

Manual M-2, Professional Services. Part XII, Social Work Service

Chapter 4, Administration

(Paragraphs 4.01 through 4.10)

Rescinds Chapter 4 dated November 11, 1975 and its changes.

This document includes:

Title page for M-2, Part XII, dated **June 1980**

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Veterans
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Social Work Service

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Part XII, Revised, "Social Work Service," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is published for the compliance of all concerned.

A handwritten signature in black ink, appearing to read "D. Custis", is written over a horizontal line.

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Chief Medical Director

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RESCISSIONS

The following material is rescinded:

1. COMPLETE RESCISSIONS

a. Manuals

M-2, part XII, dated November 7, 1975
M-2, part XII, chapter 3, dated May 20, 1980
M-2, part XII, changes 1 and 2
M-2, part XII, chapter 5, dated May 20, 1980

b. Interim Issues

II 10-78-14
II 10-79-15
II 10-84-31 and supplement no. 1
II 10-85-25 and supplement no. 1
II 10-88-9

c. Program Guides

G-1, M-2, part XII, dated August 16, 1957

d. Circulars

10-84-141 and supplements 1 and 2

CHAPTER 4. ADMINISTRATION

4.01 GENERAL

The Chief, Social Work Service, will plan and organize the administrative aspects of the service in an effective and efficient manner to support the professional program of the service and the facility.

4.02 SOCIAL WORK SERVICE ADMINISTRATIVE RECORDS

a. Social Work Service will maintain a master card file to serve as an index, status, and control card for each case provided social services. All facilities will use VA Form 10-2839, Social Work Service Data Card. Duplicate copies will be prepared for use of social workers in their work with veterans and as a tool for compiling data for statistical reporting.

b. Social Work Service will maintain a file for each community care residence. Files should contain all VA forms relating to the application by the sponsor as well as record of inspections of the homes.

c. Social Work Service will maintain a card index or list of all patients in community care facilities with the home address and telephone number of the responsible person in whose home the patient is located and the name and address of the next of kin and/or fiduciary.

d. Service records will be disposed of in accordance with DM&S Records Control Schedule 10-1.

4.03 RESOURCE FILE

Social Work Service will maintain a file of information on resources available in the community to serve the social and health needs of veterans. This file will be periodically reviewed and updated to assure that the content is current and useful to the staff.

4.04 SOCIAL WORK CLINICAL RECORDING

a. Appropriate records of social data, problems, treatment plans and outcomes on each person provided social services will be entered in the medical records folder in accordance with the facility's accepted medical record format as provided for in M-1, part I, chapter 5. There will be established written criteria for quality, frequency, content, and timing of recording and established procedures for periodic audit to insure compliance. Duplicate copies of records will not be retained in Social Work Service except as provided in subparagraph g, below.

b. Current handwritten or typed entries will be made on SF 509, Progress Notes, to record all significant patient and family contacts including community care followup visits. Entries will contain date, problem title and will be authenticated by the signature and title of the social worker making the entry. Psychosocial diagnosis based on Social Work Service standard problem list will be entered on the patient's problem list in accordance with local policies and procedures.

c. On completion of necessary social services to the veterans, a closing summary will be prepared on VA Form 10-1349, Social Services-Reports and Summaries, for filing in the veteran's medical records folder. The summary will identify each problem by title and will reflect the social treatment plan, the outcome and appropriate recommendations for followup if indicated.

d. In accordance with the individual facility's record practices, SF 513, Consultation Sheet, may be used to report social work findings and actions as appropriate, headed by the problem title and veteran's name. Social Work Service may also reply to consultation request on VA Form 10-7978i, Problem Oriented Progress Notes, or SF 509, Progress Notes.

e. Social Work records of veterans not yet admitted to the health care system will be entered on VA Form 10-1349. These forms will be forwarded to Medical Administration Service for filing.

f. A suspense file or notebook may be kept by the social worker for maintaining treatment notes, addresses, and other similar work notes. These are not official papers and will be disposed of in accordance with DM&S Records Control Schedule 10-1.

g. Duplicate copies of social service records or correspondence may be retained in Social Work Service for working purposes only as provided in subparagraphs (1) and (2) below, and will be disposed of in accordance with DM&S Records Control Schedule 10-1.

(1) When the medical record of patient is not available because of geographic separation of the social worker from the facility holding the patient's medical records (e.g., the community care and field social worker).

(2) When a more detailed record is required for educational purposes by the student-trainee, the inexperienced social worker, the social worker who is new to the VA and when there is special need to clarify case dynamics or treatment.

h. Incoming social service correspondence directly related to diagnosis or treatment will be filed in the medical records folder. Other social service correspondence will be filed in the administrative records folder.

