

## SOCIAL WORK PROFESSIONAL PRACTICE

**1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive provides procedures for ensuring that social work professional practices and services provided to Veterans, family members, and caregivers are consistent with practice standards, as defined by the Office of Care Management and Social Work in VHA and by recognized social work professional organizations. This directive ensures social work practice issues and standards are delivered appropriately at all Department of Veterans Affairs (VA) medical facilities, including VA hospitals, VA outpatient clinics (OPC), VA Community Living Centers (CLC), Home and Community-Based Care (H&CBC) programs, and Community-Based Outpatient Clinics (CBOC). This also includes off-site VHA health care programs in which VA staff participate and to which they are assigned to provide professional services.

**2. SUMMARY OF MAJOR CHANGES:** Major changes include:

a. Addition of definitions.

b. Clarification related to the responsibilities of the Veterans Integrated Service Network (VISN) Network Director, VISN Social Work Lead, and Supervisory Social Workers.

c. Clarification related to the responsibilities of the National Social Work Program Office, the VA medical facility Director, the Chief, Social Work Service or Social Work Executive, and the Social Worker.

**3. RELATED ISSUES:** None

**4. RESPONSIBLE OFFICE:** The Office of Patient Care Services (10P4), Care Management and Social Work Service (10P4C) is responsible for the contents of this directive. Questions may be addressed to 202-461-6780.

**5. RESCISSIONS:** VHA Handbook 1110.02, dated January 15, 2014, is rescinded.

**6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of July 2024. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY DIRECTION OF THE OFFICE OF  
THE UNDER SECRETARY FOR HEALTH**

/s/ Lucille Beck, PhD  
Acting Deputy Under Secretary for Health for  
Policy and Services

July 26, 2019

VHA DIRECTIVE 1110.02

**NOTE:** *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

**DISTRIBUTION:** Emailed to the VHA Publications Distribution list on July 30, 2019.

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## SOCIAL WORK PROFESSIONAL PRACTICE

### 1. PURPOSE

This Veterans Health Administration (VHA) directive provides policy to ensure social work professional practice is consistent with practice standards defined by the Office of Care Management and Social Work in VHA and by recognized national social work professional organizations for the appropriate implementation of social work services at each VA health care system. **AUTHORITY:** Title 38 United States Code (U.S.C.) 7301(b).

### 2. BACKGROUND

a. Social workers facilitate transition and coordination of care between the Department of Defense (DoD) and VHA; and between the VHA and the community through the development and utilization of resources and services in support of established treatment goals for Veterans, their families, and caregivers. VHA social workers are essential in the provision of mental health services across the continuum of care. In addition, social workers play a leading role in the provision of case management services for Veterans who are severely injured or ill, require discharge planning, or affected by severe and persistent mental illness, homelessness, suicidal ideation, and other risk factors.

b. Comprehensive social work services are developed and implemented through a broad range of treatment programs offered in VA medical facilities. Social workers participate fully in the planning, implementation, and evaluation of treatment programs for Veterans receiving medical and surgical interventions, rehabilitation services, primary and ambulatory care clinics services, services in community settings and long-term care facilities. Social workers conduct psychosocial assessments as part of the initial interprofessional team assessment, identify psychosocial problems and stressors and contribute to interdisciplinary treatment plans. Social workers typically serve as the primary liaison between the interprofessional treatment team and family members and caregivers while overseeing provision of caregiver assistance and family support services.

c. Social work training, education, licensure, and practice is based upon a person-in-environment framework, which makes social work uniquely suited for providing, participating in, and leading patient-centered care initiatives, such as whole health, integrated care coordination, and integrated case management.

d. VHA currently employs more than 14,000 Masters-prepared social work professionals, making the GS-0185 Social Work occupational series the largest helping profession in VHA and among the three largest professions of the Hybrid Title 38 occupations. VHA also trains over 1,500 social work trainees annually. This directive applies to the GS-0185 Social Worker occupational series. **NOTE:** *Please refer to VA Handbook 5005, Appendix G39 for licensing and certification requirements for social work employees within VHA.*

e. Many VA medical facilities organizationally align social work within an established, professional-based Social Work Service or department. At VA medical facilities which do not organizationally align GS-0185 employees in a centralized, professional-based department, social workers may not be assigned to, or affiliated with, a social work service or department. In these VA medical facilities, social workers are assigned to various organizational units and may report administratively to staff who are not social workers. These non-social work supervisors (e.g. service chiefs, department directors, program managers, and care line managers) may not be knowledgeable about social work practice and may be unable to adequately assess, support, evaluate, monitor, or review social work practice. Even at VA medical facilities in which managers are knowledgeable about social work functions, overall discipline-specific oversight provided by the VA medical facility Chief, Social Work Service or Social Work Executive is essential for the professional practice of social work. This directive provides procedures necessary to assist VA health care systems in ensuring that social work practice issues and standards are appropriately addressed regardless of professional alignment.

### 3. DEFINITIONS

a. **Advanced Practice Level.** The Advanced Practice Level (APL) of social work requires completion of the advanced generalist or clinical Association of Social Work Board (ASWB) examination and determination by a state licensing board which determines advanced practice for licensure within their jurisdiction. In VHA, the Advanced Practice Level also requires use of advanced practice knowledge and skills in accordance with the VHA Social Worker Qualification Standards for GS-12 or above positions.

b. **Affiliation Agreement.** An Affiliation Agreement is a written agreement to establish an affiliation between VA, its Veteran Integrated Service Networks (VISNs), VA medical facility or facilities, and the listed educational program for the academic purposes of enhanced patient care, education, and research. **NOTE:** See VHA Handbook 1400.03, *Veterans Health Administration Educational Relationships*, dated February 16, 2016, for details about affiliation agreements.

