

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

**Chapter 2, Program Responsibilities and Operations
(Paragraphs 2.01 and 2.02)**

Rescinds Chapter 2 dated November 7, 1975

(Paragraphs 2.01f(3) through 2.01f(6) were rescinded by:

Manual M-5, Part III, dated April 26, 1991)

This document includes:

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

Title page verso for M-2, Part XII, dated **May 29, 1980**

Contents pages for M-2, Part XII, dated **December 22, 1987** (Change 2)

Rescissions page for M-2, Part XII, dated **July 7, 1993**

Text for Chapter 2, Paragraphs 2.01 through 2.01d.(5)(b)4.,
dated **December 19, 1986** (Change 1)

Text for Chapter 2, Paragraphs 2.01d.(5)(b)5. through 2.02, dated **May 29, 1980**
Annotated to reflect the rescission of April 26, 1991

Transmittal sheets located at the end of the document:

Change 1, dated **December 19, 1986**

Transmittal sheet for M-5, Part III dated April 26, 1991

Changes prior to 1986 located at the end of the document:

Interim Issue 10-84-31, Supplement 1, dated **December 4, 1985**

Interim Issue 10-84-31, dated **December 7, 1984**

Interim Issue 10-83-16, dated **October 18, 1983**



Veterans
Administration

Professional Services

Professional Services

Social Work Service

Part Twelve

1980
(June 1980)
M-2, Part XII

Department of
Medicine and Surgery
Washington DC 20420

May 20, 1980

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.



DONALD L. CUSTIS, M.D.
Chief Medical Director

Distribution: RPC: 1035
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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The following material is rescinded: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 2. PROGRAM RESPONSIBILITIES AND OPERATIONS

2.01 IN RELATION TO HEALTH CARE

a. General

(1) Comprehensive social work services are developed and implemented through a broad range of programs within the VA health care system. Social Work Service will participate fully in the planning and implementation of treatment programs designed for medical, surgical, and psychiatric patients, providing professional expertise in concert with other health professions in the admission, evaluation, treatment, and followup processes. Social workers will participate in the initial assessment of the patient placing special emphasis on the social aspects of the problem, and will formulate a social treatment component of the overall treatment plan. Social treatment may consist of individual, group, and family therapies, psychotherapy, financial and vocational planning, case management, patient education, and developing and utilizing community resources. Services are provided where needed and for the duration of such need.

(2) Social Work Service will develop a discharge planning program for patients who require coordination of VA/community support systems and services in order to return to their own homes, alternate living situations or continued care facilities. This includes, but is not limited to frail elderly veterans, former POW's and patients with catastrophic illnesses; chronic and/or disabling diseases; and inadequate community support systems, finances and living arrangements. An effective discharge planning program focuses on continuity of care in returning the veteran to the community at the optimal level of physical, psychological and social functioning in the least restrictive environment as soon as hospitalization is no longer necessary. Written policies and procedures for this program will include provisions for: (a) identification of patients who require this level of discharge planning, (b) interdisciplinary assessment and planning, (c) the patient/family participation in the planning process, (d) coordination of discharge planning and implementation, (e) referrals to VA and community agencies and resources, (f) monitoring continuity of posthospital care, and (g) evaluating effectiveness through concurrent and/or retrospective reviews as a part of the medical center utilization review and quality assurance program.

b. Medicine, Surgery, and Neurology Programs

(1) Social Work Service will develop comprehensive programs of social services and social supports in medicine, surgery, and neurology along the full continuum of care encompassing acute and chronic care, convalescence, rehabilitation, and outpatient treatment.

(2) Special emphasis will be given to life-threatening illnesses such as cancer, Acquired Immune Deficiency Syndrome, heart disease, and stroke, and to traumatic therapy including mutilating surgery, open heart surgery, organ transplants, radiation therapy, and chemotherapy, and to patients who are severely disabled, chronically noncompliant patients, victims of neglect/abuse, or patients unable to care for self medically, physically, socially or emotionally.

(3) Social Services will be directed toward (a) helping patients and families cope with the crisis of illness, (b) maximizing social and interpersonal functioning of patients, (c) promoting vocational and social rehabilitation, (d) facilitating the patient's return to community at the highest level of potential, (e) working with dying patients and bereaved families, (f) developing special approaches such as mutual assistance groups to provide solutions to unique social problems, (g) coordinating discharge planning including, providing information and referral services; accessing and coordinating community resources/services; and (h) providing case management services.

