Clinical Social Work Standards for Delivery of Care and Guidelines for the Three-Party Model of Clinical Social Work Services

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Abstract

Introduction

This paper's purpose is to set standards for the delivery of competent care by clinical social workers and to describe the rights and responsibilities of the three parties (practitioner, third-party entity, client as consumer) involved in the ethical, timely, and effective provision of that care.

The Board, which first published a version of this paper in 1995, published this second edition (in November, 2002), updated and reorganized, with a bibliography. In this version, the Board promulgates standards for clinicians, where before it issued guidelines. The drafts of the paper were improved by the comments of clinical social work practitioners, educators, clinical supervisors, program administrators, and leaders of professional organizations.

This paper was produced by the American Board of Examiners in Clinical Social Work (the Board), a standard setting and credentialing organization for the field of clinical social work. The Board's mission is to conduct clinical social work certification at the advanced level and to set uniform national practice standards. Clinical social workers provide more mental-emotional healthcare than any other professional group in the United States.

Objectives

The paper describes, in detail, the rights and responsibilities of all parties engaged in the delivery of services in a system in which care is driven by client need and is provided by clinical social workers. It has the following major objectives:

- to describe the rights and responsibilities of clients as consumers, including rights relating to primacy of need, informed choice, quality and continuity of care, and including responsibilities regarding informing themselves about benefit plans and care options;
- to describe the rights and responsibilities of clinical social workers as professional caregivers, including rights such as those relating to adequate compensation, to maintain privacy, to practice ethically and for the benefit of the client; and including responsibilities such as working within areas of competence, providing treatment that is confidential and assessment-based, maintaining proper records, and advocating for confidentiality of records;
- to describe the rights and responsibilities of third-party entities as care administrators, including the right to provide ethical and legal care by qualified clinicians and responsibilities ranging from ensuring clients' access to experienced and effective clinicians, to respecting the confidentiality of records and honoring professional ethics.

Principles To Guide Delivery Systems

The central concern of the Board, in its description of standards and guidelines, is the primacy of client need: clients have a right to receive care that is likely to bring about a resolution of the problems and disorders that afflict them. In the delivery of that care, professional ethics codes, which bind the individual clinician in his/her practice and protect the client, should also bind the third-party entity in its administration of service-provision, especially with regard to privacy of information and access to competent treatment. Respect for both the client's needs and the clinician's role is a requirement for effective delivery of care, as are collaboration and fairness among all three parties.

Relevance and Usefulness

ABE's goal in offering this paper is to articulate standards for clinical social workers in a manner that spans a broad range of practice environments, and to present a model for the inter-relationships among clinical social workers, clients, and third parties. The groups for whom this paper may be useful parallel the same three party structure, as well as those who may effectively disseminate this model for instructive purposes, including:

Clinical social workers seeking clarity of standards in their work with clients; and guidelines as they interface with employers, collaborators, colleagues, and guardians of their clients; and

Clients and other users of services interested in a "clients' bill of rights" for utilizing clinical social work services; and

Third party entities seeking guidelines for a balanced program of clinical services that are provided in an ethical framework of rights and responsibilities. Third parties in this model include persons and organizations that purchase and/or administer clinical social work services, and may include agencies, health care facilities, and insurance and managed-care companies, as well as parents, guardians, or school programs of children clients; and

Social work educators seeking to impart standards of practice and enhance understanding of the three-party model.

Clinical Social Work Standards for Delivery of Care and
Guidelines for the Three-Party Model of Clinical Social Work Services

Introduction

These guidelines address the prerogatives, ethical obligations, and administrative realities involved in the complex interactions of clients as consumers of clinical social work services, clinical social workers as professional caregivers, and third-party entities as payors and administrators of healthcare programs. As further thinking and additional history evolve, new developments in health care delivery continue to emerge. These guidelines will be revised periodically to reflect this developmental process.

This document reflects current social work approaches that are unique to our discipline. While these Guidelines are written to pertain specifically to clinical social workers, we recognize that clients may avail themselves of the services of mental health professionals from various disciplines. Similarly, third party entities engage the services of many different professionals to staff their organizations or panels. Although the language of this paper speaks to concerns of clinical social workers, the principles may be viewed as providing a frame of reference for the general cadre of mental health practitioners.

The ethical parameters included here are largely derived from the existing Code of Ethics of the American Board of Examiners in Clinical Social Work, and are not to be construed as additions to or alterations of this Code of Ethics. This set of standards reflects a code of ethics that apply specifically to Board Certified Diplomates in Clinical Social Work. Any statements that refer to rights, duties, and responsibilities of persons who are not certificants of the Board reflect our opinions about what these obligations should be.

The following usages of terms will apply:
The word *client* refers to the recipient of services. "Client" may be used interchangeably with "patient" or "consumer," and may include individuals, couples, families, groups or organizations. Clients may obtain services as individuals, couples, families, or group members.

