

**IN THE MATTER OF** \* **BEFORE THE MARYLAND STATE**  
**KELRIC GOODMAN, LCPC** \* **BOARD OF PROFESSIONAL**  
**Respondent** \* **COUNSELORS AND THERAPISTS**  
**License Number: LC1976** \* **Case Number: 2018-095**

\* \* \* \* \*

**ORDER FOR SUMMARY SUSPENSION**

The Maryland State Board of Professional Counselors and Therapists (the “Board”) hereby **SUMMARILY SUSPENDS** the license of **KELRIC GOODMAN, LCPC** (the “Respondent”), License Number LC1976, to practice as a Licensed Clinical Professional Counselor (“LCPC”) in the State of Maryland. The Board takes such action pursuant to its authority under Md. Code Ann., State Gov’t § 10-226(c) (2014 Repl. Vol. & 2020 Supp.), concluding that the public health, safety or welfare imperatively requires emergency action. In addition, the Board takes such action pursuant to its authority under Md. Code Regs. (“COMAR”) 10.58.04.10, concluding that there is substantial likelihood that the Respondent poses a risk of harm to the public health, safety, or welfare.

**INVESTIGATIVE FINDINGS**

The Board bases its action on the following findings: <sup>1</sup>

**I. BACKGROUND**

1. At all times relevant, the Respondent was authorized to practice clinical professional counseling in the State of Maryland. The Respondent was originally certified

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<sup>1</sup> The statements regarding the Board’s investigative findings are intended to provide the Respondent with notice of the basis of the summary suspension. They are not intended as, and do not necessarily represent,

to practice as an LCPC in the State of Maryland on March 18, 2005, under License Number LC1976. The Respondent's license is scheduled to expire on January 31, 2021.<sup>2</sup>

2. A review of the Board's records reveal that the Respondent is not a Board-approved supervisor.

## **II. COMPLAINT**

3. On or about June 19, 2018, the Board received a complaint filed by one of the Respondent's clients (the "Client")<sup>3</sup> alleging the Respondent recommended that the Client take his son (the "Client's Son") to see an unlicensed provider (the "Unlicensed Provider") and then billed the Client's insurance for services the Client's Son received from the Unlicensed Provider.

4. After receiving the complaint, the Board initiated an investigation of the Respondent under Case Number 2018-095.

## **III. BOARD INVESTIGATION**

5. As part of its investigation, the Board obtained Health Insurance Claim Forms and Explanation of Benefits from the Client's insurance provider, written

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a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent in connection with this matter.

<sup>2</sup> The Respondent's license was scheduled to expire on January 31, 2021. Effective March 12, 2020, the Governor of the State of Maryland issued an Executive Order declaring a state of emergency and modifying the 30 day grace period for license renewals. On March 9, 2021, the Governor issued another Executive Order modifying the grace period and ordering that any license that would have been renewed by June 30, 2021 under normal circumstances but has not, will expire on that date and will not be active on July 1, 2021.

<sup>3</sup> For confidentiality and privacy purposes, the names of individuals and facilities involved in this case are not disclosed in this document. The Respondent may obtain the names of all individuals and facilities referenced in this document by contacting the administrative prosecutor.

correspondence from the Respondent, and treatment session notes authored by the Unlicensed Provider. The Board also interviewed the Respondent.

6. At all times relevant, the Respondent owned and operated his own practice in Baltimore County, Maryland (the "Practice").

7. A review of the Board's records revealed that the Unlicensed Provider is not a certified associate counselor – alcohol and drug in Maryland.

8. A review of emails sent from the Respondent to the Client and the Client's wife (the "Client's Wife") revealed the Respondent sent an email to the Client and the Client's Wife on June 13, 2018 at 4:36 p.m. stating:

Owner and Clinical Supervisor:  
Kelric Goodman, LCPC, MA, BA

Skill-Builder and therapist:  
[the Unlicensed Provider], BA, CAC, EAP, MA

Clients are seen at my . . . Office and at [a Non-Profit located at a Church]

9. In response to the Respondent's email, the Client sent the Respondent an email on June 14, 2018 at 8:52 a.m. stating, in part:

Do any of these designations (BA, CAC, EAP, MA) imply responsibility to an oversight authority for standards of conduct? Specifically, is the CAC currently valid for the state of Maryland and are there any requirements for maintaining that certification (HIPAA for instance)?