c. **Clinical Privileging.** Clinical privileging is the process by which a provider, licensed for independent practice (i.e. without supervision, direction, required sponsor, preceptor, mandatory collaboration, etc.), is permitted by law and the VA medical facility to practice independently, to provide specified medical or other patient care services within the scope of the individual's license, based on the individual's clinical competence as determined by peer references, professional experience, health status, education, training, and licensure. Clinical privileges must be facility-specific, provider-specific, and within available resources. **NOTE:** *There may be providers, who by the nature of their positions, are not involved in patient care (e.g. researchers, administrative physicians, or VHA Central Office staff). These health care professionals must be credentialed but may not need to be privileged.* 38 U.S.C. 7402, 38 Code of Federal Regulations (CFR) 60, and VHA Handbook 1100.19, *Credentialing and Privileging*, dated October 15, 2012, indicate the health care providers which must be credentialed and privileged to

practice within a VA health care system. Physicians and dentists, and some other health care providers are required to be privileged by a VA medical facility to provide health care services. Other health care providers, to include social workers, who are licensed for independent practice may be privileged and appointed to the medical staff of a VA health care system.

d. **Credentialing.** Credentialing is the systematic process of screening and evaluating qualifications and other credentials, including, but not limited to: licensure, registration, certification, required education, relevant training and experience, and current competence and health status. Persons appointed to the GS-0185 Social Work occupational series must be credentialed.

e. **Focused Professional Practice Evaluation.** A Focused Professional Practice Examination (FPPE) is the process whereby the VA medical center evaluates the privilege-specific competence of a practitioner who does not have documented evidence of competently performing the requested privilege at the organization. This process may also be used when a question arises regarding a currently privileged practitioner's ability to provide safe, high quality patient care. Focused professional practice evaluation is a time-limited period during which the organization evaluates and determines the practitioner's professional performance. VA medical facilities develop FPPE templates for use in accordance with a profession's occupational series, and must be facility specific, setting specific, and provider specific. The FPPE documents must be adapted to reflect state licensure. The Chief, Social Work Service or Social Work Executive is responsible for developing social work specific FPPE and ensuring that all social workers in the 0185 series participate in FPPE review on an annual basis.

f. **Independent Practice Level.** VHA requires that persons hired or reassigned to positions in the GS-0185 occupational series must be licensed or certified by a state to independently practice social work at the master's degree level in an agency setting. ***NOTE: The National Social Work Program conducts surveys of state licensing boards and maintains a licensure listing from state licensing board responses identifying the state licensure levels which permit independent and advanced practice.***

g. **Individual Development Plans.** An Individual Development Plan (IDP) is a tool utilized by staff to outline goals and actions in support of professional career development.

h. **Licensed Independent Provider.** A licensed independent provider (LIP) is any individual permitted by law (the statute that defines the terms and conditions of the practitioner's practice in the state of licensure) and the VA medical facility to provide patient care services independently, i.e., without supervision or direction, within the scope of the individual's license and in accordance with individually granted clinical privileges.

i. **National Social Work Program Leadership Council.** The VA Central Office National Social Work Program Social Work Leadership Council (VACO SW-LC) serves in a consultative capacity to Social Work Leadership in the National Social Work

Program, Care Management and Social Work (CM/SW), Office of Patient Care Services, and as an organizational focus for VA medical facilities.

j. **Ongoing Professional Practice Evaluation.** An Ongoing Professional Practice Examination (OPPE) is a document summary of ongoing data collected for the purpose of assessing a practitioner's clinical competence and professional behavior. The information gathered during this process is factored into decisions to maintain, revise, or revoke existing privilege(s) prior to or at the end of the two-year license and privilege renewal cycle. Activities such as direct observation, clinical discussions, and clinical pertinence reviews, if documented, can be incorporated into this process. Information and data considered must be practitioner- or provider-specific and could become part of the practitioner's provider profile analyzed in the VA medical facility's ongoing monitoring. **NOTE:** See VHA Handbook 1100.19.

k. **Social Work Professional Standards Boards.** Social Work Professional Standards Boards (PSBs) act for, are responsible to, and are agents of the Under Secretary for Health in matters concerning appointments and advancements of individuals occupying hybrid positions as outlined in VA Handbook 5005/70, Part II, Chapter 3, Section C, Professional Standards Boards. PSBs are required at the VA medical facility, VISN, and VACO levels.

l. **Scope of Practice.** VA Social Workers who are not clinically privileged are required to practice under a Scope of Practice which describes the licensure, setting, and type of services a provider may provide. Scopes of Practice are approved by the designated occupational series leader within the VA medical facility.

#### 4. POLICY

It is VHA policy to provide high-quality social work professional services to Veterans and other eligible individuals which could include active duty Servicemembers, their family members, and caregivers in VHA by ensuring that social work professional practice and services adhere to the practice standards delineated in this directive and by national social work professional organizations.

#### 5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Service Networks (VISN);

(2) Ensuring that each VISN Director has sufficient resources to fulfill the terms of this directive in all of the VA medical facilities within that VISN; and

(3) Providing oversight of VISNs to assure compliance with this directive, relevant standards, and applicable regulations.

c. **Director, National Social Work Program, Care Management and Social Work.** The Director, National Social Work Program, Care Management and Social Work is responsible for:

(1) Ensuring that VA medical facilities comply with standards defined by accrediting organizations, such as The Joint Commission and Commission on Accreditation of Rehabilitation Facilities (CARF), and with social work professional practice standards developed by recognized social work organizations, such as the Association of Social Work Boards (ASWB), Council on Social Work Education (CSWE), National Association of Social Workers (NASW), and Society of Social Work Leadership in Healthcare (SSWLHC).

(2) Developing, implementing, and maintaining a strategic plan for the social work profession across VHA.

(3) Providing continuous consultation and guidance on complex social work practice issues and assisting VA medical facility Chiefs, Social Work Service and Social Work Executives and VA medical facility leadership in developing methods for adequately addressing such issues.

(4) Communicating social-work-related policies and procedures with other VA Central Office (VACO) program offices, VISN Directors, and VA medical facility Directors.