The phrase *clinical social worker* refers to a licensed professional social worker that delivers mental health services directly to a client. Board Certified Diplomates in Clinical Social Work are clinical social workers that are certified by The American Board of Examiners in Clinical Social Work. "Clinical social worker " may be used interchangeably with "clinician," "clinical practitioner," or "Board Certified Diplomate in Clinical Social Work." The term "Clinical Social Worker" is defined as a practice specialist within the social work profession. This specialty builds upon generic values, ethics, principles, practice methods, and the person-in-environment perspective of the profession. Its purposes are to:

- Diagnose and treat bio-psycho -social disability and impairment, including mental and emotional disorders and developmental disabilities;
- Support and enhance bio-psycho-social strengths and functioning;
- Achieve optimal prevention of bio-psycho-social dysfunction.

Clinical social work practice applies specific knowledge, theories, and methods to assessment and diagnosis, treatment planning, intervention, and outcome evaluation.

Practice knowledge incorporates theories of biological, psychological, and social development. It includes, but is not limited to, an understanding of human behavior and psychopathology, human diversity, interpersonal relationships and family dynamics; mental disorders, stress, chemical dependency, interpersonal violence, and consequences of illness or injury; impact of physical, social, and cultural environment; and cognitive, affective, and behavioral manifestations of conscious and unconscious processes.

Clinical social work interventions include, but are not limited to, assessment and diagnosis, crisis intervention, psychosocial and psycho-educational interventions, and brief and long-term psychotherapies. These interventions are applied within the context of professional relationships with individuals, couples, families, and groups. Clinical social work practice includes client-centered clinical supervision and consultation with professional colleagues.

The phrase *third party entity is* used to describe persons and/or organizational bodies that pay for and/or administer services that are given to clients by clinical social workers and other health and mental health practitioners. This usage includes, but is not limited to, payors, care managers, and administrators of healthcare programs. Such healthcare programs may include insurance companies, hospitals and other health care facilities, community social service agencies, employee assistance programs, and other host settings in which clinical social workers may practice.

Clients As Consumers: Perspective

It is axiomatic that there would be no reason for the existence of a care-giving enterprise were there no clients in need of services. Although clients do have choices when purchasing additional care or coverage for care, these choices are frequently limited by what coverage is offered in the workplace or by what employees are entitled to as a result of socio-economic status. Practically speaking, however, individual clients have little capacity to affect the administrative decision-making process that determines their care. Traditional social work values stress the right of clients to receive care, and the obligation of assuming the primary responsibility of advocating for their own needs to the extent they are able. A corollary of these values is the assertion that clinical social workers and third-party entities must remain open and sensitive to the client's prerogative of exercising these responsibilities. With greater tensions about escalating expenses, clients are finding it more difficult to obtain the

care they need as many services are being wholly or partially curtailed to contain costs. They are finding that coverage for long-term forms of treatment--even when needed to manage significant problems of mental or emotional health and functioning--is being eliminated in favor of brief treatment models. They are also faced with the problem of having to select increasingly expensive healthcare plans and/or of supplementing limited coverage with personal funds.

Clients As Consumers: Guidelines

1.01 Clients have a right to receive mental health services as an integral part of any healthcare system. To the extent that mental disorders are defined as medical phenomena, their treatment must be an integral part of any healthcare system. Beyond the diagnosable mental disorders, mental and emotional factors are known to affect physical well-being and the course and prognosis of physical illness. In recognizing these widely accepted concepts, clinical social work calls for an integrated bio-psycho-social approach to understanding, assessing, and treating clients, whether their symptoms reflect mental and/or physical distress.

1.02 Clients have a responsibility to be informed of their benefits and available care options. Clients should be aware of the nature of their benefit plans. They should become informed about the extent of their benefits, what care is included or excluded, any conditions placed on the utilization of these benefits by third-party entities, and whatever channels are open to them for assurance that they can apply these benefits appropriately. Clients should receive an assessment of their needs for care from their chosen clinical social worker, which includes a recommended treatment plan with possible appropriate alternatives. When clients come to an agreement with their clinical social worker about the treatment plan to be followed, they should have the further right and responsibility of direct participation with their clinical social worker and third-party-entity representatives in determining how their benefits might be applied toward implementing that treatment plan.

1.03 Individual client need should be the primary driving force that determines the form of care. Clinical social workers recognize that an understanding of need, both as experienced by the client and as assessed by the intervening professional, is the basis for treatment planning. Clients should receive care that is specifically designed to address their individual needs. Clinical social workers have the responsibility of making a clinical evaluation of each client and recommending an assessment-based treatment plan. It is a further responsibility of the clinical social worker to collaborate with the client in developing an accurate perception of the client's needs and mutually agreeable courses of action to treat them. It is expected that programs will utilize individualized, assessment-based treatment plans related to the needs of each client and involving a specific client in activities only as they relate to the individualized plan for that client.

