State Regulations Pertaining to Quality of Life Social Work

Note: This document is arranged alphabetically by State. To move easily from State to State, click the “Bookmark” tab on the Acrobat navigation column to the left of the PDF document. This will open a Table of Contents for the document. The relevant federal regulations are at the end of the PDF.

ALABAMA

420-5-10-01 Definitions

(1) Definitions - (a list of selected terms often used in connection with these rules):

...(qq) "Social Service Consultant" - An individual who meets the requirements of and is certified by the State of Alabama Board of Social Work Examiners.

(rr) "Social Service Designee" - A person employed by a facility with less than 120 beds on a full-time basis to meet the Social Service needs of residents. These persons must have a minimum of a G.E.D. or High School Diploma and have experience in dealing with the public.

(ss) "Social Worker" - A person who has either a Baccalaureate of Social Work or Masters of Social Work degree and is licensed in accordance with the Code of Alabama.

Author: Rick Harris


420-5-10-08 Quality of Life.

(1) Quality of Life.

...(h) Social Services.

1. The facility must provide medically related social services to attain or maintain the highest practicable physical, mental, and psychosocial well being of each resident.
2. A facility with more than 120 beds must employ a qualified social worker on a full-time basis.

3. Qualifications of a social worker. A qualified social worker is an individual with:

(i) A Baccalaureate Degree or Masters Degree and is eligible for licensure and has successfully made application for licensure or is licensed in accordance with the Code of Alabama; and

(ii) One year of supervised social work experience in a health care setting working directly with individuals.

... (j) Facilities

1. Social Service personnel must be located in an area of the facility which:

(i) is easily accessible to residents, families, and staff;

(ii) is identified as the Social Service Office/Department and;

(iii) ensures privacy for interviews.

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7 AAC 12.700 Social Work Program.

(a) A facility which provides social work services must retain a social worker as an employee or consultant of the facility. The social worker shall

(1) regularly assess the social service needs for each patient, resident, or client, implementing the plan of care to meet those needs, and reevaluating those needs as appropriate;

(2) link each patient, resident, or client and that individual’s family with applicable community resources as necessary to assist in meeting ongoing social, emotional, and economic needs;

(3) assist the physician, any interdisciplinary team, and other staff in understanding the social and emotional factors related to the health of each patient, resident, or client;

(4) prepare clinical and progress notes;

(5) participate in in-service training; and

(6) plan, supervise, and delegate any services furnished by a social services specialist as provided in (c) of this section.
(b) A facility that provides social work services must identify and provide interventions in response to the medically-related mental, behavioral, psychosocial, and advocacy needs of a patient. Social work services must assist staff, patients, and patients' families to understand and cope with emotional and social problems associated with health care.

(c) A social services specialist must have a baccalaureate degree in social work or in a human service field, and at least one year of social work experience in a health care setting. A social services specialist shall act as an assistant to the social worker and shall

(1) perform services delegated by the social worker, in accordance with the plan of care;

(2) assist in preparing clinical progress notes;

(3) participate in the interdisciplinary team meetings; and

(4) participate in in-service training.

(d) In this section, "human service field" means sociology, special education, rehabilitation counseling, psychology, or another field related to social work.

History: Eff. 11/19/83, Register 88; am 5/28/92, Register 122; am 5/24/2007, Register 182
Authority: AS 18.05.040 AS 47.32.010 AS 47.32.030

7 AAC 12.990 DEFINITIONS.

In this chapter,

...(77) "social worker" means an individual who has obtained a master's degree in social work from a school that is accredited or recognized by the Council on Social Work Education;

(78) "social work service" means a service which assists staff, patients, and patient's families to understand and cope with emotional and social problems associated with health care.
a. Has a baccalaureate degree in social work from a program accredited by the Council on Social Work Education;

b. Has a baccalaureate degree in a human services field such as sociology, special education, rehabilitation counseling, or psychology; or

c. Is certified under A.R.S. Title 32, Chapter 33.

B. An administrator shall appoint:

1. A qualified individual to provide:

a. Medically-related social services, and

2. A full-time social worker if the nursing care institution has a licensed capacity of 120 or more.


100 DEFINITIONS

Qualified Social Worker is a person who is registered by the State Board of Social Work and is a graduate of a school of social work accredited or approved by the council on Social Work Education.

314 SOCIAL SERVICE POLICIES

Facilities which do not directly provide social service shall have written procedures for referring patients in need of social services to appropriate service agencies.

315 CONFIDENTIALITY OF SOCIAL INFORMATION

Policies and procedures shall be established for ensuring the confidentiality of all patients’ social information.

328 SOCIAL SERVICES
If a facility provides social services directly and the designated staff member is not a qualified social worker, a written agreement shall be established to provide consultation from such a qualified person or a recognized social agency.

580 SOCIAL WORK SERVICES AND ACTIVITIES PROGRAMMING

581 POLICIES AND PROCEDURES

581.1 Separate policies must be written for social services and activity programs.

581.2 They shall be individualized for the individual long-term care facility.

581.3 They shall reflect the actual programs in operation at that facility.

581.4 They shall provide for the social and emotional needs of the residents and provide activities that encourage restoration and normal activity.

581.5 The policy manual shall include a statement of the range of social services provided. When all needed services are not provided directly, the manual shall state how needed services shall be arranged.

581.6 Procedures shall clearly outline the steps for identification of social and emotional needs and the mechanism for meeting these needs.

581.7 Procedures shall reflect, concerning resident social service records:

✦ Type of information to be obtained.

✦ Confidentiality of data and protection.

✦ Availability of data: who, when, how, and why.

✦ Transmittal of data on referral.

582 JOB DESCRIPTION

Separate for social services designee/worker.

Include actual functions of position.

Include other duties that may be assigned to designee/worker.

583 SOCIAL SERVICES RECORDS

583.1 Social History/Assessment

Should give clear picture of individual over life span to date. Incomplete information should specify reason for such. Reflects current functioning level, limitations, strengths, and weaknesses.

583.2 Progress Notes
Important happenings shall be entered promptly into social services’ progress record. At least a quarterly update shall be done.

583.3 Referral Form

Pertains to referrals for social/emotional needs rather than medical. May be a separate form or reflected in progress notes.

583.4 Resident Rights

1. Appropriately signed:
   - Resident capable of understanding: signs with one witness.
   - Resident incompetent: legal documentation of such; guardian and one witness sign patient’s rights.
   - Resident incapable because of illness: Doctor must write statement saying why resident cannot understand; responsible party and two witnesses sign.
   - Resident mentally retarded: Rights read and if he/she understands, resident signs along with staff member and outside disinterested party. If he/she cannot understand, rights explained to and signed by guardian and witness.

2. Copies posted around the facility.

3. Staff members who administer rights must understand them fully.

4. Facility staff must understand patients’ rights and respect them.

584 STAFFING AND CONSULTATION FOR SOCIAL SERVICES/ACTIVITIES

584.1 The social services designee shall comply with the qualification requirements as set forth in Federal Regulations.

584.2 There shall be one (1) full-time social services designee/activities director for the first one-hundred five (105) patients and one (1) additional worker for every fifty (50) patients thereafter.

584.3 The social service designee shall:
   - Have an office or space and privacy in which he/she can talk with residents and/or family.
   - Be aware of policies and procedures for social services and the other relevant policies of the long term care facility.
   - Be knowledgeable of community and government resources.
   - Be familiar with the residents and their needs, limitations, and strengths.
Possess the skills to deal with families and their needs as they relate to the resident and the long term care facility.

Be able to identify problems and needs and plan accordingly.

§72105. Social Worker

(a) Clinical social worker means a person who is licensed as such by the California Board of Behavioral Science Examiners.

(b) Social work assistant means a person with a baccalaureate degree in the social sciences or related fields and who receives supervision, consultation and in-service training from a social worker.

(c) Social work aide means a staff person with orientation, on-the-job training, and who receives supervision from a social worker or social work assistant.


§72401. Optional Service Units—General.

...(b) The following types of optional service units may be operated in a skilled nursing facility: physical therapy, occupational therapy, speech therapy, speech pathology, audiology, social work services, and special treatment program services.

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§72433. Social Work Service Unit—Services

(a) "Social work services" means those services which assist staff, a patient and a patient's family to understand and cope with a patient's personal, emotional and related health and environmental problems.

(b) Social work services unit shall include but not be limited to the following:

(1) Interview and written assessment of each patient within five days after admission to the service.
(2) Development of a plan, including goals and treatment, for social work services for each patient who needs such services, with participation of the patient, the family, the patient’s physician, the director of nursing services and other appropriate staff.

(3) Weekly progress reports in the patient’s health record written and signed by the social worker, social work assistant or social work aide.

(4) Participation in regular staff conferences with the attending physician, the director of nursing service and other appropriate personnel.

(5) Discharge planning for each patient and implementation of the plan.

(6) Orientation and in-service education of other staff members on all shifts shall be conducted at least monthly by the social worker in charge of the social work service.

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.


(a) Each social work service unit shall have written policies and procedures for the management of the social work service.

(b) The policies and procedures shall be established and implemented by the patient care policy committee in consultation with a social worker.

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§72437. Social Work Service Unit—Staff

(a) Each social work service unit shall employ a staff for the number of hours to meet the needs of the patients.

(b) The social work service unit shall be organized, directed and supervised by a social worker, who is responsible for supervision of other social work staff, including social work assistants and social work aides.

(c) Social work service staff may include the social work assistant or the social work aide. Assigned functions and tasks shall be supervised by the social worker. Under conditions specified in the written patient care policies, procedures and job descriptions, the social work aide may be under the supervision of the social work assistant.

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.
§72439. Social Work Service Unit -- Equipment and Supplies.

(a) Office equipment and supplies necessary for the social work service unit shall be available.

(b) Equipment and supplies shall include but not be limited to:

1. Literature and references on subjects including psychosocial problems and needs of the patient population in the facility.

2. Directories, listings and other reference materials on available community resources.

3. Necessary clerical equipment and supplies.

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§72441. Social Work Service Unit--Space.

Accessible space shall be provided for privacy in interviewing, telephoning, conferences and for operation of the unit.

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§72465. Special Treatment Program Service Unit—Staff

...(f) Interdisciplinary Professional Staff: The facility shall provide either through direct employment or by contractual arrangement, an interdisciplinary professional staff to develop and implement special rehabilitation programs and to provide specific expertise to the program staff, and/or provide direct patient services.