(5) Authorizing and conducting consultative field site visits to assess current social work practice at a VA medical facility; and providing the Chief, Social Work Service or Social Work Executive and VA medical facility leadership with recommendations to enhance the provision of social work services at the VA medical facility level. **NOTE:** *These site visits are requested by the VA medical facility or VISN.*

(6) Communicating information, consultation, policy, and practice guidance to Chiefs, Social Work Service and Social Work Executives through sources which include but are not limited to:

- (a) National email groups;
- (b) Monthly conference calls;
- (c) VA Pulse;
- (d) SharePoint resources; and
- (e) VA internet and intranet resources



(7) Conducting surveys of state licensing boards and maintaining state licensing board responses identifying the state licensure requirements for independent and advanced social work practice in VHA. Surveys are conducted when state licensure requirements change. **NOTE:** *State Social Work Licensing surveys are available for reference on the National Social Work SharePoint:*

<https://vaww.infoshare.va.gov/sites/cmsws/SocialWork/Social%20work%20License%20By%20State>. *This is an internal VA Web site that is not available to the public.*

(8) Communicating with state licensing boards, social work professional organizations and accrediting bodies such as ASWB, CSWE, NASW, and SSWLHC as needed.

(9) Providing oversight for the National Social Work Leadership Council.

(10) Designating a national program office representative to serve as the liaison with the Office of Academic Affiliations on all matters related to social work training. **NOTE:** *See VHA Handbook 1400.03 for details about affiliation agreements.*

d. **Veterans Integrated Service Network Director.** The Veterans Integrated Service Network (VISN) Director is responsible for:

(1) Appointing a VISN Social Work Lead. The VISN Social Work Lead will rotate among VA medical facility Chiefs, Social Work Service or Social Work Executives, or can be assigned to a full-time VISN level employee in the GS-0185 Social Work occupational series. If rotated, the recommended rotation time is two years. If a VA medical facility Chief, Social Work Service or Social Work Executive is unable to fulfill the duties and responsibilities of the Social Work VISN Lead, the VISN Network Director may extend the appointment time of the existing VISN Social Work Lead; or appoint an interim Chief, Social Work Service or Social Work Executive for a temporary period.

(2) Appointing social workers from facilities within the VISN in the GS-0185 series to the VISN Social Work Professional Standards Board.

(3) Serving as the approving official for Social Work Professional Standards Board actions for VISN employees in the GS-0185 occupational series.

e. **VISN Social Work Lead.** The VISN Social Work Lead is responsible for:

(1) Establishing, maintaining, and facilitating regular communication with VISN Chiefs Social Work Service or Social Work Executives through a variety of means, including but not limited to:

(a) Monthly conference calls;

(b) Outlook VISN Chief, Social Work Service or Social Work Executive mail groups; and

(c) In-person meetings (as practical and contingent on VISN or VA medical facility travel funding).

(2) Notifying the National Social Work Program of changes in VISN Chief, Social Work Service or Social Work Executive staff within 30 calendar days to maintain accuracy in national office communications.

(3) Providing ongoing input to the National Social Work Program Leadership Council about VISN and VA medical facility level social work practice issues and concerns.

(4) Providing VISN orientation, coaching, and ongoing mentoring to new Chiefs, Social Work Service and Social Work Executives.

(5) Representing social work in interprofessional collaboration at the VISN level (e.g. interfacing with VISN service lines, programs, committees, or workgroups).

(6) Assisting the VISN Director in establishing, maintaining, and overseeing the VISN-level Social Work Professional Standards Boards, including:

(a) Developing procedures for VISN Social Work Professional Standards Board functioning;

(b) Ensuring VISN Social Work Professional Standards Board members are properly identified by the VISN Social Work Lead, appointed by the VISN Director, and trained;

(c) Chairing the VISN Social Work Professional Standards Board or recommending a Chair to the VISN Network Director for appointment;

(d) Communicating with the National Social Work Program staff for reconsiderations of VISN Social Work Professional Standards Board actions. **NOTE:** See *VA Handbook 5005/70, Part II, Chapter 3, Section C, Professional Standards Boards, dated January 10, 2014, for guidance*; and

(e) Assisting the VISN in identifying social work volunteers to be deployed to support national emergency response and disaster relief efforts.

f. **VA Medical Facility Directors.** VA medical facility Directors are responsible for:

(1) Ensuring the VA medical facility has a Social Work Service or department that is overseen by a single, designated Social Work Lead who meets the VHA Social Worker Qualification Standards for a Chief, Social Work Services or Social Work Executive as determined by the VA medical center Director.

(2) Ensuring the Chief, Social Work Service or Social Work Executive provides oversight of all social work practice and services, regardless of the organizational alignment of social workers.

(3) Ensuring the Chief, Social Work Service or Social Work Executive aligns as a direct report to one of the VA medical facility senior clinical executive team leaders (i.e. Chief of Staff or Chief Nursing Officer). **NOTE:** *This alignment is essential given the critical impact of social work services on all clinical programs within VA medical facilities.*

(4) Ensuring that VHA Human Resources confirms the General Schedule (GS) grade for the Chief, Social Work Service or Social Work Executive position reflects the complexity and scope inherent in accordance with VA Handbook 5005/23 Part II, Appendix G39, Social Worker Qualification Standard GS-0185, and ensuring the GS grade for the position reflects the complexity and scope of responsibility inherent in the oversight of professional health care delivery by social workers throughout the health care system.

(5) Ensuring the Chief, Social Work Service or Social Work Executive functions are incorporated into the incumbent's functional statement and that the amount of designated time allocated to these duties is specified. **NOTE:** *Due to the extent of the Chief, Social Work Service' or Social Work Executive's scope of responsibilities outlined in the Social Work Qualification Standards, a Chief, Social Work Service or Social Work Executive position must be 1.0 FTEE.*

(6) Ensuring the National Social Work Program is notified within 30 days when a new Chief, Social Work Service or Social Work Executive is appointed to maintain accuracy in national office communications through the Social Work Managers e-mail group, which is maintained by the National Social Work Program staff.

(7) Ensuring all VA medical facility leaders and program areas proactively communicate and involve the Chief, Social Work Service or Social Work Executive in decisions relating to social work practice, including, but not limited to, matters of professional practice, standards of practice, recruitment and retention, education and career development, competency and performance, risk management, and resource management as outlined in the appendices.