Please send my wife and me an itemized bill of all charges to me or my insurance up to and including 10 June 2018.

10. In response to the Client's email, the Respondent sent the Client an email on June 14, 2018 at 10:07 a.m. stating:

BA = Bachelor of Arts  
CAC = Certified Addictions Counselor  
EAP = Employee Assistance Professional  
MA = Master of Arts  
All valid in MD

I will get you list of date codes and services provided before 6/1st tomorrow Friday.

By the rules of the Maryland Department of Health and Human Services I am licensed professional counselor who is allowed to employ master level counselors I supervise to provide therapy services. I have been doing this for many years.

***Insurance Claim Number XXXXXXXXX6136***

11. On or about June 29, 2018, the Respondent signed a Health Insurance Claim Form and submitted it to the Client's insurance for payment. A review of the Health Insurance Claim Form revealed the following:

- a. The claim number was XXXXXXXXX6136.
- b. The patient's name was listed as the Client.
- c. The patient's date of birth was listed as the Client's date of birth.
- d. Line 6 for "patient's relationship to insured" has the box for "self" checked.
- e. The "diagnosis or nature of illness or injury" section lists F33.1, F41.1, and F43.12.<sup>4</sup>

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<sup>4</sup> The Centers for Disease Control has adopted an International Classification of Diseases that health care professionals are required to utilize when recording a diagnostic code on health insurance claims. The ICD code F33.1 corresponds to a diagnosis of major depressive disorder, recurrent, moderate. The ICD code

- f. The dates of service are listed as June 4, 2018 and June 11, 2018.
- g. The CPT/HCPCS code for each date of service is listed as 90834.<sup>5</sup>
- h. The amount charged for each date of service is \$120.00 for a total of \$240.00.
- i. The billing provider is listed as Kelric Goodman.

12. The insurance company's Explanation of Benefits for claim number XXXXXXXXX6136 reveals the insurance company paid the Respondent \$100.00 for the services the Respondent billed.

***Insurance Claim Number XXXXXXXXX5715***

13. On or about June 29, 2018, the Respondent signed a Health Insurance Claim Form and submitted it to the Client's insurance for payment. A review of the Health Insurance Claim Form revealed the following:

- a. The claim number was XXXXXXXXX5715.
- b. The patient's name was listed as the Client's Son.
- c. The patient's date of birth was listed as the Client's Son's date of birth.
- d. Line 6 for "patient's relationship to insured" has the box for "child" checked.

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F41.1 corresponds to a diagnosis of generalized anxiety disorder. The ICD code F43.12 corresponds to a diagnosis of post-traumatic stress disorder, chronic.

<sup>5</sup> The Current Procedural Terminology ("CPT") code offers health care professionals a uniform language for coding medical services and procedures. All CPT codes are five-digits and can be either numeric or alphanumeric, depending on the category. The CPT code 90834 refers to psychotherapy, 45 minutes with patient.

- e. The “diagnosis or nature of illness or injury” section lists F33.1 and F41.1.
- f. The dates of service are listed as June 1, 2018; June 5, 2018; June 6, 2018; June 7, 2018; and June 11, 2018.
- g. The CPT/HCPCS code for each date of service is listed as 90847.<sup>6</sup>
- h. The amount charged for each date of service is \$120.00 for a total of \$600.00.
- i. The billing provider is listed as Kelric Goodman.

14. The insurance company’s Explanation of Benefits for claim number XXXXXXXXX5715 reveals the insurance company paid the Respondent \$286.45 for the services the Respondent billed.

15. The Respondent provided the Board with a copy of a check dated October 1, 2018, for two hundred and eighty-six dollars and forty-five cents (\$286.45). The payee listed on the check is the Client’s insurance company. At the top of the check there is a handwritten note that says “claim #[XXXXXXXXXX]5715.” The Respondent’s name appears on the signature line and the payor is listed as the Respondent’s business.

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<sup>6</sup> The CPT code 90847 refers to family psychotherapy with patient present.

