

July 3, 2012

Sheila Blackstock and Kadie Thomas
Clinical Standards Group
Centers for Medicare & Medicaid Services
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Dear Ms. Blackstock and Ms. Thomas:

On behalf of the 145,000 members of the National Association of Social Workers (NASW), I am pleased to have this opportunity to comment on the current Long Term Care Conditions of Participation and how they might be revised to more fully address ensuring that nursing home residents attain or maintain their highest practicable physical, mental, and psychosocial well-being (Section 483.15 Quality of life).

NASW concurs with the interest of CMS to make the regulations more person-centered and we believe that enhancing the social services requirement within the Conditions of Participation (CoP) is one way to achieve that. **The NASW recommendation is that all nursing and skilled nursing facilities be required to have a social worker who possesses the following qualifications:**

- **A baccalaureate or master's degree in social work. A degree in a "human services field" is not adequate preparation for professional social work.**
- **Two years of postgraduate, supervised social work experience (working directly with clients) in a long-term care or health care setting.**

This requirement should apply to all facilities, regardless of size. Psychosocial well-being is integral to residents' quality of life, and a professional social worker is uniquely qualified to assess and address residents' psychosocial concerns.

Rationale: This recommendation is being made due to concerns that the current personnel requirements result in inadequate nursing home care. The following highlights inadequacies with the current CoP, new CMS requirements that illuminate the need for increased comprehensive and quality social work services, a consensus description of social work functions, and findings from research.

- Current federal Nursing Home regulations (CMS, 1989, 42 CFR 483.15) require all nursing facilities to identify the medically-related social and emotional (psychosocial) needs of each resident and develop a plan to assist each resident in adjusting to the social

and emotional aspects of his or her illness, treatment, and stay in the nursing home. To implement this, nursing facilities must provide social services. However, only in nursing homes over 120 beds is it required to employ a full-time *social worker* with at least a bachelor's degree in social work or "similar professional qualifications." Facilities with 120 beds or fewer must still provide social services but do not need to have a full time social worker on staff. Thus the staffing arrangement to fulfill this function and qualifications are left unspecified. Furthermore, current nursing home regulations require facilities to use licensed personnel, however this obligation has not been applied or enforced in the case of social work (Vourlekis, Zlotnik & Simons, 2005).

- In a national study, Bern-Klug and colleagues (2009) found that only one-half of nursing home social services directors hold a degree in social work and in general, social service staff are under-educated, lack geriatric, mental health and psychosocial competencies, and require additional clinical training if they are to provide psychosocial assessment and care.
- Bonifas (2008) found that if social services staff have larger caseloads it correlated with increased citations of deficiencies for medically related social services.
- Zhang, Gammonley, Paek & Frahm (2008) found that staffing by both qualified social services providers and mental health services staff was associated with greater psychosocial care quality.
- The social work personnel requirements impact both resident outcomes and facility functioning. This is especially true as there is renewed attention to quality of life and psychosocial outcomes.
 - CMS has implemented several efforts that focus on assessing and addressing the psychosocial well-being of nursing home residents. This includes responding to the recommendations of a Office of Inspector General of the Department of Health and Human Services report that recommended that CMS strengthen the oversight processes associated with the psychosocial service portion of the resident assessment and the resulting care plans to ensure that SNF residents receive necessary and appropriate care (OIG, 2003, p. iv).
 - CMS also began the implementation in 2010 of the Minimum Data Set (MDS) 3.0 that includes expanded screening of psychosocial needs and increased information gathering directly from resident interviews. The new screening covers resident delirium, cognition, psychosocial well-being, mood state, behavioral symptoms, pain, and ability to return to community. It is anticipated that this expanded screening will also result in expansion of resident assessment and targeted psychosocial interventions (Zimmerman, Connolly, Zlotnik, Bern-Klug & Cohen, in press). This is resulting in an increased demand for social services and expanded expectations for nursing home social workers and social services staff (Connolly, Downes, Reuter, & Fogler, 2010; Herman, 2010). Although some professional social workers, nurses, and others have the requisite skills, for the most part it is the paraprofessional social service staff that are being tasked with this care. Focus groups with nursing home industry professional and provider representatives have made clear the expectation that the MDS 3.0 interview process and follow-up activities are the responsibility of the individual providing social services (Connolly, Downes, Reuter, & Fogler, 2010; Zimmerman, et al., in press). While meeting psychosocial needs are not the

responsibility solely of social service staff, an interdisciplinary convening of long term care experts noted that monitoring by professional social workers for follow-through of all planned psychosocial services would contribute to identifying barriers and improving accountability in the facility (Vourlekis, Zlotnik & Simons, 2005).

- Drawing from nationally recognized standards by NASW and the Department of Veterans Affairs and research findings and competency development, Greene (2004) identified the following six constellations of social work functions: 1) Conduct psychosocial assessments through information gathering (this would include mental health and involve the completion of related portions of the MDS 3.0 and related Care Assessment Protocols). 2) Provide psychosocial interventions that enhance coping skills for residents and their families (variety of treatment modalities including, but not limited to crisis intervention, mediation, and group, individual, and family counseling). 3) Assist with long-term care transitions through case management (linkages and referrals and admissions, discharge, etc.). 4) Participate in care planning. 5) Collaborate with the nursing home team (including consultation re: psychosocial issues). 6) Attend to individualized decision-making (eliciting and facilitating resident choice and preference, including end-of-life decisions).

NASW recommends that the social work requirements be strengthened as the qualifications of social workers have impact on resident outcomes as well as nursing homes functioning. NASW would welcome the opportunity to work together with CMS and other stakeholders on the development of outcome-driven CoPs that also reflect the qualifications of professional social workers who serve as key members of the interdisciplinary team to assure that the physical, mental and social needs of persons who are living in long term care facilities are optimized. If you need more information, please contact Joan Levy Zlotnik at jzlotnik@naswdc.org.

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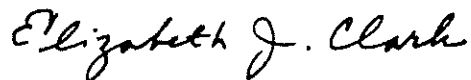
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Sincerely,



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