1. The interdisciplinary professional staff shall be composed of at least two of the following disciplines:

   (A) Psychologist

   (B) Social Worker

   (C) Occupational therapist

   (D) Recreation therapist

   (E) Art therapist

   (F) Dance therapist

   (G) Music therapist
(H) Any other related discipline approved by the Department

(2) Each member of the interdisciplinary professional staff shall have a minimum of one year of experience or training in a mental health setting.

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§72467. Special Treatment Program Service Unit—Program Director.

(a) The facility shall have a program director who has been approved by the Department of Mental Health. The program director shall not be the director of nursing service, charge nurse or facility administrator.

(b) The program director shall have at least two years experience or training in a mental health setting, one year of which shall include experience or training in program development for mentally disordered.

(c) The program director shall ensure that the in-service education program is provided.

(d) The program director shall be one of the following:

1) Licensed vocational nurse.

2) Art therapist.

3) Dance therapist.

4) Music therapist.

5) Occupational therapist.

6) Physician.

7) Licensed psychiatric technician.

8) Licensed psychologist.

9) Recreation therapist.

10) Registered nurse.

11) Social worker.

12) Any other related discipline approved by the Department of Mental Health.

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.
5.4 SOCIAL SERVICES CARE PLANNING. Social services staff shall assess social services needs within one week of admission and develop a social services care plan to meet each resident's needs.

8.1 SOCIAL SERVICES.

The facility shall identify, plan care for, and meet the identified emotional and social needs of each resident to enhance resident psycho-social health and well being.

8.1.1 Social services staff shall be involved in the pre-admission process, providing input as to appropriateness of placement from a psycho-social perspective, except in emergency admissions. Such involvement may include contact with the prospective resident or family member, or interdisciplinary conferences that consider psycho-social issues as well as medical/nursing criteria.

8.1.2 Social services staff shall provide for addressing needs of individuals or groups, either directly by staff or by referral to community agencies.

8.1.3 Social services staff shall assist residents and families in coping with the medical and psycho-social aspects of the resident's illness and disability and the stay in the facility.

8.1.4 Social services staff shall assist residents in planning for discharge by coordinating service delivery with the nursing staff and by assessing availability and facilitating use of financial and social support services in the community.

8.1.5 When services such as community mental health services, are available in the community to meet special resident's social and emotional needs, social services staff shall provide appropriate referrals to community services.

8.1.6 Social services staff shall coordinate transfers (other than medical transfers) within and out of the facility and assist residents in adjusting to intra-facility transfers.

8.1.7 Social services staff shall participate in resident assessment and care planning as prescribed by 5.2, 5.4, and 5.7, and shall provide social services to residents. Staff shall review and update the assessment and care plan at least every six months.

8.1.8 Social services staff shall record information on social history in the health record and review it at least annually.

8.1.9 Social services staff shall record progress notes in the resident's health record at least quarterly for the first six months that a resident is in a long-term care facility and at least semi-annually thereafter.

8.1.10 Social services staff shall participate in developing policies and procedures pertaining to social services in the facility.
8.1.11 Social services staff shall provide orientation to new residents and their families (including explanation of residents’ rights) and assistance to residents and families in raising concerns about resident care.

8.2 STAFFING.

The facility shall employ social services staff qualified as provided in Subsections 8.2.1 and 8.2.2 and sufficient in number to meet the social and emotional needs of the residents.

8.2.1 A qualified social work staff member of a public or private non-profit facility is a person who is either:

(1) A social worker licensed or authorized expressly by state law to practice under supervision of a licensed social worker; or

(2) A person with a Master’s or Bachelor’s Degree in social work; or

(3) A person with a Master’s or Bachelor’s Degree in a related human services field who has monthly consultation from a person meeting qualifications in Subsections 1, or 2. The consultation shall be sufficient in amount to assist the social work staff to meet resident needs.

8.2.2 A qualified social work staff member of a for-profit facility is a person who is either a social worker licensed or authorized expressly by state law to practice under supervision of a licensed social worker or a person with a Master’s or Bachelor’s Degree in social work or other human services field who has monthly consultation from a person so licensed or authorized; the consultation shall be sufficient in amount to assist the social work staff to meet resident needs.

8.2.3 Any facility that on the effective date of these regulations employed a person with a high school degree or GED as social services staff may continue to employ that individual with prescribed consultation.

8.2.4 Any facility located in a rural area as defined by subsection 7.6.1 may apply for a waiver under Part 4 of Chapter II of the qualifications for a social services staff member under this section if it demonstrates that it has made a good faith effort to hire staff with the required qualifications, but that qualified social services staff are unavailable in the area.

8.3 FACILITIES AND EQUIPMENT.

The facility shall provide for social services staff suitable space, equipped with a telephone, for confidential interviews with residents and families. The space shall provide visual and auditory privacy and locked storage for confidential records and be accessible to non-ambulatory persons.

19.6 STAFFING [SECURE UNITS]

...19.6.2 For residents in the secure unit, the facility shall provide additional social work and activities staff to meet the social, emotional, and recreational needs of the residents and the social and emotional needs of their families in coping with the resident's illness.
19.7 PROGRAMS. [SECURE UNITS]

In addition to meeting the special medical and nursing needs of each resident in the secure unit, the facility shall provide social services and activity programs especially designed for the residents of the secure unit to avoid programmatic isolation.

19.7.1 Activities and social services programs shall include the opportunity for regular interaction with non-confused residents of the facility and regular interaction with the community outside the facility.

CONNECTICUT

19-13-D8t. Chronic and convalescent nursing homes and rest homes with nursing supervision

...(s) Social Work.

(1) Definitions:
(A) Social Work Designee A social work designee shall have at least an associate's degree in social work or in a related human service field. Any person employed as a social work designee on January 1, 1989 shall be eligible to continue in the facility of employment without restriction.
(B) Qualified Social Worker A qualified social worker shall hold at least a bachelor's degree in social work from a college or university which was accredited by the Council on Social Work Education at the time of his or her graduation, and have at least one year social work experience in a health care facility. An individual who has a bachelor's degree in a field other than social work and a certificate in Post Baccalaureate Studies in Social Work awarded before the effective date of these regulations by a college accredited by the Department of Higher Education, and at least one year social work experience in a health care facility, may perform the duties and carry out the responsibilities of a qualified social worker for up to three years after the effective date of these regulations.
(C) Qualified Social Work Consultant A qualified social work consultant shall hold at least a master’s degree in social work from a college or university which was accredited by the Council on Social Work Education at the time of his or her graduation and have at least one year post-graduate social work experience in a health care facility. An individual who holds a bachelor's degree in social work from a college or university which was accredited by the Council on Social Work Education at the time of his or her graduation, and is under contract as a social work consultant on January 1, 1989, shall be eligible to continue functioning without restriction as a social work consultant in the facility(ies) which had contracted his or her services.
(2) Each facility shall employ social work service staff to meet the social and emotional problems and/or needs of the patients based on their medical and/or psychiatric diagnosis.
(3) The administrator of the facility shall designate in writing a qualified social worker or social work designee as responsible for the social work service.

(4) The social work service shall be directed by a qualified social worker or a social work designee. If the service is under the direction of a social work designee the facility shall contract for the regular consultation of a qualified social work consultant at least on a quarterly basis.

(5) Social work service staff shall be employed in each facility sufficient to meet the needs of the patients but not less than the following ratio of hours per week to the number of licensed beds in the facility:

(A) One (1) to thirty (30) beds, ten (10) hours per week.

(B) Thirty-one (31) to sixty (60) beds, twenty (20) hours per week.

(C) Each additional thirty (30) beds or fraction thereof, ten (10) additional hours.

(6) Written social work service policies and procedures shall be developed and implemented by a qualified social worker, or social work designee under the direction of a qualified social work consultant, and ratified by the governing body of the facility. Such standards shall include, but not be limited to:

(A) Ensuring the confidentiality of all patients’ social, emotional, and medical information, in accordance with the General Statutes of Connecticut Section 19a-550 (a)(8).

(B) Requiring a prompt referral to an appropriate agency for patients or families in need of financial assistance and requiring that a record is maintained of each referral to such agency in the patient’s medical record.

(7) The social work service shall help each patient to adjust to the social and emotional aspects of the patient’s illness, treatment, and stay in the facility. The medically related social and emotional needs of the patient and family shall be identified, a plan of care developed, and measurable goals set in accordance with the Regulations of Connecticut State Agencies Sections 19-13-D8t (o) (2) (H) and (o) (2) (I).

(8) All staff of the facility shall receive inservice training by or under the direction of a qualified social worker or social work designee each year concerning patients’ personal and property rights pursuant to Section 19a-550 of the Connecticut General Statutes.

(9) All staff of the facility shall receive inservice training by a qualified social worker or qualified social work consultant each year in an area specific to the needs of the facility’s patient population.

(10) A qualified social worker or social work designee shall participate in planning for the discharge and transfer of each patient.

(11) Office facilities shall be easily accessible to patients and staff or alternate arrangements shall be available. Each facility shall ensure privacy for interviews between staff and: patients, patients’ families and patients’ next friend.
6.4 Social Services

6.4.1 The facility shall identify each resident’s need for social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident; and shall assist each resident to obtain all required services to meet the individual resident’s needs. These social services shall include, but not be limited to:

6.4.1.1 Making arrangements for obtaining needed adaptive equipment, clothing and personal items

6.4.1.2 Making referrals and obtaining services from outside entities

6.4.1.3 Assisting residents with financial and legal matters, according to facility policy

6.4.1.4 Discharge planning services

6.4.1.5 Assisting residents to determine how they would like to make decisions about their health care, and whether or not they would like anyone else to be involved in those decisions

6.4.1.6 Meeting the needs of residents who are grieving

3229 SOCIAL SERVICES

3229.1 The facility shall provide social services to attain and maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

3229.2 A nursing facility with more than 120 beds shall employ a full-time social worker who is licensed in the District of Columbia pursuant to the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986, D.C. Law 6-99, D.C. Code § 2-3301 et seq.
3229.3 The facility shall meet the social services needs of its residents by either obtaining social services from an outside source or by furnishing the service directly.

3229.4 In conjunction with the resident’s admission, stay, and discharge, the functions of the social services program shall include the following:

(a) Direct service, including therapeutic interventions, casework and group work services to residents, families and other persons considered necessary by the social worker;

(b) Advocacy on behalf of residents;

(c) Discharge planning;

(d) Community liaison and services;

(e) Consultation with other members of the facility’s Interdisciplinary Care Team;

(f) Safeguarding the confidentiality of social service records; and

(g) Annual in-service training to other staff of the facility on subjects including, but not limited to, resident’s rights, psychosocial aspects of aging and confidentiality.

