

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

Downloaded 01.2011

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

Statutory Authority: Code of Ala. 1975, §§22-21-20, et seq.

History: Repealed and Replaced: Filed July 19, 1996; effective August 23, 1996.

Amended: Filed November 18, 1999; effective December 23, 1999. Amended: Filed September 18, 2003; effective October 23, 2003. Amended: Filed June 23, 2004; effective July 28, 2004. Amended: Filed April 20, 2005; effective May 25, 2005.

420-5-10-03 Administrative Management. In this chapter,

(8) Required training of nursing aides - Definition. Licensed health professional means a physician; physician assistant; nurse practitioner; physical, speech, or occupational therapist; physical or occupational therapy assistant; registered professional nurse; licensed practical nurse; licensed or certified social worker, or dietitians.

Nurse aide means any individual providing nursing related services to residents in a facility who is not a licensed health professional, a registered dietitian, or someone who volunteers to provide such services without pay.

420-5-10-.08 Quality of Life.

(1) Quality of Life. A facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's 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.

Author: Jimmy D. Prince

Statutory Authority: *Code of Alabama, 1975, 22-21-20, et seq.*

History: Original rules filed: July 19, 1996; effective August 23, 1996. Amended: Filed November 19, 1999; effective December 24, 1999.

Alaska

Downloaded 01.2011

7 AAC 10.1080. Firearms and ammunition. In this chapter,

(c) The entity shall inform each adult in care or that adult's representative, parents of children in care, or social workers, care coordinators, or case managers, as applicable, if firearms are present in the entity.

07 AAC 10.1090. Animals. In this chapter,

(b) The entity shall inform each adult in care or that adult's representative, parents of children in care, social workers, care coordinators, and case managers, as applicable, if any animal is present in the entity.

7 AAC 10.1093. Pesticide use and notification. In this section,

(b) Except as provided in (e) and (f) of this section, at least 24 hours before the application of a pesticide to any area of an entity used by or accessible to adults or children in care, an entity that provides care for six or more adults or children shall notify each adult or that adult's representative, each parent of a child in care, social workers, care coordinators, and case managers, as applicable, regarding the application. A notice under this subsection must include

(1) a description of the area where the pesticide will be applied;

(2) the date and approximate time of application; if the application will be outdoors, the notification must include three dates in chronological order in case an application is cancelled due to weather;

(3) the common or brand name of each pesticide to be used;

(4) the targeted pests to be controlled by the pesticide;

(5) a contact name and telephone number at the entity; and

(6) a statement that, upon request, the entity will provide

(A) a list of each active ingredient in the pesticide;

(B) the EPA registration number; and

(C) the telephone contact number, if any, on the label of the pesticide for additional information about each pesticide.

(c) The notification required by (b) of this section may be made by individual notice delivered by telephone, face-to-face oral communication, electronic mail, postal mail, or

facsimile. The entity may develop a registration system to provide this notification only to those persons who wish to receive notification. If the entity develops a registration system, the entity shall provide written notice at the time of admission or enrollment that pesticides may be used in or around the entity and explain how to register to be notified at least 24 hours before a pesticide treatment. If written notice is given, the notice may not be included with a notice being provided on another matter.

(d) Except as provided in (f) of this section, immediately before application of a pesticide, the entity shall post the area where the pesticide is to be applied with a sign that is at least 8 1/2 x 11 inches and that reads "Pesticide Treated Area: KEEP OUT" in block letters at least one inch high. The entity shall ensure that the sign remains posted and that children, or adults with impaired judgment, are kept out of the treated area for at least 24 hours or until the reentry interval, if any, on the pesticide label has expired, whichever period is longer.

(e) An entity may authorize an immediate pesticide treatment without prior notification if the administrator determines that an emergency exists. An emergency includes an immediate and unanticipated threat to the health or safety of adults or children in care. The provisions of (d) of this section must be met.

(f) The following pesticide applications are not subject to the notification or posting requirements of (b) - (e) of this section:

- (1) the application of an antimicrobial pesticide;
- (2) an application during which the entity remains unoccupied by adults or children in care for a continuous 72-hour period after the application;
- (3) the application of a rodenticide in a tamper-resistant bait station, or in an area inaccessible to children or to adults with impaired judgment;
- (4) the application of silica gels and other ready-to-use pastes, foams, or gels that will be applied in an area inaccessible to children or to adults with impaired judgment.

7 AAC 10.1095. Toxic substances; poisonous plants. In this chapter,

(b) The department may allow a poisonous plant that is a common household plant, including a poinsettia, a dieffenbachia, an English ivy, a mother-in-law, and a philodendron, to be present in an entity described in (a)(3) of this section, if the department finds that children in care or adults with impaired judgment will be protected from harm. The entity shall submit to the department a written list of all poisonous plants maintained in the entity, and a description of how the entity will protect children, or adults with impaired judgment, from being harmed by the plants. If the department allows one or more poisonous plants to be present in the entity, the entity shall inform each adult's representative, parents of children in care, social workers, care coordinators, and case managers, as applicable, of any poisonous plant present in the entity, and describe how the entity will protect children, or adults with impaired judgment, from harm.

07 AAC 12.255. Services Required. A nursing facility must provide nursing, pharmaceutical, either physical or occupational therapy, social work services, therapeutic recreational activities, dietetic, central supply, laundry, housekeeping, laboratory and radiological services.

History -Eff. 11/19/83, Register 88; am 5/28/92, Register 122.

Authority: AS 18.20.010

AS 18.20.060

(b) If required by AS 08, patient care personnel must be currently licensed, certified, authorized, or registered in the state for the practice of their particular profession.

(c) Physicians, licensed nurses, pharmacists, physical therapists, dietitians, and social workers must be involved in the orientation and in-service education program for patient care personnel.

History - Eff. 11/19/83, Register 88; am 5/28/92, Register 122; am 5/4/97, Register 142; am 12/3/2006, Register 180; am 2/9/2007, Register 181; am 5/24/2007, Register 182

Authority: AS 18.05.040

AS 47.32.010

AS 47.32.030

7 AAC 12.700. Social work service

(a) A facility that provides social work services must retain a social worker licensed under AS 08.95 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,
(12) "commissioner" means the commissioner of health and social services;
(17) "department" means the Department of Health and Social Services;
(21) "division of public health" means the division of public health, Department of Health and Social Services;
(64) "psychological service" means a service offered by a psychologist, social worker, or other appropriate practitioner which provides therapeutic treatment of mental or emotional disorders or substance abuse;
(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;

Arizona

Downloaded 01.2011

R9-10-201. Definitions

In addition to the definitions in A.R.S. § 36-401 and A.A.C. Title 9, Chapter 10, Article 1, the following definitions apply in this Article:

107. "Social services" means assistance, other than medical services, provided by a personnel member to a patient to meet the needs of the patient while in the hospital or the anticipated needs of the patient after discharge.

108. "Social worker" means an individual who has at least a baccalaureate degree in social work from a program accredited by the Council on Social Work Education or who is certified according to A.R.S. Title 32, Chapter 33.

R9-10-226. Social Services

An administrator of a hospital that provides social services shall require that:

1. A social worker or a registered nurse designated by the administrator coordinates social services;
2. A medical staff member, nurse, patient, patient's representative or a member of the patient's family may request social services;
3. A personnel member providing social services participates in discharge planning as necessary to meet the needs of a patient;
4. The patient has privacy when communicating with a personnel member providing social services; and
5. Social services provided to a patient are documented in the patient's medical record and the entries are authenticated by the individual providing the social services.

Historical Note

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made R9-10-504. Staffing

A. The administrator shall ensure that staffing provides:

1. Adult day health services,
2. Nutritional services,
3. Activities program,
4. Social services,

5. Housekeeping services, and
6. Safety program.

R9-10-509. Adult Day Health Services. In this chapter,

H. The administrator shall ensure that social services as specified in the participant's care plan are provided to each participant. The services shall include the following:

1. Counseling of an individual or group basis according to the needs of the participant and the person's family, and
2. Referral to therapeutic counseling services, if such services are not available at the facility.

R9-10-701. Definitions. In this chapter,

54. "Health-related experience" means work in a health care institution, the professional fields of nursing, social work, gerontology, or other closely-related field, or providing health or health-related services to one or more adults.

R9-10-724. Supplemental Requirements for Training Programs.

A. A training program shall meet the following requirements:

1. Except as provided in subsection (A)(2), an instructor for the training program shall be any of following:
 - b. An individual with at least a bachelors degree in social work, gerontology, or closely-related field and at least two years of health-related experience;

R9-10-801. Definitions. In this chapter,

39. "Interdisciplinary group" means a team composed of a physician, registered nurse, counselor, and social worker.

61. "Social worker" means an individual with a baccalaureate degree in social work in a program accredited or approved by the Council on Social Work Education.

R9-10-808. Hospice Services. In this chapter,

B. A hospice licensee shall provide the following hospice services:

9. Social services, including advocacy, referral, problem-solving, and intervention functions related to personal, family, business, and financial issues, provided by a social worker;

R9-10-901. Definitions. In this chapter,

24. "Direct care" means medical services, nursing services, or medically-related social services provided to a resident.

49. "Medically-related social services" means assistance provided to or activities provided for a resident to maintain or improve the resident's physical, mental, and psychosocial capabilities.

58. "Nursing care institution services" means medical services, nursing services, medically-related social services, and environmental services.

88. "Social worker" means an individual who:

- 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;

R9-10-905. Staff and Volunteers. In this chapter,

B. An administrator shall appoint:

1. A qualified individual to provide:

- a. Medically-related social services, and
- b. Recreational activities; and
- 2. A full-time social worker if the nursing care institution has a licensed capacity of 120 or more;

Historical Note: Adopted effective February 17, 1995 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Amended by final rulemaking at 9 A.A.R. 3792, effective October 4, 2003 (Supp. 03-3).

R9-10-913. Medical Records. In this chapter,

C. An administrator shall require that medical records for a resident contains:

9. A record of medical services, nursing services, and medically-related social services provided to a resident;

R9-10-919. Quality Rating. In this chapter,

C. The quality rating is determined by the total number of points awarded based on the following criteria:

3. Administration: In this section,

d. 1 point. The nursing care institution is implementing a system to provide medically-related social services and a program of ongoing recreational activities to meet the resident's needs based on the resident's comprehensive assessment.

Arkansas

Downloaded 01.2011

100 DEFINITIONS

Intermediate Care Facility (ICF) is a nursing home licensed by Arkansas Social Services as meeting the Intermediate Care Facility regulations. It is a health facility or a distinct part of a hospital or Skilled Nursing Facility staffed, organized, operated, and maintained to provide 24-hour long term inpatient care and other restorative services under nursing supervision.

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.

306.6 REPORTING SUSPECTED ABUSE OR NEGLECT. In this chapter,

306.6.3 The requirement that facility personnel, including but not limited to, licensed nurses, nursing assistants, physicians, social workers, mental health professionals and other employees in the facility who have reasonable cause to suspect that a resident has been subjected to conditions or circumstances which have or could have resulted in abuse or neglect are required to immediately notify the facility administrator or his or her designated agent.

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.

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.

585 PROGRAM OPERATIONS

585.1 There shall be adequate staff to provide activity/recreational programs daily, including Saturdays and Sundays. There should be at least two (2) group activities scheduled daily.

585.2 Activities shall be varied in nature and shall be designed to meet the needs, interests, limitations of residents. This is to include all residents: bedfast, ambulatory, and disabled. These activities should provide for the mental, physical, social, and spiritual stimulation of the residents.

585.3 Residents and patients will be informed of events and given opportunities to participate. A calendar of events shall be posted in obvious places throughout the facility. The calendar should reflect the actual activity program.

585.4 The utilization of community volunteers is encouraged, but they must work under the direction of the facility's activity director.

585.5 The activity director shall be aware of the limitations, strengths, and weaknesses of residents.

585.6 Plans for activity involvement both on individual and group basis shall be developed for all residents.

585.7 Activity supplies as a minimum:

- A. Television
- B. Dominoes
- C. Checkers
- D. Outside furniture (50% of ambulatory patients)
- E. Two daily newspapers (one local and one having state-wide circulation) for each thirty-five (35) patients and current copies of four (4) popular magazines.

604 RETENTION AND PRESERVATION OF RECORDS

604.1 Retention Requirements for Active Clinical Records

a. The maintenance schedule for records on resident charts are as follows:

16. Consultant Reports (Initial and Most Recent)

- Physicians
- Occupational Therapist
- Speech Therapist
- Physical Therapist
- Social Worker

- Psychologist
- Others

905 STAFFING

Alzheimer's Special Care Units shall staff according to the Rules and Regulations for Nursing Facilities. Furthermore, the following staffing requirements are established for Alzheimer's Special Care Units.

a. Professional Program Services

A social worker or other professional staff, e.g., physician, Registered Nurse, or Psychologist currently licensed by the State of Arkansas, shall be utilized to perform the following functions:

1. Complete an initial social history evaluation on each resident on admission;
2. Develop, coordinate, and use state or national resources and networks to meet the needs of the residents or their families;
3. Offer or encourage participation in monthly family support group meetings with documentation of meetings offered; and,
4. Assist in development of the ISP, including but not limited to:
 - A. Assuring that verbal stimulation, socialization and reminiscing is identified in the ISP as a need;
 - B. Defining the services to be provided to address those needs identified above; and,
 - C. Identifying the resident's preferences, likes, and dislikes.

1010 REPORTING OF PROGRESS OF RECEIVER

e. If the Court determines and orders the facility to be closed, upon receipt of the decision for closure, along with instructions regarding needed information and procedures, the receiver shall:

12. Work with social service staff and the families of residents in securing appropriate placement in other facilities.

1011 QUALIFICATIONS AND MAINTENANCE OF LIST FOR RECEIVER

a. Through consultation with the long-term care industry associations, professional organizations, consumer groups and health-care management corporations, the Department shall maintain a list of receivers. This list shall be updated semiannually.

To be placed on the list, individuals must:

3. In addition to 1 and 2 above, individuals placed on the list shall:
 - C. Possess one year of experience in working with the elderly in programs or fields such as patient care, social work, or advocacy and having successfully completed a baccalaureate degree in management program or field; or possess a license in that program or field; or have two (2) years full-time working experience in the Arkansas long-term care industry in a management capacity.

Rules and Regulations for the Arkansas Long Term Care Facility Nursing Assistant Training Program

Section III DEFINITIONS. In this chapter,

Licensed Health Professional - A physician, physician assistant, nurse practitioner, physical, speech, or occupational therapist, physical or occupational assistant, registered professional nurse, licensed practical nurse, or certified social worker.

Section VI QUALIFICATIONS OF INSTRUCTORS

C. Additional Instructors/Trainers

1. Instructors may use other qualified resource personnel from the health field as guest instructors in the program to meet the objectives for a specific unit. Examples are pharmacists, dietitians, social workers, sanitarians, advocates, gerontologists, nursing home administrators, etc. Guest instructors must have a minimum of one (1) year of experience in their respective fields and must not have current disciplinary action by their respective regulatory board.

APPENDIX A

RULES OF ORDER FOR ALL APPEALS BEFORE THE LONG TERM CARE FACILITY ADVISORY BOARD

5. All papers filed in any proceeding shall be typewritten on white paper using one side of the paper only and will be double-spaced. They shall bear a caption clearly showing the title of the proceeding in connection with which they are filed together with the docket number if any. All papers shall be signed by the party or his authorized representative or attorney and shall contain his address and telephone number. All papers shall be served either on the Legal Department of Social Services, the attorney for the party, or if no attorney for the party, service shall be made on the party.

20. At the conclusion of testimony and deliberations by the Board, the Board shall vote on motions for disposition of the appeal. After reaching a decision by majority vote, the Board may direct that findings of fact and conclusions of law be prepared to reflect the Board's recommendations to the Commissioner of Social Services. At this discretion and for good cause the Commissioner of Social Services shall have the right to accept, reject or modify a recommendation, or to return the recommendation to the Board for further consideration for a more conclusive recommendation. All decisions shall be based on findings of fact and law and are subject to and must be in accordance with applicable State and Federal laws and regulations. The final decision by the Commissioner of Social Services shall be rendered in writing to the appellant.

California

Downloaded 01.2011

§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.

Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1276 and 1276.1, Health and Safety Code

§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.

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

§72435. Social Work Service Unit--Policies and Procedures.

(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.

Note: 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.

§72527. Patients' Rights

(20) To be allowed privacy for visits with family, friends, clergy, social workers or for professional or business purposes.

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1276, 1320, 1599, 1599.1, 1599.2 and 1599.3, Health and Safety Code; and *Cobbs v. Grant* (1972) 8 Cal.3d 229.

s 72547. Content of Health Records.

