

SOCIAL WORK PROFESSIONAL PRACTICE

1. SUMMARY OF MAJOR CHANGES: Major changes are as follows:

a. Updates responsibilities in paragraph 2 for the Assistant Under Secretary for Health for Patient Care Services; Executive Director, Care Management and Social Work Services; and the Department of Veterans Affairs (VA) medical facility Chief, Social Work Service or Social Work Executive. This includes incorporating responsibilities which had previously been outlined under appendices A through G.

b. Removes references to social work professional standards boards which were dissolved in 2019.

2. RELATED ISSUES: VA Handbook 5005, Staffing, Part II, Appendix G39, dated July 8, 2024.

3. POLICY OWNER: The Office of Care Management and Social Work Services (12CMSW) is responsible for the contents of this directive. Questions should be addressed to VHA12CMSWSW@va.gov.

4. LOCAL DOCUMENT REQUIREMENTS: There are no local document requirements in this directive.

5. RESCISSIONS: VHA Directive 1110.02, Social Work Professional Practice, dated July 26, 2019, is rescinded.

6. RECERTIFICATION: This Veterans Health Administration (VHA) directive is scheduled for recertification on or before the last working day of August 2029. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

7. IMPLEMENTATION SCHEDULE: This directive is effective upon publication.

August 16, 2024

VHA DIRECTIVE 1110.02

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

/s/ M. Christopher Saslo
DNS, ARNP-BC, FAANP
Assistant Under Secretary for Health
for Patient Care Services/CNO

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

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SOCIAL WORK PROFESSIONAL PRACTICE

1. POLICY

It is Veterans Health Administration (VHA) policy for Veterans to receive clinical social work services that meet professional practice standards at all Department of Veterans Affairs (VA) medical facilities. **AUTHORITY:** 38 U.S.C. § 7301(b).

2. RESPONSIBILITIES

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

b. **Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer.** The Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer (CNO) is responsible for:

(1) Supporting Care Management and Social Work Services (CMSW) with implementation and oversight of this directive.

(2) Consulting with the National Director, National Social Work Program on social work professional practice.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Service Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Overseeing VISNs to ensure compliance with and effectiveness of this directive.

(4) Collaborating with VISN Directors to ensure VA medical facility Directors develop and implement corrective action plans related to social work professional practice deficiencies impacting operations and patient care.

d. **Executive Director, Care Management and Social Work Services.** The Executive Director, CMSW oversees the National Social Work Program and is responsible for:

(1) Overseeing the development of national policies and procedures related to social work professional practice.

(2) Promoting and leading communication with the Assistant Under Secretary for Health for Patient Care Services/CNO and VISN Directors to support social work professional practice across all VA medical facilities.

(3) Supporting the National Director, National Social Work Program when directive non-compliance is identified and providing guidance for the resolution of non-compliance.

e. **National Director, National Social Work Program.** The National Director, National Social Work Program is responsible for:

(1) Monitoring VA medical facilities' compliance with social work accreditation standards (e.g., The Joint Commission and the Commission on Accreditation of Rehabilitation Facilities (CARF)) and initiating requests to the VISN Director for corrective action plans when a VA medical facility is found to be out of compliance with accreditation standards.

(2) Monitoring VISN and VA medical facilities compliance with social work professional practice standards developed by recognized social work organizations, (e.g., Association of Social Work Boards (ASWB), Council on Social Work Education (CSWE), and National Association of Social Workers (NASW)) and initiating requests to the VISN Director for corrective action plans when a VA medical facility is found to be out of compliance with professional practice standards.

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

(4) Providing consultation and guidance on complex social work practice issues to VISN Directors, VISN Social Work Leads, VA medical facility Directors and VA medical facility Chiefs, Social Work Service or Social Work Executive.

(5) Communicating and providing consultation on National Social Work Program policies, procedures, and practice guidance with VHA program offices, VISN Directors, VA medical facility Directors, and VA medical facility Chiefs, Social Work Service or Social Work Executives. **NOTE:** *Communication vehicles include national email groups, monthly conference calls, VA internal communication platforms and VA internet and intranet resources. The National Director, National Social Work Program maintains and updates the Social Work Managers group email list.*

(6) Authorizing and conducting National Social Work Program consultative site visits and providing recommendations to the VA medical facility Chief, Social Work Service or Social Work Executive, and VA medical facility executive leadership to enhance the provision of social work services. **NOTE:** *Site visits are requested by VA medical facility Directors or VISN Directors to assess current social work practice at VA medical facilities.*

(7) Conducting surveys of state licensing boards as needed and maintaining state licensing board communications regarding state licensure requirements for independent and advanced social work practice in VHA. **NOTE:** *State Social Work Licensing surveys are available for reference under Professional Standards and Clinical Practice Committee Documents on the National Social Work Program SharePoint: <https://dvagov.sharepoint.com/sites/social-work-matters>. This is an internal VA website*

that is not available to the public.