(8) Ensuring that sufficient and appropriate clerical and administrative support staff are provided to the Chief, Social Work Service or Social Work Executive to meet the responsibilities of this directive.

(9) Requesting a National Social Work Program consultative site visit as needed to assess the provision of social work services at the VA medical facility, to provide recommendations to the Chief, Social Work Service or Social Work Executive and VA medical facility leadership which enhance availability of high-quality social work services, and to ensure the responsibilities of this directive are met.

**g. Chief of Staff, Associate Director, Patient Care Services, or Nursing Executive.** Depending on the VA medical facility's reporting structure as outlined by the VA medical center Director, this individual is responsible for ensuring that all clinical program areas in the VA medical facility, regardless of organization alignment, consult

with the Chief Social Work Service or Social Work Executive on all matters of social work practice and policy.

h. **Chief, Social Work Service or Social Work Executive.** The Chief, Social Work Service or Social Work Executive is the VA medical facility subject matter expert and local authority on matters of social work practice and policy and must be involved in decision making on social work practice and policy throughout the facility. Depending on the size and complexity of a VA medical facility, the Chief, Social Work Service or the Social Work Executive is a direct report to the VA medical facility Director, the facility Chief of Staff, or the Chief of Nursing or Nurse Executive. The Chief, Social Work Service or Social Work Executive is responsible for:

- (1) Executing the Social Work Practice Requirements detailed in Appendix A.
- (2) Following the Standards of Practice Requirements detailed in Appendix B.
- (3) Following the Professional Recruitment and Retention Requirements detailed in Appendix C.
- (4) Following the Education and Career Development Requirements detailed in Appendix D.
- (5) Following the Competency and Performance Requirements detailed in Appendix E.
- (6) Following the Risk Management Requirements detailed in Appendix F.
- (7) Following the Resource Management Requirements detailed in Appendix G.
- (8) Developing a system for the review and evaluation of social work practice, including use of established performance improvement tools, development of quantifiable outcome measures and benchmarking. This includes the use of recognized process improvement tools, such as Lean; Six Sigma; Vision, Analysis, Team, Aim, Map, Measure, Change, Sustain Spread (VATAMMCS); and Plan-Do-Study-Act (PDSA).
- (9) Developing social work specific FPPE templates and ensuring that all social workers in the 0185 series participate in FPPE review on an annual basis.
- (10) Designating a field education coordinator to manage VA medical facility-level social training programs if the VA medical facility has paid or without compensation (WOC) trainees.

i. **Chair, Social Work Professional Standards Board.** The Chair, Social Work Professional Standards Board (PSB) is responsible for all boarding actions (includes boarding of new full-time employees (FTE) and changes in existing FTE positions), maintaining, training, approval, and disapproval actions in the GS-0185 occupational series.

j. **Social Work Professional Standards Board Members.** The Social Work Professional Standards Board members are responsible for:

(1) Completing mandatory Social Work Professional Standards Board Member Training, located in the VA Talent Management System (TMS) training number VA14989.

(2) Participating in PSB board meetings.

(3) Interpreting and applying Social Work Qualification Standards to boarding actions in a consistent manner.

k. **Supervisory Social Workers.**

(1) Educating staff on the provisions and responsibilities of this directive and communicating policy updates when applicable.

(2) Participating in the position management, recruitment, interviewing, hiring, classification, and boarding process for staff within their area of responsibility.

(3) Conducting position management reviews of all positions within their area of responsibility to ensure the most efficient and effective position management structure and utilization of staff are being achieved.

(4) Preparing, reviewing, updating, and ensuring the accuracy of job descriptions (functional statements or position descriptions) for staff within their area of responsibility. This may include functional statements for Title 38 and Hybrid Title 38 occupations or position descriptions for Title 5 occupations. The supervisor is responsible for communicating the major duties and responsibilities of the position to the employee and seeking consultation and guidance from the occupational series subject matter experts and approving officials.

(5) Providing orientation and training to staff who are new hires, assume new positions, or have a change in their assigned duties and responsibilities.

(6) Ensuring social workers actively pursue meeting and maintaining state requirements for licensure or certification starting from the date of their appointment and continuing throughout their employment in the GS-0185 occupational series.

(7) Providing unlicensed or uncertified social workers with the written requirements for licensure or certification at the independent practice level, including the time by which the license or certification must be obtained and the consequences for not becoming licensed or certified at the independent practice level by the deadline. The supervisor must provide this information in writing and at the time of appointment to the GS-0185 occupational series.

(8) Conducting reviews of staff performance and competency, to include work assignments, tasks, documentation, productivity, and related or associated

performance metrics, quality monitors, accreditation standards, or aspects of an employee's work. Formal reviews will be conducted at least twice annually (i.e. a midyear performance evaluation and an end of rating period evaluation).

(9) Seeking consultation and guidance from the Chief, Social Work Service or Social Work Executive on matters of social work practice, to include:

- (a) Professional practice;
- (b) Standards of practice;
- (c) Recruitment;
- (d) Retention;
- (e) Education;
- (f) Career development;
- (g) Competency;
- (h) Performance;
- (i) Risk management; and
- (j) Resource management as outlined in the appendices.

(10) Providing regular and recurring supervision to staff as outlined by The National Association of Social Workers and the Association of Social Work Boards' Best Practice Standards in Social Work Supervision located at the following Web site: <https://www.socialworkers.org/LinkClick.aspx?fileticket=GBrLbI4Buwl%3D&portalid=0>. If the immediate supervisor is unable to provide the required range of types and levels of supervision, the supervisor must seek consultation from the Chief, Social Work Service or Social Work Executive to identify appropriate options for ensuring the social worker receives the needed type and level of supervision. **NOTE:** *This is an external Web site and may not be compliant with Section 508 of the Rehabilitation Act.*

l. **Field Education Coordinator.** The field education coordinator is responsible for managing VA medical facility-level social training programs if the VA medical facility has paid or without compensation (WOC) trainees.

m. **Social Worker.** The VA medical facility social worker is responsible for:

- (1) Providing services including, but not limited to, those outlined in Appendix A.
- (2) Advocating for Veterans, their families, and caregivers when they experience challenges in meeting their health care needs.