3229.5 The social assessment and evaluation, plan of care and progress notes, including changes in the resident’s social condition, shall be incorporated in each resident’s medical record, reviewed quarterly, and revised as necessary.

3229.6 Each facility shall provide space which ensures visual and auditory privacy for social service interviews with residents.

FLORIDA

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Florida regulations do not contain specific content for Social Work.
290-5-8-.07 Social Service.

(1) Each home shall provide services to assist all patients in dealing with social and related problems through one or more case-workers on the staff of the facility or through arrangements with an appropriate outside agency.

(2) Social service information concerning each patient shall be obtained and kept. This information shall cover social and emotional factors related to the patient's condition and information concerning his home situation, financial resources and relationships with other people.

(3) All nursing personnel and employees having contact with patients shall receive social service orientation and in-service training toward understanding emotional problems and social needs of patients.

(4) One person in each home shall be designated as being responsible for the social services aspects of care in the home.


§11-94-2 Definitions.

"Social worker" means a person who has a master's degree from a school of social work accredited by the Council on Social Work Education or has a bachelor's degree from an accredited school of social work, plus two years experience in a hospital, skilled nursing or intermediate care facility, or some other health care agency or facility.

"Social work designee" means a staff person with on-the-job training who is supervised by means of consultation with a qualified social worker.


§11-94-32 Social work services.
(a) Social work services shall be provided by the facility and be available to all patients, their families, and other significant persons in order to enable them to deal with the impact of illness on individual and family functioning.

(b) The number of hours of social service consultation which must be provided by the facility shall be appropriate to the size of the facility and shall be determined by the director.

(c) Social work services shall be documented in each patient's record and include at least:

1. A social history and assessment of current social and emotional needs.

2. A current social work plan to meet identified needs.

3. Regular progress notes indicating the patient's status.

4. Appropriate discharge plans.

5. Evidence of regular review of social work and discharge plans in conjunction with the overall plan of care.

(d) Social work staff shall have appropriately furnished facilities which are easily accessible to the patients being served and which provide privacy for interviews, counseling, and telephone conversations.


IDAHO

152. SOCIAL SERVICES.
The facility shall provide for the identification of the social and emotional needs of the patients/residents either directly or through arrangements with an outside resource and shall provide means to meet the needs identified. The program shall be accomplished by: (1-1-88)

01. Programs. (7-1-93)

a. Written assessment of the patient's/resident's social and emotional background, i.e., prior living situation, relationships with family and friends or other significant relationships, feelings about admission, financial needs and other issues pertinent to the present admission. (1-1-88)

b. Written plan to meet the patient's/resident's social and emotional needs. (1-1-88)
c. The assessment and plan may be incorporated in other facility assessments and plans; however, goals to be accomplished and methods of achieving those goals must be incorporated into the patient’s/resident’s overall plan of care. (1-1-88)

02. Policies and Procedures. There shall be policies and procedures describing the program, its goals and how the program shall be accomplished. If an outside resource provides the direct social services, procedures shall be established which clearly define the methods by which referrals are made, the facility designee responsible for making referrals and the expectations for the referral agency to facility patient’s/resident’s. The policies shall include provision for maintaining confidentiality of social information as necessary. (1-1-88)

03. Staff. Sufficient staff shall be provided to implement the program as follows: (1-1-88)

a. If the facility provides social services directly, there shall be a staff member designated in writing who is responsible for the program who: (1-1-88) i. Is a social worker licensed by the state of Idaho as a social worker or who receives regular consultation from such a qualified social worker. (1-1-88) ii. Has a written job description outlining the expectations, duties, responsibilities and authority of the job. (1-1-88) iii. Provides the leadership and direction of the program including the maintenance of any required records. (1-1-88)

b. If the facility does not provide the services directly but arranges with an outside resource to provide the services, there shall be a facility staff member designated in writing as a liaison person who: (1-1-88) i. Is responsible for identifying patient’s/resident’s in need of social services. (1-1-88) ii. Conducts initial and ongoing assessments of needs to support the referrals. (1-1-88) iii. Has a written job description outlining the expectations, duties, responsibilities and authority of the job.

   iv. Ensures that identification of needs, implementation of programs to meet the needs and appropriate record keeping is accomplished. (1-1-88)

04. Records. Shall be maintained to reflect the facility’s implementation of a social service program and shall include: (1-1-88)

a. Evidence on the patient’s/resident’s medical record that social information has been obtained through individual assessments. (1-1-88)

b. A plan to meet the individual needs of the patient/resident which is incorporated in the patient’s/ resident’s overall plan of care. (1-1-88)

c. Evidence that referrals have been made where appropriate. (1-1-88)

d. Signatures of staff providing information to the record and date of entry. (1-1-88)
05. Physical Requirements. There shall be adequate facilities and space for social services personnel to accomplish private interviews with patients/residents, staff, relatives, friends and other individuals as necessary. (1-1-88)

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**ILLINOIS**

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Section 300.330 Definitions

Social Worker – a person who is a licensed social worker or a licensed clinical social worker under the Clinical Social Work and Social Work Practice Act [225 ILCS 20].

Section 300.830 Consultation Services

...b) If the staff member designated to provide social services is not a social worker, the facility shall have an effective arrangement with a social worker to provide social service consultation. Skilled nursing facilities must provide a social worker to meet this requirement.

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)

Section 300.820 Categories of Personnel

e) The facility shall designate a staff member(s) to provide social services to residents. (B)

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)

Section 300.7050 Staffing[Alzheimer’s Special Care Unit]

...c) All staff who ever work on the unit (e.g., nurses, CNAs, housekeepers, social services and activities staff, and food service staff) shall receive at least four hours of dementia-specific orientation within the first 7 days of working on the unit. This orientation shall include:

1) Basic information about the nature, progression, and management of Alzheimer's disease and other dementia;

2) Techniques for creating an environment that minimizes challenging behavior from residents with Alzheimer’s disease and other dementia;

3) Methods of identifying and minimizing safety risks to residents with Alzheimer's disease and other dementia; and
4) Techniques for successful communication with individuals with Alzheimer's disease and other dementia.

...e) Nurses, CNAs, and social services and activities staff who work on the unit at least 50 percent of the time that they work at the facility shall attend at least 12 hours of continuing education every year, specifically related to serving residents with Alzheimer's disease and other dementia. (Completion of the 12 hours of orientation in accordance with subsection (d) of this Section may be counted as continuing education for the year in which this orientation is completed.) Topics shall include, but not be limited to:

1) Promoting the philosophy of an ability-centered care framework;
2) Promoting resident dignity, independence, individuality, privacy and choice;
3) Resident rights and principles of self-determination;
4) Medical and social needs of residents with Alzheimer's disease and other dementia;
5) Assessing resident capabilities and developing and implementing services plans;
6) Planning and facilitating activities appropriate for a resident with Alzheimer's disease and other dementia;
7) Communicating with families and others interested in the resident;
8) Care of elderly persons with physical, cognitive, behavioral, and social disabilities;
9) Common psychotropics and their side effects; and
10) Local community resources.

(Source: Added at 28 Ill. Reg. 14623, effective October 20, 2004)
(1) Assessment of each resident's psychosocial needs and development of a plan for providing care.

(2) Review of the resident's needs and care plan with progress notes indicating implementation of methods to respond to identified needs.

(3) Assistance to residents and spouses to utilize community resources through referral when the services needed are not provided by the facility.

(4) Assistance to residents in adjusting to the facility, exercising rights as residents, and promoting the continuance of relationships with the family and community.

(5) Advice and appropriate referrals to minimize social and economic obstacles to discharge and coordination of discharge planning.

(6) Coordination of relocation planning, including advice and referral to community resources before and during relocation.

(7) Establishment of a positive and socially therapeutic environment through staff training and input on policies and procedures.

(8) Promotion of facility-community interaction.

(b) At least fifteen (15) minutes of time shall be provided per resident per week by the qualified social worker or social service designee for social service duties.

(c) In facilities of more than one hundred twenty (120) beds, the facility must employ, full time, a qualified social worker. A qualified social worker is one (1) of the following:

(1) Indiana board certification in social work under IC 25-23.6-5-1 with at least one (1) year's experience in a health care setting working directly with individuals.

(2) An individual with a bachelor's or advanced degree, or both, in social work or a bachelor's or advanced degree, or both, in a human services field, including, but not limited to:

(A) sociology;

(B) special education;

(C) rehabilitation counseling; or

(D) psychology; or

(E) gerontology; and one (1) year of supervised social service experience in a health care setting working directly with individuals.

(d) In facilities of one hundred twenty (120) beds or less, a person who provides social services is an individual with one (1) of the following qualifications:

(1) Indiana board certification in social work under IC 25-23.6-5-1 with at least one (1) year’s experience in a health care setting working directly with individuals.
(2) A bachelor's or advanced degree, or both, in social work or a degree in the human services fields, including, but not limited to:

(A) sociology;

(B) special education;

(C) rehabilitation counseling;

(D) psychology; and

(E) gerontology; and one (1) year of supervised social service experience under the supervision of a qualified social worker in a health care setting working directly with individuals.

(3) A high school diploma or its equivalent who has satisfactorily completed, or will complete within six (6) months, a forty-eight (48) hour social service course approved by the division. Consultation must be provided by a person who meets the qualifications under subdivision (1) or (2). Consultation by a person who meets the qualifications under subdivision (1) or (2) must occur no less than an average of four (4) hours per month.

(4) Ordained minister, priest, rabbi, or sister or brother of religious institutes who has satisfactorily completed a forty-eight (48) hour social service course approved by the division. A person who has not completed a course must have consultation of no less than an average of four (4) hours per month from a person who meets the qualifications of subdivision (1) or (2) until the person has satisfactorily completed the division approved course.

(e) Current employment as a social service designee who completed an approved social service course prior to the effective date of this rule shall be allowed to maintain a position as a social service designee in health care facilities. Consultation shall be provided in accordance with subsection (d).

(f) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (a) is a deficiency;

(2) subsection (b), (c), or (d) is a noncompliance; and

(3) subsection (e) is a nonconformance.
IOWA

481—58.25(135C) Social services program.