(a) A facility shall maintain for each patient a health record which shall include:

(12) Records of each treatment given by the therapist, weekly progress notes and a record of reports to the physician after the first 2 weeks of therapy and at least every 30 days thereafter. Progress notes written by the social service worker if the patient is receiving social services.

Health and Safety Code Section 1416.55

(a) An Administrator-in-Training Program (AIT Program) shall be developed by the NHAP, in consultation with representatives from the long-term care industry and advocacy groups. The AIT Program shall include, but not be limited to, all of the following areas of instruction:

(9) Social services.

Colorado

Downloaded 01.2011

Part 1. GOVERNING BODY.

19.7 PROGRAMS. 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.

Part 5. RESIDENT CARE

5.1.9 GROOMING.

(1) The facility shall assist the resident to obtain appropriate materials for personal care for the resident, provide personal care in a manner that preserves resident dignity and privacy, and provide social services intervention, if needed.

5.1.14 PROBLEM RESOLUTION. The facility shall inform residents of the resident council and grievance procedures, the name, address, and phone number of the Long-Term Care Ombudsman, and the phone number and address of the Departments of Health and Social Services and the Colorado Foundation for Medical Care. Staff shall assist residents in raising problems to the facility's administration or appropriate outside agencies.

5.2 RESIDENT ASSESSMENT. Within twenty-four hours of admission to the long-term care facility, a licensed nurse shall assess each resident's physical, mental, and functional status, including strengths, impairments, rehabilitative needs, special treatments, capability for self-administration of medications, and dependence and independence in activities of daily living. The initial assessment shall form the basis of the preliminary

care plan. Within seven days of admission, the nurse shall also collaborate with social services staff in assessing discharge potential and shall coordinate assessments with social services, dietetic, and activity staff. These assessments shall form the basis of the interdisciplinary care plan prescribed by Section 5.7.

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

5.7 INTERDISCIPLINARY CARE PLANNING. Within two weeks of admission, an interdisciplinary long-term care facility staff team shall develop a personalized overall care plan for each resident based on the resident assessments and applicable physician orders.

5.7.3 The interdisciplinary team shall consist of representatives of resident services inside and outside the facility, as appropriate, including at least nursing, social services, activities, and dietetic staff. Other persons, such as medical, pharmacy, and special therapies, shall be included as appropriate. Residents and their representatives shall be invited to participate in care planning. Refusal to participate shall be documented.

Part 8. SOCIAL SERVICES

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 residents' 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.

PART 12. RESIDENTS' RIGHTS.

12.3 STAFF TRAINING IN RESIDENTS' RIGHTS. The facility shall provide a copy of the facility's statement of residents' rights at new employee orientation. Current employees shall be provided a copy of the rights no later than the first pay period after receipt of these rules. The facility shall train all staff in the observation and protection of residents' rights. Social services staff shall assist in residents' rights orientation for new employees.

12.7 RESIDENT RELOCATION. If a facility intends to close or change bed classification, it shall notify the Department of Public Health and Environment and the Colorado Department of Health Care Policy And Financing, if it has Medicaid residents,

at least 60 days before it expects to cease or change operations and at least 7 days before it notifies residents and families.

12.7.3 Any facility certified for participation in Medicaid shall follow the relocation procedures prescribed by regulations of the Department of Social Services. Other facilities shall provide for an orderly relocation of residents, designed to minimize risks and ensure optimal placement of all residents, in coordination with the Department of Health, the Nursing Home Ombudsman, and local public and private social services agencies.

PART 14. FACILITY RECORDS.

14.1.5 A completed health record shall be maintained on every resident from the time of admission through the time of discharge. All health records shall contain:

(3) plans and notes of the social service and activities service, including social history, social services assessment/plan, progress notes, activities assessment/plan and activities progress notes;

19.4 PRE-ADMISSION SCREENING AND PLACEMENT.

19.4.2 The evaluation team shall consist of at least the Director of Nursing, Social Services staff member, member of the facility's utilization control committee, if any, and a person with mental health or social work training (as appropriate to the needs of the unit's residents) who is not a facility staff member. Such non-staff member need not participate in prior review of admissions. A facility that is a mental health "placement facility" under 27-10-101, C.R.S., et seq. shall have a person from its contracting "designated facility" on the evaluation team for evaluations of clients referred by the designated facility.

19.6 STAFFING.

The facility shall provide a sufficient number of qualified staff to meet fully the needs of residents in the secure unit, which may require a higher staffing ratio than in other units in the facility, particularly on the night shift.

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. 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.

19.7.2 Residents of the secure unit may not be locked into or out of their rooms, except that facilities that are "designated" or "placement" facilities under 27-10-101, C.R.S. et seq. may use seclusion under procedures prescribed by Department of Human Services' regulations.

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

(i) Medical staff.

(4) Requirements for active organized medical staff members.

(A) Members shall meet at least once every ninety (90) days. Minutes shall be maintained for all such meetings. The regular business of the medical staff meetings shall include, but not be limited to, the hearing and consideration of reports and other communications from physicians, the director of nurses and other health professionals on:

(iii) interdisciplinary care issues, including nursing, physical therapy, therapeutic recreation, social work, pharmacy, podiatry, or dentistry.

(r) Therapeutic Recreation.

(2) Each facility shall employ therapeutic recreation director(s).

(D) "Related field" in subparagraphs (B) and (C) of this subdivision shall include but not be limited to the following: sociology, social work, psychology, recreation, art, music, dance or drama therapy, the health sciences, education or other related field as approved by the commissioner or his/her designee.

(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.

(Added effective September 25, 1990; Amended effective December 28, 1992; July 2, 1993; March 30, 1994; March 29, 2001; March 8, 2004.)

Delaware

Downloaded 01.2011

2.0 Definitions

2.19 Social worker - For facilities subject to 16 Delaware Code, §1165, with at least 100 beds, an individual with 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 one year of supervised social work experience in a health care setting working directly with individuals. For facilities with fewer than 100 beds, the facility may designate the director of admissions or a nurse to assume the duties of the social worker.

2.4 Department/DHSS - Department of Health and Social Services

3.0 CNA Training Program Requirements

3.1 General. Program approval must be obtained from the Division prior to operating a CNA program. To obtain approval, the curriculum content for the Certified Nursing Assistant training programs shall meet each of the following requirements:

3.1.8 Other personnel from the health profession may supplement the instructor, including but not limited to, registered nurses, licensed practical/vocational nurses, pharmacists, dieticians, social workers, sanitarians, fire safety experts, nursing home administrators, gerontologists, psychologists, physical and occupational therapists, activity specialist, speech/language/hearing therapists and resident rights experts. Supplemental personnel must have at least 1 year of experience in their respective fields.

6.0 Services to Residents

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

7.0 Skilled Nursing Care

7.8 Instructors

7.8.2 Program Trainers is the individual(s) who provide assistance to primary instructors as resource personnel from the health field.

Qualifications:

7.8.2.1 Trainers may include: registered nurses, licensed practical nurses, pharmacists, dietitians, social workers, physical or occupational therapists, environmental health specialists, etc.

7.8.2.2 One (1) year of current experience in caring for the elderly and/or chronically ill of any age or have equivalent experience.

7.8.2.3 Trainers are to be licensed, registered and/or certified in their field, where applicable.

9.10 Records and Reports:

9.10.1.12 Special service notes: e.g., social services and activities, results of specialty consultations requested by the physician, physical therapy, dental and podiatry.

9.11 Patient Care Policies:

9.11.1 Every nursing home shall develop written policies pertaining to the services they provide. Such policies shall include:

9.11.1.11 Social Services.

District of Columbia

Downloaded 01.2011

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.

3299. DEFINITIONS.

Interdisciplinary care team - all facility personnel involved in the care of a resident, including medical, nursing, social services, dietary, therapeutic activities, rehabilitation services and others involved as necessary.

Florida

Downloaded 01.2011

400.022 Residents' rights.

(1) The right to receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency.

400.141 Administration and management of nursing home facilities.

(1) Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

(e) Provide for the access of the facility residents to dental and other health-related services, recreational services, rehabilitative services, and social work services appropriate to their needs and conditions and not directly furnished by the licensee. When a geriatric outpatient nurse clinic is conducted in accordance with rules adopted by the agency, outpatients attending such clinic shall not be counted as part of the general resident population of the nursing home facility, nor shall the nursing staff of the geriatric outpatient clinic be counted as part of the nursing staff of the facility, until the outpatient clinic load exceeds 15 a day.

400.0069 Local long-term care ombudsman councils; duties; membership.

(4) Each local council shall be composed of members whose primary residence is located within the boundaries of the local council's jurisdiction.

(a) The ombudsman shall strive to ensure that each local council include the following persons as members:

1. At least one medical or osteopathic physician whose practice includes or has included a substantial number of geriatric patients and who may practice in a long-term care facility;

- At least one professional social worker.

59A-4.106 Facility Policies.

(4) Each facility shall maintain policies and procedures in the following areas:

(z) Social services;

Georgia

Downloaded 01.2011

290-5-8-.03 Administration.

(2) Each home shall be operated in accordance with policies approved by the Department. These policies shall include but not be limited to those governing admissions, transfers, discharges, physicians' services, nursing services, dietary services, restorative services, pharmaceutical services, diagnostic services, social services, environmental sanitation services, recreational services and clinical records.

290-5-8-.05 Professional Service.

(1) There shall be an organized professional staff, with one physician designated as chief of staff. The professional staff shall consist of at least one physician, one dentist and one registered nurse. Other professional personnel such as the dietitian, social worker,

physical therapist, pharmacist, etc. may be included on the professional staff. This organization shall function under appropriate bylaws and shall meet at regularly scheduled intervals not less than semiannually. It shall be the responsibility of this staff to develop and review patient care policies and to advise administration on matters pertaining to patient care. The minutes of the meetings of this staff shall be available for inspection by the Department.

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.

Authority Ga. L. 1964, pp. 507, 612, as amended by Ga. L. 1969, p. 715 et seq; and Ga. L. 1972, p. 1015 et seq. Administrative History. Original Rule was filed on October 26, 1976; effective November 15, 1976.

290-5-8-.23 New Construction.

(b) The program narrative shall be submitted prior to or along with the schematic or initial plans for construction. The program narrative should include the following:

7. Plans for securing the services of professional personnel including registered nurses, licensed practical nurses, social workers, dietitians, pharmacists, physicians and therapists;

Hawaii

Downloaded 01.2011

§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.

[Eff. May 3, 1985] (Auth: HRS §§321-9, 321-11) (Imp: HRS §§321-9, 321-11)

§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.

[Eff. May 3, 1985] (Auth: HRS §§321-9, 321-11) (Imp: HRS §§321-9, 321-11)

Idaho

Downloaded 01.2011

002. DEFINITIONS

03. Auxiliary Personnel. Nonlicensed workers employed to assist the nurse in providing nursing care to patients/residents. This excludes persons employed as housekeepers, dietary and maintenance personnel, occupational and physical therapists, social workers and activity program staff. (12-31-91)

100. ADMINISTRATION

10. Visiting Hours. Daily visiting hours shall be established. (1-1-88)

c. Privacy shall be available at all times to patients/residents for visits with family, friends, clergy, social workers, and for professional or other business reasons. (1-1-88)

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)

203.PATIENT/RESIDENT RECORDS.

The facility maintains medical records for all patients/residents in accordance with accepted professional standards and practices.

02. Individual Medical Record. An individual medical record shall be maintained for each admission with all entries kept current, dated and signed. All records shall be either typewritten or recorded legibly in ink, and shall contain the following: (1-1-88)

d. Special reports dated and signed by the person making the report, i.e., laboratory, X-ray, physical therapy, social services, consultation, and other special reports.

f. Progress notes by physicians, nurses, physical therapists, social worker, dietitian, and other health care personnel shall be recorded indicating observations to provide a full descriptive, chronological picture of the patient/resident during his stay in the facility.

The writer shall date and sign each entry stating his specialty. (1-1-88)

Illinois

Downloaded 01.2011

Section 300.210 Filing an Annual Attested Financial Statement

e) The information required to be submitted in the financial statement will include at a minimum the following:

3) Cost information by level of care, including:

B) Health care costs; such as medical director, nursing, medications, oxygen, activities, medical records, other medical services, social services, and utilization reviews.

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

Section 300.270 Monitor and Receivership

b) The monitor shall meet the following minimum requirements:

2) have an understanding of the needs of long-term care facility residents as evidenced by One year of experience in working, as appropriate, with elderly or developmentally disabled individuals in programs such as patient care, social work, or advocacy;

f) Through consultation with the long-term care industry associations, professional organizations, consumer groups and health-care management corporations, the Department shall maintain a list of receivers. Preference on the list shall be given to individuals possessing a valid Illinois Nursing Home Administrator's License, experience in financial and operations management of a long-term care facility and individuals with access to consultative experts with the aforementioned experience. To be placed on the list, individuals must meet the following minimum requirements:

2) have an understanding of the needs of long-term care facility residents and the delivery of the highest possible quality of care as evidenced by one year of experience in working with elderly or developmentally disabled individuals in programs such as patient care, social work, or advocacy;

Section 300.330 Definitions

The terms defined in this Section are terms that are used in one or more of the sets of licensing standards established by the Department to license various levels of long-term care. They are defined as follows:

Interdisciplinary Team – a group of persons that represents those professions, disciplines, or service areas that are relevant to identifying an individual's strengths and needs, and designs a program to meet those needs. This team shall include at least a physician, a social worker and other professionals. In Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) at least one member of the team shall be a Qualified Mental Retardation Professional. The Interdisciplinary Team includes the resident, the resident's guardian, the resident's primary service providers, including staff most familiar with the resident; and other appropriate professionals and caregivers as determined by the resident's needs. The resident or his or her guardian may also invite other individuals to meet with the Interdisciplinary Team and participate in the process of identifying the resident's strengths and needs.

Qualified Mental Retardation Professional – a person who has at least one year of experience working directly with individuals with developmental disabilities and meets at least one of the following additional qualifications:

Be a physician as defined in this Section.

Be a registered nurse as defined in this Section.

Hold at least a bachelor's degree in one of the following fields: occupational therapy, physical therapy, psychology, social work, speech or language pathology, recreation (or a recreational specialty area such as art, dance, music, or physical education), dietary services or dietetics, or a human services field (such as sociology, special education, or rehabilitation counseling).

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 300.610 Resident Care Policies

c) These written policies shall include, at a minimum the following provisions:

2) Resident care services including physician services, emergency services, personal care and nursing services, restorative services, activity services, pharmaceutical services, dietary services, social services, clinical records, dental services, and diagnostic service (including laboratory and x-ray). (B)

(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)

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 300.1230 Staffing

n) Intermediate Nursing Care – Light

A Long-term care resident needing light intermediate care is one who needs personal care as defined in Section 1-120 of the Act; is mobile; requires some nursing services; needs a program of social services and activities directed toward independence in daily living skills; and needs daily monitoring. Each resident needing light intermediate care shall be provided with at least one hour of nursing/personal care each day, of which at least 20% must be licensed nurse time. (A, B)

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

Section 300.1410 Activity Program

c) Activity Director and Consultation

2) If the activity director is not a Certified Therapeutic Recreation Specialist (CTRS), Occupational Therapist Registered and Licensed (OTR/L), or a Licensed Social Worker (LSW) or Licensed Clinical Social Worker (LCSW) who has specialized course work in social group work, the facility shall have a written agreement with a person from one of those disciplines to provide consultation to the activity director and/or activity department at least monthly, to ensure that the activity programming meets the needs of the residents of the facility.

Section 300.1820 Content of Medical Records

c) In addition to the information that is specified above, each resident's medical record shall

4) An ongoing record of notations describing significant observations or developments regarding each resident's condition and response to treatments and programs.

B) Significant observations or developments regarding resident responses to activity programs, social services, dietary services and work programs shall be recorded as they are noted. If no significant observations or developments are noted for three months, an entry shall be made in the record of that fact.

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

Section 300.3710 Day Care in Long-Term Care Facilities

b) In addition, the following criteria must also be met:

5) Permission for a Day Care Program requires identifying the services of the facility that will be used in the program. Examples: Activity area, dining area, administering of medications by nursing staff, physical therapy, speech, social services.

(Source: Amended at 16 Ill. Reg. 17089, effective November 3, 1992)

Section 300.2850 Administration and Public Areas

c) General or Individual Office shall have sufficient space to accommodate the following functions: Administrative, Business/Financial Transactions, Professional Staff (Director of Nursing, Food Service Supervisor, Activity Director, Social Service Director), and Professional Consultants (Medical Director, Pharmacist, Dietitian, Social Worker).