1.04 Clients have a right to receive state-of-the-art professional interventions. A wide range of treatment approaches is now available. Traditional approaches remain viable as treatments of choice for many clients. Additionally, the rapidly unfolding understanding of bio-psycho-social elements in human well-being and ill health is reflected in new treatment technologies and approaches. Clients should have access to the benefits of this emerging state of the art. They also have a right to information about the proven viability of treatment methods that are being proposed or applied. Clinical social workers and third-party entities have a commensurate responsibility to assure that both traditional and proven state-of-the-art methodologies are in place and that they are applied when clinically appropriate.

1.05 Clients have a right to informed choice of intervention alternatives. Clients should be given information about proposed intervention methods as well as accepted alternative approaches that have been shown to be effective. In providing such information, clinical social workers and third-party representatives are expected to be well-informed, objective, and ready to refer clients to other sources of information on request. Clients have a right to be informed about the full extent of benefits available to them and should be able to advocate for appropriate utilization of such benefits when necessary. Ultimately, clients should be responsible for making decisions about which intervention alternatives to pursue and be cognizant of how their available benefits will apply in carrying out these decisions.

1.06 Both intrapersonal and interpersonal issues are appropriate foci of care given to clients. Clients should have access to the most appropriate treatment modalities available to address intrapersonal or interpersonal dysfunction. Individual psychotherapy has been the traditional approach to intrapsychic and interpersonal problems. However, the current state of the art also embodies modalities such as conjoint therapy, family therapy, therapeutic group activities, counseling, and case management. These valuable additions to the mental health treatment repertoire often provide more efficacious and cost-effective approaches to resolving clients' problems. Clients have both a right and a responsibility to collaborate with clinical social workers in determining which of the recognized treatment modalities can best meet their needs.

1.07 Clients should participate in the development of treatment contracts that define interventions and conditions for termination. Clients have a responsibility to participate in determining the goals and methods of treatment endeavors to which they are a party. Included in this contractual arrangement between client and clinical social worker is an understanding of expected outcomes and of how termination of treatment will be identified and implemented. It is recognized that third-party benefits available to the client may limit the amount of care that is covered. If the client and clinical social worker agree on services beyond the scope of covered benefits, the treatment contract should specify how the remaining therapeutic tasks would be accomplished and financed.

1.08 Clients should have an informed freedom of choice of clinicians. Clients should receive information about options and availability of clinicians. Once informed, the client is responsible for exercising choices. The client has the right to disclosure of professional qualifications and certifications of a clinician, such as: education and training; theoretical orientations; license and credentials; extent of supervised clinical experience; experience in treating clients with similar problems; and any past or present disciplinary actions for unethical or illegal practices.

1.09 Clients should have a choice of clinicians within established panels and options for choices of qualified off-panel clinicians. Within third-party arrangements, clients should have access to the entire list of certified clinicians and the opportunity to choose any clinician from this panel. Clients should have the option of applying their third-party benefits to the purchase of services from equivalently qualified clinicians who are not members of that third-party entity's panel, subject to the following limitations: (1) differences in clinician's fees will be the out-of-pocket responsibility of the client, and (2) third-party entities involved will be released from liability for the performance of off-panel clinicians**.**

1.10 Clients should receive continuity of care. Commitments for client care must be honored regardless of system changes. Agreements made between client and clinician are, in fact, contracts that all parties are obligated to honor. Clinicians also have ethical obligations not to abandon a client in the middle of a contracted treatment endeavor, regardless of changes in third-party entity policies, availability of funds or other business-related exigencies. Clients should be assured that they remain a party to any re-negotiation of their treatment contracts. They should also be assured that their choices of clinician are honored and that no change in clinician will be imposed on them unless (1) it is a condition of the original treatment contract; (2) they request such a change; (3) the clinician is no longer geographically available; (4) the clinician is no longer competent to provide the needed services; or (5) if for various reasons, there is a breakdown in the delivery of service attributable to the clinician. In any of the above instances, the clinician should offer responsible and appropriate clinical referrals. In the event that a third-party entity changes ownership, the new owners should assume the obligation of completing current treatment plans without changes to existing client-clinician relationships or fee arrangements. Some care-giving systems mandate changes of clinician based on changes in the client's status or location. Within such models, continuity of care is assured by the system rather than by the clinician. Clients treated in such systems should be fully informed of these policies and should have the option of arranging for other care.