58.25(1) The administrator or designee shall be responsible for developing a written, organized orientation program for all residents. (III)

58.25(2) The program shall be planned and implemented to resolve or reduce personal, family, business, and emotional problems that may interfere with the medical or health care, recovery, and rehabilitation of the individual. (III)

58.25(3) The social services plan, including specific goals and regular evaluation of progress, shall be incorporated into the overall plan of care. (III)

KANSAS


The following definitions shall apply to all adult care homes except nursing facilities for mental health and intermediate care facilities for the mentally retarded.

...(ppp) "Social services designee" means an individual who meets at least one of the following qualifications:

(1) Is licensed by the Kansas behavioral sciences regulatory board as a social worker;

(2) has a bachelor's degree in a human service field, including social work, sociology, special education, rehabilitation counseling, or psychology, and receives supervision from a licensed social worker; or

(3) has completed a course in social services coordination approved by the Kansas department of health and environment and receives supervision from a licensed social worker on a regular basis.

(qqq) "Social worker" means an individual who is licensed by the Kansas behavioral sciences regulatory board as a social worker.

... (f) Social services.

(1) The facility shall provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

(2) Any facility with more than 120 beds shall employ a full-time social service designee who:

(A) is a licensed social worker; or
(B)(i) meets the qualifications in K.A.R. 28-39-144 (bbb); and
(ii) receives supervision from a licensed social worker.

(3) Any facility with 120 beds or fewer shall employ a social services designee. If the social service designee is not a licensed social worker or meets the requirements in K.A.R. 28-39-144 (bbb) (2), a licensed social worker shall supervise the social service designee.

(4) The nursing facility shall employ social service personnel at a minimum weekly average of .09 hours per resident per day.

(Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997.)

KENTUCKY

Downloaded January 2011

902 KAR 20:300. Operation and services; nursing facilities.

Section 6. Quality of Life.

...(6) Social services.

(a) The facility shall provide medically-related social services to attain or maintain the highest practicable physical, mental or psychosocial well-being of each resident.

(b) A facility with more than 120 beds shall employ a full-time qualified social worker, or an individual with a bachelor's degree in a related field.

(c) Qualifications of social worker. A qualified social worker is an individual who is licensed pursuant to KRS 335.090, or a degree in a related field.
§9701. Definitions

Ancillary Service— a service such as, but not limited to, podiatry, dental, audiology, vision, physical therapy, speech pathology, occupational therapy, psychological, and social services.

Social Service Designee— an individual responsible for arranging or directly providing medically-related social services.

1. Any person who is engaged in the practice of medicine, social services, facility administration, psychological or psychiatric treatment; or any registered nurse, licensed practical nurse, or nurse's aid, who has actual knowledge of the abuse or neglect of a resident of a health care facility shall, within 24 hours, submit a complaint to the secretary or inform the unit or local law enforcement agency of such abuse or neglect.


HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 24:44 (January 1998).

§9847 Social Services

A nursing home shall provide medically-related social services to meet the needs of each resident.


HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 24:61 (January 1998).

§9851. Social Service Personnel

An employee of the facility shall be designated as responsible for meeting the social services needs of the resident.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2009.1-2114.4

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 24:61 (January 1998).
CHAPTER 1-DEFINITIONS

“Qualified Social Worker” means a person holding a current and valid license as required by State law to practice social work services.

Chapter 14 – Social Services

14.A. Social Services

The facility must provide social services to attain or maintain the highest practicable physical, mental or psychosocial well-being of each resident and address associated family issues. Social services shall be provided in accordance with clearly defined written policies and procedures. The facility shall have written policies and procedures for obtaining social services from appropriate community resources, when a resident requires services that the facility staff is not able to provide.

14.A.1. Social Services Staff

Social services will be provided by social workers holding current and valid licenses as required by State law.

14.A.2. Staff Hours

Facilities shall employ social services staff at a minimum ratio of 1/2 hour, per resident, per week.

14.A.3. Administrative Support

The facility shall provide office space for the provision of social services. This space shall be accessible to residents and shall afford privacy for discussion with residents and/or families. Social services staff shall receive sufficient administrative support to function effectively.

14.A.4. Responsibilities for Social Services Staff

a. Obtaining the psychosocial history and participating in the comprehensive assessment and development of the care plan by the multidisciplinary team (MDT).

b. Participating in the assessment of the resident on a quarterly basis or when there is a significant change in the resident’s status.

c. Planning and coordinating discharge planning as directed by the MDT.
d. Assisting the resident and family with discharge plans, including an evaluation of the environment to which the resident will transfer, and referring to appropriate supportive services.

e. Assuring that a resident who displays psychosocial adjustment difficulty receives appropriate treatment and services to achieve as much remotivation and reorientation as possible.

f. Making subsequent visits in a timely manner in order to identify the resident's medically related social and emotional needs and to provide ongoing services, as needed.

g. Maintaining contact with the resident's family and involving them in the resident's care, as appropriate.

h. Maintaining contact with other staff members relative to the resident's needs, and sharing pertinent information.

i. Advocating for the rights of the resident and the resident's family.

j. Arranging and coordinating supportive community services as needed.

k. Preparing and maintaining progress notes as needed, but at least quarterly if problems are identified on the care plan in which the social worker is involved.

l. Recording of significant events, interventions with, or on the behalf of, the resident, discharge planning efforts and referrals made to other agencies or community resources.

MARYLAND

10.07.02.01 Definitions

...(5) "Certified social worker" means any person licensed to practice as a certified social worker in this State.

...(16) "Graduate social worker" means any person licensed to practice as a graduate social worker in this State.

...(44) "Qualified social work consultant" means any person who:

(a) Is a certified social worker; and

(b) Has a minimum of 3 years' experience in social work programs in a long-term care setting within the last 5 years.
...(50) "Social work associate" means any person licensed to practice as a social work associate in this State.

10.07.02.18 Social Work Services.

A. Services Provided. The facility shall provide or make arrangements for services to identify and meet the patient's medically related social and emotional needs.

B. Designated Staff Responsibility. A member of the facility's staff shall be assigned responsibility for social services. If the designee is not a certified social worker, the facility shall effect an agreement with a qualified social work consultant. The agreement shall provide for sufficient hours of consultation to assure that the staff's services meet the medically related social and emotional needs of the patients.

C. Social History. The written social history shall be initiated within 7 days after admission. The history shall be as complete as possible and shall include:

(1) Social data about personal and family background to provide understanding of the patient and how he functions; and

(2) Information regarding current personal and family circumstances and attitudes as they relate to patient’s illness and care.

D. Records. Records shall include:

(1) Social history; and

(2) Recommendations made by the social work consultant, if applicable.

E. Space. Facilities shall provide:

(1) Space for social work personnel, accessible to patients, medical, and other staff;

(2) Privacy for interviews.

Massachusetts
Downloaded January 2011

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.
Michigan

R 325.21003 Social services.

Rule 1003. Social services shall be provided for as follows:

(a) A designated member of the staff shall be responsible for assisting the patient and the patient's family in securing help with the patient's social service needs.

(b) In providing the assistance specified in subdivision (a) of this rule, the designated member of the staff shall be aware of the public and private resources available in the community.

History: 1981 AACS; 1983 AACS; 1986 AACS.

Minnesota

4658.1000 DEFINITIONS.

Subpart 1. Scope. For the purposes of this chapter, the following terms have the meanings given them.

Subp. 2. Medically related social services. "Medically related social services" means services provided by the nursing home's staff to assist residents in maintaining or improving their ability to manage their everyday physical, mental, and psychosocial needs.

Subp. 3. Qualified social worker. Until June 30, 1996, "qualified social worker" means an individual with at least a bachelor's degree in a social work or a human services field, with at least one year of supervised social work experience in a health care setting working directly with individuals. Effective July 1, 1996, "qualified social worker" means an individual licensed as a social worker by the Minnesota Board of Social Work according to Minnesota Statutes, chapter 148B.

STAT AUTH: MS s 144A.04; 144A.08

HIST: 21 SR 196

Current as of 01/19/05

Minnesota Rules, Table of Chapters Table of contents for Chapter 4658

4658.1005 SOCIAL SERVICES.
Subpart 1. General requirements. A nursing home must have an organized social services department or program to provide medically related social services to each resident. A nursing home must make referrals to or collaborate with outside resources for a resident who is in need of additional mental health, substance abuse, or financial services.

Subp. 2. Social worker. A nursing home must employ a qualified social worker or a social services designee. A nursing home with more than 120 beds must have at least one filled qualified social worker position. The person or persons filling the qualified social worker position must be assigned full time to the social services of the nursing home and must fill at least one full-time equivalent position of at least 35 hours per week.

Subp. 3. Admission history and assessment. A psychosocial history and assessment must be completed for each new resident within 14 days after admission. The psychosocial history and assessment must contain sufficient information related to the resident's condition to develop care planning goals based on that resident's needs and strengths and may be used as a part of the comprehensive resident assessment required by part 4658.0400. The psychosocial history and assessment must be included in the resident's clinical record.

Subp. 4. Updating the assessment. The psychosocial assessment must be reviewed at least annually and updated as necessary.

Subp. 5. Providing social services. Social services must be provided on the basis of identified social service needs of each resident, according to the comprehensive resident assessment and comprehensive plan of care described in parts 4658.0400 and 4658.0405.

STAT AUTH: MS s 144A.04; 144A.08

HIST: 21 SR 196

Current as of 01/19/05

Mississippi

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Part VI Social Services and Resident Activities

SECTION A -- Social Services

601.1

Program. Each facility shall provide services to assist all residents in dealing with social and related problems through one or more case workers on the staff of the facility or through arrangements with an appropriate outside agency.

601.2
Records. Social services information concerning each resident shall be obtained and kept. This information shall cover social and emotional factors related to the resident’s condition and information concerning his home situation, financial resources and relationships with other people.

601.3

Training. All nursing personnel and employees having contact with resident shall receive social service orientation and in-service training toward understanding emotional problems and social needs of residents.

601.4 Personnel.

At least one person in each facility shall be designated as being responsible for the social services aspect for care in the facility.

601.5 Office Space.

Office space shall be provided for social service personnel. The office shall be accessible to residents and ensure privacy for interviews.

Part XI - Physical Plant

SECTION D -- Fire Safety and Construction

1104.2 Required Rooms and Areas.

...s. Social Services Office.

104 SOCIAL SERVICES [ALZHEIMER’S/DEMENTIA SPECIAL CARE UNIT]

104.01 Social Services. A licensed social worker, licensed professional counselor, or licensed marriage and family therapist shall provide social services to both the resident and support to family members, including but not limited to the following:

1. The socialization of a resident shall be incorporated in the resident’s care plan.

2. The provision of support to the resident’s family, including formation of family support groups, shall be offered by the licensed facility.