Section 300.4010 Comprehensive Assessments for Residents with Serious Mental Illness Residing in Facilities Subject to Subpart S

a) The facility shall establish an Interdisciplinary Team (IDT) for each resident. The IDT is a group of persons that represents those professions, disciplines, or service areas that are relevant to identifying an individual's strengths and needs, and that designs a program to meet those needs. The IDT includes, at a minimum, the resident; the resident's guardian; a Psychiatric Rehabilitation Services Coordinator (PRSC); the resident's primary service providers, including an RN or an LPN with responsibility for the medical needs of the individual; a psychiatrist; a social worker; an activity professional; and other appropriate professionals and care givers as determined by the resident's needs. The resident or his or her guardian may also invite other individuals to meet with the IDT and participate in the process of identifying the resident's strengths and needs.

b) The IDT must identify the individual's needs by performing a comprehensive assessment as needed to supplement any preliminary evaluation conducted prior to admission to the facility. The assessment shall be coordinated by a PRSC.

c) A comprehensive assessment must be completed by the IDT no later than 14 days after admission to the facility. Reports from the pre-admission screening assessment or assessments conducted to meet other requirements may be used as part of the comprehensive assessment if the assessment reflects the current condition of the individual and was completed no more than 90 days prior to admission. The assessment shall include at least the following:

1) A psychiatric evaluation completed by a board certified or board eligible psychiatrist or, if countersigned by a board certified or board eligible psychiatrist, the evaluation may be completed by a person who is a certified psychiatric nurse, a nurse with a Bachelor of Science in Nursing (BSN) and two years of experience serving individuals with serious mental illness, or a registered nurse with five years of experience serving

individuals with serious mental illness; a licensed clinical social worker; a physician; a licensed psychologist; or a licensed clinical professional counselor (LCPC) under the Professional Counselor and Clinical Professional Counselor Licensing Act [225 ILCS 107]. The psychiatric evaluation shall include:

A) Psychiatric history with present and previous psychiatric symptoms;
B) Comprehensive mental status examination, which includes: a statement of assets and deficits, a description of intellectual functioning, memory functioning, orientation, affect, suicidal/homicidal ideation, response to reality testing, and current attitudes and overt behaviors; and

C) Diagnostic formulation, problems, and diagnosis using the Diagnostic and Statistical Manual IV (DSM-IV), ensuring that information is recorded on as many of the five axes as appropriate.

2) Psychosocial assessment performed by the Psychiatric Rehabilitation Services Director (PRSD), a social worker, an occupational therapist, an LCPC, or the PRSC if reviewed and countersigned by the PRSD. The assessment shall cover the following points:

A) Identifying information (including resident's name, age, race, religion, date of admission; name of individuals giving information);

B) Reason for admission (including specific problems and how long the problems have existed in their current state; contributing factors to exacerbation of problems; most recent psychiatric treatment and effects; goals of nursing facility as articulated by referral source);

C) History of mental illness, treatment, and care (including age of onset; private and public hospital inpatient episodes; community mental health care; prior nursing facility placement; specific treatments and effects);

D) Personal history (including current marital status; marital history including name, occupation, and age of current and previous spouses; name, age, sex and occupation of children, if any; status of significant personal relationships with individuals (past and present); work history of individual including all known past professions and/or jobs);

E) Residential history (including, for the last two years, the types of housing (e.g., family, public housing, apartment, room, or community agency), relationship to other occupants, the total number of known moves; factors known to have contributed to past housing loss; the highest level of residential independence attained, approximate date and length; any patterns of persistent residential instability or homelessness);

F) Family history (including information regarding individual's parents and siblings; any significant family illnesses, especially psychiatric illnesses; history of traumatic or significant loss including where, when and effect on individual); and

G) Developmental history (including early life history, place of birth, where raised and by whom and with whom; school history; and history regarding friends, hobbies, interests, social activities and interactions).

3) A skills assessment performed by a social worker, occupational therapist, or PRSD or PRSC with training in skills assessment. The skills assessment shall include an evaluation of the resident's strengths, an assessment of the resident's levels of functioning, including but not limited to the following areas:

A) Self-maintenance (including basic activities of daily living such as hygiene, dressing, grooming, maintenance of personal space, care of belongings, diet and nutrition, and personal safety);

- B) Social skills (including communication, peer group involvement, friendship, family interaction, male/female relationship, and conflict avoidance and resolution);
- C) Community living skills (including use of telephone, transportation and community navigation, avoidance of common dangers, shopping, money management, homemaking (cleaning, laundry, meal preparation), and use of community resources);
- D) Occupational skills (including basic academic skills; job seeking and retention skills; ability to initiate and schedule activities; promptness and regular attendance; ability to accept, understand and carry out instructions; ability to complete an application; and interview skills);
- E) Symptom management skills (including symptom monitoring and coping strategies; stress identification and management; impulse control; medication management and self-medication capability; relapse prevention); and
- F) Substance abuse management (including recovery, relapse prevention and harm reduction).

Section 300.4090 Personnel for Providing Services to Persons with Serious Mental Illness for Facilities Subject to Subpart S

b) Psychiatric Rehabilitation Services Director

1) A Psychiatric Rehabilitation Services Director (PRSD) shall be:

- A) A licensed, registered, or certified psychiatrist, psychologist, social worker, occupational therapist, rehabilitation counselor, psychiatric nurse or licensed professional counselor who has a minimum of at least one year supervisory experience and at least one year of experience working directly with persons with serious mental illness and who has attended an Illinois Department of Public Aid (IDPA) training program; or
- B) A person with a master's degree in a human services field with at least one year of supervisory experience and at least three years of experience working directly with persons with severe mental illness who has attended an IDPA training program.

Section 300.6010 Comprehensive Assessments for Residents of Facilities Subject to Section 300.7050 Staffing

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)

Indiana

Downloaded 01.2011

410 IAC 16.2-1.1-55 "Qualified mental retardation professional" or "QMRP" defined
Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28; IC 25-22.5-5; IC 25-23-1-11; IC 25-27; IC 25-35.6-3

Sec. 55. "Qualified mental retardation professional" or "QMRP" means a person who has specialized training or one (1) year of experience in treating the mentally retarded and is one (1) of the following:

- (1) A psychologist with a master's degree from an accredited program.
- (2) A licensed doctor of medicine or osteopathy.
- (3) An educator with a degree in education from an accredited program.
- (4) A social worker with a bachelor's or master's degree in social work from an accredited program or a bachelor's or master's degree in a field other than social work and at least three (3) years of social work experience under the supervision of a qualified social worker.

410 IAC 16.2-7-5 Diagnostic screening

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

(4) A social history and an annual social services update which provides information on services and programs the applicant has received in the past, as well as what services the applicant was receiving at the time of the diagnostic screening.

(Indiana State Department of Health; 410 IAC 16.2-7-5; filed May 2, 1984, 2:50 p.m.: 7 IR 1502; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1588, eff Apr 1, 1997; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2415; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 16.2-0.5-1 Preamble

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28

Sec. 1. (a) This article is intended for:

- (1) the operation of health facilities in Indiana in meeting the long term care needs of residents;

(2) state surveyors in determining compliance with this article for the purpose of licensure; and

(3) the state survey agency in the application of remedies.

(b) This article includes provisions dealing with the following:

(1) Residents' rights.

(2) The administration and management of health facilities.

(3) Sanitation and safety standards.

(4) Assessment of residents' needs.

(5) Medical and nursing services.

(6) Food and nutrition services.

(7) Infection control.

(8) Activities and social services programs.

(9) Clinical records.

(Indiana State Department of Health; 410 IAC 16.2-0.5-1; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1518, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 16.2-3.1-4 Notice of rights and services

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 12-10-5.5; IC 16-28-5-1; IC 16-36-1-3; IC 16-36-1-7; IC 16-36-4-7; IC 16-36-4-13; IC 30-5-7-4

(3) The most recently known addresses and telephone numbers, including, but not limited to, the following:

(A) The department.

(B) The office of the secretary of family and social services.

(C) The ombudsman designated by the division of disability, aging, and rehabilitative services.

(D) The area agency on aging.

(E) The local mental health center.

(F) The protection and advocacy services commission.

(G) Adult protective services.

These shall be displayed in a prominent place in the facility.

(Indiana State Department of Health; 410 IAC 16.2-3.1-4; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1529, eff Apr 1, 1997; errata filed

Apr 10, 1997, 12:15 p.m.: 20 IR 2414; errata filed Jun 4, 1997, 1:47 p.m.: 20 IR 2789; readopted filed Jul 11, 2001, 2:23 p.m.:

24 IR 4234; filed Jul 22, 2004, 10:05 a.m.: 27 IR 3989)

410 IAC 16.2-3.1-34 Social services

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1; IC 25-23.6-5-1

Sec. 34. (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, including the following where appropriate:

(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.

(Indiana State Department of Health; 410 IAC 16.2-3.1-34; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1553, eff Apr 1, 1997; errata filed Jan 10, 1997, 4:00 p.m.: 20 IR 1593; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2414; filed May 16, 2001, 2:09 p.m.: 24 IR 3028; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 16.2-3.1-13 Administration and management

(w) In facilities that are required under IC 12-10-5.5 to submit an Alzheimer's and dementia special care unit disclosure form, the facility must designate a director for the Alzheimer's and dementia special care unit. The director shall have an earned degree from an educational institution in a health care, mental health, or social service profession or be a licensed health facility administrator. The director shall have a minimum of one (1) year work experience with dementia or Alzheimer's residents, or both, within the past five (5) years. Persons serving as a director for an existing Alzheimer's and dementia special care unit at the time of adoption of this rule are exempt from the degree and experience requirements. The director shall have a minimum of twelve (12) hours of dementia-specific training within three (3) months of initial employment as the director of the Alzheimer's and dementia special care unit and six (6) hours annually thereafter to:

- (1) meet the needs or preferences, or both, of cognitively impaired residents; and
- (2) gain understanding of the current standards of care for residents with dementia.

(x) The director of the Alzheimer's and dementia special care unit shall do the following:

- (1) Oversee the operation of the unit.
- (2) Ensure that:
 - (A) personnel assigned to the unit receive required in-service training; and
 - (B) care provided to Alzheimer's and dementia care unit residents is consistent with:
 - (i) in-service training;
 - (ii) current Alzheimer's and dementia care practices; and
 - (iii) regulatory standards.

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

- (1) subsection (a), (c), (g), (r), (t), (u), (v), or (x) is a deficiency;
- (2) subsection (b), (d), (e), (f), (i), (l), (p), (q), (s), or (w) is a noncompliance; and
- (3) subsection (h), (j), (k), (m), (n), or (o) is a nonconformance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-13; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1535, eff Apr 1, 1997; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2414; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; filed Jul 22, 2004, 10:05 a.m.: 27 IR

3990; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; filed Jul 31, 2008, 4:24 p.m.: 20080827-IR-410070657FRA)

410 IAC 16.2-3.1-14 Personnel

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1; IC 16-28-13-3

(C) Mental health and social service needs as follows:

- (i) Modifying aides' behavior in response to residents' behavior.
- (ii) Awareness of developmental tasks associated with the aging process.
- (iii) How to respond to residents' behavior.
- (iv) Allowing the resident to make personal choices, providing and reinforcing other behavior consistent with the resident's dignity.
- (v) Using the resident's family as a source of emotional support.

Iowa

Downloaded 01.2011

481—58.1 (135C) Definitions. For the purpose of these rules, the following terms shall have the meaning indicated in this chapter. The definitions set out in Iowa Code section 135C.1 shall be considered to be incorporated verbatim in the rules. The use of the words “shall” and “must” indicates those standards are mandatory. The use of the words “should” and “could” indicates those standards are recommended.

“*Qualified mental retardation professional*” means a psychologist, physician, registered nurse, educator, social worker, physical or occupational therapist, speech therapist or audiologist who meets the educational requirements for the profession, as required in the state of Iowa, and having one year’s experience working with the mentally retarded.

481—58.15(135C) Records.

58.15(2) *Resident clinical record*. There shall be a separate clinical record for each resident admitted to a nursing facility with all entries current, dated, and signed. (III) The resident clinical record shall include:

- (1) Physician shall enter a progress note at the time of each visit; (III)
- (2) Other professionals, i.e., dentists, social workers, physical therapists, pharmacists, and others shall enter a progress note at the time of each visit; (III)

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)

481—58.39 (135C) Residents’ rights in general.

58.39(9) Each resident or responsible party shall be fully informed by a physician of the resident’s health and medical condition unless medically contraindicated (as documented by a physician in the resident’s record). Each resident shall be afforded the opportunity to participate in the planning of the resident’s total care and medical treatment, which may include, but is not limited to, nursing care, nutritional care, rehabilitation, restorative

therapies, activities, and social work services. Each resident only participates in experimental research conducted under the U.S. Department of Health and Human Services protection from research risks policy and then only upon the resident's informed written consent.

Each resident has the right to refuse treatment except as provided by Iowa Code chapter 229. In the case of a confused or mentally retarded individual, the responsible party shall be informed by the physician of the resident's medical condition and be afforded the opportunity to participate in the planning of the resident's total care and medical treatment, to be informed of the medical condition, and to refuse to participate in experimental research. (II)

481—58.40 (135C) Involuntary discharge or transfer.

m. The resident shall receive counseling services before (by the sending facility) and after (by the receiving facility) the involuntary transfer to minimize the possible adverse effects of the involuntary transfer. Counseling shall be documented in the resident's record. (II)

(1) Counseling shall be provided by a qualified individual who meets one of the following criteria:

1. Has a bachelor's or master's degree in social work from an accredited college. (II)
2. Is a graduate of an accredited four-year college and has had at least one year of full-time paid employment in a social work capacity with a public or private agency. (II)
3. Has been employed in a social work capacity for a minimum of four years in a public or private agency. (II)
4. Is a licensed psychologist or psychiatrist. (II)
5. Is any other person of the resident's choice. (II)

58.40(2) Intrafacility transfer:

a. Residents shall not be relocated from room to room within a licensed health care facility arbitrarily. (I, II) Involuntary relocation may occur only in the following situations and such situation shall be documented in the resident's record.

a. Residents shall not be relocated from room to room within a licensed health care facility arbitrarily. (I, II) Involuntary relocation may occur only in the following situations and such situation shall be documented in the resident's record.

58.54(3) A résumé of the program of care shall be submitted to the department for approval at least 60 days before a separate CCDI unit or facility is opened. A new résumé of the program of care shall be submitted when services are substantially changed. (II,

III) The résumé of the program of care shall:

- a.* Describe the population to be served; (II, III)
- b.* State philosophy and objectives; (II, III)
- c.* List admission and discharge criteria; (II, III)
- d.* Include a copy of the floor plan; (II, III)
- e.* List the titles of policies and procedures developed for the unit or facility; (II, III)
- f.* Propose a staffing pattern; (II, III)
- g.* Set out a plan for specialized staff training; (II, III)
- h.* State visitor, volunteer, and safety policies; (II, III)
- i.* Describe programs for activities, social services and families; (II, III) and
- j.* Describe the interdisciplinary care planning team. (II, III)

481—58.54 (73GA,ch 1016) Special unit or facility dedicated to the care of persons with chronic confusion or a dementing illness (CCDI unit or facility).

58.54(5) Preadmission assessment of physical, mental, social and behavioral status shall be completed to determine whether the applicant meets admission criteria. This assessment shall be completed by a registered nurse and a staff social worker or social work consultant and shall become part of the permanent record upon admission of the resident. (II, III)

481—61.8(135C) Administration and staff area. An administration and staff area shall contain space for the following:

3. Social service area; (Exception 4)

Kansas

Downloaded 01.2011

39-1401. Abuse, neglect or exploitation of residents; definitions.

As used in this act:

(a) Any person who is licensed to practice any branch of the healing arts, a licensed psychologist, a licensed master level psychologist, a licensed clinical psychotherapist, a chief administrative officer of a medical care facility, an adult care home administrator or operator, a licensed social worker, a licensed professional nurse, a licensed practical nurse, a licensed marriage and family therapist, a licensed clinical marriage and family therapist, licensed professional counselor, licensed clinical professional counselor, registered alcohol and drug abuse counselor, a teacher, a bank trust officer and any other officers of financial institutions, a legal representative or a governmental assistance provider who has reasonable cause to believe that a resident is being or has been abused, neglected or exploited, or is in a condition which is the result of such abuse, neglect or exploitation or is in need of protective services, shall report immediately such information or cause a report of such information to be made in any reasonable manner to the department on aging with respect to residents defined under subsection (a)(1) of K.S.A. 39-1401 and amendments thereto, to the department of health and environment with respect to residents defined under subsection (a)(2) of K.S.A. 39-1401, and amendments thereto, and to the department of social and rehabilitation services and appropriate law enforcement agencies with respect to all other residents. Reports made to one department which are required by this subsection to be made to the other department shall be referred by the department to which the report is made to the appropriate department for that report, and any such report shall constitute compliance with this subsection. Reports shall be made during the normal working week days and hours of operation of such departments. Reports shall be made to law enforcement agencies during the time the departments are not open for business. Law enforcement agencies shall submit the report and appropriate information to the appropriate department on the first working day that such department is open for business. A report made pursuant to K.S.A. 65-4923 or 65-4924 and amendments thereto shall be deemed a report under this section.