1.11 Termination of services should be governed primarily by client need. Clinical social workers are held to an ethic of remaining available to clients in need, and are ethically and legally bound not to abandon clients. It is recognized that clinical services should be goal directed and should aim at a pre-determined outcome state that defines the point of termination. It is also recognized that clients with serious chronic mental disorders will probably need extended ongoing supportive care to maintain improvement and minimize the risk of acute exacerbations. Given

these factors, the point of termination is defined as the cessation of clinical treatment services for clients who have (1) achieved stability of predefined treatment goals and/or (2) achieved sufficient improvement to be cared for on an ongoing basis by non-clinical caregivers or case managers. Third-party entities should have the responsibility of informing clients of all benefits, so that clients might choose to apply them toward the completion of treatment plans. It is understood that termination of benefits may not coincide with termination or completion of treatment. Clients have the responsibility of determining when to terminate services in view of these realities. Clinical social workers have the obligation to articulate their professional opinions about the need for further care beyond the expiration of benefits, and offering to help clients achieve implementation of their recommendations. Termination is ultimately the prerogative of the client, regardless of whether it is congruent with or against professional advice. Clinical social workers and others may appropriately interfere with this prerogative only when there are dangers as embodied in involuntary detention regulations or other legal codes.

Clinical Social Workers As Professional Caregivers: Perspective

Clinical social workers have traditionally used their professional expertise as the primary guideline to decide what care should be given. Historically, this clinical decision-making has occurred in the context of the potentially conflicting interests of clinical social workers and administrators. Among clinical social workers in the private sector, there appears to be an escalation of complaints about increased bureaucracy and loss of clinical autonomy. Clinical social workers are also concerned about substantial reduction of their incomes because of fee schedules established by third-party entities. Of growing concern to clinical social workers is their discovery that policies, contractual agreements or agency requirements established by third-party entities may place them in positions of assuming full and exclusive liability for the care that is given in managed treatment. Such contracts may also have the effect of challenging clinical social workers to choose between adhering to their ethics or continuing those professional relationships and/or contracts. Clinical social workers are expected to adhere to prevailing ethical standards at all times; to deliver care in the least intrusive and restrictive manner consistent with the risk; to inform and involve the client in decision making about the care; to practice in a manner that is sensitive to and in accord with cultural issues for clients; to continue their education in order to remain abreast of the state of the art; to provide appropriate documentation; to remain aware of their own limitations and seek consultation when needed; to terminate care when contracted goals have been reached; and to practice within ethical and legal parameters.

Clinical Social Workers As Professional Caregivers: Guidelines

2.01 Clinical social workers should assure that all treatment plans are assessment based. It is the clinical social worker's responsibility to assure that each

client receives an adequate assessment based on substantive interaction of sufficient duration to gather information about the client's biological, psychological, social, economic, environmental, and cultural circumstances and conditions. It should also take into account whatever collateral information is needed. The assessment should further provide an accurate, valid, and objective reflection of a client's functional strengths and natural helping resources or informal support system. Treatment-plan goals, objectives, time frames, and intervention methods should be selected according to at least four aspects of the assessment findings: (1) presenting problem; (2) underlying causes; (3) sustaining causes; and (4) prognosis for responding to treatment.

2.02 Clinical social workers, in collaboration with clients, should develop intervention and termination plans specific to the needs of and care options available to each client. Client-specific treatment plans should include outcome expectations that are clearly described in behavioral and/or functional terms, and estimates of the time and clinical social worker effort needed. Treatment plans should also specify intervals for assessing progress toward these expectations and how such progress will be measured. Treatment plans should further reflect the client's involvement in and agreement with the planning. Achievement of outcome expectations will signify the point of termination. The plan selected should be the most appropriate treatment within the scope of the client's care coverage and other resources. If a client's needs cannot be met within the scope of the coverage available, it is incumbent upon the clinical social worker to so inform the client and any involved third-party entities. In the event of unplanned termination due to clinical social worker's circumstances, a substitute for the therapist will take over the client's care. The original therapist, the third-party entity, a covering clinical social worker for the original therapist, or some collaboration among these parties, may carry out arrangements for the substitute.

2.03 Clinical social workers should assure that care is given in the least restrictive environment consistent with risk. Clinical social workers have the responsibility to identify and assess significant clinical and environmental risks in each case, engaging in consultation when appropriate. Clinical social workers should develop a plan to address such risks in the least confining way consistent with clinical risk. Should there be insufficient resources available to assure the safety of a client and/or others, it is incumbent upon the clinical practitioner to so inform the client, any involved third-party entities, and all other persons, as may be required by mandatory reporting laws and ethical precepts.

2.04 Clinical social workers are responsible for fulfilling treatment obligations in a clinically appropriate way. Clinical social workers are held responsible for acting in accordance with their clinical judgments and professional opinions. Should significant differences of opinion arise among the client, the clinical practitioner, and/or the third-party representative, it is incumbent upon clinical social workers to articulate their concerns and the reasons for them. Differences that cannot be resolved should be referred for an additional professional opinion. Clinical social workers are cautioned

not to proceed with implementing treatment plans that are contrary to their professional judgment.