(4) Social Work Service will contribute to multidisciplinary education, research, and program evaluation of patient care programs in medicine, surgery, neurology, and special medical programs through its knowledge of the psychosocial aspects of illness and its understanding of social processes and social change.

c. **Special Medical Programs.** Social work services will be provided to all patients within special medical programs. In addition, specific services will be provided in the following programs:

(1) Hemodialysis-Transplantation

(a) Social Work Service will provide a psychosocial evaluation of all patients under consideration for hemodialysis, peritoneal dialysis, limited care dialysis or home dialysis and kidney, liver, and heart transplantation.

(b) In home dialysis programs, Social Work Service will develop social criteria to assist the team in selecting suitable candidates for home dialysis training and will participate with other staff in onsite home evaluations.

(c) In kidney transplantation programs, the social worker will interview each family member under consideration for kidney donation to insure that the recipient and donor are aware of the social, psychological, and economic consequences of transplantation and are accorded a free choice in the decision. Rights of donors to medical care and social services are outlined in M-2, part XIV, chapter 7.

(2) **Respiratory Care.** Social work programs will be directed to minimizing levels of anxiety, reducing long-term institutionalization, and developing personal and health related services in the community.

(3) **Spinal Cord Injury**

(a) The complexities of spinal cord injury and the many medical, social and rehabilitation therapies required, make it important that social work programs emphasize coordination of resources within the VA and focus on overcoming impediments to community living in such areas as disturbed family relationships, negative community attitudes toward the handicapped, architectural barriers and restrictions in housing, transportation, and employment.

(b) At facilities where there is no SCI unit, the Chief, Social Work Service will designate a social worker to serve as coordinator for services to SCI patients.

1. The coordinator's responsibilities include but are not limited to developing a system for identifying SCI patients; ensuring interdisciplinary planning; providing a current psychosocial assessment and indicated treatment; referring all SCI patients to Veterans Benefits Counselor and, with the veteran's consent, to the Paralyzed Veterans of America service officers; developing and maintaining an outreach system to SCI veterans using community health care facilities; and establishing and maintaining a roster of SCI patients in medical center Primary Service Area.

2. The social worker should be knowledgeable about VA SCI centers; transfer criteria and procedures; and will provide information and consultation to patients, families, and multidisciplinary teams to facilitate appropriate and timely transfer to SCI centers.

3. The designated social worker will be fully knowledgeable about VA and community resources, will act as a consultant to other staff members in developing individualized rehabilitation plans for the veteran, and as an advocate for the veteran in gaining access to treatment resources within the VA and the community health system.

4. Arrangements will be made for the designated social worker to receive specialized training including a visit to one of the SCI centers to acquire first-hand understanding of this special service.

(4) **Nursing Home Care Units.** Social work programs will focus on developing a social environment which encourages personal interaction and independent decisionmaking. Linkage to community agencies and personnel will be maintained through contact with families, volunteers, organizations in the VAVS program, and other resources. Alternatives to institutional care will be developed to assist those patients who demonstrate potential for return to community living.

(5) **Hospital Based Home Care.** Social Work Service function in Hospital Based Home Care programs will be as described in M-1, part I, chapter 30, section II.

d. **Psychiatric Programs**

(1) **Inpatient General Psychiatry.** Social treatment will be provided as outlined in subparagraph a above. Emphasis will be placed on early return of the patient to the community with social supports.

(2) **Mental Hygiene Clinic.** Social treatment will be provided as outlined in subparagraph a above. Where psychotherapy is provided, the level of such therapy will be determined by the needs of the patient, the individual skill of the therapist, and the availability of consultation.

(3) **Day Treatment Center.** Social Work Service will participate in providing a treatment program in which development and enhancement of social skills is an integral part. Emphasis will be placed on improved patient adjustment in the community and prevention of rehospitalization.

(4) **Day Hospital Program.** Emphasis will be placed on intervention in emotional and situational crises and on intensive, short term treatment. Social Work Service will be active in making followup referrals to other VA or community agencies.