3. The social service consultation shall be onsite, and shall be a minimum of eight (8) hours per month.

Missouri
19 CSR 30-85.042 Administration and Resident Care Requirements for New and Existing Intermediate Care and Skilled Nursing Facilities

... (92) The facility shall designate a staff member to be responsible for the facility's social services program. The designated staff person shall be capable of identifying social and emotional needs, knowledgeable of methods or resources, or a combination of these, to use to meet them and services shall be provided to residents as needed. II/III

Montana

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37.106.2908 STAFF TRAINING

...(3) Training...must meet the following criteria:

(a) training must be provided by a licensed health care professional or a social worker with experience in a health care facility

(History: Sec. 50-5-103, 50-5-226, 50-5-227 and 50-5-1205, MCA; IMP, Sec. 50-5-103, 50-5-226, 50-5-227, 50-5-1204 and 50-5-1205, MCA; NEW, 2002 MAR p. 3159, Eff.

11/15/02.)

Nebraska

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12-002 DEFINITIONS

Medically related social services--means services provided by the facility's staff to assist residents in maintaining or improving their ability to manage their everyday physical, mental, and psychosocial needs.

12-006.04 Staff Requirements:

12-006.04E Social Services Staffing: The facility must employ adequate staff to meet the social service needs of the residents.
12-006.04E1 The facility must designate a social services director to be responsible for arranging and integrating social services with other elements of the care plan. The person designated as social services director must have:

1. A certificate issued by the Department to practice social work as a certified master social worker;
2. A Master of Social Work (M.S.W.) degree with one year experience in the provision of social services in a long term care facility, or geriatric setting;
3. A graduate degree in social or behavioral sciences with a specialty in gerontology with one year experience in the provision of social services in a long term care facility, or geriatric setting;
4. A Bachelor of Social Work degree from a college or university with an undergraduate social work program accredited by the Council on Social Work Education with one year of experience in the provision of social services in a long term care facility or geriatric setting;
5. A Bachelor of Arts (B.A.) or Bachelor of Science (B.S.) degree in social or behavioral sciences with one year of experience in the provision of social service in a long term care facility, or geriatric setting;
6. An Associate of Arts degree in social or behavioral sciences with two years of experience in the provision of social services in a long term care facility, or the services of a qualified consultant;
7. Successfully completed a course of instruction in social services of at least 36 hours established by the Provider Associations; or
8. Two years experience in the provision of social services in a long-term care facility.

12-006.04E2 If the designated person does not meet the qualifications of a social service director, the facility must have a written agreement with a qualified social worker for consultation and assistance on a regularly scheduled basis as required to meet the needs of the residents.

12-006.04E3 The social service director or his/her designee must act as part of the interdisciplinary team in assessing the individual needs of the resident and participate in development and implementation of the interdisciplinary care plan. The facility must implement social service interventions to assist the resident in meeting treatment goals, address resident needs and provide social service support in meeting resident needs and individuality.

12-006.04E4 The facility social service staff must establish and maintain relationships with the resident's family or designee.

12-006.09D5a Social Service Support: The facility must identify and implement methods to assist the resident in meeting treatment goals, address resident needs, and provide social service support in meeting each resident’s needs and individuality including but not limited to:
1. Decreased social interaction; or
2. Increased withdrawn, angry or depressive behaviors.

Nevada
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NAC 449.74523 Social services. (NRS 449.037)

1. A facility for skilled nursing shall provide medically-related social services that are
designed to assist the patients in the facility in enhancing or restoring their ability to
function physically, socially and economically.

2. The social services provided must:
   (a) Identify and meet the social and emotional needs of each patient in the facility.
   (b) Assist each patient and the members of his family in adjusting to the effects of the
       patient’s illness or disability, to his treatment and to his stay in the facility.
   (c) Include adequate planning upon the patient’s discharge from the facility to ensure that
       appropriate community and health resources are used.

3. A facility for skilled nursing shall employ full time or under contract an adequate number
   of social workers and other personnel who are appropriately trained, experienced and
   qualified to plan, provide and evaluate the social services provided to the patients in the
   facility. Each social worker employed by the facility must be licensed to engage in social
   work as a social worker pursuant to chapter 641B of NRS. The facility shall adopt and carry
   out a plan requiring any social worker employed by the facility who has not completed at
   least 1 year of training or experience related to providing social services to patients in a
   facility for skilled nursing to consult with a social worker with such training or experience.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

New Hampshire
Downloaded January 2011

He-P 803.14 Duties and Responsibilities of All Licensees.

... (ac) Following the death of a roommate, the facility shall facilitate the provision of social
services for the resident as needed.
SUBCHAPTER 39. MANDATORY SOCIAL WORK

8:39-39.1 Mandatory social work policies and procedures

A social worker shall develop and implement specific criteria to identify residents who are likely candidates for discharge into the community or a less intensive care setting and to coordinate discharge planning.

8:39-39.2 Mandatory social work staff qualifications

Social work services shall be provided by one or more social workers who are certified or licensed by the New Jersey State Board of Social Work Examiners, in accordance with the Social Worker's Licensing Act of 1991 (N.J.S.A. 45:15BB-1 et seq.) and all amendments thereto and with the rules of the New Jersey Board of Social Work Examiners, N.J.A.C. 13:44G.

8:39-39.3 Mandatory social work amounts and availability

(a) The facility shall provide an average of at least 20 minutes of social work services per week for each resident, which requires at least one full-time equivalent social worker for every 120 residents.

(b) A social worker shall assist staff in coping with the personal needs and demands of particular residents.

8:39-39.4 Mandatory resident social work services

(a) A social worker shall interview the resident and family within 14 days before or after admission to the facility to identify any social work needs or problems, and to take a social history that includes family, education, and occupational background, adjustment and level of functioning, interests, support systems, and observations.

(b) A social worker shall provide counseling for residents and families.

(c) A social worker shall facilitate communication between staff and non-English speaking residents.

(d) A social worker shall offer information and help to each resident and family on obtaining financial assistance and on the meaning of administrative forms and releases to be signed by the resident or family.
(e) A social worker shall coordinate the facility's outreach services to the families of residents.

(f) A social worker shall coordinate discharge services for residents, which shall include linking the resident to necessary community services.

(g) A social worker shall perform advocacy services on behalf of the residents to ensure that concrete needs are met, such as clothing, laundry, and the resident's personal needs allowance if one is maintained.

(h) A social worker shall help residents and families identify and gain access to community services, using resource materials and a knowledge of the residents' needs and abilities.

(i) The facility shall provide clinical social work services to residents as needed and to families if related to issues that directly affect the resident.

8:39-39.5 Mandatory space and environment for social work

The facility shall provide visual and auditory privacy for resident or family social service interviews, and for confidential telephone calls by social workers.

SUBCHAPTER 40. ADVISORY SOCIAL WORK

8:39-40.1 Advisory staff qualifications for social work

A social worker has a master's degree in social work from an accredited university or education program. He or she should provide consultant services at least eight hours per month, or be on the facility's staff.

8:39-40.2 Advisory staff amounts and availability for social work

(a) A social worker is available to the facility on evenings and weekends at scheduled times or by previously arranged appointments for interaction with residents and families, and is available seven days a week in cases of emergency or serious need.

(b) A social worker assists staff with problems and issues related to aging and illness.

(c) A social worker orients nurse aides to the social needs of new residents before the resident's arrival in the facility.

8:39-40.3 Advisory resident social work services

(a) A social worker meets with the resident on the day of admission.

(b) A social worker conducts support groups for families.

(c) A social worker conducts group counseling sessions for residents and families.

(d) A social worker participates in pre-admission planning with residents and families prior to their admission to the nursing home.
(e) The social worker encourages and monitors a regular visiting pattern by families and provides outreach services to families where the visiting pattern has changed.

8:39-40.4 Advisory space and environment for social work

Social workers are to be provided with a private office equipped with a telephone or, in facilities with 60 or fewer licensed beds, with access to a private office equipped with a telephone.

8:39-40.5 Advisory social work staff education and training

The facility encourages the social worker to participate in community agency associations and other professional organizations.

SUBCHAPTER 46. ALZHEIMER'S/DEMENTIA PROGRAMS ADVISORY STANDARDS

8:39-46.6 Advisory social services

(a) The facility provides individual and group counseling to residents if appropriate, utilizing techniques designed to reach the dementia resident and to maintain the resident’s maximum level of functioning.

(b) Families are encouraged and provided with opportunities to participate in planning and providing resident care.

(c) The facility provides individual and group counseling, support and education groups for families, and information and referral on bioethical and legal issues related to dementia, including competence, guardianship, conservatorship and advance directives.

(d) Family members are referred to community Alzheimer’s disease support groups or other family counseling agencies, as required.

(e) Discharge care plans, including preparation for discharge from the unit, are discussed with the legal next of kin, and, if possible, with the resident at the time of admission to the program.

New Mexico
Downloaded January 2011

7.9.2.61 SOCIAL SERVICES:

A. PROVISION OF SERVICES: Each facility shall provide for social services in conformance with this section.
B. STAFF:

(1) Social worker: Each facility shall employ or retain a person full-time or part-time to coordinate the social services, to review the social needs of residents, and to make referrals.

(2) Qualifications: The person shall:

(a) Have a bachelor’s degree in social work, sociology, or psychology; and have one year of social work experience in a health care setting; or

(b) Have a master’s degree in social work from a graduate school of social work accredited by the Council on Social Work Education; or

(c) If the designated person is not a qualified social worker, the facility shall receive at least monthly consultation from a social worker who meets the required standards.

C. ADMISSION:

(1) Interviews: Before or at a time of admission, each resident and guardian, if any, and any other person designated by the resident or guardian, shall be interviewed by the social service designee to assist the patient in adjusting to the social and emotional aspects of illness, treatment, and stay in the facility.

(2) Admission history: A social history of each resident shall be prepared.

D. CARE PLANNING:

(1) Within two (2) weeks after admission, an evaluation of social needs and potential for discharge shall be completed for each resident.

(2) A social component of the plan of care, including preparation for discharge, if appropriate, shall be developed and included in the plan of care; required by these regulations.

(3) Social services care and plan shall be evaluated every ninety (90) days.

E. SERVICES: Social services staff shall provide the following:

(1) Referrals: If necessary, referrals for legal services, or to appropriate agencies in cases of legal, financial, psychiatric, rehabilitative or social problems which the facility cannot serve.