(3) Assisting Veterans, their families, and caregivers to navigate the complexities of the VA and U.S. health care system.

(4) Assessing resource gaps and working with the social work supervisor to create additional resource availability and programming for Veterans, their families, and caregivers.

(5) Incorporating performance improvement in their assigned work area and participating in performance improvement activities.

(6) Obtaining and maintaining a full and unrestricted social work license, to include meeting continuing education and professional development requirements established by state licensing boards required for licensure.

(7) Participating in professional development, to include pursuing social work trainings, certifications, and advanced licensure.

(8) If pursuing advanced clinical licensure, seeking and participating in clinical supervision hours with other clinical social workers to obtain regulatory supervision requirements needed.

(9) Adhering to professional practice standards of the National Association of Social Workers and its Code of Ethics located at the following Web site:

<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>.

**NOTE:** *This is an external Web site and may not be compliant with Section 508 of the Rehabilitation Act.*

## 6. TRAINING

a. The Social Work Professional Standards Board members must complete Social Work Professional Standards Board Member Training, located in the VA Talent Management System (TMS) training number VA14989.

b. Recommended training modules and training opportunities can be found on the National Social Work Program SharePoint:

<https://vaww.infoshare.va.gov/sites/cmsws/SocialWork/VA%20Social%20Work%20Leadership%20Training%202010/Forms/AllItems.aspx>

**NOTE:** *This is an internal VA Web site that is not available to the public.*

## 7. RECORDS MANAGEMENT

All records regardless of format (paper, electronic, electronic systems) created by the requirements of this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Manager or your Records Liaison.

## 8. REFERENCES

- a. Pub. L. 106-419, 205.
- b. 38 U.S.C. 7301(b).
- c. VA Handbook 5005/23 STAFFING Appendix G39 Social Work Qualification Standard.
- d. VA Handbook 5005/70, Part II, Chapter 3, Section C, Professional Standards Boards.
- e. VBA Manual M21-1, Adjudication Procedures, Part III, General Claims Process, Subpart iv, General Rating Process, Chapter 3, Examinations, Section D, Examination Reports.
- f. VHA Directive 1010, Transition and Care Management of Ill or Injured Servicemembers and New Veterans, dated November 21, 2016.
- g. VHA Directive 1011, Department of Veterans Affairs Liaison for Health Care Stationed at Military Treatment Facilities, dated January 27, 2017.
- h. VHA Directive 1027, Supervision of Psychologists, Social Workers, Professional Mental Health Counselors, and Marriage and Family Therapists Preparing for Licensure, dated October 23, 2013.
- i. VHA Directive 1066, Requirement for National Provider Identifier (NPI) and Taxonomy Codes, dated November 7, 2013.
- j. VHA Directive 1152, Caregiver Support Program, dated June 14, 2017.
- k. VHA Directive 1190, Peer Review for Quality Management, dated November 21, 2018.
- l. VHA Directive 2012-030, Credentialing of Health Care Professionals, dated October 11, 2012.
- m. VHA Handbook 1100.19, Credentialing and Privileging, dated October 15, 2012.
- n. VHA Handbook 1110.04, Case Management and Standards of Practice, dated May 20, 2013.
- o. VHA Handbook 1160.01, Uniform Mental Health Services in VA Medical Centers and Clinics, dated September 11, 2008.
- p. VHA Handbook 1400.03, Veterans Health Administration Educational Relationships, dated February 16, 2016.
- q. VHA Handbook 1400.04, Supervision of Associated Health Trainees, dated March 19, 2015.



r. VHA Handbook 1400.08, Education of Associated Health Professions, dated February 26, 2016.

s. National Social Work Program Office SharePoint  
<https://vaww.infoshare.va.gov/sites/cmsws/SocialWork/default.aspx>.

t. The Joint Commission Standards Interpretation at the following link:  
[https://www.jointcommission.org/standards\\_information/jcfaq.aspx?ProgramId=0&ChapterId=0&IsFeatured=False&IsNew=False&Keyword=](https://www.jointcommission.org/standards_information/jcfaq.aspx?ProgramId=0&ChapterId=0&IsFeatured=False&IsNew=False&Keyword=) **NOTE:** *This linked document is outside of VA control and may not be conformant with Section 508 of the Rehabilitation Act of 1973.*

u. National Association of Social Workers (NASW) Association of Social Work Boards (NASW ASWB) Best Practice Standards for Social Work Supervision 2013 at the following link:  
<https://www.socialworkers.org/LinkClick.aspx?fileticket=GBrLbI4Buwl%3D&portalid=0> **NOTE:** *This linked document is outside of VA control and may not be conformant with Section 508 of the Rehabilitation Act of 1973.*

v. National Association of Social Workers (NASW) Code of Ethics at the following link: <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English> **NOTE:** *This linked document is outside of VA control and may not be conformant with Section 508 of the Rehabilitation Act of 1973.*

w. VA-form 10-0094g, Associated Health Education Affiliation Agreements Between the Department of Veterans Affairs (VA) and an Educational Program ([https://www.va.gov/vaforms/form\\_detail.asp?FormNo=0094g](https://www.va.gov/vaforms/form_detail.asp?FormNo=0094g)).

**SOCIAL WORK PRACTICE REQUIREMENTS**

The following Social Work Practice Requirements are critical for the success of Chiefs, Social Work Service or Social Work Executives and consequently social work service at a VA medical facility. The Chief, Social Work Service or Social Work Executive must ensure these social work practice requirements are met, to include:

1. The provision of education, training, guidance, and consultation to facility leadership (e.g. VA medical facility Director, Associate Director, Chief of Staff, Nurse Executive), service chiefs, and all VA medical facility staff on social work practice, policy, and facility wide program impact.

a. Confirmation that social workers practice at the top of their education, skill, and licensure level.

b. The incorporation of social work services within VA medical facility, the healthcare system, and off-site VHA health care program policies.

c. The provision of social work services in the following social work functions, as clinically indicated and in accordance with licensure level, scope of practice, credentialing, privileging, and clinical assignment.

d. Support of social work training as part of VHA's educational mission:

(1) Psychosocial assessment.