2.05 Clinical social workers are obligated to define and work within their areas of competence. Clinical social workers are ethically bound to practice within the limits of their competence. Clinical social workers should clearly identify their areas of competence and special expertise with supporting evidence. Such evidence could include specialized education within the social work masters' degree program, additional training and staff development, social workers at the independent practice level obtaining consultation from a senior clinical social worker or mentor (also referred to as "guided practice"), additional licenses, credentials and/or certification by recognized professional bodies, and testimony from colleagues. Clinical social workers have the additional responsibility of assuring third-party entities that they are competent to carry out mandated clinical protocols and treatment programs. Clinical social workers shall engage--independent of supervision--only in those practices for which they have been adequately trained. Such training shall include a period of supervised or guided practice sufficient to assure mastery of the skills involved. Clinical social workers are expected to present evidence of such training and experience, including applicable certificates attained, if requested by clients and third-party entities.

2.06 Clinical social workers are responsible for appropriate documentation of clinically relevant factors. Documentation of assessment findings, treatment plans, and client progress should be accurate, valid, and as objective as possible. Documentation should neither be skewed to conform to expectations of clients and third-party or other entities, nor should it shield a client or third-party entity from full knowledge of that client's clinical needs and risks. It should reflect a client's functional strengths and natural helping resources, and should neither minimize those factors nor exaggerate pathological findings in order to promote treatment frequency, intensity, or duration beyond the client's needs. Clinical social workers are obligated to submit necessary documentation in a timely manner so that the processing of this information does not become an obstacle to the delivery of services to the client. Clinical social workers should also have the prerogative to pursue such delays created by third-party entities without threat that such pursuit will prejudice their standing with the third-party entity. All laws and ethical precepts pertaining to documentation bind clinical social workers. These include, but are not limited to, the right of clients to access their records, mandatory reporting laws that supersede privileged communication, the right of courts to subpoena records, when clinical social workers are ordered by a judge to testify, and the need to obtain client-informed consent for release of records.

2.07 Clinical social workers are bound to advocate for confidentiality of records and privileged communication. Clinical social workers have the responsibility to be aware, promote, and advocate the ethics and ethical safeguards of records and privileged communication on behalf of clients. This responsibility extends to communication with all other parties, including third-party entities, except under

circumstances that are agreed to in writing by the client or are prescribed by law. Clinical social workers should assist clients in developing an accurate understanding of the nature of confidentiality and privileged communication, as prescribed by law and by the conditions of participation in applicable third-party involvement.

2.08 Clinical social workers should advocate for assurance that appropriate care is made available to clients. Clinical social workers should refer clients to other social workers or adjunctive helping resources whenever a client's assessment or treatment plan indicates a need for treatment outside the clinical social worker's scope of practice. They should advocate for the client's access to adjunctive resources whenever significant barriers arise that are beyond the client's capacity to manage. Clinical social workers have the responsibility to facilitate the achievement of all care benefits available and relevant to the treatment plans of clients. This includes the timely execution of forms and other documentation, as well as keeping the client informed about this process. When appropriate, the clinical practitioner should be able to assist and advocate for clients in understanding and obtaining all third-party benefits to which they are entitled, without threat that such action will prejudice their standing with the third-party entity.

2.09 Clinical social workers have a responsibility to be accessible and arrange for adequate backup when not available. Clinical social worker accessibility should be commensurate with risk. Clinical social workers must assure that clients are able to reach them or an appropriate backup in the event of emergency. Clinical social workers should further assure that those who are providing the backup have adequate knowledge about the risk factors involved and the specific clinical skills to deal with those clients.

2.10 Clinical social workers are responsible for seeking consultation when needed. Clinical social workers practicing independently of supervision are obligated to remain sensitive to their areas of uncertainty in interactions with clients and to seek consultation whenever they perceive a lack in their own understanding or impairment of objectivity. Appropriate consultation may include seeking the advice and guidance of colleagues, formal arrangements for obtaining an expert opinion, and/or referral of the client for specific collaborative assessment or treatment procedures. In receiving such consultation, the clinical social worker has the option of deciding whether and how to implement consultative opinions and retains the responsibility for treatment outcome.

2.11 Clinical social workers have a responsibility to keep abreast of the changing state of the art through personal professional development and documented continuing education. Many state licenses and other credentials require continuing education for renewal and/or maintaining current certification. These laws and regulations notwithstanding, it is the responsibility of all clinical social workers to participate in and document continuing education in new developments and current practice skills within their fields of competence. Continuing education may

include, but is not limited to, such activities as participating in seminars, courses, guided practice, peer consultation, teaching, and clinical research.