(2) Adjustment assistance: Assistance with adjustment to the facility, and continuing assistance to and communication with the resident, guardian, family, or other responsible persons.

(3) Discharge planning: Assistance to other facility staff and the resident in discharge planning at the time of admission and prior to removal under this chapter.

(4) Training: Participation in in-service training for direct care staff on the emotional and social problems and needs of the aged and ill and on methods for fulfilling these needs. [5-2-89; 7.9.2.61 NMAC – Rn, 7 NMAC 9.2.61, 8-31-00]
Paragraph 4.15.5 - Quality of life

(1) The facility shall provide for a social service program to meet the psychosocial needs of the individual resident which will provide services, based upon a comprehensive assessment, which will assure the maximum attainable quality of life for the residents, the residents’ emotional and physical well-being, self-determination, self respect and dignity. Such services shall include:

(i) conducting an initial admissions assessment and interview with the resident and family to evaluate the appropriateness of placement and identify the need for special services;
(ii) interpreting the residents’ rights to family and staff;
(iii) advocating for the resident with personal and social problems and problems involved with institutionalization;
(iv) facilitating needed communication with other disciplines on behalf of the residents, including medical, nursing, dietary, rehabilitation and psychiatric services;
(v) coordinating and monitoring needed available services for individual residents to assure optimum level of emotional, physical and psychological well-being and independence based upon educational background;
(vi) involving the resident, other disciplines and administration as appropriate regarding matters such as bed retention, room change, transfer and discharge;
(vii) interpreting residents’ needs and behaviors and extending professional intervention to all levels of staff suggesting positive approaches, such as alternatives to the use of restraints and psychotropic drugs.
(viii) initiating and facilitating small group meetings of residents, family and staff directed at a fuller understanding of the institutionalized resident and fuller joint participation in improving the residents’ emotional and physical well-being;
(ix) initiating and participating in interdisciplinary meetings and team conferences;
(x) providing assistance and support to residents’ family members;

(xi) arranging for residents and families to meet with Department of Health surveillance staff as necessary;
(xii) participating, if requested by residents, in the organization and on-going functioning of the resident and family councils;
(xiii) making available social work staff at varying schedules, including weekends and evenings;
(xiv) coordinating and facilitating the referral of residents for needed and requested services and outside resources not available in the facility; and
(xv) organizing bereavement counseling for roommates, families and other affected individuals.

(2) The facility shall employ a qualified social worker. Facilities with more than 120 beds shall employ such individual on a full time basis; facilities with 120 beds or fewer shall employ such individual on a full or part time basis. A qualified social worker for purposes of...
this Part is an individual who:
(i) holds a masters degree in social work or is a Certified Social Worker, and has pertinent experience in a health care setting;
(ii) holds a bachelor’s degree in social work, or in a related field, and has regular access through a contract which meets the provisions of subdivision (e) of section 415.26 of this Part with a person who meets the requirement of subparagraph (i) of this paragraph; or
(iii) had four years of social work experience in a nursing home in New York State prior to October 1, 1990, as a social work assistant or case aide and has regular access through a contract which meets the provisions of subdivision (e) of section 415.26 of this Part with a person who meets the requirement of subparagraph (i) of this paragraph

North Carolina

Downloaded January 2011

SECTION .2800 - ACTIVITIES, RECREATION AND SOCIAL SERVICES

10A NCAC 13D .2802 SOCIAL SERVICES

(a) The facility shall provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident.

(b) The administrator shall designate an employee to be responsible full-time for social services.

(c) A facility with more than 120 nursing beds shall employ on a full time basis, a social worker who has:

(1) a Bachelors’ degree in social work or a Bachelors’ degree in human services field, including but not limited to sociology special education, rehabilitation counseling and psychology; and

(2) one year of supervised social work experience in a health care setting working directly with patients.

History Note: Authority G.S. 131E-104;
RRC objection due to lack of statutory authority Eff. July 13, 1995;
(j) Office space shall be provided for persons holding the following positions: administrator, director of nursing, social services director, activities director and physical therapist. There shall also be a business office.

History Note: Authority G.S. 131E-104;

North Dakota

33-07-03.2-19. Social services.

The governing body shall ensure social services are provided to ensure each resident attains and maintains their highest level of physical, mental, and psychosocial functioning.

1. The facility shall have one or more designated staff members trained in the assessment of residents' psychosocial needs and in the provision of services to meet those needs. If a designee is not a qualified social worker as defined in North Dakota Century Code chapter 43-41, the designee shall receive onsite consultation from a qualified social worker on a quarterly basis.

2. If the facility does not provide social services directly, the facility must have a contract with an agency or individual qualified to provide such services.

3. The facility shall have policies and procedures for the delivery of social services.

History: Effective July 1, 1996.
General Authority: NDCC 23-01-03, 28-32-02
Law Implemented: NDCC 23-16-01, 28-32-02

Ohio

3701-17-09 Activities; social services; chaplain services; visiting hours; telephone service; pets; mail.

...(B) All nursing homes shall provide social services to meet the physical, mental, and psychosocial well being of each resident and to assist each resident in attaining or
maintaining the highest practicable level of functioning. The nursing home shall ensure that the social services needs related to admission and discharge planning are adequately addressed to ensure a safe and appropriate transfer of a resident to the nursing home or another facility or living arrangement.

Oklahoma
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310:675-7-9.1. Written administrative policies and procedures

... (m) The facility shall adopt policies and procedures for the administration of social services, activities, dietary, housekeeping, maintenance and personnel.

310:675-9-11.1. Social services

(a) Service. The facility shall provide medically related social services to identify and meet the resident's social and emotional needs, and assist each resident and family in adjusting to the effects of the illness, treatment, and stay in the facility.

(b) Director. There shall be a designated staff member, qualified by training or experience, responsible for directing and supervising the social services. The social services director shall develop appropriate social services for each resident with identified needs.

(c) Clinical record. The social services rendered shall be recorded in the resident's record. Progress notes shall be written at least monthly, or when a significant change in a resident's condition occurs.

(d) Program requirements.

(1) Assist the resident in identifying issues and conditions related to admission to the facility.

(2) Assist the resident in obtaining needed services within the facility or the community.

(3) Assist the resident in obtaining needed transportation.

(4) Assist the resident in maintaining and developing relationships with family and other significant persons.

(5) Assist the staff in understanding the resident's actions and behavior.

(6) Assist the staff in treating the residents with respect, and promote resident independence.

(7) Counsel with the resident and his family in securing and enhancing participation in the resident's care.
(8) Engage in related activities as determined by the resident's individual needs.

(9) Encourage the resident to express his/her rights as United States citizens.

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-13-9. Social services personnel

(a) The facility shall provide sufficient, trained social services staff to meet the residents needs. There shall be at least thirty minutes per resident a week of designated social service staff based on the daily census. The facility shall have at least twenty hours per week, of designated social service staff, regardless of the number of residents.

(b) The social services director shall be qualified by training, or experience, under one of the following:

(1) A baccalaureate, from an accredited college or university, in social work or in a human services field including, but not limited to, sociology, special education, rehabilitation, counseling or psychology.

(2) Successful completion of the Department approved training course.

(3) One year experience in social work or long term care environment, and is enrolled within 180 days of employment, in a course approved by the Department.

(c) Department approval of social services director course. Any person or entity seeking to conduct an approved social services director-qualifying course pursuant to 310:675-13-9(b)(2) (pertaining to successful completion of a department approved course) shall make application to the Department.

(1) Application Content. Applications shall include the following information:

(A) Name and address of the individual or entity applying to sponsor the course;

(B) Contact person and his or her address, telephone number and fax number;

(C) Course outlines, which list the summarized topics covered in the course and the time allotted for each topic and, upon request, a copy of any course materials;

(D) Information as to how the proposed course meets the course content standard provided in Section 310:675-13-(c)(9);

(E) A sample certificate of completion;

(F) Procedures for monitoring attendance; and

(G) Procedures for evaluating successful course completion.
(2) Application Review. The Department shall complete review of the application within thirty (30) calendar days. If the Department finds the application has not addressed all requirements in 310:675-13-9(c)(1) (relating to application content) written notice shall be provided detailing the requirements not met and providing opportunity for amendment to the application.

(3) Program affiliation. Training shall be provided through a program sponsored or approved by a nationally affiliated association of providers subject to this chapter, regionally accredited institution of higher learning, Oklahoma career technology center, or nationally recognized professional accrediting body for activity professionals.

(4) Loss of approval. The Department may, upon notice and right to hearing, withhold or withdraw approval of any course for violation of or non-compliance with any provision of this section.

(5) Advertisement. No person or entity sponsoring or conducting a course shall advertise that it is endorsed, recommended, or accredited by the Department. Nor shall any person or entity sponsoring or conducting a course advertise or advise program participants that completion of the program grants a certification. Such person or entity may indicate that the Department has approved the course to qualify for employment as a social services director.

(6) Failure to prepare. The Department may, upon notice and right to hearing, decline to renew, or revoke the approval of, any previously approved course upon a showing or demonstration that the course, instructor or entity has substantially failed to adequately prepare its attendees or participants as activity directors.

(7) Instructor requirements. Instructors shall have a degree or substantial recent experience in the subject matter being taught, or other educational, teaching, or professional qualifications determined by the course provider.

(8) Course content. The course shall address the following content:

(A) The guidance and regulations for social services as detailed in the Centers for Medicare and Medicaid Services, State Operations Manual, Appendix PP - Guidance to Surveyors for Long Term Care Facilities and the Code of Federal Regulations at CFR § 483.15(g);

(B) Oklahoma regulation for social services as specified at OAC 310:675-9-11.1;

(C) Resident rights as detailed in state and federal statute and regulation;

(D) State and federal statute and regulation for resident protection from abuse, neglect and misappropriation;

(E) Alzheimer's and social services;

(F) Issues in Aging; and

(E) Ombudsman services.

(9) Duration. The approved course will consist of not less than twenty-four (24) hours of
instruction. A course taught in combination with activity director training may share eight (8) hours of programming.

(10) Certificate. Participants shall be issued a certificate of attendance indicating the name of the sponsoring entity; participant name; course name; course dates; printed name and signature of official representing the sponsoring entity.

(11) Course approval expires. Course approval shall be for a period of three (3) years from the date of approval issuance. In the interest of updated curriculum, reflecting the latest best practice, a new application, and curriculum review are required triennially. Currently approved training programs shall apply under this section within twelve (12) months of the effective date of this rule.