4.05 REPORTS TO REGIONAL OFFICES

a. Copies of social data, assessments and plans which have significance for the veteran's entitlement to VA benefits or successful pursuit of education or vocational rehabilitation program will be submitted to the appropriate regional office for inclusion in the claims folder.

b. The report of social survey for compensation or pension purposes requested by the VA examining physician, by adjudication or by the District Counsel will be prepared on VA Form 10-1349, identified as "Social Survey." The form will be forwarded to the requester for filing in the claims folder, with a copy filed in the outpatient treatment folder (consolidated medical records). Such requests made for vocational rehabilitation purposes will be forwarded to the requester in Counseling and Rehabilitation Section.

c. Social Work Service will provide reports to VA regional offices on incompetent veterans in posthospital care.

(1) Reports will be provided on all incompetent veterans under social work supervision whether they reside in their own homes, community nursing homes, personal care homes or other settings. In addition to veterans who are determined by VA to be incompetent at time of placement, veterans will be included who are rated incompetent during placement or when other situations arise whereby the veteran's inability to manage his/her own affairs is observed by the social worker during the course of community followup.

(2) Reports should include the name and address of the veteran and VA file number, if available. The reports should be in a narrative format that develop facts in the following areas:

(a) **Physical and Mental Condition.** The beneficiary's age, appearance and physical limitations, if any, should be described along with current medication, health problems and prognosis. The beneficiary's apparent orientation to time, place and event should also be recorded in addition to reactions, if any, to questions and other evidence of the beneficiary's ability to communicate.

(b) **Capacity to Manage Funds.** The report should indicate to what extent the beneficiary comprehends the amounts and/or sources of his or her income and the types and amounts of his or her expenses. Also indicate the amounts of money the beneficiary handles and the prudence he or she manifests in managing such funds. Based on this information in comparison with beneficiary's history, assess capacity to handle funds.

(c) **Fund Usage and Needs.** Expenses should be reviewed, with affirmative development of the extent to which a beneficiary's fund may be applied for the needs, comfort, interest and enjoyment of the beneficiary. Any recommended changes in existing rates of care and maintenance or personal allowance, or any recommendations for purchases or expenditures by the fiduciary must be made to the regional office of jurisdiction, attention Veterans Services Officer (27), and *not* to the fiduciary directly.

(d) **Environment.** Describe beneficiary's surroundings. Conditions adverse to the beneficiary's welfare should be reported along with attempts made to correct them.

(e) **Social and Industrial Adjustment.** Indicate how the beneficiary spends his or her time, overall adjustment, and rehabilitation. Describe social relationships.

(f) **Dependency Status.** Indicate marital status, number of other dependents, if any, and their relationships, needs and allowances, if known.

(3) Frequency of submission of reports will be mutually determined by Social Work Service and the VSD (Veterans Services Division) of the VA regional office having PGF (Principal guardianship folder) jurisdiction. Reports may be routed directly to the VSD of jurisdiction, if known, by attaching VA Form 3230, Veterans Administration Reference Slip. Otherwise, the report with VA Form 3230 attached should be routed through Medical Administration Service (136) for the purpose of identifying the regional office with claims folder jurisdiction. In most instances the PGF will be located at the same regional office as the claims folder.

4.06 RELEASE OF INFORMATION

Social Work Service will adhere to VA policies and mandatory procedures for release of information regarding beneficiaries, as prescribed in VA Regulations 500 through 526 and M-1, part I, chapter 9. When assistance of a health care or social agency is administratively desired for a VA objective in relation to a veteran's health care, the medical and social data in the VA records necessary to accomplish the agency's collaboration may be supplied. Information requests for other purposes will be referred to Medical Administration Service for appropriate action.

4.07 SOCIAL WORK SERVICE FIELD TRAVEL

a. Social Work Service will undertake field travel in order to provide needed and appropriate direct services to veterans and/or their families in the home, and in order to develop and maintain liaison with community resources which serve veterans. Travel funds will be allocated and appropriately budgeted to accomplish such fieldwork. Planning for field travel will be consistent with needed direct service delivery and energy conservation through the use of multipurpose field trips. Use of a Government car by the social worker for fieldwork may be authorized.

b. Social work travel will be performed by the facility most accessible to the locality to be visited. Each facility is responsible for determining with adjacent facilities its own travel area. This will generally correspond to the facility's primary service area.

4.08 CONSULTANTS

Consultants to Social Work Service may be appointed to provide counsel and guidance when needed. Consultants will be appointed in accordance with the procedures specified in DM&S Supplement, MP-5, part II, chapter 2.

4.09 FEE BASIS SOCIAL WORK

When determined to be cost effective, arrangements for fee-basis social work service may be made in accordance with M-1, part I, appendix A. Fees thus authorized will not be greater than the customary charges to the general public in the community for similar services.

4.10 GENERAL POST FUND

Social workers may draw advances from the General Post Fund in amounts not to exceed \$50 for the use of individual patients in accordance with the procedures specified in MP-4, part V, paragraph 2I.06. The maintenance by Social Work Service of any special fund which is not a part of the General Post Fund is prohibited.