(5) **Drug and Alcohol Dependence Treatment Program**

(a) **Responsibility.** In drug dependence treatment programs, the social worker in particular, with other treatment team members, is responsible for developing the individual's capacity and ability to assume constructive adult roles in society. This objective is furthered through the social worker's contribution in helping to create a therapeutic environment which furthers the individual's acquisition of fundamental social and interpersonal attitudes and skills necessary to improved social functioning.

(b) **Social Work Service Community Rehabilitation and Followup in Drug Dependence Treatment Programs**

1. In conjunction with the Chief of the Drug Dependence Treatment Program and in accordance with VA manuals, directives and program guidelines, the Chief, Social Work Service, will participate in planning, coordinating, and evaluation program activities involving the Community Service Specialists and Veterans Assistance Counselors.

2. Areas of emphasis will be the rehabilitative needs of veterans and families, e.g., education, on job training, employment, housing, and personal adjustment.

3. Special outreach efforts will be made to contact and motivate drug dependent veterans to seek treatment and use their various entitlements. The use of staggered tours of duty, weekend duty, community based interviews and home visits will be employed as appropriate.

4. A followup system will be established for provision of social services on a posthospital basis as indicated, and for the purpose of program evaluation.

5. Liaison will be maintained with DVB programs relevant to rehabilitation of drug dependent veterans.

e. Ambulatory Health Care

(1) Social Work Service will participate in the planning and development of ambulatory care. Social workers assigned will function as full members of the ambulatory care team. Activity areas will encompass all non-bed care and treatment settings. These include all clinics, satellite clinics, community-based offices, facilities, and veterans' homes. In order to further the agency's mission outreach services will be undertaken in geographic areas which are underprovided in health care.

(2) The scope and function of social work services in ambulatory care include those outlined in paragraphs 1.01 and 1.03.

f. Community Care. Overall responsibility for policy and planning in community care is a function of the office of the Assistant Chief Medical Director for Extended Care. Operational aspects of the program in the field will remain the responsibility of Social Work Service and other involved disciplines.

(1) **General.** Social Work Service will have the responsibility and accountability for establishing and coordinating a formally organized community care program in each facility. This will include family/personal care homes, halfway houses, board and care homes, nursing homes, and special placement settings. Placement into any of these settings will be goal directed, based on the therapeutic needs of the patient.

(2) **Contract Nursing Home.** For regulations specific to the Contract Nursing Home program, see M-1, part I, chapter 12.

(3) Home Finding

(a) Social Work Service will be responsible for locating community care residences (i.e., family/personal care homes, boarding homes, halfway houses). The responsible person (sponsor) applying for participation in the Community Care program will complete VA Form 10-2407, Application for Consideration of Home in the Community Care Program. The responsible social worker will complete VA Form 10-2408, Outline for Obtaining Information as to Suitability of Home Other Than Patient's Own.

(b) Homes of VA employees will not be used for placement of patients.

(c) Applicant's home will conform to any applicable State or local laws or regulations.

(4) Home Inspection

(a) Social Work Service will insure that each home being considered for use as a community care residence will be inspected by a multidisciplinary team which should include a physician, social worker, nurse, dietitian, and engineer. Other disciplines should be included when indicated. Subsequent to the initial inspection, annual inspections will be completed.

(b) A summary of the inspection team's finding will be filed in a community care file in Social Work Service.

(5) Fees

(a) Social Work Service will establish written standards and procedures to insure that comparable fees are paid to sponsors of community care residences for comparable services provided.

(b) Social Work Service may act as an agent with and for the veteran in establishing a monthly payment rate for care.

*Rescinded by
M-5, Part III
04/26/91*

1. If a guardian is serving, financial arrangements will be made with his or her concurrence.
2. If there is no guardian and there is an institutional award, arrangements for payment for care will be in accordance with procedures outlined in VA Manual MP-4, part I.

c. Social Work Service will keep the Veterans Services Officer informed of financial arrangements made in behalf of incompetent veterans.

(6) Placement

*Rescinded by M-5, Part III
04/26/91*

(a) Before placement of the veteran the responsible social worker will insure that the patient's treatment folder contains a written plan outlining the purpose to be served by placement, and the treatment goals to be pursued during placement.