26-39-100, Definitions

(e) "Protective services" means services provided by the state or other governmental agency or any private organizations or individuals which are necessary to prevent abuse, neglect or exploitation. Such protective services shall include, but not be limited to, evaluation of the need for services, assistance in obtaining appropriate social services and

assistance in securing medical and legal services.

(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.

28-39-153, Quality of Life

Each nursing facility shall care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.

(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 01.2011

Skilled Nursing Facilities

902 KAR 20:026. Operations and services; skilled nursing facilities.

RELATES TO: KRS 216B.010-216B.131, 216B.990

STATUTORY AUTHORITY: KRS 216B.042, 216B.105,

311.560(3), (4), 314.011(8), 314.042(8), 320.210(2), EO 96-862

NECESSITY, FUNCTION, AND CONFORMITY: KRS 216B.042 and 216B.105

mandate that the Cabinet for Health Services regulate health facilities and health services.

This administrative regulation establishes licensure requirements for the operation of skilled nursing facilities. Executive Order 96-862, effective July 2, 1996, reorganizes the Cabinet for Human Resources and places the Office of Inspector General and its programs under the Cabinet for Health Services.

Section 1. Definitions.

(7) "Qualified social worker" means a person who is licensed pursuant to KRS 335.090, if applicable, and who is a graduate of a school of social work accredited by the Council on Social Work Education.

Section 2. Scope of Operations and Services. Skilled nursing facilities are establishments with permanent facilities including inpatient beds. Services provided include medical services, and continuous nursing services to provide treatment for patients. Patients in a skilled nursing facility are patients who require inpatient care but are not in an acute phase of illness, and who currently require primarily convalescent or rehabilitative services and have a variety of medical conditions.

9. The administrator shall designate a person for each of the following areas who will be responsible for:

b. Social services. There shall be a full-time or part-time social worker employed by the facility, or a person who has training and experience in related fields to find community resources, to be responsible for the social services. If the facility does not have a qualified social worker on its staff, consultation shall be provided by a qualified social worker. The person responsible for this area of service shall have information promptly available on health and welfare resources in the community.

Section 3. Administration and Operation.

(9) Personnel.

(d) Staffing classification requirements.

9. The administrator shall designate a person for each of the following areas who will be responsible for:

b. Social services. There shall be a full-time or part-time social worker employed by the facility, or a person who has training and experience in related fields to find community resources, to be responsible for the social services. If the facility does not have a qualified social worker on its staff, consultation shall be provided by a qualified social worker. The person responsible for this area of service shall have information promptly available on health and welfare resources in the community.

(e) In-service educational programs.

2. Social services training of staff. There shall be provisions for orientation and in-service training of staff directed toward understanding emotional problems and social needs of sick and infirm aged persons and recognition of social problems of patients and the means of taking appropriate action in relation to them. Either a qualified social worker on the staff, or one (1) from outside the facility, shall participate in training programs, case conferences, and arrangements for staff orientation to community services and patient needs.

Section 4. Provision of Services.

(8) Social services.

(a) Provision for medically related social needs. The medically related social needs of the patient shall be identified, and services provided to meet them, in admission of the patient, during his treatment and care in the facility, and in planning for his discharge.

1. As a part of the process of evaluating a patient's need for services in a facility and whether the facility can offer appropriate care, emotional and social factors shall be considered in relation to medical and nursing requirements.

2. As soon as possible after admission, there shall be an evaluation, based on medical, nursing and social factors, of the probable duration of the patient's need for care and a plan shall be formulated and recorded for providing such care.
 3. Where there are indications that financial help will be needed, arrangements shall be made promptly for referral to an appropriate agency.
 4. Social and emotional factors related to the patient's illness, to his response to treatment and to his adjustment to care in the facility shall be recognized and appropriate action shall be taken when necessary to obtain casework services to assist in resolving problems in these areas.
 5. Knowledge of the patient's home situation, financial resources, community resources available to assist him, and pertinent information related to his medical and nursing requirements shall be used in making decisions regarding his discharge from the facility.
- (b) Confidentiality of social data. Pertinent social data, and information about personal and family problems related to the patient's illness and care shall be made available only to the attending physician, appropriate members of the nursing staff, and other key personnel who are directly involved in the patient's care, or to recognized health or welfare agencies. There shall be appropriate policies and procedures for assuring the confidentiality of such information.

1. The staff member responsible for social services shall participate in clinical staff conferences and confer with the attending physician at intervals during the patient's stay in the facility, and there shall be evidence in the record of such conferences.
2. The staff member and nurses responsible for the patient's care shall confer frequently and there shall be evidence of effective working relationships between them.
3. Records of pertinent social information and of action taken to meet social needs shall be maintained for each patient. Signed social service summaries shall be entered promptly in the patient's medical record for the benefit of all staff involved in the care of the patient.

(8 Ky.R. 383; Am. 885; eff. 4-7-82; 11 Ky.R. 811; eff. 12-11-84; 13 Ky.R. 342; eff. 9-4-86; 1133; eff. 2-10-87; 16 Ky.R. 2477; 17 Ky.R. 58; 7-18-90; 1572; 1998; 2193; eff. 12-18-90; 24 Ky.R. 2218; 25 Ky.R. 315; eff. 8-17-98.)

Nursing Homes

902 KAR 20:048. Operation and services; nursing homes.

RELATES TO: KRS 216B.010-216B.130, 216B.990

STATUTORY AUTHORITY: KRS 216B.042, 216B.105,

311.560(3), (4), 314.011(8), 314.042(8), 320.210(2), EO 96-862

NECESSITY, FUNCTION, AND CONFORMITY: KRS 216B.042 and 216B.105

mandate that the Cabinet for Health Services regulate health facilities and health services. This administrative regulation establishes licensure requirements for existing nursing homes. This administrative regulation does not address the establishment of new nursing homes. Executive Order 96-862, effective July 2, 1996, reorganizes the Cabinet for Human Resources and places the Office of Inspector General and its programs under the Cabinet for Health Services.

Section 6. Quality of Life. A facility shall care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's 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 w ho is licensed pursuant to KRS 335.090, or a degree in a related field.

Louisiana

Downloaded 01.2011

Title 48

PUBLIC HEALTH— GENERAL

Part I. General Administration

Subpart 3. Licensing

Chapter 97. Nursing Homes

Subchapter A. General Provisions

§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.

AUTHORITY NOTE: Promulgated in accordance with R.S.

40:2009.1-2116.4.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services

Financing, LR 24:44 (January 1998).

§9721. Criminal History Provisions; Screening

A. Nursing homes shall have criminal history checks performed on nonlicensed personnel to include CNAs, housekeeping staff, activity workers, and social service personnel in accordance with R.S. 40:1300.5 et seq.

§9731. Complaint Process

I. Duty to Make Complaints; Penalty; Immunity

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.

Subchapter F. Social Services

§9847. Social Services

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

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2009.1-2116.4.

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

§9851. Social Service Personnel

A. 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. 40:2009.1-2116.4.

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

Maine

Downloaded 01.2011

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.
- Eff 2/1/01

10-144 Chapter 23-Regulations Governing the Licensing and Functioning of Skilled Nursing Facilities and Nursing Facilities-Alzheimer's/Dementia Care Units.

23.C.6. Social Services

A social worker or an assigned staff person shall provide social services to the resident and support to family members.

- a. The socialization of a resident shall be incorporated in the resident's care plan.
- b. The provision of support to the resident's family, including formation of family support groups, shall be offered by the facility if there are no such support groups available within a reasonable distance (e.g., ten-mile radius) from the facility.
- c. Every effort shall be made by the facility to maintain close positive relationships between family members and the resident, unless it would be injurious to the resident.

Maryland

Downloaded 01.2011

10.07.02.18

.01 Definitions

- (5) "Certified social worker" means any person licensed to practice as a certified social worker in this State.
- (11) "Discipline" means the medical, rehabilitative, nursing, dietetic, activities and social service components affiliated with the operation of a comprehensive care facility.
- (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.

.07 Administration and Resident Care.

J. New Supportive Personnel. New supportive personnel shall be credited for 50 percent of their working time until the employee's orientation program, as approved by the Department, is completed. The person in charge of the service to which the employee is assigned shall have input into the contents of the orientation program. Policies for the

orientation program shall include the number of hours of orientation required for the various levels of supportive personnel. Following the period of orientation the person responsible for the orientation program and the person in charge of the service shall indicate satisfactory completion of the orientation program of the employee. The responsible department's approval shall be in writing, signed by the appropriate department head whose license number, if applicable shall be recorded in the record. In new facilities the director of nursing and supervisors of the various services, dietary, housekeeping, rehabilitation, and social services, shall be responsible for orienting the new supportive personnel to the facility's policies and procedures and to the physical plant. There shall be a complete orientation for all the employees in life safety and disaster preparedness. The number of daily admissions of patients shall be controlled to allow sufficient time for on-the-job training. Before the opening of the facility all supportive personnel shall have a minimum of 2 days of orientation training.

.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.

.39 Geriatric Nursing Assistant Program.

B. Course Structure.

(4) Supplementary instructors shall be drawn from qualified resource personnel such as registered nurses, licensed practical/vocational nurses, pharmacists, dieticians, social workers, sanitarians, fire safety experts, nursing home administrators, gerontologists, psychologists, physicians, physical and occupational therapists, activities specialists, speech/language/hearing therapists, and residents' rights experts, as well as persons with relevant experience, such as residents or experienced aides.

.45 Quality Assurance Program.

C. The nursing facility shall establish a quality assurance committee that includes at least:

- (1) A director of nursing;
- (2) An administrator;
- (3) A social worker;

- (4) A medical director;
- (5) A dietitian; and
- (6) A geriatric nursing assistant of the facility.

Massachusetts
Downloaded 01.2011

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.

Support Services Coordinator shall mean an individual who has received a BA or BS degree in a human services field of study such as Psychology, Nursing or Social Work and is employed by a Resident Care Facility or a Community Support Facility to provide and coordinate care to Community Support Residents. The Coordinator is responsible for arranging and coordinating Support Services. Support Services is a term applied to a variety of services including health and mental health visits, educational and vocational services, as well as recreational services, which are intended to enhance the psychosocial and physical functioning of Community Support Residents.

150.002: Administration

(B) Administration.

(1) A full-time administrator shall be provided in (a) facilities that provide Level I care, (b) facilities that provide Level II care and consist of more than one unit, and (c) facilities that provide Level BI or IV care and consist of more than two units.

(b) A Program Director shall be provided in a facility (or unit) qualifying as an AIDSSNF. A freestanding AIDSSNF shall provide a full-time Program Director. For AIDSSNF units which are part of a conventional nursing home or hospital, the Program Director shall serve at least 24 hours per week. This individual shall have at least three years of clinical experience in any one, or combination of the following disciplines: nursing, clinical psychology, or social work. Responsibilities of the Program Director shall include but not be limited to general administration of the AIDSSNF facility/unit, program development and supervision.

150.003: Admissions, Transfers and Discharges

(D) Admission of Mental Health Patients or Residents.

(a) An on-site analysis of the placement suitability for the individual has been made by a psychiatric social worker or psychiatric nurse.

(2) Level IV facilities designated Community Support Facilities or admitting Community Support Residents shall meet the following requirements.

(a) When a resident who has been determined, following his/her consent and evaluation, to be a Community Support Resident, is admitted to a Community Support Facility, or to a Resident Care Facility (by waiver) a written agreement must be signed between certain referring public or private agencies or institutions and the accepting facility. All referring agencies which are also providers of mental health or psychiatric services must agree in writing to provide or arrange for the following services with another designated provider:

4. Crisis Intervention. When the Administrator of the facility and the Social Worker agree that a mental health crisis exists, the referring agency, hospital or designated provider must work with the facility staff in evaluation and development of a planned response to the crisis.

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

Other professional services (dental, podiatric, etc.) and diagnostic services

(G) AIDSSNFs shall establish a multidisciplinary team which shall include but is not limited to: the attending physician and nurse practitioner; the Director of Nurses; the Director of Social Services; restorative services staff; substance abuse services staff. Team meetings shall be held regularly and shall involve other staff members as appropriate. The multidisciplinary team shall develop and review all Individual Service Plan (ISPs). The multidisciplinary team shall work closely with the Patient Care Advisory Committee which provides a mechanism for community input into the care planning process.

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 either 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 provided 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.

(5) Exception: facilities that provide Level IV care only shall be required to provide social service staff and social services only as indicated by resident's needs.

(a) A CSF, Resident Care Facilities and multi-level facilities with Level IV units with Community Support Residents shall be required to provide or arrange to provide a minimum of one hour of social services per Community Support Resident per month, or more if indicated by the residents' needs.

(b) All social workers providing social services in Level IV facilities shall be licensed according to Board of Registration of Social Work requirements.

1. Effective June 1990, only Master's level licensed social workers will be allowed to provide clinical services, including the development of the Mental Health Treatment Plan for Community Support Residents. LSW social workers currently employed by rest homes to perform this function will be allowed to continue as long as they are receiving appropriate supervision in the development and implementation of clinical services and mental health treatment.

2. L.S.W. social workers providing clinical services must be supervised.

Supervision and consultation must be available to other social work staff as needed.

Supervision must be provided by either an LCSW with an MSW degree or by an LICSW.

(c) Each Community Support Resident shall have a written individualized mental health treatment plan jointly developed by the Community Support Resident and the attending Social Worker in consultation with the resident's physician, psychiatrist, Support Services Coordinator, and other involved mental health consultants if needed. The mental health treatment plan shall be developed as soon as possible but no later than two weeks after admission. Each plan shall be first reviewed by a social worker 30 days after it is first developed and every 90 days thereafter.

(e) If a mental health treatment plan is declined by a resident, the attending social worker, in consultation with the resident's psychiatrist and/or physician, shall make all efforts to meet with the resident, to determine how a plan might be developed and/or modified in order to accommodate the resident's objections, concerns, and suggestions. Reasons for partial or total rejection of the plan must be noted in the resident's record.

(6) A SNCFC with a minimum of 40 beds shall provide the services of one full time, MSW, LCSW social worker who has training and/or experience in developmental disabilities and one full time LSW social worker. For every additional 20 beds there shall be provided an additional half-time LSW social worker.

(7) An AIDSSNF shall have, at a minimum 2.0 FTE (80 hours per week) Social Services staff, including a full time Social Services Director.

(a) In an AIDSSNF the Social Services Director shall be an MSW licensed at the LCSW or LICSW level and shall have at least one year of experience in a health care setting.

Responsibilities of the Director include but are not limited to: staff supervision, mental health treatment and supportive counseling to individuals and family members, admissions screening and discharge planning.

(b) All social work staff providing clinical services in an AIDSSNF must have an MSW and be licensed at the LCSW level.

(c) Social Service staff shall also provide case management and linkage with service organizations and community groups. Staff providing indirect services may be licensed at the LSW level.

(F) Social service 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.

(a) In a SNCFC a social service plan shall be part of the patient's Individual Service Plan (ISP) and to the extent possible, the plan shall be developed with the patient, the patient's family and/or his/her legal guardian and shall reflect permanency planning efforts.

(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 educational programs for the facility staff in order to promote the development of a therapeutic community, a congenial atmosphere and healthy interpersonal relationships in all facilities.

(a) In a SNCFC social services staff shall provide educational programs for the facility staff including but not limited to: patient rights, child abuse, mistreatment and neglect and reporting requirements.

(b) In a SNCFC, social services staff shall provide for regularly scheduled parent/guardian educational and support programs and parent (guardian)/child-centered activities.

(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.

In a SNCFC discharge or transfer plans shall be discussed at least annually and in conjunction with the Individual Service Plan (ISP) annual review. Formal discharge or transfer planning efforts shall be documented in the ISP. Referrals to alternative adult facilities must be indicated when a SNCFC patient turns age 20 as well as referral to the Bureau of Transitional Planning in accordance with M.G.L. c. 688.

(8) In a SNCFC, the social worker shall assist in the coordination of family visits to the patient and in arranging patients' visits outside the facility when appropriate and ordered by the physician. The social worker shall also assist in coordinating arrangements for the patient's return to home or other placement.

(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.