***Insurance Claim Number XXXXXXXXX4502***

16. On or about September 21, 2018, the Respondent signed a Health Insurance Claim Form and submitted it to the Client's insurance for payment. A review of the Health Insurance Claim Form revealed the following:

- a. The claim number was XXXXXXXXX4502.
- b. The patient's name was listed as the Client's Son.
- c. The patient's date of birth was listed as the Client's date of birth.
- d. Line 6 for "patient's relationship to insured" has the box for "child" checked.
- e. The "diagnosis or nature of illness or injury" section lists F33.1 and F41.1.
- f. The dates of service are listed as June 1, 2018; June 5, 2018; June 6, 2018; June 7, 2018; and June 11, 2018.
- g. The CPT/HCPCS code for each date of service is listed as 90847.
- h. The amount charged for each date of service is \$120.00 for a total of \$600.00.
- i. The billing provider is listed as Kelric Goodman.

17. The insurance company's Explanation of Benefits for the claim number XXXXXXXXX4502 reveals the insurance company paid the Respondent \$301.45 for the services the Respondent billed.

***Maintenance of treatment and billing records***

18. On September 4, 2018, the Board issued a *subpoena duces tecum* to the Respondent for copies of the records of treatment for the Client's Son, including but not limited to: treatment notes, claims for insurance benefits, records of payment, billing and/or insurance records.

19. By letter dated January 24, 2019, the Respondent reported that "I did not keep records for the 5 mentoring sessions conducted by [the Unlicensed Provider]."

20. Subsequently, the Respondent provided the Board with only a copy of the reimbursement check<sup>7</sup> and the progress notes for five treatment dates: June 1, 2018; June 5, 2018; June 6, 2018; June 7, 2018; and June 11, 2018. All five treatment notes are handwritten on lined paper and document that the Client's Son was present for each session.<sup>8</sup> Each treatment note is signed by "[Unlicensed Provider] mentor, skill builder + job coach."

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<sup>7</sup> See *supra* ¶ 15.

<sup>8</sup> The treatment note for June 1, 2018, documents that the Client and the Client's Wife were also present. Additionally, the treatment note documents "session began with Kelric Goodman LCPC introducing me and explaining my role as mentor, job coach, possible academic advice [*sic*] and discussing general life issues. Mr. Goodman then left room."



### ***Respondent's Explanations***

21. By letter dated September 12, 2018, the Respondent provided the Board with a written response regarding the complaint. As part of the written response the Respondent reported the following, in part:

Background. I was the primary lead therapist overseeing family therapy which included the children, and [the Client and the Client's Wife]. . . .

Who is [the Unlicensed Provider]? During therapy sessions with [the Client], in April and May of this year, he expressed deep concern about his relationship with his 18 year old son. Over the course of these many conversations, I suggested that his son needs emotional support and would benefit from speaking to someone. I asked him if he knew of anyone with whom his son could speak. He replied, "No," and asked if I had any recommendations. I explained that I had a colleague who is older who does skill-building and mentoring with young adults. I informed him that his name was [Unlicensed Provider]. I provided the client with [the Unlicensed Provider's] phone number . . . .

Clarification of [the Unlicensed Provider] working under my supervision. . . .

. . . We had an initial family meeting on 5/17/2018 where [the Unlicensed Provider] and I explained our roles in working with the family. I left the session after introductions and allowed [the Unlicensed Provider] to proceed to use his skill building and mentoring with the family. During the next few weeks after that session, I explained to the client over multiple conversations in person, over the telephone, via email and text that [the Unlicensed Provider] would work with his son as a skill builder/mentor while I continued to work with the client as a therapist. My client reported liking [the Unlicensed Provider] but was fixated on his credentials. The client was unable to understand the difference between a therapist and skill builder or mentor. . . .

. . . .

Meeting with [the Client] on 6/19/2018. [The Unlicensed Provider] and I had scheduled a meeting at my office with [the Client] to clarify the misunderstanding concerning [the Unlicensed Provider's] role. Prior to the scheduled time, I received a text from [the Client] ending our therapeutic relationship immediately, and his feeling that I misled him on the services I was providing, and that he was reporting me to the Board of Professional Counselors and Therapists. I responded that I respected his decision and would end our therapeutic relationship and not reach out to either of his sons. . . . Next, I informed [the Client's Wife] that our therapeutic relationship was changing and I would no longer be overseeing [the Unlicensed Provider]. . . .

. . . .