(b) At the time of placement, Social Work Service will see that the sponsor completes VA Form 10-2410, Agreement to Provide Home Care for Patient, and that the veteran completes VA Form 2409, Patient's Agreement With Hospital in Relation to a Home Other Than His Own.

(c) Veterans in community care residences will be carried on the hospital's rolls as OPT-SC, OPT-NSC, or NBC.

(7) **Followup Supervision.** The frequency of followup visits to the patient and home will be determined by the needs of the individual situation though in no case should visits be made less often than once a month. A record of each visit will be made in the patients' treatment folder. In providing supervision, the social worker will consult with the medical, nursing, dietetics, rehabilitation medicine, and other professional staff, as indicated. Individual situations may indicate that it would be in the best interests of the patient to have a visit from another professional service. In such instances, arrangements will be made to accomplish the visit. Assigned volunteers should be incorporated into the followup program as appropriate.

(8) **Readmission.** Procedures will be established to insure the expeditious readmission of a patient from a community care residence, when necessary.

g. **Social Services to Visually Impaired Veterans**

(1) The Chief, Social Work Service, will designate a social worker to serve as secretary-coordinator of the VIS (Visual Impairment Services) team in accordance with M-2, part I, chapter 18, section II.

(2) When there is no VIS team, the chief will appoint a social worker to coordinate services to veterans within the VA's definition of blindness, at any point along the continuum of care.

(3) The designated social worker will be fully knowledgeable of VA and community resources and will act as consultant to other staff members in developing individualized rehabilitation plans for the veteran, and acts as an advocate for the veteran in gaining access to treatment resources within the VA and the community health systems.

(4) Arrangements will be made for the designated social worker to receive specialized training including a visit to one of the Blind Rehabilitation Centers to acquire first hand understanding of this special service. The designated social worker who works primarily with psychiatric patients will visit one of the Psychiatric Blind Rehabilitation Clinics for the same purpose.

2.02 SOCIAL SERVICE IN RELATION TO OTHER VA SERVICES

Social Work Service will provide needed social services as requested by representatives of the Department of Veterans Benefits (i.e., Compensation and Pension, District Counsel, Veterans Assistance Service, Loan Guaranty, and the Board of Veterans Appeals) to advance their work in relation to the veteran.

1. Transmitted is a new Department of Veterans Affairs, Veterans Health Services and Research Administration Manual M-5, "Geriatrics and Extended Care," Part III, "CRC (Community Residential Care) Program," Chapters 1 through 9."

2. Principal purposes are:

a. **Chapter 1: Community Residential Care.** Cites statutory authority; provides key program definitions; states goals of CRC Program; defines eligibility; and sets forth programmatic responsibilities.

b. **Chapter 2: Selection of Homes.** Describes the process of applying for participation in the CRC Program.

c. **Chapter 3: Standards for Homes.** Establishes CRC facility standards to be met and describes exceptions to these standards.

d. **Chapter 4: Reinspections and Duration of Approval.** Establishes the variable interval lengths of VA approval.

e. **Chapter 5: Due Process and Request for Hearing.** Describes the process of revoking VA approval of a facility when there are issues of non-compliance with standards which the facility will not correct.

f. **Chapter 6: Financial Arrangements.** Establishes the rate structure for CRC care and allowable deviations from that standard.

g. **Chapter 7: Selection, Placement and Follow-Up of Residents.** Describes appropriate CRC candidates; states resident placement policy; establishes follow-up policy of residents by VA staff; and outlines discharge policy from CRC Program.

h. **Chapter 8: Sponsor Education.** Describes necessary training needs for CRC providers.

i. **Chapter 9: Availability of Information, Staffing, Records and Reporting Systems.** Describes staffing guidance; record keeping and reporting systems.

3. **Filing Instructions**

Remove pages

Insert pages

Cover through iv

1-i through 9-1

Appendix 9A-1 through 9A-4

4. **RESCISSIONS:** M-2, part XII, chapter 2, paragraph 2.01^f (3) through (6).

James W. Holsinger, Jr., M.D.
Chief Medical Director

December 19, 1986

Part XII, "Social Work Service," VA Department of Medicine and Surgery M-2, "Clinical Affairs," is changed as indicated below:

NOTE: The purpose of this change, other than editorial, is to incorporate the content of Circular 10-84-141 and supplements No. 1 and 2, and Interim Issue 10-84-31 and supplement No. 1 into above manual. Because of extensive changes, brackets have not been used.