(I) In an AIDSSNF the facility/unit shall ensure sufficient and appropriate staffing to provide counseling and therapy for residents with substance abuse problems. These services may be provided through a contractual arrangement with a provider of substance abuse services. The contract agency must assure that the substance abuse staff will work closely with the psychiatric nurse and social work staff in developing and coordinating the mental health component of the resident's Individual Service Plan (ISP).

150.013: Clinical and Related Records

(H) Individual Service Plan (ISP) in a SNCFC.

(2) Long term goals shall be developed at an annual meeting attended by a multi-disciplinary team. Such annual meeting shall be convened inviting parent and/or guardian participation as well as relevant outside resource and support persons. Types of services needed to achieve goals shall be included in the Individual Service Plan (ISP).

(a) The multi-disciplinary team shall include but not be limited to the attending physician or physician-assistant team or physician-nurse practitioner team, a registered nurse, a registered physical therapist, a registered occupational therapist, a speech pathologist, a social worker supervisor, a representative from the individual's educational/habilitative services program and a supervisor of therapeutic recreation services.

150.021: Support Services Plan for Level IV Community Support Facilities

(A) In Level IV facilities with Community Support Residents, the Support Services Coordinator must develop a Support Services Plan. The plan shall be written as soon as possible but no later than two weeks after admission for new resident admissions and as soon as possible for Community Support Residents already residing in a facility. The Support Plan must describe the service needs of the resident, including those service needs specified in his/her Mental Health Treatment Plan. The Support Plan must be developed by the Community Support Resident and the Support Services Coordinator, in consultation with the resident's social worker, physician, psychiatrist, and other staff.

(2) Each plan should be reviewed 30 days after it is first developed, and every 90 days thereafter. At the time of the plan review, goals and objectives should be evaluated, and revised as needed. If objectives have not been met, new strategies may need to be developed. The plan should be adjusted at any time that a significant change is made in the resident's mental health plan that affects the service needs specified in the Support Plan, or that requires new service needs to be met. The Coordinator, in consultation with the Social Worker may revise the Support Plan as often as the Coordinator feels it is inadequate.

(B) Support Services Coordinator. All Level IV facilities with Community Support Residents shall employ a Support Services Coordinator. The Coordinator is responsible for arranging and coordinating Support Services. Support Services is a term applied to a variety of services including health and mental health visits, educational and vocational services, as well as recreational services which are intended to enhance the psychosocial and physical functioning of Community Support Residents. Some of these services will be specified in the resident's Mental Health Treatment Plan. Others can be identified by the resident, the Coordinator or other staff. The Coordinator is responsible for assuring that all of the services received by a Community Support Resident either within the facility or in the community, are consistent with the Mental Health and Support Services plans. When questions or conflicts arise among the various staff and consultants involved with these residents, it is the responsibility of the Coordinator to arrange and facilitate communication among the others. This may involve arranging meetings among facility staff, referring agency staff, consultant staff or others. It is the role of the Coordinator to minimize duplication of service, and to assure that the Mental Health Plan required by these regulations is the focus of a consistent and well organized care plan. The Coordinator should meet regularly with Community Support Residents as well as with the Social Worker and other facility staff. The Coordinator may also wish to visit other agencies and staff to facilitate linkage and coordination.

Minimum Support Services Coordinator Personnel Requirements:

(3) The Support Services Coordinator shall receive clinical supervision from the Social Worker, and shall meet at least monthly, preferably weekly, with the Social Worker to discuss the resident's care plans.

(4) The Support Services Coordinator shall, prior to employment by a Community Support Facility, possess a BA or BS degree in a human services field of study such as Psychology, Nursing or Social Work, have documented evidence of having received appropriate training in the psychosocial problems and needs of Community Support Residents, have knowledge of the Support Services available to Community Support Residents, and have adequate training, as determined by the Department, in the effects and side effects of those drug therapies prescribed for Community Support Residents.

(5) Duties of the Support Services Coordinator shall be restricted to the day shift.

151.530: Office Space

(B) Consultant Offices.

(1) Consideration shall be given to provide separate rooms in Level I & II facilities for the use of full-time consultants, such as a medical director, dietitian, social worker and others.

155.003: Definitions

Mandatory reporting individual: any person who is paid for caring for a patient or resident, whether on a permanent or temporary basis, and/or who is:

(23) a social worker;

156.210: Qualifications of the Instructor

(B) Other health care professionals such as dietitians, social workers, physical therapists, occupational therapists, and others may teach lessons or modules of nurses' aides training course.

Michigan

Downloaded 01.2011

333.20127 Task force 4; purpose; appointment and qualifications of members; chairperson and vice-chairperson; quorum; procedures; duties.

Sec. 20127.

(2) The director shall appoint the task force members, 1 of whom shall be a nurse having a background in gerontology, 1 a social worker having a background in gerontology, 5 representatives of nursing homes, 3 representatives of public interest health consumer groups, and 5 public members, 3 of whom have or have had relatives in a nursing home. In addition, there shall be 2 ex officio members without vote, 1 representing the department of public health, and 1 representing the department of social services.

History: Add. 1978, Act 493, Eff. Mar. 30, 1979.

Popular name: Act 368

R 325.20502 Policies and procedures for care.

(5) The policy shall govern, at a minimum, all of the following:

(m) Social services, including counseling services.

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 AACCS; 1983 AACCS; 1986 AACCS.

333.21562 Rural community hospital as limited service hospital; delivery of basic acute care services; rules implementing part; agreement to participate in Medicaid program; definition; participation in federal Medicare program; appointment, membership, and purpose of ad hoc advisory committee; transfer agreement.

(3) A rural community hospital shall enter into an agreement with the department of social services to participate in the Medicaid program. As used in this subsection, "Medicaid" means that term as defined in section 22207.

333.21702 Definitions; D to P.

(4) "Medicaid" means the program for medical assistance established under title XIX of the social security act, chapter 531, 49 Stat. 620, 42 U.S.C. 1396 to 1396f, and 1396i to 1396u, and administered by the department of social services under the social welfare act, Act No. 280 of the Public Acts of 1939, being sections 400.1 to 400.119b of the Michigan Compiled Laws.

333.21763 Access to nursing home patients; purposes; requirements; termination of visit; confidentiality; complaint; determination; prohibited entry.

Sec. 21763. (1) A nursing home shall permit a representative of an approved organization, who is known by the nursing home administration to be authorized to represent the organization or who carries identification showing that the representative is authorized to represent the organization, a family member of a patient, or a legal representative of a patient, to have access to nursing home patients for 1 or more of the following purposes:

(a) Visit, talk with, and make personal, social, and legal services available to the patients.

(b) Inform patients of their rights and entitlements, and their corresponding obligations, under federal and state laws by means of the distribution of educational materials and discussion in groups and with individual patients.

(c) Assist patients in asserting their legal rights regarding claims for public assistance, medical assistance, and social services benefits, as well as in all matters in which patients are aggrieved. Assistance may be provided individually or on a group basis and may include organizational activity and counseling and litigation.

(d) Engage in other methods of assisting, advising, and representing patients so as to extend to them the full enjoyment of their rights.

History: Add. 1978, Act 493, Eff. Mar. 30, 1979; $\frac{3}{4}$ Am. 1996, Act 546, Eff. Mar. 31, 1997.

Popular name: Act 368

333.21785 Discontinuance of operation; notice; relocation of patients.

Sec. 21785. (1) If a nursing home proposes to discontinue operation, the licensee shall notify the department of public health and the department of social services of the impending discontinuance of operation. The licensee shall notify the patient and the patient's next of kin, patient's representative, and the party executing the contract under section 21766 of the proposed date of the discontinuance. The notice shall be sufficient to make suitable arrangements for the transfer and care of the patient.

(2) The notices required by this section shall be given not less than 30 days before the discontinuance.

(3) The licensee and the department of social services shall be responsible for securing a suitable relocation of a patient who does not have a relative or legal representative to assist in his or her relocation before the discontinuance of operation. The licensee and the department of social services shall keep the department of public health informed of their efforts and activities in carrying out this responsibility. The department of social services shall make available to the licensee and the department of public health assistance necessary to assure the effectiveness of efforts to secure a suitable relocation.

History: Add. 1978, Act 493, Eff. Mar. 30, 1979.

Popular name: Act 368

Minnesota

Downloaded 01.2011

Minnesota Rules, Table of Chapters

Table of contents for Chapter 4658

4658.0450 CLINICAL RECORD CONTENTS.

Subp. 7. Social services. The clinical record must contain the recording requirements of parts 4658.1015 and 4658.1020.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431

HIST: 20 SR 303; 21 SR 196

Minnesota Rules, Table of Chapters

Table of contents for Chapter 4658

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

4658.1090 PENALTIES FOR SOCIAL SERVICES RULE VIOLATIONS.

Penalty assessments will be assessed on a daily basis for violations of parts 4658.1000 to 4658.1005 and are as follows:

A. part 4658.1005, subparts 1, 3, and 4, \$300; and

B. part 4658.1005, subparts 2 and 5, \$350.

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

HIST: 21 SR 196

Current as of 01/19/05

Mississippi

Downloaded 01.2011

Part I - General Nursing Homes

101 -- Definitions

101.5 Criminal History Record Checks.

For the purpose of criminal history record checks, the term "licensed entity" means a hospital, nursing home, personal care home, home health agency or hospice. Health Care Professional/Vocational Technical Academic Program. For the purpose of criminal history record checks, "health care professional/vocational technical academic program" means an academic program in medicine, nursing, dentistry, occupational therapy, physical therapy, social services, speech therapy, or other allied-health professional whose purpose is to prepare professionals to render patient care services.

101.14

Licensed Facility Representative: For the purposes of regulations governing informal dispute resolutions, the term "licensed facility representative" shall mean an employee of the licensed facility (i.e., including, but not limited to, administrator, assistant administrator, director of nursing, director of social services, and others), as designated by the administrator of the licensed facility.

Part VI Social Services and Resident Activities

125 -- Social Services

125.01 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.

125.02 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.

125.03 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.

125.04 Personnel.

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

125.05 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

140 -- Fire Safety and Construction

140.02 Required Rooms and Areas.

19. Social Services Office.

Missouri

Downloaded 01.2011

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

PURPOSE: This rule establishes standards for administration and resident care in an intermediate care or skilled nursing facility.

(13) The facility shall develop policies and procedures applicable to its operation to insure the residents' health and safety and to meet the residents' needs. At a minimum, there shall be policies covering personnel practices, admission, discharge, payment, medical emergency treatment procedures, nursing practices, pharmaceutical services, social services, activities, dietary, housekeeping, infection control, disaster and accident prevention, residents' rights and handling residents' property. II/III

(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

19 CSR 30-86.047 Administrative, Personnel and Resident Care Requirements for Assisted Living Facilities

PURPOSE: This rule establishes standards for all assisted living facilities licensed pursuant to sections 198.005 and 198.073, RSMo (CCS HCS SCS SB 616, 93rd General Assembly, Second Regular Session (2006)) and required to meet assisted living facility standards pursuant to section 198.073.3, RSMo (CCS HCS SCS SB 616, 93rd General Assembly, Second Regular Session (2006)) and section 198.076, RSMo 2000.

(4) Definitions. For the purpose of this rule, the following definitions shall apply:

(A) Appropriately trained and qualified individual means an individual who is licensed or registered with the state of Missouri in a health care related field or an individual with a degree in a health care related field or an individual with a degree in a health care, social services, or human services field or an individual licensed under Chapter 344, RSMo, and who has received facility orientation training under 19 CSR 30-86.042(18), and dementia training under section 660.050, RSMo, and twenty-four (24) hours of additional training,

approved by the department, consisting of definition and assessment of activities of daily living, assessment of cognitive ability, service planning, and interview skills;

Montana

Downloaded 01.2011

37.40.412 RESIDENT ACTIVITIES PROGRAM

(1) The facility must provide for an ongoing program of activities designed to meet the interests and the physical, mental, and psychosocial well being of each resident.

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

(History: 53-6-113, MCA; IMP, 53-6-101, 53-6-113, MCA; NEW, 2004 MAR p. 1479, Eff. 7/2/04.)

37.40.1420 HOME AND COMMUNITY-BASED SERVICES FOR ELDERLY AND PHYSICALLY DISABLED PERSONS: PLANS OF CARE

(6) Each plan of care must include the following:

(vi) social services;

37.40.1430 HOME AND COMMUNITY-BASED SERVICES FOR ELDERLY AND PHYSICALLY DISABLED PERSONS: CASE MANAGEMENT, REQUIREMENTS

(3) The case management team consists of a registered nurse and a social worker.

37.47.910 TERMINATION OF HOME ATTENDANT SERVICES

(1) The recipient may request that home attendant services be discontinued or may request a change of home attendant. The social worker must act on this request.

(2) The department may, in its discretion and in accordance with these rules, terminate home attendant services to a recipient.

(a) The social worker must inform the recipient both in person and in writing of the decision to discontinue services and the reasons.

37.106.2908 STAFF TRAINING

(1) Restraints, safety devices or postural supports may only be applied by staff who have received training in their use, as specified below and appropriate to the services provided by the facility.

(2) Staff training shall include, at a minimum, information and demonstration in:

(a) the proper techniques for applying and monitoring restraints, safety devices or postural supports;

(b) skin care appropriate to prevent redness, breakdown and decubiti;

(c) active and passive assisted range of motion to prevent joint contractures;

(d) assessment of blood circulation to prevent obstruction of blood flow and promote adequate circulation to all extremities;

(e) turning and positioning to prevent skin breakdown and keep the lungs clear;

(f) potential risk for residents to become injured or asphyxiated because the resident is entangled in a bed rail or caught between the bed rail and mattress if the mattress or mattress pad is ill-fitted or is out of position;

(g) provision of sufficient bed clothing and covering to maintain a normal body temperature;

(h) provision of additional attention to meet the physical, mental, emotional and social needs of the resident; and

(i) techniques to identify behavioral symptoms that may trigger a resident's need for a restraint or safety device and to determine possible alternatives to their use. These include:

(i) observing the intensity, duration and frequency of the resident's behavior;
(ii) identifying patterns over a period of time and factors that may trigger the behavior;
and

(iii) determining if the resident's behavior is:

(A) new or if there is a prior history of the behavior;

(B) the result of mental, emotional, or physical illness;

(C) or a radical departure from the resident's normal personality.

(3) Training described in (2) 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; and

(b) a written description of the content of this training, a notation of the person, agency, organization or institution providing the training, the names of staff receiving the training, and the date of training must be maintained by the facility for two years.

(4) Refresher training for all direct care staff caring for restrained residents and applying restraints, safety devices or postural supports must be provided at least annually or more often as needed. The facility must:

(a) ensure that the refresher training encompasses the techniques described in (2) of this rule; and

(b) for two years after each training session, maintain a record of the refresher training and a description of the content of the training.

(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.

50-5-101 (Temporary) Definitions

(31) "Intermediate developmental disability care" means the provision of intermediate nursing care services, health-related services, and social services for persons with a developmental disability, as defined in 53-20-102, or for persons with related problems.

(32) "Intermediate nursing care" means the provision of nursing care services, health-related services, and social services under the supervision of a licensed nurse to patients not requiring 24-hour nursing care.

(48) "Rehabilitation facility" means a facility that is operated for the primary purpose of assisting in the rehabilitation of disabled individuals by providing comprehensive medical evaluations and services, psychological and social services, or vocational evaluation and training or any combination of these services and in which the major portion of the services is furnished within the facility.

(54) "Skilled nursing care" means the provision of nursing care services, health-related services, and social services under the supervision of a licensed registered nurse on a 24-hour basis.

52-3-804. Duties of department.

(4) If a person alleged to be abused, sexually abused, neglected, or exploited pursuant to this part or the person's caretaker refuses to allow a representative of the department entrance to the premises for the purpose of investigating a report made pursuant to 52-3-811(1)(a), the district court in the county where the person is found may order a law

enforcement officer or a department social worker to enter the premises to conduct an investigation upon finding that there is probable cause to believe that the person is abused, sexually abused, neglected, or exploited.

52-3-805. Adult protective service teams.

(1) The county attorney or the department of public health and human services shall convene one or more temporary or permanent interdisciplinary adult protective service teams. These teams shall assist in assessing the needs of, formulating and monitoring a treatment plan for, and coordinating services to older persons and persons with developmental disabilities who are victims of abuse, sexual abuse, neglect, or exploitation. The supervisor of adult protective services of the department of public health and human services or the department's designee shall serve as the team's coordinator. Members must include a social worker, a member of a local law enforcement agency, a representative of the medical profession, and a county attorney or the county attorney's designee, who is an attorney. Members may include other appropriate persons designated by the county attorney or the department.

(2) When the team considers a matter involving an adult with developmental disabilities in the care of a person providing developmental disabilities services, the team must also include a provider of developmental disability services other than the provider involved in the matter under review. The team shall make a report to the county attorney that contains a recommendation concerning any criminal prosecution to be brought pursuant to this part.