(2) Mental health assessment and diagnosis.

(3) Psychosocial treatment and intervention.

(4) Psychosocial rehabilitation.

(5) Psychosocial case management and care coordination. **NOTE:** See VHA Handbook 1110.04, *Case Management and Standards of Practice*, dated May 20, 2013, for details.

(6) Advance care planning and goals of care conversations.

(7) Resource referral and community services coordination.

(8) Discharge or after care planning and coordination.

(9) Community care and community resource linkage.

(10) Interdisciplinary collaboration, coordination, and consultation.

(11) Pre-admission planning.

(12) Admission diversion services.

- (13) Patient and family education.
- (14) Client advocacy.
- (15) Mandatory reporting (abuse, neglect, or exploitation).
- (16) Suicide assessment, crisis intervention, and safety planning.
- (17) Individual, marriage, couple, family, and group counseling or therapy.

**2.** Oversight of Compensation and Pension Examinations by qualified social work providers as outlined in VBA Adjudication Procedure Manual, M21-1. **NOTE:** *VBA Adjudication Procedure Manual, M21-1, Adjudication Procedures, Part III, General Claims Process, Subpart iv, General Rating Process, Chapter 3, Examinations, Section D, Examination Reports outlines the qualification and signature criteria for VA facility providers.*

**3.** Oversight of Standardized Testing administration. **NOTE:** *The American Psychological Association qualifies social workers, in accordance with state licensure, to administer some psychological testing.*

**4.** The supervision of research activities, participation in the VA medical facility Institutional Review Board (IRB), and the provision of consultation on proposed VA medical facility research projects and studies which include social workers or social work clients.

**5.** The establishment and oversight of a VA medical facility level Social Work Professional Practice Council; Social Work Leadership Board; Social Work Professional Practice Committee; or Social Work Community of Practice to assist the Chief, Social Work Service or Social Work Executive in overseeing social work practice at the VA medical facility. While these entities do not have supervisory authority for social workers or the profession, they will have the authority and responsibility for assisting the Chief, Social Work Service or Social Work Executive in defining and reviewing the professional practice of social workers within the VA medical facility. The Chief, Social Work Service or Social Work Executive determines the most appropriate type of group at each VA medical facility and leads or designates a leader for the group. Functions of a Social Work Professional Practice Council include:

- a. Educating staff on the provisions and responsibilities of this directive.
- b. Identifying gaps that may exist in patient care with emphasis on expansion of social work services.
- c. Ensuring a platform for discussion of social work professional practice elements.
- d. Sharing strong practices related to social work practice.

6. Provide recommendations when the VA medical facility Director requests the National Social Work Program conduct a consultative site visit to assess social work practice at the VA medical facility and offer recommendations for areas of improvement to assist the Chief, Social Work Service or Social Work Executive and VA medical facility leadership to ensure the responsibilities of this directive are met. **NOTE:** See *paragraph 5.c. of this directive.*

**STANDARDS OF PRACTICE REQUIREMENTS**

The following Standards of Practice Requirements are critical for the success of Chiefs, Social Work Service or Social Work Executives and consequently social work service at a VA medical facility. The Chief, Social Work Service or Social Work Executive must ensure these standards of practice requirements are met, to include:

1. The development of monitoring procedures to ensure local compliance with social work practice standards and guidelines on documentation, workload, data entry, ethical practice, and service delivery as defined by VHA, professional accrediting, and regulatory agencies listed in the references section. This includes a standardized process for supervision and monitoring documentation of social work trainees, as defined in VHA Handbook 1400.04, Supervision of Associated Health Trainees, dated March 19, 2015.
2. Participation in the oversight and approval of VA medical facility social work scope of practice and clinical privileging processes and ensuring that each social worker has a defined scope of practice or clinical privileges for their assigned area of practice and adapted to reflect state licensure.
3. The approval and use of social work Focused Professional Practice Evaluation (FPPE) and Ongoing Professional Practice Evaluation (OPPE) documents for use at the VA medical facility or program.
4. The collection and oversight of, in collaboration with Human Resources and other offices responsible for credentialing as outlined in VHA Directive 2012-030, Credentialing of Health Care Professionals, dated October 11, 2012, required licensure or certification for all social workers, including, but not limited to obtaining, maintaining, and renewing social work licensure.
5. The compliance of, in collaboration with Human Resources and other responsible offices, any other local VA medical facility requirements social workers must meet to deliver appropriate care, such as, but not limited to:
  - a. Basic life support,
  - b. Prevention and management of disruptive behavior, and
  - c. A valid driver's license.
  - d. Social work trainees are required to take mandatory training for trainees, which is in lieu of other mandated employee training.
6. The provision of consultation to Human Resources regarding verification of Council on Social Work Education (CSWE) approved social work degree programs.
7. The verification, via primary source documents, of social work license or state certification.