(12) Continuing education. This section creates no obligation for continuing education beyond requirements specified otherwise in this Chapter. The Department will not approve continuing education or update courses.

(13) Records retention. The course sponsor shall maintain course records for at least five (5) years. The Department may order an examination of the records for good cause shown.

(14) Fee. A non-refundable application fee of one hundred dollars ($100) shall be included with each application for course approval.

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 26 Ok Reg 2059, eff 6-25-09]
(b) The facility shall provide space and furnishings for social services which are readily accessible and assure privacy for interviewing, counseling and telephone conversations.

(2) SOCIAL SERVICES DIRECTOR. The facility shall employ a Social Services Director. The Director shall have a written job description which identifies the duties and responsibilities of the position and includes the requirements to be met by this rule.

(a) Qualifications. The Social Services Director shall:

(A) Have a bachelor’s or master’s degree in behavioral sciences (e.g., human development, psychology, sociology or counseling) with at least one year’s experience in a health care setting; or

(B) An associate degree in behavioral sciences with two years’ experience in a health care setting; or

(C) Receive regular on-site consultation, no less often than quarterly, from an individual who has a bachelor’s or master’s degree in social work or a related behavioral science, and one year’s experience in a long term care setting working directly with individual residents, and have written procedures for referring residents in need of social services to appropriate resources.

(D) The Social Services Director of a facility with more than 120 beds shall be full-time and shall meet the requirements in either paragraph (2)(a)(A) or (2)(a)(B) of this rule.

(b) Responsibilities. The Social Services Director shall:

(A) Interview residents and family;

(B) Assess the psychosocial and emotional needs of the residents;

(C) Participate in resident care planning conferences and social service inservices for facility staff;

(D) Identify and document changes in affect, behavior and personality;

(E) Maintain liaison with community agencies and ensure needed ancillary services are available and provided when requested;

(F) Help ensure that the resident’s rights are provided and protected;

(G) Make referrals as needed and document outcomes;

(H) Plan and participate in facility inservice required by OAR 411-086-0310; and

(I) Prepare for resident’s discharge as appropriate.

(i) The social services program staff shall educate the resident and the resident’s significant others regarding the resident’s rights, the resident’s potential for discharge and the availability of alternate living services.
(ii) The social services staff shall assess the resident's potential for discharge and the availability of alternate living services no less often than quarterly.

(iii) The social services staff shall assist with the development and coordination of services required to affect the resident's discharge.

(i) Assist the resident in obtaining appropriate prosthetics that will allow for resident's optimal functioning and quality of life.

(3) STAFFING. The facility shall have adequate staffing to carry out the social services program in accordance with facility policy (OAR 411-085-0210).

(4) SOCIAL SERVICES PLAN. Each resident shall have a social services plan incorporated into the comprehensive care plan based on the psychosocial and comprehensive assessments. The social services plan shall be reviewed and updated as frequently as the resident’s condition changes, but no less often than quarterly.

(5) DOCUMENTATION. Progress notes relevant to the plan shall be documented in the clinical record as frequently as the resident's condition changes, but no less often than quarterly.


Stats. Implemented: ORS 441.055 & 441.615

Pennsylvania

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§ 201.3. Definitions.

Social worker—An individual with the following qualifications:

(i) A Bachelor’s Degree in social work or a Bachelor’s Degree in a human services field including sociology, special education, rehabilitation counseling and psychology.

(ii) One year of supervised social work experience in a health care setting working directly with individuals.

§ 211.16. Social services.

(a) The facility shall provide social services designed to promote preservation of the resident’s physical and mental health and to prevent the occurrence or progression of personal and social problems. Facilities with a resident census of more than 120 residents shall employ a qualified social worker on a full-time basis.
(b) In facilities with 120 beds or less that do not employ a full-time social worker, social work consultation by a qualified social worker shall be provided and documented on a regular basis.

Authority: The provisions of this § 211.16 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).


Rhode Island
Downloaded January 2011

Section 31.0 Social Services

31.1 Every facility shall provide social services to attain or maintain the highest practicable physical, mental and psychological well being of each resident. Social services must be provided either directly by a qualified social worker or by arrangement with an appropriate health or social service agency or through consultation with a qualified social worker who would supervise a social work designee appointed by the administrator.

a) Services shall pertain to no less than the following:

i. identification of social and emotional needs of residents through a comprehensive psychosocial assessment including a social history;

ii. establishment of a plan of care based on residents' needs;

iii. procedures for referral of residents, when indicated, to appropriate social agencies and discharge planning as indicated

31.2 A qualified social worker is defined as an individual with a minimum of a BSW from an accredited School of Social Work. A social work designee is defined as a staff member appointed by the administrator who is suited by training or experience to implement plans and procedures enumerated in accordance with section 31.1 (a) above.

31.3 Notwithstanding any provisions in §§ 5-39.1-1 – 5-39.1-14 or any other general or public law to the contrary, any nursing facility licensed under Chapter 17 of Title 23 that employs a social worker or social worker designee who meets all of the criteria in section 31.4 below shall be granted a variance to the "qualified social worker" provisions stated herein.
31.4 Such criteria shall be limited to: (1) meets the centers for Medicare and Medicaid requirements for long-term care facilities under 42 CFR part 483, subpart B (or any successor regulation); (2) is currently employed by a nursing facility licensed under Chapter 17 of Title 23; and (3) has been continuously employed in a nursing facility licensed under Chapter 17 of Title commencing on or before July 1, 2003.

31.5 Sufficient supportive personnel shall be available to meet resident needs.

31.6 Appropriate records shall be maintained of all social services rendered, including consultation services, and reports shall be included in the resident's medical record.

31.7 Policies and procedures shall be established to assure confidentiality of all resident information consistent with the requirements of reference 17

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**South Carolina**

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1005. Social Services

A. Social services for residents shall be provided by the facility. When a facility provides social services directly, there shall be a staff member designated in writing who is responsible for the program and provides the leadership and direction of the program, including the maintenance of any required records.

B. Social service history shall be obtained and documented for each resident. This history shall include social and emotional factors related to the resident's condition, information concerning home situation, financial resources and relationships with other people. The social service history shall be obtained within seven (7) business days of admission. The social service history shall be utilized in the preparation of the ICP and maintained current in terms of changes in financial resources, physical condition, mental state or family situation.

C. Services shall be provided to assist all residents in addressing social, emotional and related problems or through effective arrangements with a social service agency.

D. The social services staff shall participate in discharge planning to assist residents to access inpatient, outpatient, extended care, and home health services in the community.

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**South Dakota**

Downloaded January 2011

44:04:01:01. Definitions.
 ...(58) "Social worker," a person who is licensed pursuant to SDCL chapter 36-26;

(59) "Social service designee," a person who has a degree in a behavioral science field, two years of supervised experience in a behavioral science field, is a licensed nurse, or has similar qualifications;

44:04:02:18.02. Office required for social services activities.

An office which is large enough to accommodate private consultation and record keeping and which is easily accessible to patients or residents must be provided for social services activities.


General Authority: SDCL 34-12-13.

Law Implemented: SDCL 34-12-13.

44:04:12:05. Provision of social services by nursing facilities. A nursing facility must provide or make arrangements to provide social services for each resident as needed. A member of the staff of the facility must be designated as responsible for social services. If the staff member is not a social worker, the facility must have a written agreement with a social worker for consultation and assistance to be provided on a regularly scheduled basis but at least quarterly.

Source: 14 SDR 81, effective December 10, 1987; transferred from § 44:04:06:12, 22 SDR 70, effective November 19, 1995; 30 SDR 84, effective December 4, 2003.

General Authority: SDCL 34-12-13.

Law Implemented: SDCL 34-12-13.

44:04:13:03.01. Social services office. In hospitals and nursing facilities, a social services office which is in accordance with § 44:04:02:18.02 must be provided.


General Authority: SDCL 34-1-17, 34-12-13.

Law Implemented: SDCL 34-12-13.
1200-08-06-.01 DEFINITIONS.

... (59) Social Worker. In a facility with more than 120 beds a qualified social worker is an individual with:

(a) A bachelor's degree in social work or a bachelor's degree in a human services field including but not limited to sociology, special education, rehabilitation counseling, and psychology; and,

(b) One year of supervised social work experience in a health care setting working directly with individuals.

1200-8-6-.06 BASIC SERVICES.


(a) Social services must be available to the resident, the resident’s family and other persons significant to the resident, in order to facilitate adjustment of these individuals to the impact of illness and to promote maximum benefits from the health care services provided.

(b) Social work services shall include psychosocial assessment, counseling, coordination of discharge planning, community liaison services, financial assistance and consultation.

(c) A resident’s social history shall be obtained within two (2) weeks of admission and shall be appropriately maintained.

(d) Social work services shall be provided by a qualified social worker.

(e) Facilities for social work services shall be readily accessible and shall permit privacy for interviews and counseling.


RULE §19.101 Definitions

... (133) Social worker--A qualified social worker is an individual who is licensed, or provisionally licensed, by the Texas State Board of Social Work Examiners as prescribed by the Texas Occupations Code, Chapter 505, and who has at least:

(A) a bachelor’s degree in social work; or

(B) similar professional qualifications, which include a minimum educational requirement of a bachelor’s degree and one year experience met by employment providing social services in a health care setting.

RULE §19.703 Social Services General Requirements

(a) The facility must provide medically-related social services to attain the highest practicable physical, mental, or psychosocial well-being of each resident. See also §19.901 of this title (relating to Quality of Care) for information concerning psychosocial functioning.

(1) A facility with more than 120 beds must employ a qualified social worker on a full-time basis.

(2) A facility of 120 beds or less must employ or contract with a qualified social worker (or in lieu thereof, a social worker who is licensed by the Texas State Board of Social Work Examiners, and who meets the requirements of subsection (b)(2) of this section) to provide social services a sufficient amount of time to meet the needs of the residents.

(b) A qualified social worker is an individual who is licensed, including a temporary or provisional license, by the Texas State Board of Social Work Examiners as prescribed by Chapter 50 of the Human Resources Code, and who has at least:

(1) a bachelor's degree in social work, or a bachelor's degree in a human services field, including, but not limited to, sociology, special education, rehabilitation counseling, and psychology; and

(2) one year of supervised social work experience in a health care setting working directly with individuals.