(History: En. Sec. 1, Ch. 662, L. 1985; amd. Sec. 12, Ch. 609, L. 1987; Sec. , MCA 1989; redes. by Code Commissioner, 1991; amd. Sec. 4, Ch. 167, L. 1993; amd. Sec. 2, Ch. 421, L. 1993; amd. Sec. 2, Ch. 426, L. 1993; amd. Sec. 21, Ch. 255, L. 1995; amd. Sec. 364, Ch. 546, L. 1995.)

52-3-811. Reports.

(1) When the professionals and other persons listed in subsection (3) know or have reasonable cause to suspect that an older person or a person with a developmental disability known to them in their professional or official capacities has been subjected to abuse, sexual abuse, neglect, or exploitation, they shall:

(a) if the person is not a resident of a long-term care facility, report the matter to:

(i) the department or its local affiliate; or

(ii) the county attorney of the county in which the person resides or in which the acts that are the subject of the report occurred;

(b) if the person is a resident of a long-term care facility, report the matter to the long-term care ombudsman appointed under the provisions of 42 U.S.C. 3027(a) (12) and to the department. The department shall investigate the matter pursuant to its authority in 50-5-204 and, if it finds any allegations of abuse, sexual abuse, neglect, or exploitation contained in the report to be substantially true, forward a copy of the report to the county attorney as provided in subsection (1) (a) (ii).

(2) If the report required in subsection (1) involves an act or omission of the department that may be construed as abuse, sexual abuse, neglect, or exploitation, a copy of the report may not be sent to the department but must be sent instead to the county attorney of the county in which the older person or the person with a developmental disability resides or in which the acts that are the subject of the report occurred.

(3) Professionals and other persons required to report are:

(d) a social worker or other employee of the state, a county, or a municipality assisting an older person or a person with a developmental disability in the application for or receipt of public assistance payments or services;

History: En. Sec. 4, Ch. 623, L. 1983; amd. Sec. 13, Ch. 548, L. 1985; amd. Sec. 11, Ch. 609, L. 1987; amd. Sec. 5, Ch. 198, L. 1989; Sec., MCA 1989; redes. by Code Commissioner, 1991; amd. Sec. 5, Ch. 167, L. 1993; amd. Sec. 3, Ch. 421, L. 1993; amd. Sec. 154, Ch. 418, L. 1995; amd. Sec. 7, Ch. 465, L. 1995; amd. Sec. 365, Ch. 546, L. 1995; amd. Sec. 4, Ch. 196, L. 1999; amd. Sec. 9, Ch. 54, L. 2003.

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

Quality Assurance Division – Certification Bureau

STATE PLAN for the NURSE AIDE TRAINING AND COMPETENCY TESTING PROGRAM

State Guidelines

(e) Required training of nurse aides.

(1) Definitions:

Licensed health professional means a physician, physician assistant, nurse practitioner; physical, speech or occupational therapist; licensed occupational therapy assistant; licensed physical therapy assistant; registered professional nurse; licensed practical nurse; licensed or certified social worker, and licensed nutritionist/registered dietitian. A registered dietitian, to practice as a professional dietitian/nutritionist, must be licensed by the state.

Nebraska

Downloaded 01.2011

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.

12-006.04E 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.

12-006.09 Care and Treatment:

12-006.09B Resident Assessment: The facility must conduct initially and periodically a comprehensive, accurate, and reproducible assessment of each resident's functional capacity. The assessment must include documentation of:

8. Mental and psychosocial status, including:

a. Medically related social services needs of resident;

b. Evaluation of resident's physical, mental and psychosocial functioning, and social service support needs; and

c. Evaluation of outside contacts, frequency of visitors, use of free time, communication, orientation, and behavior;

12-006.09 Care and Treatment: The facility is responsible for ensuring the physical, mental and psychosocial needs of all residents are met in accordance with each resident's individualized needs and physician orders.

12-006.09D Provision of Care and Treatment: The facility must provide the necessary care and treatment to permit achievement and maintenance of optimal mental, physical, and psychosocial functional status and independence in accordance with the comprehensive assessment and plan of care for each resident.

12-006.09D5 Mental and Psychosocial Functioning: The facility must identify and implement appropriate standards of care and treatment to promote each resident's mental and psychosocial functioning.

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

Downloaded 01.2011

NAC 449.262 Provision of dental, optical and hearing care and social services; report of suspected abuse, neglect, isolation or exploitation; restrictions on use of restraints, confinement or sedatives.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R073-03, 1-22-2004)

NAC 449.0068 "Services" defined. (NRS 449.037) "Services" means medical or personal care, including necessary preparation of food, laundry and housekeeping in the case of a residential facility and items such as medical diagnosis and treatment, drugs and biologicals, supplies, appliances, equipment, medical-social services and use of a facility. (Added to NAC by Bd. of Health, eff. 8-1-91)

NAC 449.5445 Social services. (NRS 449.037)

1. Each facility shall provide social services to each patient of the facility and to the provider of care for the patient, if required. The facility shall ensure that the social services support and maximize the adjustment, social functioning and rehabilitation of each patient of the facility.
2. The social worker shall:
 - (a) Conduct a psychosocial evaluation of each patient of the facility;
 - (b) Participate in a team review of the progress of the patient in accordance with the provisions of NAC 449.541;
 - (c) Recommend changes in the treatment of the patient based on the psychosocial requirements of the patient
 - (d) Except as otherwise provided in subsection 7, provide casework and group work services to the patient and, if needed, to members of his family concerning the problems associated with treating end-stage renal disease;
 - (e) Except as otherwise provided in subsection 7, identify public agencies that may provide social services for the patient or other resources that are available to the patient and assist the patient and each member of his family in the use of those resources; and
 - (f) Participate in activities conducted at the facility to ensure the quality of the facility.
3. Each facility shall ensure that the initial contact between the social worker and each patient of the facility occurs and is documented in writing not more than 2 weeks after the patient is admitted to the facility or immediately after the patient receives seven treatments at the facility, whichever occurs later. A comprehensive psychosocial assessment of the patient must be completed within 30 days after the patient is admitted to the facility or immediately after the patient receives 13 treatments at the facility, whichever occurs later.
4. Each facility shall, annually or more often if required by the circumstances concerning the treatment of the patient, revise the comprehensive psychosocial assessment of each patient specified in subsection 3.
5. Each facility shall employ or contract with a social worker to meet the psychosocial requirements of each patient of the facility. If a facility provides treatment for 100 or more patients, the facility shall ensure that one full-time equivalent social worker is available at the facility.

6. Social services must be available at each facility during scheduled periods for treatment. The facility may require a patient to obtain an appointment with a social worker before receiving those services.
7. The provisions of paragraphs (d) and (e) of subsection 2 do not apply to a correctional institution.

(Added to NAC by Bd. of Health by R130-99, eff. 8-1-2001)

NAC 449.677 Employees: General requirements. (NRS 449.037)

5. A designated member of the staff who is suited by training or experience must be responsible for arranging social services and for the integration of social services with other elements of the overall plan of care.

NAC 449.713 Program requirements. (NRS 449.037)

1. A facility must maintain arrangements through which medical, dental and remedial services, such as laboratory services or X-ray, required by the resident but not regularly provided within the facility, may be obtained when needed.
2. The facility must provide, according to the needs of each resident, specialized and supportive rehabilitative services either directly or through arrangements with qualified outside resources.
3. These services must be provided under a written plan of care:
 - (a) Based on the attending physician's orders;
 - (b) Based on an assessment of the resident's needs;
 - (c) Which is reviewed regularly, noting a resident's progress; and
 - (d) Which is altered or revised as necessary.
4. Services must be provided in accordance with accepted professional practices by qualified therapists or by qualified assistants or other supportive personnel under appropriate supervision
5. Areas utilized to provide therapy services must be of sufficient size and appropriate design to accommodate necessary equipment, conduct examinations and provide treatment.
6. The facility must provide social services as needed by the residents either directly or by written arrangement with an outside source. A designated member of the staff who is qualified by training or experience must be responsible for implementing and coordinating social services. A plan for social services must be recorded in the patient's record and must be periodically evaluated in conjunction with the total plan of care for the resident.
7. The facility must provide a program of activities.
8. A plan for independent and group activities must be developed for each resident in accordance with his needs and interests. The program of activities must be incorporated in the overall plan of care for the resident. The program must be reviewed with the participation of the resident at least quarterly and altered as needed.
9. Adequate recreational areas must be provided and sufficient equipment and materials must be available.

[Bd. of Health, Intermediate Care Facilities Reg. §§ 4.1-4.4.2.1, eff. 12-5-75]

NAC 449.737 Plan of care. (NRS 449.037)

5. The facility must provide or arrange for the provision of the services of qualified professionals as indicated in the resident's individualized plan of care. Available services must include, but are not limited to:

- (a) Physical and occupational therapy;
 - (b) Psychological services;
 - (c) Social services;
 - (d) Speech pathology and audiology;
 - (e) Organized recreational activities; and
 - (f) Physician's services, including:
 - (1) An annual physical examination; and
 - (2) Formal arrangements for 24-hour emergency treatment every day of the week.
- [Bd. of Health, Intermediate Care Facilities Reg. §§ 16.5-16.7 & 16.14-16.14.6.2, eff. 12-5-75]

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 01.2011

He-E 802.11 Plan of Care.

(6) Orders for:

g. Social services;

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 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.

SUBCHAPTER 4. ADMINISTRATIVE EXPERIENCE REQUIREMENT

8:34-4.2 Administrator-in-training (AIT) program

- (b) An AIT program approved by the Board shall provide at least 70 hours of administrative experience in each of the following service areas:

5. Social service

SUBCHAPTER 6. ADVISORY ACCESS TO CARE

8:39-6.1 Advisory admission policies and procedures

- (b) Before admission, the resident's physician, the facility's social worker, the facility's admissions officer (if different from the social worker), and a registered professional nurse discuss the appropriateness of the placement.

SUBCHAPTER 9. MANDATORY ADMINISTRATION

8:39-9.6 Mandatory policies and procedures for advance directives

- (a) The facility shall develop and implement procedures to ensure that there is a routine inquiry made of each adult resident, upon admission to the facility and at other appropriate times, concerning the existence and location of an advance directive. If the resident is incapable of responding to this inquiry, the facility shall have procedures to request the information from the resident's family or in the absence of a family member, another individual with personal knowledge of the resident. The procedures shall assure that the resident or family's response to this inquiry is documented in the medical record. Such procedures shall also define the role of facility admissions, nursing, social service and other staff as well as the responsibilities of the attending physician or advanced practice nurse.

SUBCHAPTER 11. MANDATORY RESIDENT ASSESSMENT AND CARE PLANS

8:39-11.1 Mandatory completion of resident assessment and coordination of care plans

- (b) Each physician or advanced practice nurse order shall be executed by the nursing, dietary, social work, activities, rehabilitation or pharmacy service, as appropriate in accordance with professional standards of practice.

1. The complete assessment and care plan shall be based on oral or written communication and assessments provided by nursing, dietary, resident activities, and social work staff; and when ordered by the physician or advanced practice nurse, assessments shall also be provided by other health professionals.

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.

New Mexico

Downloaded 01.2011

7.9.2.32 MEDICAL RECORDS – CONTENT: Except for persons admitted for short-term care, each resident's medical record shall contain:

D. SOCIAL SERVICES RECORDS:

(1) A social history of the resident; and

(2) Notes regarding pertinent social data and action taken.

[7-1-60, 5-2-89; 7.9.2.32 NMAC – Rn, 7 NMAC 9.2.32, 8-31-00]

7.9.2.36 PROGRAM STATEMENT FOR DEVELOPMENTALLY DISABLED RESIDENTS:

(4) Description of program elements, including relationships, contracted services and arrangements with other health and social services agencies and programs.

[5-2-89; 7.9.2.36 NMAC – Rn, 7 NMAC 9.2.36, 8-31-00]

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]

(i) Admission Policies and Practices.

(1) The nursing home shall:

(vii) provide to each resident or designated representative at the time of admission, a written copy of the following information and services which shall be considered as basic information and services to be made available to all residents:

(m) social services as needed;

Effective Date: 04/17/96

Title: Section 415.5 - Quality of life

(g) Social Services.

(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

(i) Admission Policies and Practices.

(1) The nursing home shall:

(vii) provide to each resident or designated representative at the time of admission, a written copy of the following information and services which shall be considered as basic information and services to be made available to all residents:

- (a) the daily, weekly or monthly rate;
- (b) board, including therapeutic or modified diets, as prescribed by a physician;
- (c) lodging; a clean, healthful, sheltered environment, properly outfitted;
- (d) 24 hours-per-day nursing care;
- (e) the use of all equipment, medical supplies and modalities, notwithstanding the quantity usually used in the everyday care of nursing home residents, including but not limited to catheters, hypodermic syringes and needles, irrigation outfits, dressings and pads, and so forth;
- (f) fresh bed linen, as required, changed at least twice weekly, including sufficient quantities of necessary bed linen or appropriate substitutes changed as often as required for incontinent residents;
- (g) hospital gowns or pajamas as required by the clinical condition of the resident, unless the resident, next of kin or sponsor elects to furnish them, and laundry services for these and other launderable personal clothing items;
- (h) general household medicine cabinet supplies, including but not limited to non-prescription medications, materials for routine skin care, oral hygiene, care of hair, and so forth, except when specific items are medically indicated and prescribed for exceptional use for a specific resident
- (i) assistance and/or supervision, when required, with activities of daily living, including but not limited to toilet, bathing, feeding and ambulation assistance;
- (j) services, in the daily performance of their assigned duties, by members of the nursing home staff concerned with resident care;
- (k) use of customarily stocked equipment, including but not limited to crutches, walkers, wheelchairs or other supportive equipment, including training in their use when necessary, unless such item is prescribed by a physician for regular and sole use by a specific resident;
- (l) activities program, including but not limited to a planned schedule of recreational, motivational, social and other activities, together with the necessary materials and

- supplies to make the resident's life more meaningful;
- (m) social services as needed;
- (n) physical therapy, on either a staff or fee-for-service basis, as prescribed by a physician, administered by or under the direct supervision of a licensed and currently registered physical therapist;
- (o) occupational therapy, on either a staff or fee-for-service basis, as prescribed by a physician, administered by or under the supervision of a qualified occupational therapist;
- (p) speech pathology services, on either a staff or fee-for-service basis, as prescribed by a physician, administered by a qualified speech pathologist;
- (q) audiology services, on either a staff or fee-for-service basis, as prescribed by a physician, administered by a qualified audiologist; and
- (r) dental services, on either a staff or fee-for-service basis, as administered by or under either the personal or general supervision of a licensed and currently registered dentist;

Section 713-2.11 - Administration and public areas

713-2.11 Administration and public areas.

- (c) Interview space(s) for private interviews relating to social services, credit and admissions.

Section 96.1 Definitions. The following definitions shall apply to this Subchapter unless the context otherwise requires:

- (o) Qualifying field experience shall mean the verified full-time, minimum of 35 hours per week, service on the staff of a qualifying Article 28 in-patient health care facility as defined by the Board, in an administrative position within the five-year period preceding approval of the licensure application.

(3) At least one major department or service area must directly impact on the provision of patient care or services. Major department and services areas with direct impact on the provision of patient care or services as defined by the Board for the purpose of licensure experience are:

- (d) Social Services (including all of admissions, discharge planning and social service program).

North Carolina

Downloaded 01.2011

10A NCAC 13D .2001 DEFINITIONS

(64) "Social worker" means a person who meets the qualifications set forth in Rule .2802 of this Subchapter.

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;

Eff. January 1, 1996.

10A NCAC 13D .2110 PUBLIC ACCESS TO DEPARTMENT LICENSURE RECORDS

(3) information identifying any person as a recipient of public assistance or social services, unless that person consents to the disclosure;

History Note: Authority G.S. 8-53; 108A-80; 131E-104; 131E-124(c); 132-1.1;

Eff. January 1, 1996.

10A NCAC 13D .3016 ADDITIONAL SOCIAL WORK REQUIREMENTS FOR HIV DESIGNATED UNITS

In addition to the social work services specified in Rule .2802 of this Subchapter, in a facility with a Human Immunodeficiency Virus disease designated unit, the social worker shall provide or arrange for the provision of spiritual, pastoral and grief counseling and bereavement services for patients and staff where appropriate. Support services shall be provided to the patients' families and significant others. Where necessary, coordination with treatment services for substance abuse, legal services and other community resources shall be identified.

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

RRC objection due to lack of statutory authority Eff. July 13, 1995;

Eff. January 1, 1996.