8. The assurance that social workers receive the appropriate levels and types of supervision based on state licensing requirements. **NOTE:** *The National Social Work Program provides a summary document of licensure levels by state which is maintained on the VHA Social Work SharePoint located at the following Web site: <https://vaww.infoshare.va.gov/sites/cmsws/SocialWork/default.aspx>. This document indicates the results of state licensing board surveys and the state licensure level for independent practice and advanced practice. VHA Directive 1027, Supervision of Psychologists, Social Workers, Professional Mental Health Counselors, and Marriage and Family Therapists Preparing for Licensure, dated October 23, 2013, states a social worker who does not yet have a license that allows independent practice must be supervised by a licensed independent practitioner of the same discipline, who is a VA staff member, and who has access to the electronic health record. Social work staff seeking licensure cannot seek or obtain clinical supervision for licensure outside of this guidance.*
9. Communication to the National Social Work Program when there are changes in state licensure and requesting the National Social Work Program conduct a new state licensing board survey to identify the state licensure levels which permit independent and advanced practice. **NOTE:** *See VHA Directive 1066, Requirement for National Provider Identifier (NPI) and Taxonomy Codes, dated November 7, 2013.*

## PROFESSIONAL RECRUITMENT AND RETENTION REQUIREMENTS

The following Professional Recruitment and Retention Requirements of qualified social workers to include qualified current or former VA social work trainees are critical for the success of Chiefs, Social Work Service or Social Work Executives and consequently social work service at a VA medical facility. The Chief, Social Work Service or Social Work Executive must ensure these professional recruitment and retention requirements are met, to include:

1. The recruitment and retention of qualified social workers, including participation in the recruitment, interview, selection, and orientation process regardless of the local position alignment.
2. Collaboration with Human Resources to review and approve all recruitment actions and vacancy announcements. This collaboration should also consider qualified current and former social work trainees where non-competitive hiring practices may be considered.
3. The participation in selection of candidates in the GS-0185 occupational series throughout the VA medical facility.
4. Participation as the occupational series subject matter expert in the VA medical facility Social Work Professional Standards Board process for all boarding actions, maintenance, training, approval, and disapproval actions in the GS-0185 occupational series.
5. Support from VISN and National Program Offices for social work position recruitment and retention.

## EDUCATION AND CAREER DEVELOPMENT REQUIREMENTS

The following Education and Career Development Requirements are critical for the success of Chiefs, Social Work Service or Social Work Executives and consequently social work service at a VA medical facility. The Chief, Social Work Service or Social Work Executive must ensure these education and career requirements are met, to include:

1. The development of succession planning for social work career advancement and leadership development through such activities as:

a. Communication with social work staff about applicable state and VHA continuing education requirements and opportunities for licensure.

b. The ongoing assessment of continuing education requirements of social workers and developing Individual Development Plans (IDPs) for meeting the educational requirements for licensure and clinical practice.

c. The promotion of IDP use by social workers.

d. The promotion of local, VISN, and national continuing educational and professional trainings and program opportunities such as journal clubs, case presentations, workshops, mentoring, and conferences.

2. The effective administration and management of all social work training programs. This includes:

a. The Chief, Social Work Services or Social Work Executive will designate field education coordinator at each site that has paid or without compensation (WOC) social work training programs.

b. The participation in strategic planning and program development to assess short- and long-term needs of VA medical facility level social work trainee programs.

c. Collaboration with other VA trainee program directors in medical and associated health occupations to foster interprofessional learning and training opportunities.

d. The participation in negotiation and execution of Affiliation Agreements with Council on Social Work Education (CSWE)- accredited schools of social work. This should be done in collaboration with the VA medical facility Designated Education Officer (DEO) and field education coordinator using VA-form 10-0094g, Associated Health Education Affiliation Agreements Between the Department of Veterans Affairs (VA) and an Educational Program ([https://www.va.gov/vaforms/form\\_detail.asp?FormNo=0094g](https://www.va.gov/vaforms/form_detail.asp?FormNo=0094g)). **NOTE:** See VHA Handbook 1400.03, *Veterans Health Administration Educational Relationships*, dated February 16, 2016, for details about affiliation agreements.



e. The request of trainee positions through the Office of Academic Affiliations (OAA) and establishing a process for the allocation of OAA stipends to eligible trainees in compliance with VHA Handbook 1400.08, Education of Associated Health Professions, dated February 26, 2016.

f. The recruitment, selection, and training of VA social workers to serve as field instructors, preceptors, and task supervisors for social work trainees.

g. The appointment of social work interns, trainees, fellows, or clinical observers. The appointment of social work trainees must be coordinated with the field education coordinator, DEO, and Human Resources. For trainees receiving a stipend, the appropriate job code for trainees should be utilized. All trainees (paid and WOC) must have continuous temporary appointments rather than intermittent appointments.

h. The assurance that social work trainee program participants receive education and training consistent with the requirements of the affiliated school of social work and the Council on Social Work Education.

i. The completion of all required Office of Academic Affiliations (OAA) reports, in collaboration with the field education coordinator and the DEO.

j. Conducting an annual review and assessment of the training program as required by OAA.

## COMPETENCY AND PERFORMANCE REQUIREMENTS

The following Competency and Performance Requirements are critical for the success of Chiefs, Social Work Service or Social Work Executives and consequently social work service at a VA medical facility. The Chief, Social Work Service or Social Work Executive must ensure these competency and performance requirements are met, to include:

1. The development, implementation, and maintenance of social work professional practice review systems.
2. The reviews of supervisory charts, professional peers, Protected Peer Reviews, and in some cases with social workers practicing under approved clinical privileges, Focused Professional Practice Evaluation (FPPE) and Ongoing Professional Practice Evaluation (OPPE).
3. The communication, implementation, and monitoring of national productivity standards for social work. For programs or positions in which there are no recognized national productivity standards, the Chief, Social Work Service or Social Work Executive will work with local and national subject matter experts to establish local standards.
4. The ongoing competency assessment of each social worker and maintaining the following documentation structure:
  - a. Maintaining competency assessment folders for social workers functioning under a scope of practice.
  - b. In VA medical facilities with centralized, professional-based social work departments, maintaining all social work employee competency folders within the Social Work Department.
  - c. In VA medical facilities with decentralized or hybrid social work organizational structures, maintaining social work employee competency folders with the employee's assigned department for annual review.
  - d. Maintaining a Focused Professional Practice Evaluation (FPPE) folder and an Ongoing Professional Practice Evaluation (OPPE) folder in accordance with VHA Handbook 1100.19, Credentialing and Privileging and with VA medical facility Medical Staff bylaws for social workers functioning under approved clinical privileges.
5. Participation in the development and serving as the approving official of all social work functional statements for social workers employed at the VA medical facility. This includes:
  - a. The provision of education, training, resources, interpretation, guidance, and consultation to services regarding social work functional statements.

b. The revision of functional statements to ensure they accurately describe the type and scope of social work services required for the identified position, at the appropriate grade and the required licensure status. Functional statements must reflect supervising social work trainees if a social work training program is at the VA medical facility.

c. Notification to the requesting service or department if requirement elements or information is missing, inaccurate, or does not meet requirements under VHA qualification standards, state licensure, or scope of practice or clinical privileges.

d. The approval of functional statements by the service chief or director of the department under which the social worker aligns for social work staff who are not organizationally aligned in Social Work Service.

e. Social work trainees and fellows will have their work evaluated according to their education curriculum. Trainees must receive written guidance on remediation and grievance local due process at the initiation of training.