Page V: Remove this page and substitute page v attached.

Pages 2-1 and 2-2: Remove these pages and substitute pages 2-1 through 2-2a attached.

RESCISSIONS: Circular 10-84-141 and supplements No. 1 and 2; and Interim Issue 10-84-31 and supplement No. 1.



JOHN A. GRONVALL, M.D.
Acting Chief Medical Director

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TELEGRAPHIC MESSAGE

NAME OF AGENCY VACO WASH DC		PRECEDENCE ACTION: P INFO:	SECURITY CLASSIFICATION
ACCOUNTING CLASSIFICATION		DATE PREPARED 11/21/85	FILE
FOR INFORMATION CALL			
NAME MARY BOZEMAN (122)		PHONE NUMBER 389-5396	TYPE OF MESSAGE <input type="checkbox"/> SINGLE <input type="checkbox"/> BOOK <input checked="" type="checkbox"/> MULTIPLE ADDRESS
THIS SPACE FOR USE OF COMMUNICATION UNIT			
MESSAGE TO BE TRANSMITTED (Use double spacing and all capital letters)			
<p>TO: DIRECTORS, ALVAMC AND REGIONAL OFFICES WITH OUTPATIENT CLINICS (REGIONAL DIRECTORS)</p> <p>00/DM&S SUPPLEMENT NO. 1 TO INTERIM ISSUE 10-84-31 (DTD: 12-4-85)</p> <p>A. <u>BASIC ADMINISTRATIVE ISSUE AFFECTED:</u> DM&S MANUAL M-2, PART XII, CHAPTER 2.</p> <p>B. <u>OTHER ISSUES AFFECTED:</u> NONE.</p> <p>C. <u>REASON FOR ISSUE:</u> TO EXTEND RESCISSION DATE OF II 10-84-31 WHILE WE ARE REVISING DM&S MANUAL M-2, PART XII.</p> <p>D. <u>TEXT OF ISSUE:</u> THE RESCISSION DATE OF II 10-84-31 IS EXTENDED TO DECEMBER 5, 1986.</p> <p>E. <u>RESCISSION:</u> THIS ISSUE WILL NOT BE CONFIRMED WITH A PRINTED COPY. INTERIM ISSUE 10-84-31 AND THIS SUPPLEMENT ARE RESCINDED ON DECEMBER 5, 1986. 122/10</p> <p style="text-align: right;">DISTRIBUTION: RPC: 1035 (VACO & NONVA ONLY) FD</p> <p style="font-size: 2em; font-family: cursive; margin-left: 100px;">John W. Bigler</p>			
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1985

*amended by
Supp #1, dtd
12-4-85*

VETERANS ADMINISTRATION
Department of Medicine and Surgery
Washington, D.C. 20420
December 7, 1984

INTERIM ISSUE 10-84-31

- A. BASIC ADMINISTRATIVE ISSUE AFFECTED: DM&S Manual M-2, Part XII, Chapter 2
- B. OTHER ISSUES AFFECTED: None
- C. REASON FOR ISSUE: This is a reissue of Interim Issue 10-83-16, which revises the specific section of M-2, Part XII, Chapter 2, dealing with Spinal Cord Injury (SCI) patients, to incorporate the requirements set forth in DM&S Circular 10-82-140 for social work coordination of services to SCI veterans at health care facilities without SCI units.
- D. TEXT OF ISSUE: Revise paragraph 2.01c (3) by adding to the end of the existing paragraph, the followup new text:

"(a) At facilities where there is no SCI unit, the Chief, Social Work Service will designate a social worker to serve as coordinator for services to SCI patients.

(b) The coordinator should be knowledgeable about VA SCI Centers; transfer criteria and process; and provide information and consultation to patients, families, and multidisciplinary teams to facilitate appropriate and timely transfer to SCI Centers.