SECTION .3200 FUNCTIONAL REQUIREMENTS

10A NCAC 13D .3201

(r) 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.

North Dakota

Downloaded 01.2011

33-07-03.2-17. Resident record services.

The governing body of the facility shall establish and implement policies and procedures to ensure the facility has a resident record service with administrative responsibility for resident records.

4. Each resident record must include:

1. Social service notes.

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

33-07-03.2-26. Secured units.

Secured units, such as those designed for residents with Alzheimer's disease or other dementias, must comply with the following:

1. Prior to admission or within seven days of admission, a multidisciplinary team shall evaluate the appropriateness of a resident's placement in a secured unit. The multidisciplinary team shall, at a minimum, consist of a registered nurse and a licensed social worker who will be providing service to the resident in the secured unit, the resident's licensed health care practitioner, and the resident or the individual who has legal status to act on behalf of the resident;

Ohio

Downloaded 01.2011

3701-17-07.1 Required training and competency evaluation for nurse aides working in long-term care facilities.

(f) A social worker or independent social worker licensed, or social work assistant certified under Chapter 4757. of the Revised Code;

3701-17-08 Personnel requirements.

(C) Each nursing home shall have staff sufficient in number on each shift to provide care and services to meet the needs of the residents in an appropriate and timely manner and to provide a minimum daily average of two and three-fourths hours of direct care and services per resident per day as follows:

(3) The remainder of the hours may be provided by nurses, nurse aides, activities aides, occupational therapists, physical therapists, dietitians, and social service workers who provide direct care and services to the residents. Each nursing home shall have a registered nurse on call whenever one is not on duty in the home.

(E) Each nursing home shall also have the following staff who are competent to perform the duties they are assigned:

(4) A social worker to assist the home in meeting the social service needs of the residents and the requirements of rule 3701-17-09 of the Administrative Code. For nursing homes with one hundred and twenty beds or less, this individual may be hired on a part-time or consultant basis.

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

(A) Each nursing home shall employ a full-time or full-time equivalent individual who meets the qualifications specified in paragraph (G) of rule 3701-17-07 of the Administrative Code to direct the activities program, and sufficient assistants to meet residents' activity needs. All nursing homes shall provide an ongoing activity program which shall be designed to meet the physical, mental, emotional, psycho-social well-being and personal interests of each resident. The program shall reflect an activities schedule that involves day time, week end, evening, and community involvement

programs to meet the identified needs of each resident based on their comprehensive assessment and care plan required by rules 3701-17-10 and 3701-17-14 of the Administrative Code, respectively. Based on the residents' changes in abilities, physical and mental status, timely adjustments in programming shall be made to meet the residents' needs at all times.

(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.

(C) All nursing homes shall provide, facilitate or arrange for services to meet the spiritual preferences of their residents

(D) Members of a resident's immediate family, guardian, physician, friends, sponsors, or spiritual advisor may visit the resident at any time unless the resident objects. The nursing home may establish reasonable policies to ensure that visits will not unduly disturb other residents or interfere with the operation of the home.

(E) All nursing homes shall provide residents with reasonable access to telephone services. The telephone shall be located in an area where calls can be made without being overheard and, if necessary, shall be adapted to accommodate disabilities.

(F) Each nursing home that allows animals or pets to reside in the nursing home shall establish, in consultation with the medical director and a veterinarian, and implement a written protocol regarding animals and pets that protects the health and safety and rights of residents. For the purposes of this paragraph, "veterinarian" means an individual licensed to practice veterinary medicine under Chapter 4741. of the Revised Code.

(G) The administrator shall ensure that:

(1) All mail, telegrams, or other communications addressed to residents is delivered to the addressee unopened and unread immediately upon receipt at the nursing home, and opened and read to the resident after delivery if the resident so requests.

(2) The resident's outgoing mail shall be delivered unopened and unread to the regular postal channels promptly upon its receipt from the resident except when there is no regularly scheduled postal delivery or pick-up service in which case it shall be placed into the next regularly scheduled delivery or pick-up. The nursing home shall assist a resident in writing a letter or have a letter written for him or her if the resident so requests.

Replaces rules 3701-17-09, 3701-17-10 & 3701-17-11

Effective date: October 20, 2001

R.C. 119.032 Review Date: 9/1/00; 10/1/06

Certified by:

/S/

Jodi A. Govern, Secretary
Public Health Council
10/10/01

Date

Rule promulgated under: RC Chapter 119

Rule authorized by: RC 3721.04
Rule amplifies: RC 3721.01 to 3721.19
Prior effective dates: 12/21/92; 5/2/66

Oklahoma
Downloaded 01.2011

310:675-1-2. Definitions

"Allied health professional" means one of the following persons: physician assistant, physical, speech, or occupational therapist, occupational therapy assistant, physical therapy assistant, or qualified social worker.

"Licensed health professional" means one of the following: a physician; dentist, podiatrist, chiropractor, physician assistant, nurse practitioner; pharmacist; physical, speech, or occupational therapist; registered nurse, licensed practical nurse; licensed or certified social worker; or licensed/registered dietician.

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.

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 13 Ok Reg 2511, eff 6-27-96; Amended at 16 Ok Reg 2521, eff 6-25-99; Amended at 18 Ok Reg 2533, eff 6-25-01]

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.

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

310:675-9-1.1. Nursing and personal care services

(c) The facility shall assist the resident in securing other services recommended by a physician such as, but not limited to, optometry or ophthalmology, audiology or otology, podiatry, laboratory, radiology or hospital services. The administration shall, through social services or other means, assist each resident desiring or needing medical related services.

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

Oregon

Downloaded 01.2011

411-070-0465

Uniform Chart of Accounts

The following account definitions will be used to classify the dollar amounts on the Nursing Facility Financial Statement (NFFS). The account balance is to be reported in whole dollars under the facility gross column on the NFFS and referenced by the providers' chart of accounts number. It is the provider's responsibility to ensure that the balances reported reconcile to their fiscal year statements and general ledger balances with any differences explained on Schedule A to Form SPD 35 or SPD 35A. The provider is responsible for making adjustments to these accounts for non-allowable items and amounts using the adjustment column to arrive at the net allowable balance. Each adjustment is to be explained on Schedule A to Form SPD 35 or SPD 35A.

(13) DIRECT CARE COMPENSATION -- These accounts include compensation used in providing direct resident services.

(l) 662 -- Compensation -- Social Workers -- This account is for reporting all compensation of social workers and assistants employed to provide social service activities.

411-071-0043

Qualifications for Personnel Performing Admission Assessments

(1) Except as provided in section (2) of this rule, all persons performing admission assessments shall meet one of the following criteria:
(a) Be a registered nurse licensed by the State of Oregon;
(b) Have a master of social work degree from an accredited institution of higher education; or
(c) Have a bachelor's degree from an accredited institution of higher education and have experience in gerontology, health care, long-term care, or other relevant human services.
411-085-0005

Definitions

(53) "Public or Private Official" means:
(g) Licensed clinical social worker, psychologist, licensed professional counselor, or licensed marriage and family therapist;
411-085-0360

Abuse

(2) REPORTERS AND MANDATORY REPORTERS. All persons are encouraged to report abuse and suspected abuse. The following persons are required to immediately report abuse and suspected abuse to The Department or law enforcement agency;
(g) Licensed social worker;
411-085-0210

Facility Policies

(1) POLICIES REQUIRED. A Quality Assessment and Assurance Committee must develop and adopt facility policies. The policies must be followed by the facility staff and evaluated annually by the Quality Assessment and Assurance Committee and rewritten as needed. Policies must be adopted regarding:
(j) Social services;
411-086-0040

Admission of Residents

(2) Admission Status, Preliminary Care Plan, Preliminary Nursing Assessment:
(c) Social services shall be provided to the resident in accordance with the preliminary resident care plan not later than three days after admission;
411-086-0060

Comprehensive Assessment and Care Plan

(1) Comprehensive Assessment:
(b) Social services, activities and dietary personnel shall complete an assessment within 14 days of admission.
(d) The plan shall be reviewed and completed at an interdisciplinary care planning conference with participation from the resident's RN care manager and personnel from dietary, activities and social services. The resident's attending physician will participate in the development and any revision of the care plan. Physician participation may be in person, through communication with the DNS or RN Care Manager, or via telephone conference;

411-086-0240 Social Services

(Effective 10/01/1993)

(1) SOCIAL SERVICES PROGRAM. A social services program shall be provided which identifies, attains and maintains the highest practicable physical, mental and psychosocial well-being of each resident.

(a) The program shall assist facility staff, family and friends of the resident to help meet the resident's personal and emotional needs.

(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 in services 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.

(J) 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.

Stat. Auth: ORS 410 & 441.055

Stats. Implemented: ORS 441.055 & 441.615

411-086-0340 Pets

(Effective 10/01/1990)

(1) PETS ALLOWED. Household pets (dogs, cats, birds, fish, hamsters, etc.) are permitted in the nursing facility under the following conditions:

(a) Pets must be clean and disease-free;

(b) Immediate environment of pets must be kept clean;

(c) Small pets (e.g., birds, hamsters) must be kept in appropriate enclosures;

(d) Pets not confined in enclosures must be hand held, under leash control, or under voice control; and

(e) Pets that are kept at the facility (or are frequent visitors) shall have current vaccinations as recommended by a designated licensed veterinarian (including, but not limited to, rabies).

(2) AREAS PETS PROHIBITED. Pets are not permitted in food preparation or storage areas. Pets shall not be permitted in any area where their presence would create a significant risk or annoyance to residents.

(3) ADMINISTRATIVE CONTROL. The administrator or his/her designee shall determine which pets may be brought into the facility. Family members may bring resident's pets to visit provided they have approval from the administrator and offer reasonable assurance that the pets are clean, disease-free, and vaccinated as appropriate.

(4) OVERNIGHT STAY. Facilities with pets that are kept overnight shall have written policies and procedures for the care, feeding, and housing of such pets and for the proper storage of pet food and supplies.

(5) BIRDS. Facilities with birds shall have procedures which protect residents, staff, and visitors from psittacosis. Procedures should ensure minimum handling of droppings. Droppings shall be placed in a plastic bag for disposal. Persons caring for the bird(s) shall not have nursing care or food handling responsibilities.

(6) EXOTIC PETS PROHIBITED. Exotic pets (i.e., iguanas, snakes, other reptiles, monkeys, ferrets) shall not be kept at the facility. If exotic pets are brought in for a visit, they must be attended at all times by their owners. Skunks, foxes, and raccoons are not permitted in nursing facilities.

Stat. Auth: ORS 410 & 441

Stats. Implemented: ORS 441.055 & 441.615

411-087-0110

Administrative Area

(2) Interview Space. Interview space(s) shall be provided for private interviews relating to social service, credit, and admissions.

853-010-0065

Standards for Nursing Home Administrators

The Board adopts the following standards of practice for nursing home administrators:

(2) Resident Care:

(e) Ensure that the following services are planned, implemented, and evaluated to maximize resident quality of life and quality of care: social services, dietary services, activities, clinical records program, pharmaceutical program, rehabilitation services, auxiliary services, and environmental services.

Pennsylvania

Downloaded 01.2011

§ 201.3. Definitions.

The following words and terms, when used in this subpart, have the following meanings, unless the context clearly indicates otherwise:

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)).

Source: The provisions of this § 211.16 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (240341) to (240342).

§39.1 Definitions

Supervisor—An individual who is present in a nursing home or related health facility on a full-time basis and who is charged with the responsibility of overseeing a specific department in a nursing home or related health facility; that is, nursing, housekeeping, dietary, laundry, pharmaceutical services, social service, business office, recreation, medical records, admitting, physical therapy, occupational therapy or medical and dental services.

Rhode Island

Downloaded 01.2011

Section 1.0 Definitions

1.15 “*Health care provider*” means any person licensed by this state to provide or otherwise lawfully providing health care services, including, but not limited to, a physician, hospital, intermediate care facility or other health care facility, dentist, nurse, optometrist, podiatrist, physical therapist, psychiatric social worker, pharmacist, or psychologist, and any officer, employee or agent of that provider acting in the course and scope of his or her employment or agency related to or supportive of health services.

Section 11.0 *Quality Improvement Program*

11.3 The nursing facility’s quality improvement committee shall include at least the following members:

- The nursing facility administrator;
- The director of nursing;
- The medical director;
- A social worker; and
- A representative of dietary services.

Section 17.0 Medical Records

17.3 Each medical record shall contain sufficient information to identify the resident and to justify diagnosis, treatment, care and documented results and shall include as deemed appropriate:

n) documentation of all care and services rendered (e.g., dental reports, physical and occupational therapy reports, social service summaries, podiatry reports, inhalation therapy reports, etc.);

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

South Carolina

Downloaded 01.2011

101. Definitions

For the purpose of this regulation, the following definitions shall apply:

NN. Interdisciplinary Team. A group designated by the facility to provide or supervise care, treatment, and services provided by the facility. The group normally includes the following persons: a registered nurse, dietary, social services, direct care staff members, nurse aides, and activity professionals.

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 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.

G. Medical Records

(2) Contents

Adequate and complete medical records shall be maintained for each resident. All entries shall be legibly written in ink or typed, dated and signed. If an entry is signed on a date other than the date it was made, the date of the signature shall also be entered. Although the use of initials in lieu of licensed nurses' signatures is not encouraged, initials will be acceptable provided such initials can be readily identified by signature on each sheet on which the initials are used, or by signature on a master list which is maintained in the record at all times. (II) A minimum medical record shall include the following:

(g) Social Services: A social history, psycho-social assessment, care plan and progress notes shall be documented and updated as necessary.

M. Social Services

(1) Social Services

Services shall be provided to assist all residents in dealing with social, emotional and related problems through one or more caseworkers on the staff of the facility or through effective arrangements with a social service agency staffed by persons with experience and training in social work.

(a) The facility shall have a well-defined written plan for providing social services for the residents. This shall include the policies and procedures for providing the services and a job description for the designated social service staff member.

(b) If social services are provided through arrangements with a social service agency, there must be a written agreement between the facility and the agency setting forth the responsibilities of each. The agreement must insure that the agency provides social services adequate to assist all residents in the facility in dealing with social, emotional and related problems. The agency must furnish current written social evaluations and plans for meeting social needs for each resident admitted to the facility. Written reports of recommendations and of services rendered must be provided the facility by the agency.

(c) Social service history shall be secured and recorded concerning each resident. This history should include social, emotional factors related to the resident's condition, information concerning home situation, financial resources and relationships with other people. Preferably, the pertinent social history should be obtained before or during admission. The plan for meeting the resident's needs shall be developed shortly after admission in collaboration with the resident, relatives, physician, nurses and other appropriate persons. The social service history and plan must be kept current in terms of changes in financial resources, physical condition, mental state or family situation.

(d) Social service information is confidential and is maintained in the medical record. Policies and procedures must insure that the social information is available to only those professional personnel who need it in order to provide better care for the resident. If a social service agency outside the facility provides the service, the social information is still maintained in the facility's medical record.

SECTION 40-35-20. Definitions.

As used in this chapter:

(10) "Practical experience in nursing home administration" means a minimum of thirty-six hours per week employment under the on-site supervision of a licensed nursing home administrator in a state licensed nursing home, and in the case of a beginning administrator, this includes providing, for a minimum of six months, supervision in at least two of these areas:

(b) a direct patient-care service including, but not limited to, nursing, physical therapy, occupational therapy, speech therapy, chaplaincy, social work, or activities;

South Dakota

Downloaded 01.2011

44:04:01:01. Definitions. Terms defined in SDCL 34-12-1.1 have the same meaning in this article. In addition, terms used in this article mean:

(30) "Licensed health professional," a physician; physician's assistant; nurse practitioner; physical, speech, or occupational therapist; physical or occupational therapy assistant; nurse; nursing facility administrator; dietitian; pharmacist; respiratory therapist; or social worker who holds a current license to practice in South Dakota;

(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.

Source: 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995.

General Authority: SDCL 34-12-13.

Law Implemented: SDCL 34-12-13.

44:04:06:05. Patient or resident care plans and programs. The nursing service of a Page 42 of 146 06.25.07 health care facility must provide safe and effective care from the day of admission through the ongoing development and implementation of written care plans for each patient or resident. The care plan must address medical, physical, mental, and emotional needs of the patient or resident. The health care facility must establish and implement procedures for assessment and management of symptoms including pain. The care plan for nursing facility residents must be based on the resident assessments required in §§ 44:04:06:15 and 44:04:06:16 and must be developed and approved by the resident's physician; the resident, the resident's family, or the resident's legal representative; the interdisciplinary team consisting of at least a licensed nurse, the facility's social worker or social service designee, the dietary manager or dietitian, the activities coordinator, and other staff in disciplines determined by the resident's needs. The care plan shall describe the services necessary to meet the resident's medical, physical, mental or cognitive, nursing, and psychosocial needs and shall contain objectives and timetables to attain and maintain the highest level of functioning of the resident. The care plan must be completed within seven days after the completion of each resident assessment required in §§ 44:04:06:15 and 44:04:06:16. Each nursing facility must provide restorative care services to meet resident needs.

