105 CMR 150.000: LICENSING OF LONG-TERM CARE FACILITIES

150.001: Definitions

BA Social Worker shall mean an individual who holds a bachelor's degree, from an undergraduate program in social work that meets the criteria established by the Council on Social Work Education, or who holds a bachelor's degree from an accredited college or university and has been employed in a social work capacity for one year in a community health or social service agency.

MSW Social Worker shall mean an individual who has received at least a master's degree from a graduate school of social work accredited by the Council on Social Work Education.

Social Services shall mean those services provided to meet the medically-related emotional and social needs of the patient or resident at the time of admission, during treatment and care in the facility and at the time of discharge.

150.004: Patient Care Policies

(A) All facilities that provide Level I, II or III care shall have current, written policies that govern the services provided in the facility. Facilities that provide only Level IV care shall develop policies for at least those services marked with an asterisk.

* Social services

150.011: Social Services

(A) Facilities that provide Level I, II or III care shall provide for appropriate and sufficient social services to meet the social and emotional needs of patients or residents in accordance with written policies and procedures.

(B) Social Services shall be provided whether directly by personnel employed by the facility or through written contracts with public or private social agencies, hospitals, clinics or other institutions, or with individual social workers, provided that services meet the requirements set out herein, and that services are administered in accordance with the facilities' policies and procedures.

(C) Social service supervision shall be provided on a planned basis with sufficient frequency to assure adequate review of social service plans and patients’ or residents’ care.
(D) Social services whether provided directly by the facility or through written contracts shall be integrated with the medical, nursing, activity and other associated patient or resident care services.

(E) The social work staffing of facilities shall be based on the number of patients or residents in the facility rather than on the level of care of the facility. Social services shall be proved by a MSW social worker or BA social worker. If social services are provided by a BA social worker, the facility must have a written agreement for social work consultation and supervision from a master’s degree social worker.

(1) All facilities that provide care for more than 80 patients or residents shall provide a minimum of one half-time social worker. If the social worker is a BA social worker, the facility shall provide consultation from a MSW social worker for at least eight hours per month.

(2) All facilities that provide care for between 40 and 80 patients or residents shall provide the services of a social worker for a minimum of eight hours per week. If the social worker is a BA social worker, appropriate consultation and supervision shall be provided as needed.

(3) All facilities that provide care for less than 40 patients or residents shall provide the services of a social worker (MSW or BA) at least four hours per week. If the social worker is a BA social worker, appropriate consultation and supervision shall be provided as needed.

(4) In addition, all facilities shall provide sufficient ancillary social service personnel under appropriate supervision to meet the emotional and social needs of the patients or residents.

(F) Social services programs shall be coordinated with the resources and services of public and private agencies or institutions in order to stimulate alternative care plans in the community, to provide continuity of care for patients and residents and to promote long-range social and health planning.

(G) Social Services.

(1) Emotional and social factors shall be considered in relation to medical, nursing, and other factors in determining the appropriateness of placement of patients or residents.

(2) Social Service Plan – Prior to admission, or as soon as possible after admission, there shall be an evaluation of the patient’s or resident’s social needs and a plan shall be formulated and recorded for providing such care. This plan shall include information regarding pertinent personal, interpersonal and situational problems influencing management and probable duration of stay. To the extent possible, the plan shall be developed with the patient.

(3) Social service needs of patients or residents shall be identified on admission and services provided to meet these during treatment and care in the facility and in planning for discharge.
(4) Assistance shall be provided every resident or patient directly or through referral to, or consultation with, an appropriate agency when there are indications that financial help is needed.

(5) Appropriate action shall be taken and case work services provided to resolve social and emotional problems related to the patient’s illness or state of health, his response to treatment, his home and family situation and his adjustment to care in the facility.

(6) Social services shall include provision of education programs for the facility staff in order to promote the development of a therapeutic community, a congenial atmosphere and healthy interpersonal relationship in all facilities.

(7) Discharge or transfer plans and decisions shall consider the patient’s or resident’s home situation, financial resources, social needs, and community resources as well as his medical and nursing requirements.

(H) Facilities shall maintain records of pertinent social information, action taken to meet social needs and written evidence of periodic case review on all patients and residents. Pertinent social data and information about personal and family problems shall be made available only to the attending physician or physician-physician assistant team or physician-nurse practitioner team, appropriate members of the nursing staff and other key personnel who are directly involved in the patient’s or resident’s care, or to recognized health or welfare agencies. There shall be appropriate policies and procedures for assuring the confidentiality of such information.