2.12 Clinical social workers have a right to adequate compensation commensurate with professional responsibilities, level of training, and experience. While levels of compensation are largely determined by market forces and formalized in contracts between clinical social workers and third-party entities, clinical social workers have a right to assure themselves adequate compensation for their services commensurate with their level of training and expertise. Adequacy of compensation is determined by prevailing reimbursement rates for clinical social workers of like expertise delivering similar services. There may also be less-tangible determining factors such as the specific credentials and/or reputation of a given clinical social worker. Clinical social workers should be free to negotiate with third-party entities regarding compensation. Such negotiations may be carried out individually or collectively. Clinical social workers should be free to participate in such negotiations without prejudicing their standing with third-party entities.

2.13 Clinical social workers are obligated to conform to and advocate for practice within legal and ethical parameters. Clinical social workers must practice within prescribed legal and ethical parameters. Any failure to do so may precipitate sanctions from professional associations, credentialing bodies and/or licensing boards. Resulting legal actions might implicate clinical social workers as well as involved third-party entities. Clinical social workers should therefore take responsibility for identifying areas of legal and ethical risk, taking all action necessary to assure conformance with legal codes and professional standards. Responsibility to clients is a primary principle governing the ethics of clinical social workers and supersedes their responsibility to organizations that employ them or administer their services. The clinical social worker's responsibility to clients includes, but is not limited to, assuring that (1) appropriate care is given; (2) rights are not curtailed or infringed upon; (3) there is no discrimination or exploitation; and (4) there is strict adherence to precepts of confidentiality and privileged communication; (5) obtain informed consent, and (6) avoid conflicts of interest and inappropriate dual relationships. Implementing one's ethical and legal duty to clients may include advocacy. Clinical social workers have an ethical and legal responsibility to inform client that they have the right to appeal any adverse decision made by their MCO. If appropriate, the clinical social worker should assist with the appeal.

Third-Party Entities As Care Administrators: Perspective

Third-party entities have necessarily become increasingly involved in the administration of care, attempting to assure that it is competently given, properly focused, adequately delivered, and appropriately terminated--all within budgetary and fiscal realities. The managed-care model has become prevalent for implementing these assurances in the public and private sectors. From the perspective of care managers, the verification of medical-psychological necessity for care as well as the

appropriateness of the chosen treatment measures are of paramount importance. In effect, the implementation of accountability and documentation procedures places care managers in a position of supervising both clients and clinical social workers collaborating in the treatment process. Third-party entities continue to struggle with determining equitable ways to distribute available resources. They are concerned about quality assurance and potential liability, as well as fiscal issues further aggravated by increased personnel costs for monitoring the effectiveness and efficacy of care. Third-party entities should remain sensitive to the needs of clients and clinical social workers, both individually and collectively by (1) clearly articulating what care is and is not available; (2) honoring commitments to assure continuity of established client-clinical social worker relationships; (3) guaranteeing clients and clinical social workers an opportunity to voice their concerns about care decisions; and (4) ensuring that adequately trained, experienced and credentialed clinical social workers have authority to design care protocols and monitor care.

Third-Party Entities As Care Administrators: Guidelines

3.01 Service arrangements administered by third-party entities should include adequate mental healthcare benefits appropriate to the needs of clients. Depending on client need, clinical social worker, or third-party entity making the interpretation, "adequate benefits" may represent a broad range of factors, including setting, service frequency, modality, and duration. The pool of available funds influences the level of adequacy. Such matters as governmental allocations in the public sector usually determine the size of this pool, and policy premiums insurance consumers are willing to pay in the private sector. The extent of coverage is also affected by fee amounts paid to clinical social workers. This guideline implies that mental health benefits should be offered at a level of adequacy equivalent to that offered for all medical benefits. It asserts that mental health (as well as all medical benefits) provide for at least the minimal level of service frequency, quality, and duration-consistent with risk that will support a reasonable expectation for treatment viability and effectiveness. For specific clients, a variety of treatment approaches can serve as treatments of choice. These are often not interchangeable. For example, many clients who require long-term care cannot successfully or appropriately be treated with short-term approaches. Similarly, crisis intervention therapy-though extremely useful for restoring homeostasis-is not an appropriate overall treatment for chronic mental disorders. Third-party entities should maintain a repertoire of treatment approaches that will reasonably address the needs of all client groups served. A third-party entity that cannot generate a pool of funds sufficient to support a minimal level of service adequacy, or that cannot fund a broad enough range of services to meet the needs of its client constituency, should discontinue programs in question.

3.02 Third-party entities have responsibility to assure that services are provided in the most clinically appropriate and efficient manner possible. Third-party entities have a primary responsibility to assure their population of beneficiaries that the

limited pool of available funds is extended to provide as much needed service as is feasible. They have a further responsibility to conserve human, material, and financial resources while maintaining an adequate level of service quality and efficacy. To do so, third-party entities should utilize clinical social workers and other mental health clinicians that are adequately skilled in the required treatment methods.

