

# **DIVISION SCOPE OF SERVICE**

<b>Division: EAST FLORIDA</b>
<b>Classification: LICENSED MASTER SOCIAL WORKER (LMSW)</b>
<b>Applicant Name:</b>

  

<p><b>Licensed Master Social Worker (LMSW):</b> The Licensed Master Social Worker (LMSW) must have equivalent qualifications and competence as employed individuals performing the same or similar services at the facility.</p> <p><b>Definition of Care or Service:</b> The role of the Licensed Master Social Worker (LMSW) is to provide the special skills and knowledge of a Social Worker in the context of mental health therapy for their clients.</p> <p><b>Scope of Service may include:</b></p> <ul style="list-style-type: none"> <li>• Psychosocial assessments, crisis intervention and supportive counseling</li> <li>• Advocacy and protective work-whenver there are issues of abuse, neglect, or violence</li> <li>• Develop and maintain patient case records, plans and reports; compile data for statistical purposes</li> <li>• Community outreach-referral and coordinating services</li> <li>• Performing research tasks within a clinical setting</li> <li>• Consulting physicians-general practitioners and specialists</li> <li>• Demonstrates clinical and service excellence behaviors to include HCA Healthcare code of conduct core fundamentals in daily interactions with patients, families, co-workers and physicians</li> </ul>
<p><b>Setting(s):</b></p> <ul style="list-style-type: none"> <li>• Healthcare facilities including but not limited to hospitals or outpatient treatment facilities</li> </ul>
<p><b>Supervision:</b></p> <ul style="list-style-type: none"> <li>• Direct supervision by the Director of Case Management or Licensed Clinical Social Worker</li> </ul> <p><b>Evaluator:</b></p> <ul style="list-style-type: none"> <li>• Department director of Case Management or designee</li> </ul> <p><b>Tier Level: 2</b></p> <p><b>eSAF Access Required: YES</b></p>
<p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>• Master's degree or higher in Social Work</li> <li>• Current active License as a Master Social Worker</li> </ul> <p><b>NOTE: Where education may not be defined in qualifications area of the Scope, HCA Healthcare requires the highest level of education completed (not training or courses) confirmed on your background check.</b></p>
<p><b>State Requirements:</b></p> <ul style="list-style-type: none"> <li>• Licensed as a Master Social Worker in state of practice</li> </ul>
<p><b>Experience:</b></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul> <p><b>Preferred Experience:</b></p> <ul style="list-style-type: none"> <li>• Minimum of two years or three thousand hours of supervised clinical experience</li> </ul>
<p><b>Competencies:</b> The Licensed Master Social Worker will demonstrate:</p> <ul style="list-style-type: none"> <li>• Accurate patient information review and evaluation <ul style="list-style-type: none"> <li>○ Uses at least two ways to identify patients</li> </ul> </li> </ul>

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- Verifies that the requested services correlates with the patient's clinical history, presentation and physician order
  - accesses patient's medical record appropriately
- Job Specific Competencies:
  - Timely completion of discharge planning in accordance with hospital specific guidelines
  - Demonstrates ability to perform psychosocial assessments, crisis intervention and supportive counseling
- Maintains a safe environment
- Infection Prevention
  - Practices consistent hand hygiene
  - Uses personal protective equipment (PPE) when required
  - Required immunizations per Division requirements
  - Complies with Isolation precautions
  - Maintains sterile field

### References:

Licensed Master Social Worker (LMSW) <https://www.humanservicesedu.org/lmsw.html>

National Association of Social Workers (NASW): <https://www.socialworkers.org/>

Difference Between Clinical and Non-Clinical Social Work: <https://www.socialworkdegree.net/what-is-the-difference-between-clinical-and-non-clinical-social-work/>

Every state Social Worker verification: <https://www.aswb.org/public/look-up-a-license/>

### Document Control:

- Created 11/5/2020

**Your signature confirms you will be able to comply with the Qualifications and Competencies listed within this Scope of Service and that you will confirm education via your background check.**

**Applicant Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_