44:04:06:13. Hospice services. Each facility offering hospice services must provide services to terminally ill individuals or arrange for such services by a hospice program under a written plan established and periodically reviewed by the individual's attending physician. The hospice agency must provide for care and services in the licensed facility, the individual's home, on an outpatient basis, or on a short-term inpatient basis. Personnel providing hospice care must include at least one physician, one registered nurse, and one social worker. An unlicensed employee of a licensed facility may not accept any delegated skilled tasks from any hospice providers pursuant to SDCL chapter 36-9.

44:04:11:08. Social services.

A hospital offering social services must maintain written policies and procedures relating to staffing requirements and functions of services and must provide social services facilities as required by § 44:04:02:18.02. If social services are offered, services must be provided under the supervision of a social worker or the facility must have a written agreement with a social worker for regularly scheduled consultation and assistance. The social services staff shall participate in discharge planning to assist patients to access inpatient, outpatient, extended care, and home health services in the community. Social services summaries must be entered in the patient's medical record.

Source: 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995; 26 SDR 96, effective January 23, 2000.

General Authority: SDCL 34-12-13.

Law Implemented: SDCL 34-12-13.

Cross-Reference: Social workers, SDCL 36-26, art 20:59.

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.

Source: 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995.

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

Law Implemented: SDCL 34-12-13.

44:04:15:02. Administration department. The administration department must include a business office, administrator's office, lobby, public and staff toilet rooms, office for the director of nurses, social service office, dietary service office, and housekeeper's office.

Source: SL 1975, ch 16, § 1; 6 SDR 93, effective July 1, 1980; 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995.

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

Law Implemented: SDCL 34-12-13.

44:04:17:13. Self-administration of drugs. A resident may self-administer drugs if the Page 127 of 146 06.25.07 physician, registered nurse, pharmacist, and social worker or designee have determined the practice to be safe. The determination must state whether the resident or the nursing staff is responsible for storage of the drug and documentation of its administration in accordance with chapter 44:04:08. In an assisted living center a resident may self-administer drugs if the registered nurse (if applicable), physician, and pharmacist have determined the practice to be safe.

44:04:18:15. Nurse aide curriculum.

The curriculum of the nurse aide training program must address the medical, psychosocial, physical, and environmental needs of the patients or residents served by the nursing facility. Each unit of instruction must include behaviorally stated objectives with measurable performance criteria. The nurse aide training program must consist of at least 75 hours of classroom and clinical instruction, including the following:

(3) Instruction in each of the following content areas:

(c) Mental health and social services:

(i) Modifying aides' behavior in response to patients' or residents' behavior;

(ii) Awareness of developmental tasks associated with the aging process;

(iii) How to respond to patients' or residents' behavior;

(iv) Allowing the patient or resident to make personal choices, providing and reinforcing other behavior consistent with the patient's or resident's dignity; and

(v) Using the patient's or resident's family as a source of emotional support;

Source: 21 SDR 118, effective January 2, 1995.

General Authority: SDCL 34-12-29.

Law Implemented: SDCL 34-12-29.

Tennessee

Downloaded 01.2011

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-.05 ADMISSIONS, DISCHARGES, AND TRANSFERS.

(11) Where an involuntary transfer is proposed, in addition to any other relevant factors, the following factors shall be taken into account:

(a) The traumatic effect on the resident.

(b) The proximity of the proposed nursing home to the present nursing home and to the family and friends of the resident.

(c) The availability of necessary medical and social services at the proposed nursing home.

(d) Compliance by the proposed nursing home with all applicable Federal and State regulations.

Authority: T.C.A. §§4-5-202, 68-11-202, 68-11-204, 68-11-206, and 68-11-209.

Administrative History: Original rule filed March 27; effective April 25, 1975. Repeal and new rule filed July 14, 1983; effective August 15, 1983. Repeal and new rule filed January 31, 2000; effective April 15, 2000. Amendment filed April 10, 2000; effective June 24, 2000.

1200-8-6-.06 BASIC SERVICES.

(10) Social Work 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.

Authority: T.C.A. §§4-5-202, 4-5-204, 68-3-511, 68-11-202, 68-11-204, 68-11-206, and 68-11-209.

Administrative History: Original rule filed March 27, 1975; effective April 25, 1975.

Repeal and new rule filed July 14, 1983; effective August 15, 1983. Amendment filed March 13, 1986; effective April 12, 1986. Amendment filed January 29, 1991; effective March 15, 1991. Amendment filed December 29, 1992; effective February 15, 1993.

Amendment filed June 15, 1993; effective July 30, 1993. Amendment filed April 17, 1996; effective July 1, 1996. Repeal and new rule filed January 31, 2000; effective April 15, 2000. Amendment filed January 31, 2000; effective April 15, 2000. Amendment filed March 29, 2000; effective June 12, 2000. Amendment filed September 13, 2002; effective November 27, 2002. Amendment filed September 4, 2003; effective November 18, 2003.

1200-08-06-.07 SPECIAL SERVICES: ALZHEIMER'S UNITS. Structurally distinct parts of a nursing home may be designated as special care units for ambulatory residents with dementia or Alzheimer's Disease and related disorders. Such units shall be designed to encourage self-sufficiency, independence and decision-making skills, and may admit residents only after the unit is found to be in compliance with licensure standards and upon final approval by the department. Units which hold themselves out to the public as providing specialized Alzheimer's services shall comply with the provisions of T.C.A. § 68-11-1404 and shall be in compliance with the following minimum standards:

(1) In order to be admitted to the special care unit:

(a) A diagnosis of dementia must be made by a physician. The specific etiology causing the dementia shall be identified to the best level of certainty prior to admission to the special care unit; and,

(b) The need for admission must be determined by an interdisciplinary team consisting at least of a physician experienced in the management of residents with Alzheimer's Disease and related disorders, a social worker, a registered nurse and a relative of the resident or a resident care advocate.

(9) The designated units shall provide a minimum of 3.5 hours of direct care to each resident every day including .75 hours of licensed nursing personnel time. Direct care shall not be limited to nursing personnel time and may include direct care provided by dietary employees, social workers, administrator, therapists and other care givers, including volunteers.

(11) Each resident shall have a treatment plan developed, periodically reviewed and implemented by an interdisciplinary treatment team consisting at least of a physician experienced in the management of residents with Alzheimer's Disease and related

disorders, a registered nurse, a social worker, an activity coordinator and a relative of the resident or a resident care advocate.

1020-01-.06 PRECEPTORS, ADMINISTRATORS-IN-TRAINING AND ADMINISTRATORS-IN-TRAINING PROGRAMS. A person who intends to qualify for admission to the licensure examination by use of an A.I.T. program must first receive approval to begin the program by complying with rules 1020-01-.07 and 1020-01-.08, and successfully complete the program in a Board approved facility under the coordination, supervision and teaching of a Preceptor who has obtained certification from the Board pursuant to, and continues to meet the qualifications of this rule.

(3) Administrator-In-Training Program.

1. An organizational structure with clearly defined and staffed departments, each with a designated department head. Those departments must include:

(iv) Social services and activities;

Texas

Downloaded 01.2011

Sec. 242.302. TEXAS BOARD OF NURSING FACILITY ADMINISTRATORS.

(a) The Texas Board of Nursing Facility Administrators is within the department.

(b) The board is composed of nine members appointed by the governor as follows:

(4) one social worker with experience in geriatrics who is not employed by a nursing facility; and

Sec. 242.303. NURSING FACILITY ADMINISTRATORS ADVISORY COMMITTEE.

(a) The Nursing Facility Administrators Advisory Committee is appointed by the governor.

(c) The committee shall consist of:

(4) one social worker with experience in geriatrics who is not employed by a nursing facility; and

Sec. 242.403. STANDARDS FOR QUALITY OF LIFE AND QUALITY OF CARE. (a) The department shall adopt standards to implement

Sections 242.401 and 242.402. Those standards must, at a minimum, address:

(10) social services and activities;

RULE §19.101 Definitions

(56) Licensed health professional--A physician; physician assistant; nurse practitioner; physical, speech, or occupational therapist; pharmacist; physical or occupational therapy assistant; registered professional nurse; licensed vocational nurse; licensed dietitian; or licensed social worker.

(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.

RULE §19.804 Capacity Assessment for Self Care and Financial Management

(d) The Capacity Assessment for Self Care and Financial Management will be performed by the facility social worker, with assistance from other professionals as requested by the social worker.

RULE §19.2208 Standards for Certified Alzheimer's Facilities

(b) Staff.

(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

Downloaded 01.2011

R432-1-3. Definitions.

(6) "Active Treatment" means the habilitative program of care for ICF/MR patients described in 42 CFR Part 483 (1983) that addresses training in daily living, self-help, and social skills; activities; recreation; appropriate staffing level; special resident programs; program evaluation; nursing services; documented resident surveys and progress; and social services.

(25) "Certified Social Worker" means an individual licensed by the Utah Department of Commerce under Title 58, Chapter 60.

(56) "Health Services Supervisor" means a person with a professional medical license or certificate, such as a nurse, social worker, physical therapist, or psychologist, responsible for the development, supervision, and implementation of a written health care plan for each resident.

(112) "Qualified Mental Retardation Professional (QMRP)" means a person who has specialized training or one year of experience in treating or working with the mentally retarded including any one of the following: psychologist with a master's degree from an accredited program; licensed physician; educator with a bachelor's degree in education from an accredited program; social worker with a bachelor's degree in social work from an accredited program or a field other than social work and at least three years of social work experience under the supervision of a qualified social worker; licensed physical or occupational therapist; licensed speech pathologist or audiologist; registered nurse; therapeutic recreation specialist who is a graduate of an accredited program and is licensed to perform recreational therapy under the provisions of Title 58, Chapter 40; Rehabilitation counselor who is certified by the Committee on Rehabilitation Counselor Certification.

(133) "Social Service Worker (SSW)" means a person currently licensed by the Utah Department of Commerce to function as a social service worker under Title 58, Chapter 60.

(134) "Social Worker, Certified (CSW)" means a person currently licensed by the Utah Department of Commerce to practice social work under Title 58, Chapter 60.

R432-150-4. Definitions.

(2) The following definitions apply to nursing care facilities.

(c) "Medically-related Social Services" means assistance provided by the facility licensed social worker to maintain or improve each resident's ability to control everyday physical, mental and psycho-social needs.

R432-150-5. Scope of Services.

(1) An intermediate level of care facility must provide 24-hour licensed nursing services.

(d) The facility shall provide at least the following:

(iii) social services;

(2) A skilled level of care facility must provide 24-hour licensed nursing services.

(d) A skilled level of care facility shall provide services to residents that preserve current capabilities and prevent further deterioration including the following:

(iv) social services;

R432-150-12. Resident Rights.

(3) The facility shall ensure that each resident admitted to the facility has the right to:

(q) be allowed privacy for visits with family, friends, clergy, social workers or for professional or business purposes;

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.

R432-152-7. Client Rights.

(4) The administrator is responsible to develop and implement written policies and procedures that prohibit abuse, neglect, or exploitation of clients.

(a) Any person, including a social worker, physician, psychologist, nurse, teacher, or employee of a private or public facility serving adults, who has reason to believe that any disabled or elder adult has been the subject of abuse, emotional or psychological abuse, neglect, or exploitation shall immediately notify the nearest peace officer, law enforcement agency, or local office of Adult Protective Services pursuant to Section 62A-3-302.

R432-200-23. Social Services.

(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 01.2011

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

Downloaded 01.2011

12 VAC 5-371-260. Staff development and in-service training.

G. The nursing facility shall provide training on the requirements for reporting adult abuse, neglect, or exploitation and the consequences for failing to make such a required report to all its employees who are licensed to practice medicine or any of the healing arts, serving as a hospital resident or intern, engaged in the nursing profession, working as a social worker, mental health professional or law-enforcement officer and any other individual working with residents of the nursing facility.

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.

388-97-0001 Definitions.

"Mandated reporter" as used in this chapter means any employee of a nursing home, any health care provider subject to chapter 18.130 RCW, the Uniform Disciplinary Act, and any licensee or operator of a nursing home. Under RCW 74.34.020, mandated reporters also include any employee of the department of social and health services, law enforcement officers, social workers, professional school personnel, individual providers, employees and licensees of boarding home, adult family homes, soldiers' homes, residential habilitation centers, or any other facility licensed by the department, employees of social service, welfare, mental health, adult day health, adult day care, home health, home care, or hospice agencies, county coroners or medical examiners, or Christian Science practitioners.

WAC 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: RCW 18.51.070 and 74.42.620. 00-06-028, § 388-97-08060, filed 2/24/00, effective 3/26/00.]

388-97-3640 Interview space in new construction.

The nursing home must have interview spaces for private interviews relating to social service and admission.

[Statutory Authority: Chapters 18.51 and 74.42 RCW and 42 C.F.R. 489.52. 08-20-062, § 388-97-3640, filed 9/24/08, effective 11/1/08.]

WAC 388-97-43030 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;

[Statutory Authority: RCW 18.51.070 and 74.42.620. 00-06-028, § 388-97-43030, filed 2/24/00, effective 3/26/00.]

74.42.010 Definitions.

(8) "Qualified therapist" means:

- (g) A social worker who is a graduate of a school of social work.

74.42.180 Social services.

- (1) The facility shall provide social services, or arrange for the provision of social services with qualified outside resources, for each resident whose comprehensive plan of care requires the provision of social services.

(2) The facility shall designate one staff member qualified by training or experience to be responsible for arranging for social services in the facility or with qualified outside resources and integrating social services with other elements of the plan of care.

[1979 ex.s. c 211 § 18.]

West Virginia

Downloaded 01.2011

§64-13-1. General Provisions.

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.

§64-85-6. Assessments and Plans of Care.

6.2. Within seven (7) days of admission, an interdisciplinary team including the unit coordinator, a social worker, the activities director, direct care staff and a registered nurse and other professional disciplines as appropriate, shall complete an initial assessment of a new resident which includes at a minimum: a social history; family supports; level of activities of daily living functioning; cognitive level; behavioral impairment; and nutritional status, including weight and nutritional requirements.

§64-85-8. Social Services.

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.

§21-1-3. Examinations.

3.2. Pre-examination requirements:

3.2.4. In addition to the completion of high school or secondary school education, the applicant shall have successfully completed a course of study in and been awarded a baccalaureate degree in:

3.2.4.c. the applicant possesses a baccalaureate degree in a non-related health care field (i.e., secondary education, accounting, marketing, etc.) but has worked in long-term care in the role of

an assistant administrator or an equivalent position such as Director of Nursing, Assistant Director of Nursing, or Social Services Director , for a period of three (3) years.

3.4. Subjects for national examination.

3.4.1. Every applicant for licensure as a nursing home administrator, after meeting the requirements for qualification for licensure and examination shall successfully pass a written national examination which may include, but not be limited to;

3.4.1.a.1.B. social service programs to maximize a resident's quality of life;

Wisconsin

Downloaded 01.2011

HFS 132.45 Records.

(5) **MEDICAL RECORDS —CONTENT.** Except for persons admitted for short-term care, to whom s. HFS 132.70 (7) applies, each resident's medical record shall contain:

(d) *Social service records.* Notes regarding pertinent social data and action taken.

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.

HFS 132.695 Special requirements for facilities serving persons who are developmentally disabled.

(d) "QMRP" or "qualified mental retardation professional" means a person who has specialized training in mental retardation or at least one year of experience in treating or working with mentally retarded persons and is one of the following:

3. A social worker with a graduate degree from a school of social work accredited or approved by the council on social work education or with a bachelor's degree in social work from a college or university accredited or approved by the council on social work education.

Wyoming

Downloaded 01.2011

Chapter 11. 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:

(l) "Health Care Services" includes but is not limited to nursing, physical therapy, speech pathology, occupational therapy, respiratory therapy, social work, certified nurse assistant services, and dietary services. All staff shall be certified, licensed or registered in accordance with Wyoming State Statutes.

(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 10. Discharge Planning.

The facility shall maintain a centralized, coordinated program to ensure that each resident has a planned program of continuing care which meets the post discharge needs.

(b) The facility shall have in operation an organized discharge planning program.

(i) This program shall include the resident, physician(s), nurses, social services personnel, dietitian, and therapists to identify problems and goals thus preparing the resident for the next level of care and arranging for placement in the appropriate care environment.

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

Sent to the University of Minnesota on 03.23.05

- (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.