3.03 Third-party entities should be governed by published ethical codes that are equally as stringent as those that apply to clinical social workers. Third-party participation in the care-giving system is a form of indirect service provision. Members of an established profession who function as officials or employees of the third-party entity are as responsible to their profession's code of ethics as they would be if they were providing direct clinical services. Third-party entities have a responsibility to ensure that their policies, procedures, and clinical protocols permit their clinical social workers to practice within ethical parameters. Third-party entities are called upon to develop and publish ethical codes that pertain to their roles as indirect service providers and that also address their business practices. Such published information enhances the credibility of third-party entities and further serves as an important resource for clinical social worker recruitment and informed consumer choice.

3.04 Third-party entities should develop advocacy and internal review procedures to ensure that fiscal and/or business interests do not supersede client rights, clinical standards, and professional ethics. Procedures for advocacy and internal review are ways of assuring quality of services, and may also reduce liability for damages resulting from lawsuits brought against third-party entities by beneficiaries and/or clinical social workers and other mental health clinicians. The existence of such procedures protects clinicians under contract. In addition, any reduction in liability costs lessens threats to funds for service delivery and minimizes potential jeopardy to the continuity of the third-party entity.

3.05 Third-party entity policies, procedures, and practices should reflect adequate service to clients as the primary responsibility. Third-party entities are responsible for monitoring the quality and efficacy of services given for each client as well as for the total population of clients. Third-party entities should neither compromise minimally acceptable levels of service adequacy in favor of administrative, logistical, nor profit motives, nor should they engage or selectively reward clinical social workers or other clinicians that do.

3.06 Third-party entities should publicly disclose their clinical protocols, assuring that they are designed with adequate and appropriate input from qualified clinical social workers. Assurance by third-party entities that their clinical protocols represent state-of-the-art technology can best be accomplished through obtaining consultation from a multidisciplinary cohort of mental health practitioners who are senior members of their professions. Some of this input should come from clinical social workers that are not part of the third-party entity seeking such

consultation. The empirical basis for clinical social workers' input should be sought out and distinguished from its value basis, although recognition of both is important.

3.07 Third-party entities have a responsibility to honor commitments made to clients and clinical social workers regardless of changes in ownership or operational policies. In accordance with legal principles pertaining to all contracts, third-party entities should not knowingly violate the terms of contracts extant between clients, clinical social workers and third party entities. Procedures for appeal and further review of contractual issues should be developed to assure clients and clinical social workers a fair hearing of complaints without fear of jeopardizing their status within the system.

3.08 Third-party entities should assure that qualified clinical social workers participate in developing clinical practitioner selection criteria beyond those based on licensure and professional certification. Third party entities should establish criteria that qualify clinical social workers that have the specific skills needed to carry out clinical protocols. This can best be accomplished through consultation with a multidisciplinary cohort of mental health clinicians that are senior members of their professions. Some of this input should come from clinical social workers that are not part of the third-parry entity seeking such consultation.

3.09 Third-party entities have a responsibility to allow clients the freedom of choice of qualified clinical social workers and other mental health clinicians. Third-party entities should articulate and publicize criteria for qualification of their clinical practitioners, to allow for a practitioner selection process that is based on demonstrated ability and competence. If there is a need to limit the pool of clinical practitioners, beneficiaries should be so informed prior to purchasing benefits or agreeing to participate in the system. Recognizing that successful outcomes in mental health care are often affected by a client's investment of trust in a clinical practitioner, third-party entities should endeavor to assure adequate client participation in clinical practitioner selection. Third-party entities should allow clients to initiate reasonable requests for changes in clinicians. There should also be procedures that permit clients to request a particular clinician, especially one who had previously been seen. Clients should be able to select equivalently qualified clinicians that are not under contract with the involved third-party entity. It is reasonable that in such circumstances the fee amount per visit allotted to an off-panel clinician may be less than that allotted to a clinician under contract, and that the client will be responsible for the amount of difference out of pocket. When using off-panel clinical practitioners, the client would be expected to waive the right of implicating the third-party entity in liability actions resulting from the treatment or its outcome, unless the practitioner is following or conforming to a clinical plan outlined by the third-party entity.

3.10 Third-party entities have a responsibility to select qualified clinicians. Adequate service is most likely assured when clinicians are selected for personal and professional qualifications above and beyond basic licensure and credentials. Of special importance are knowledge, skills, and clinical experience that enable a

clinician to practice effectively within the purpose, function, and resource capacity of the third-party entity. Third-party entities whose coverage emphasizes clinical practice efficiency should select clinical practitioners that satisfy the following additional criteria:

- Demonstrated ability for rapid engagement of the client in a problem focused and strengths-oriented therapeutic alliance that attends to cultural differences;
- Demonstrated ability to make quick, comprehensive assessments;
- Demonstrated ability to identify, clearly articulate and work with a client's key themes;
- Demonstrated ability to exercise professional authority in the therapeutic approach early on in ways that serve and do not compromise the client's right to self-determination.

