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]