA Privacy Rule because the school maintains health information only in student health records that are “education records” under FERPA** and, thus, not “protected health information” under 3 HIPAA. Because student health information in education records is protected by FERPA, the HIPAA Privacy Rule excludes such information from its coverage. See the exception at paragraph (2)(i) to the definition of “protected health information” in the HIPAA Privacy Rule at 45 CFR § 160.103. For example, if a public high school employs a health care provider that bills Medicaid electronically for services provided to a student under the IDEA, the school is a HIPAA covered entity and would be subject to the HIPAA requirements **concerning transactions**. However, if the school’s provider maintains health information only in what are education records under FERPA, the school is not required to comply with the HIPAA Privacy Rule. **Rather, the school would have to comply with FERPA’s privacy requirements with respect to its education records, including the requirement to obtain parental consent (34 CFR § 99.30) in order to disclose to Medicaid billing information about a service provided to a student.**

7. **How can school records be kept private (such as a Diagnosis) once the record is provided to the school?** Pursuant to the [Minnesota Government Data Practices Act](#) and the [Family Educational Rights and Privacy Act \(FERPA\)](#), employees, volunteers, and others working on behalf of a local education agency (LEA) and who use student data are responsible for protecting student privacy. The responsibility of staff and volunteers working with student data extends to the access, use, release and disposal of any information on students. The sharing of information within an LEA for staff to have access to selected student information is driven on the educational need to know basis and/or pursuant to applicable laws. Health records are kept separate from the students cumulative folder and only accessed by educational staff identified on the consent form.
8. **Won't an increase in social work (3rd party billing) and identification of mental health (MH) concerns trigger further special education (SPED) evaluations?**
No. Many young people may have a mental health diagnosis or concern and are not eligible for special education services.

A child is first assessed in all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities. Schools engage in Third Party Billing for health related services, including School Social Work services, only **after** a student has met criteria for an educational disability and an Individual Education Plan has been created. Then an additional consent form is requested for the purposes of 3rd party reimbursement. If a parent/guardian declined to give consent to bill medicaid or insurance for reimbursement of services, social work services would still be provided as outlined in IDEA.