When selecting qualified clinical practitioners, third-party entities must also be responsible for protecting the limited pool of funds available for service. In view of concerns for efficiency and. outcome effectiveness, the following additional selection criteria are suggested:

- Demonstrated ability to use planned, systematic treatment approaches that are well-explicated and specific about (a) the problems to be resolved; (b) the goals to be accomplished; (c) the kind of treatment modality (e.g., individual, couple, family, group, etc.) and/or problem targeted for specific treatment methods; and (d) the procedures used to achieve specific results;
- Demonstrated ability to use structured, time-limited interventions whenever there are reasonable expectations that they will be at least as effective as less structured, open-ended approaches;
- Demonstrated knowledge about and sensitivity to the trajectory of diminishing returns in extended therapy, whenever such information has been empirically established;
- Demonstrated knowledge about and sensitivity to possible adverse consequences of under-treatment and premature termination.

Such requirements may necessitate engaging clinicians who have skills and practice experience beyond the minimum qualifications for licensure. Although attracting such clinicians may increase costs, doing so is in order whenever their specific skills and practice experiences are necessary to assure competent delivery of services in question. Attracting clinical practitioners of advanced skill and/or specialization may be difficult unless third-party entities offer differential reimbursement commensurate with prevailing fees for such services.

3.11 Third-party entities have a responsibility to assure appropriate standards for conducting case reviews. Third-party entities are expected to develop written policies or case reviews in accordance with established standards for quality assurance and utilization review. Such standards should be made available to clients and clinical practitioners, and should include, but not be limited to, provisions for:

- Reviewers who are trained and certified in the practices they are reviewing;

- Dialogue between reviewer and clinician prior to the recording of any negative findings (i.e., negative findings should not be based on written material alone);
- Reasonable appeal of reviewer findings and conclusions;
- External peer review when differences cannot be resolved within the third-party organization.

3.12 Third-party entities have a responsibility to collaborate with purchasers of services, in determining feasibility and monitoring effectiveness of such plans. Third-party entities and businesses or organizations that retain them for care administration should collaborate in developing reasonable and feasible healthcare benefit plans, as determined by professionally conducted needs assessments. Such needs assessments should determine what coverage is needed and feasible within cost limitations of proposed contracts between these parties. Third-party entities should decline participation in proposed contracts that are not feasible, or that would result in less than minimally adequate care. Third-party entities, in collaboration with such contractors, should also develop a mechanism for monitoring effectiveness of service under the contracted plan. Furthermore, third-party entities should share in the responsibility of preparing public notices to beneficiaries explaining the scope and limitations of the coverage.

3.13 All elements of third-party entities are responsible for respecting confidentiality of records. Third-party entities must conform to all confidentiality laws and ethical precepts that govern their clinicians. The nature, comprehensiveness, and limits of confidentiality must be clearly disclosed to clients and clinicians before any services are given. The client must sign a statement indicating informed consent to these arrangements and procedures. Third-party entities should have monitored standards to assure that access to information within each entity is based solely on disclosed need to know, as derived from the purposes and functions of the organization's employees.

3.14 Third-party entities have a responsibility to respond to clients and clinical practitioners in a fair and timely manner. Third-party entities should honor contractual commitments made to clients and clinicians in a timely manner, the parameters of which should be defined by the contract involved. Pursuit of contractual obligations by clients and/or clinicians should not prejudice their standing with third-party entities.

3.15 Third-party entities have a responsibility to protect clients and clinical practitioners from discrimination. Third-party entities should, at all times, operate in accordance with existing laws, federal mandates, and ethical codes of the participating professions with respect to discrimination. These precepts apply to all dealings with clients and clinical practitioners.

Summary

In presenting these Clinical Social Work Standards for Delivery of Care and Guidelines for the Three-Party Model of Clinical Social Work Services, the Board's central concern is that all parties remain focused on client need as the driving force of the system for provision of clinical social work and mental health services. A related belief is that professional codes of ethics that protect clients in their interactions with clinical social workers should also become guiding principles for the protection of clients as they interact with indirect service providers such as payors and care administrators. The Board is also concerned about the apparent increase in adversarial relationships between clinicians and third-party entities, particularly because of the likelihood that such struggles will generate distress for the client that is induced by tension in the treatment relationship. The Board advocates for immediate and constructive dialogue among clinical social workers and other mental health practitioners, care administrators and payors, consumers or potential consumers of services, and governmental entities shaping policy and considering legislation that affect service delivery. Collaboration of all these parties is the cornerstone for building the most comprehensive, fair, and effective healthcare system.

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