(c) The coordinator's responsibilities include:

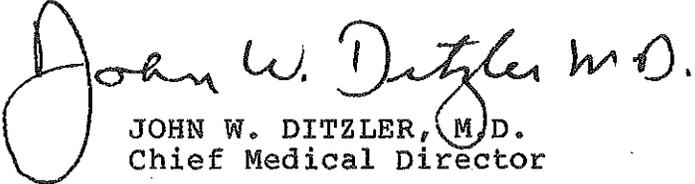
1. Developing a system for identifying SCI patients who come to the medical center and a procedure for referral to Social Work Service.
2. Insuring that this program is multidisciplinary and fully integrated with inpatient and outpatient medical programs.
3. Insuring that a current psychosocial assessment based on a comprehensive social data base is completed and that indicated psychosocial treatment and service are provided and documented in the medical record, including appropriate counseling, educational information, referrals to case manager for appropriate vocational rehabilitation and independent living services.
4. Referring all SCI patients to the Veterans Benefits Counselor, and with veteran's consent, to the PVA service officers.
5. Developing a system of outreach to extend services to those SCI veterans who do not use the VA for their health care needs. This would involve maintaining contact with local SCI programs, the PVA, the handicapped community and the nearest VA SCI Center.
6. Establishing and maintaining a roster of SCI patients in the Primary Service Area of the medical center.

II 10-84-31
December 7, 1984

(d) The designated social worker will be fully knowledgeable about VA and community resources and will act as a consultant to other staff members in developing individualized rehabilitation plans for the veteran, and as an advocate for the veteran in gaining access to treatment resources within the VA and the community health system.

(e) Arrangements will be made for the designated social worker to receive specialized training including a visit to one of the SCI Centers to acquire first-hand understanding of this special service."

E. RESCISSION: This issue is rescinded on December ~~8~~, ^{5, 1984} ~~1985~~ *by Supp. #1*


JOHN W. DITZLER, M.D.
Chief Medical Director

DISTRIBUTION: RPC: 1035
FD

11-2-83

VETERANS ADMINISTRATION
Department of Medicine and Surgery
Washington, D.C. 20420

INTERIM ISSUE 10-83-16

October 18, 1983

- A. BASIC ADMINISTRATIVE ISSUE AFFECTED: DM&S Manual M-2, Part XII, Chapter 2
- B. OTHER ISSUES AFFECTED: None
- C. REASON FOR ISSUE: To revise the specific section of M-2, Part XII, Chapter 2, dealing with Spinal Cord Injury (SCI) patients, to incorporate the requirements set forth in DM&S Circular 10-82-140 for social work coordination of services to SCI veterans at health care facilities without SCI units.
- D. TEXT OF ISSUE: Revise paragraph 2.01.c (3) by adding to the end of the existing paragraph, the following new text:

"(a) At facilities where there is no SCI unit, the Chief, Social Work Service will designate a social worker to serve as coordinator for services to SCI patients.

(b) The coordinator should be knowledgeable about VA SCI Centers; transfer criteria and process; and provide information and consultation to patients, families, and multidisciplinary teams to facilitate appropriate and timely transfer to SCI Centers.

(c) The coordinator's responsibilities include:

1. Developing a system for identifying SCI patients who come to the medical center and a procedure for referral to Social Work Service.
2. Insuring that this program is multidisciplinary and fully integrated with inpatient and outpatient medical programs.
3. Insuring that a current psychosocial assessment based on a comprehensive social data base is completed and that indicated psychosocial treatment and service are provided and documented in the medical record, including appropriate counseling, educational information, referrals to case manager for appropriate vocational rehabilitation and independent living services.
4. Referring all SCI patients to the Veterans Benefits Counselor, and with the veteran's consent, to the PVA service officers.
5. Developing a system of outreach to extend services to those SCI veterans who do not use the VA for their health care needs. This would involve maintaining contact with local SCI programs, the PVA, the handicapped community and the nearest VA SCI Center.
6. Establishing and maintaining a roster of SCI patients in the Primary Service Area of the medical center.

II 10-83-16
October 18, 1983

(d) The designated social worker will be fully knowledgeable about VA and community resources and will act as a consultant to other staff members in developing individualized rehabilitation plans for the veteran, and as an advocate for the veteran in gaining access to treatment resources within the VA and the community health system.

(e) Arrangements will be made for the designated social worker to receive specialized training including a visit to one of the SCI Centers to acquire first hand understanding of this special service."

E. RESCISSION: This issue is rescinded September 30, 1984.



DONALD L. CUSTIS, M.D.
Chief Medical Director

Distribution: RPC: 1035
FD