Source Note: The provisions of this §19.703 adopted to be effective May 1, 1995, 20 TexReg 2393; amended to be effective August 1, 2000, 25 TexReg 6779
RULE §19.704 Social Services Process

(a) The facility must ensure that psychosocial assessment and care planning are completed and reviewed or updated as provided in §19.801 and §19.802 of this title (relating to Resident Assessment and Comprehensive Care Plans).

(b) If indicated by the Resident Assessment Instrument (RAI) and/or the resident’s need, an in-depth psychosocial assessment is required. The social service needs of each resident must be identified and addressed by the direct provision of services or by arranging access to services.

Source Note: The provisions of this §19.704 adopted to be effective May 1, 1995, 20 TexReg 2393.

2208 Standards for Certified Alzheimer’s Facilities

(a) General requirements.

...(2) A social worker, licensed or temporarily licensed by the State of Texas, must be utilized as Community/Family Support Coordinator whose functions must include:

(A) evaluation of resident’s initial social history on admission;
(B) utilization of community resources;
(C) conducting quarterly family support group meetings; and
(D) identification and utilization of existing Alzheimer’s network.

Utah

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R432-150-17. Social Services.

Each nursing care facility must provide or arrange for medical social services sufficient to meet the needs of the residents. Social services must be under the direction of a therapist licensed in accordance with Title 58 Chapter 60 of the Mental Health Practice Act.

R432-200-23. Social Services. [Small Health Care Facility]
(1) The facility shall provide social services which assist staff, residents, and residents’ families to understand and cope with residents’ personal, emotional, and related health and environmental problems.

(2) This service may be provided by a consultant.

(3) See R432-150-17.

(4) Responsibilities.

Whether provided directly by the facility or by agreement with other agencies, social service personnel shall:

(a) Provide services to maximize each resident's ability to adjust to the social and emotional aspects of their condition, treatments, and continued stay in the facility;

(b) Participate in ongoing discharge planning to guarantee continuity of care;

(c) Initiate referrals to official agencies when the resident needs financial assistance;

(d) Maintain appropriate liaison with the family or other responsible person concerning the resident's placement and rights;

(e) Preserve the dignity and rights of each resident;

(f) Maintain records, including a social history and social-services-needs evaluation, (updated annually);

(g) Integrate social services with other elements of the resident-care plan.

Vermont

Downloaded January 2011

4.8 Social Services

(a) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well being of each resident.

(b) A facility with more than 120 beds must employ a qualified social worker on a full-time basis.

(c) A qualified social worker is an individual with the following qualifications:

(1) both

(i) a bachelor's degree in social work or a bachelor's degree in a human services field including but not limited to sociology, special education, rehabilitation counseling, and psychology, and
(ii) one year of supervised social work experience in a health care setting working directly with individuals;

(2) or a demonstrated ability to provide medically related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

Virginia

12VAC5-371-270. Social services.

A. The nursing facility shall provide a comprehensive social services program to meet the psychosocial and medically related needs of each resident.

B. There shall be at least one designated staff member responsible for coordinating resident social services.

C. This individual shall have one of the following qualifications:

1. A bachelor's degree in social work or human services appropriate to resident needs; or

2. One year, within the last five years, supervised direct social work experience.

D. This individual shall be:

1. Trained in recognizing and assessing the emotional and social needs of residents; and

2. Knowledgeable of community agencies and resources available to meet those needs.

E. The social services coordinator shall assess each resident and participate in the development and implementation of the comprehensive plan of care.

F. Documentation of social services shall be included in the resident's clinical record.

Statutory Authority

§§32.1-12 and 32.1-127 of the Code of Virginia.

Historical Notes: Derived from Virginia Register Volume 13, Issue 17, eff. July 1, 1997.

Washington

Downloaded January 2011
388-97-0960 Social services.

The nursing home must:

(1) Provide medically related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident; and

(2) Employ a qualified social worker on a full-time basis if the nursing home has more than one hundred twenty beds. A qualified social worker is an individual with:

(a) A bachelor's degree in social work or a bachelor's degree in a human services field including but not limited to sociology, special education, rehabilitation counseling, and psychology; and

(b) One year of supervised social work experience in a health care setting working directly with patients or residents.

[Statutory Authority: Chapters 18.51 and 74.42 RCW and 42 C.F.R. 489.52. 08-20-062, § 388-970960, filed 9/24/08, effective 11/1/08.]

388-97-3660 Offices in new construction.

The nursing home must provide:

(1) Office space convenient to the work area for the administrator, the director of nursing services, medical records staff, social services staff, activities director, and other personnel as appropriate.

West Virginia

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5.11. Social Services.

5.11.a. The nursing home shall provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

5.11.b. A nursing home with sixty (60) or more beds shall employ a qualified social worker on a full-time basis.

5.11.c. A qualified social worker is a person with:
5.11.c.1. A license to practice social work in the State of West Virginia; and

5.11.c.2. Who has a demonstrated ability to provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

§64-85-8. Social Services. [Alzheimer's/dementia special care unit or program]

8.1. A licensed social worker or licensed professional counselor shall be responsible for providing the alzheimer's/dementia special care unit or program with the following services:

8.1.a. A comprehensive social assessment of each resident which includes the following:

8.1.a.1. The resident's preferred name;

8.1.a.2. The resident's past places of residence;

8.1.a.3. The resident’s family support system, with names and telephone numbers;

8.1.a.4. The resident's past employment status, career history, and educational level;

8.1.a.5. The resident's place of birth;

8.1.a.6. The resident’s childhood history (i.e. rural or city, religion, lifestyle, culture);

8.1.a.7. Languages spoken;

8.1.a.8. Names of the resident’s parents, children, siblings and legal representative;

8.1.a.9. Names of the resident's pets; and

8.1.a.10. The resident’s adult daily routines (i.e. hour of rising and sleep, habits, etc.); and

8.1.b. Participation in resident interdisciplinary care planning.
HFS 132.68 Social services.

(1) PROVISION OF SERVICES. Each facility shall provide for social services in conformance with this section.

(2) STAFF. (a) Social worker. Each facility shall employ or retain a person full-time or part-time to coordinate the social services, to review the social needs of residents, and to make referrals.

(b) Qualifications. The person required by par. (a) shall:

1. Have a bachelor's degree in social work, sociology, or psychology; meet the national association of social workers' standards of membership; and have one year of social work experience in a health care setting; or

2. Have a master's degree in social work from a graduate school of social work accredited by the council on social work education; or

3. Shall receive at least monthly consultation from a social worker who meets the standards of subd. 1. or 2.

(3) ADMISSION HISTORY. The facility shall prepare a social history of each resident.

(4) CARE PLANNING. (a) A social services component of the plan of care, including preparation for discharge, if appropriate, shall be developed and included in the plan of care required by s. HFS 132.60 (8) (a).

(b) Social services care and plans shall be evaluated in accordance with s. HFS 132.60 (8) (b).

(5) SERVICES. Social services staff shall provide the following:

(a) Referrals. If necessary, referrals for guardianship proceedings, or to appropriate agencies in cases of financial, psychiatric, rehabilitative or social problems which the facility cannot serve;

(b) Adjustment assistance. Assistance with adjustment to the facility, and continuing assistance to and communication with the resident, guardian, family, or other responsible persons;

(c) Discharge planning. Assistance to other facility staff and the resident in discharge planning at the time of admission and prior to removal under this chapter; and
(d) Training. Participation in inservice training for direct care staff on the emotional and social problems and needs of the aged and ill and on methods for fulfilling these needs.

Note: For record requirements, see s. HFS 132.45 (5) (d). History: Cr. Register, July, 1982, No. 319, eff. 8−1−82; am. (3) (a), (4) (a) and (5) (a), Register, January, 1987, No. 373, eff. 2−1−87; CR 04−053: r. and recr. (3) and (4) Register October 2004 No. 586, eff. 11−1−04.

Wyoming

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Section 4. Definitions.

The following definitions shall apply in the interpretation and enforcement of these rules. Where the context in which words are used in these rules indicates that such is the intent, words in the singular number shall include the plural and vice versa. Throughout these rules gender pronouns are used interchangeable. The drafters have attempted to utilize each gender pronoun in equal numbers, in random distribution. Words in each gender shall include individuals of the other gender.

For purpose of these rules, the following shall apply:

...(ee) “Social Services” means those services provided according to the resident’s plan of care by a Social Worker, or by a Social Service Associate with appropriate supervision as required by the Wyoming Mental Health Professions Licensing Board.

(i) “Social Worker” means a person who is licensed to practice as a Clinical Social Worker (LCSW) or certified to practice as a Social Worker (CSW) by the Wyoming Mental Health Professions Licensing Board.

(ii) “Social Service Associate” means a person who has a degree in social work or closely related field and has at least one (1) year of social services experience in a health care setting; or,

(A) A person who has at least two (2) years of experience in social services in a health care setting and receives regular consultation from a social worker or recognized social service agency.

Section 15. Social Services.

(a) The medically related social and emotional needs of the resident shall be identified and services shall be provided to meet them, either by qualified staff (a social worker or social service associate), or through written procedures for referral to appropriate social agencies.

(i) Facilities shall offer social services regardless of the size of the facility.

(A) An individual on the facility staff shall be designated in writing to maintain liaison with social, health and community agencies.
(B) As appropriate, there shall be arrangements with qualified social workers or recognized social agencies for consultation and assistance on a regularly scheduled basis.

(ii) Current records and pertinent social data concerning personal and family problems medically related to the resident’s illness and care shall be maintained in each resident’s record by the social service personnel.

(A) Up-to-date progress notes of relevant psycho-social issues and interventions shall be maintained in each resident’s record by social service personnel.

(iii) Policies and procedures shall be established for ensuring confidentiality of residents’ social information.

(iv) There shall be space provided to ensure privacy for interviews by social service personnel with the resident.

(v) Provision shall be made for in-service training to facility staff directed toward understanding emotional problems and social needs of residents and the means of taking appropriate action in relation to them, and the necessity of confidentiality.
(vi) Arrangements shall be made promptly when financial assistance is indicated or personal finances are depleted, i.e., private paying residents no longer able to pay for care in the facility.

Federal Regulations

§ 483.15 Quality of life.

...(g) Social Services.

(1) The facility must provide medically related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

(2) A facility with more than 120 beds must employ a qualified social worker on a full-time basis.

(3) Qualifications of social worker. A qualified social worker is an individual with—

(i) A bachelor’s degree in social work or a bachelor’s degree in a human services field including but not limited to sociology, special education, rehabilitation counseling, and psychology; and

(ii) One year of supervised social work experience in a health care setting working directly with individuals.