**6.** The participation and input of core performance elements, standards, and appraisal processes in the development of performance plans for social workers.

**7.** If the Chief of Social Work Service or Social Work Executive is aligned under another service line at the VA medical facility, providing consultation on other program specific performance plan elements and standards to ensure they align with the social work functional statement, licensure, and scope of practice or clinical privileging. **NOTE:** See VA Handbook 5013/17, *Performance Management Systems, Part I*, dated January 5, 2016, for additional guidance regarding mandatory performance standards, and planning performance plans.

**8.** Consultation to non-social work supervisors and managers who supervise social work staff and social workers who are not supervised by another social worker.

**9.** Mediating professional and service line conflicts around social work professional roles, continuity of care, and quality of care, including referral of Veterans, families and caregivers across service or care lines during episodes of care.

**10.** Providing consultation, as the subject matter expert related to social work professional ethics, with VA medical facility leadership (e.g. VA medical facility Director, VA medical facility assistant Director, Chief of Staff) program managers, and care line managers on issues pertaining to social work professional ethics, ethical dilemmas in the delivery of care, and ethical issues within the larger organization, as described in the National Association of Social Workers' *Code of Ethics*. Chiefs, Social Work Service and Social Work Executives participate in facility Integrated Ethics (IE) Programs in a variety of ways. They may serve as the IE Program Officer or in other formal roles in the IE Program. In systems in which the Chief, Social Work Service or Social Work Executive does not have a formal role in the IE Program, the Chief, Social Work Service or Social Work Executive will promote social work representation in the IE Program.

This may include recommending appointment of a social work representation on the facility IE Program or serving as an *ad hoc* member as the local authority for social work discipline-specific ethical issues. Participation is not mandatory.

**11.** The oversight and participation in any discipline-specific protected peer review and focused peer review processes, which includes recommending membership on Social Worker Peer Review or Practice Review Committees and representing professional issues identified through similar processes.

**12.** Participation in the facility process of Peer Review for Quality Management in accordance with VHA Directive 1190, Peer Review for Quality Management, dated November 21, 2018.

## RISK MANAGEMENT REQUIREMENTS

The following Risk Management Requirements are critical for the success of Chiefs, Social Work Service or Social Work Executives and consequently social work service at a VA medical facility. The Chief, Social Work Service or Social Work Executive must ensure these risk management requirements are met, to include:

1. Compliance with the Office of Inspector General (OIG) and accreditation standards applicable to social work from recognized accrediting agencies, including but not limited to:
  - a. The Joint Commission; and
  - b. Commission on Accreditation of Rehabilitation Facilities (CARF).
2. The review and resolution of concerns related to VA medical facility level social work professional practice. This may include involvement in the protected peer review process, public or congressional inquiries, or survey findings. This function must include consultation with appropriate VA medical facility leadership (e.g. VA medical facility Director, VA medical facility assistant Director, Chief of Staff) department leadership, and program managers, and may include Quality Management, Public Affairs, Human Resources, or Patient Advocates.
3. Participate in quality management and quality assurance processes which include areas of patient safety. This includes participation in root case analysis, healthcare failure mode and effect analysis, and medical event reporting systems.
4. The development, in collaboration with Human Resources, and offices responsible for credentialing, licensure, and certification, a system to monitor social work licensure to ensure social workers obtain, maintain, and renew licensure or certification. The process should include notification to social work staff of licensure and certification requirements; consequences for failure to obtain, maintain, or renew licensure or certification; and a process to notify Human Resources and management for appropriate action in the event a social worker does not maintain a valid and unrestricted license.
5. The education and consultation to Veterans, their families, caregivers, and staff of community organizations regarding social work practice standards, the range of services provided by VA social workers, and social work professional roles and responsibilities.

## RESOURCE MANAGEMENT REQUIREMENTS

The following Resource Management Requirements are critical for the success of Chiefs, Social Work Service or Social Work Executives and consequently social work service at a VA medical facility. The Chief, Social Work Service or Social Work Executive must ensure these resource management requirements are met, to include:

1. The assessment of VA medical facility and department social work needs, developing and implementing staffing and acquisition plans, and establishing oversight to ensure the effective, efficient use of staff, equipment, and space including social work staff aligned outside of the social work department.
2. The redeployment or participation in decisions to redeploy social work staffing resources based on Veteran need, productivity, workload, and facility need, priorities, and mission. This includes consideration for specialty care areas with caseload requirements.
3. The planning of or participating in the planning for optimal social work coverage in all program areas, including after-hours and on-call coverage, in conjunction with VA facility leadership (e.g. VA medical facility Director, VA medical facility assistant Director, Chief of Staff), department leadership, and program managers.
4. The validation and consultation on labor mapping via Managerial Cost Accounting Office (MCAO) Cost Distribution Reports (CDR) for social workers. MCAO is a report that can be found on VHA Support Service Center (VSSC):  
<https://bioffice.pa.cdw.va.gov/default.aspx?bookid=9515515d-93f8-4de5-ac27-973b1891151f|ispasFalse|reportb6ccc233-50ab-42f4-b8be-54e2a81c47c7|ws1|wsb0|isDisabledAnalyticsFalse|isDashboardPanelOnTrue>. **NOTE:**  
*This is an internal Web site and is not available to the public.*
5. The development, provision, and oversight of procedures for the coordination and deployment of social work staffing and services during disasters and emergency situations.