Supervision Rules of Department of Health. Upon further research, I have discovered that oversight caused me to realize that I could not supervise [the Unlicensed Provider] . . . . This is why [the Unlicensed Provider] and I ended our supervision relationship on 6/19/2018. . . .

. . . . Additionally, I have reimbursed [the Client's insurance company] for these five sessions knowing now that [the Unlicensed Provider] was acting as a mentor and not doing therapy under my supervision.<sup>[9]</sup>

22. By email dated April 14, 2021, the Respondent reported that the “final two sessions” he had with the Client were on June 4, 2018 and June 18, 2018.<sup>10</sup> The Respondent

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<sup>9</sup> Notably, the Respondent did not actually reimburse the Client's insurance company until over two weeks *after* the Respondent wrote this written letter of explanation. *See supra* ¶ 15. And even then, the Respondent only reimbursed the Client's insurance company for one claim he submitted for services provided by the Unlicensed Provider. The Respondent never provided proof that he reimbursed the Client's insurance company for the second claim that he submitted to the Client's insurance company over a week *after* he wrote this letter of explanation, which was also for payment for services provided by the Unlicensed Provider. *See generally supra* ¶ 16.

<sup>10</sup> The records subpoenaed from the Client's insurance company did not include a Health Insurance Claim Form or an Explanation of Benefits for a service date of June 18, 2018.

further reported that “[t]here was no formal closure, as he stopped contacting me” after June 18, 2018.

23. On March 29, 2021, the Board’s investigator interviewed the Respondent under oath, at which time, the Respondent stated the following:

- a. He has not filled out the paperwork to be a clinical supervisor in Maryland but he has completed the training.
- b. He recommended the Unlicensed Provider to the Client. The Client “asked if I could put it under his insurance. I didn’t fully think that out and I did that. And I was wrong in doing that and that’s why I submitted, I returned the money to the insurance company and changed that.”
- c. “[T]here were five sessions that I erroneously billed for.”

#### **CONCLUSIONS OF LAW**

Based on the foregoing facts, the Board concludes that the public health, safety or welfare imperatively require emergency action in this case, pursuant to Md. Code Ann., State Gov’t § 10-226 (c)(2) (2014 Repl. Vol. & 2020 Supp.).

In addition, the Board concludes as a matter of law that there is a substantial likelihood that the Respondent poses a risk of harm to the public health, safety, or welfare, pursuant to COMAR 10.58.04.10.

**ORDER**

Based on the foregoing, it is by a majority of the Board considering this case:

**ORDERED** that pursuant to the authority vested by Md. Code Ann., State Gov't § 10-226(c)(2), the Respondent's license to practice as a Licensed Clinical Professional Counselor in the State of Maryland, License Number LC1976, is hereby **SUMMARILY SUSPENDED**; and be it further

**ORDERED** that the Respondent has the opportunity to appear before the Board for a post-deprivation show cause hearing. A request for a post-deprivation show cause hearing must be in writing and be made **WITHIN THIRTY (30) DAYS** of service of this Order.

The written request should be made to:

Tony W. Torain, Executive Director  
Maryland State Board of Professional Counselors and Therapists  
4201 Patterson Avenue  
Baltimore, Maryland 21215-2299  
Fax: 410-358-1610

With copies to:

Kelly Cooper, Assistant Attorney General  
Maryland Office of the Attorney General  
Health Occupations Prosecution & Litigation Division  
300 West Preston Street, Suite 201  
Baltimore, Maryland 21201

and it is further

**ORDERED** that if the Respondent fails to request a post-deprivation show cause hearing in writing in a timely manner, or if the Respondent requests a post-deprivation show cause hearing but fails to appear when scheduled, the Respondent's license will remain **SUSPENDED**; and it is further


**ORDERED** that on presentation of this Order, the Respondent **SHALL SURRENDER** to the Board, the following items:

- (1) the Respondent's original Maryland Licensed Clinical Professional Counselor License LC1976; and
- (2) the Respondent's wallet card and wall license; and it is further

**ORDERED** that this is an Order of the Board and, as such, is a **PUBLIC DOCUMENT** pursuant to Md. Code Ann., Gen. Provisions §§ 4-101 *et seq.* (2019).

May 21, 2021

Date

  
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Jeffrey M. Galecki, MS, LCADC, LCPC  
Board Chair  
Maryland State Board of Professional  
Counselors and Therapists