(8) Communicating with state licensing boards, social work professional organizations, and accrediting bodies (e.g., ASWB, CSWE, and NASW) on social work professional practice, as needed.

(9) Providing direction and leadership to the National Social Work Leadership Council. **NOTE:** *The National Social Work Leadership Council meets monthly and provides consultative services to Social Work leadership in the National Social Work Program and serves as an organizational focus for VA medical facilities.*

(10) Designating a National Social Work Program representative who reports to the National Director, National Social Work Program to liaise with the Office of Academic Affiliations on all matters related to social work training. **NOTE:** *See VHA Directive 1400.03, Educational Relationships, dated February 23, 2022, for details about affiliation agreements.*

f. **National Social Work Leadership Council Lead.** **NOTE:** *The National Social Work Leadership Council is led by the National Director, National Social Work Program. The National Social Work Leadership Council Lead is responsible for ensuring that the council meets monthly and provides consultative services to National Social Work Program leadership and VA medical facilities. For more information, see <https://dvagov.sharepoint.com/sites/social-work-matters/SitePages/National-Social-Work-Leadership-Council.aspx>. This is an internal VA website that is not available to the public.*

g. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing the Assistant Under Secretary for Health for Operations and the National Director, National Social Work Program, when barriers to compliance are identified.

(2) Overseeing corrective actions to address operational noncompliance at the VISN or VA medical facilities within the VISN.

(3) Appointing and overseeing a VISN Social Work Lead. **NOTE:** *It is recommended that the role be filled by a VISN level employee within the GS-0185 occupational series. If the appointee is a full-time VISN level employee, they must have experience with social work professional practice and oversight at the VA medical facility level equivalent to that of a VA medical facility Chief, Social Work Service or Social Work Executive. If the appointee is not at the VISN level, the VISN Social Work Lead position rotates among VA medical facility Chiefs, Social Work Service or Social Work Executives. If the appointee is rotated among VA medical facility Chiefs, Social Work Service, or Social Work Executives, the recommended rotation time is for no more than 3 years. The VISN Director may extend the appointment time of the VISN Social Work Lead as needed.*

(4) Collaborating with the Assistant Under Secretary for Health for Operations to ensure the VA medical facility Director develops and implements corrective action plans related to social work professional practice deficiencies impacting VA medical facility operations and patient care.

(5) Ensuring that national and VISN action items and reports (e.g., social work professional practice assessments, operations actions) are submitted in a timely manner as requested.

(6) Requesting that the National Director, National Social Work Program make a National Social Work Program consultative site visit as needed to assess the provision of social work services at the VA medical facility.

(7) Ensuring that the VISN Social Work Lead collaborates with other VISN level program leads (e.g., Population Health (PH), Mental Health (MH), Geriatrics and Extended Care (GEC), Caregiver Support Program (CSP)) on matters related to social work professional practice.

h. **Veterans Integrated Service Network Social Work Lead.** The VISN Social Work Lead is responsible for:

(1) Establishing, maintaining, and facilitating regular communication with VA medical facility Chiefs, Social Work Service or Social Work Executives within the VISN through sources including, but not limited to monthly conference calls, email groups, and in-person meetings (as practical).

(2) Notifying the National Director, National Social Work Program of changes in VA medical facility Chiefs, Social Work Service or Social Work Executives within the VISN within 30 calendar days of the change to maintain accuracy in National Social Work Program communications.

(3) Communicating VISN and VA medical facility social work practice issues and concerns to the National Social Work Program Leadership Council.

(4) Providing National Social Work Program orientation, coaching, and ongoing mentoring to new VA medical facility Chiefs, Social Work Service and Social Work Executives.

(5) Representing the National Social Work Program in interprofessional collaboration at the VISN level (e.g., interfacing with VISN service lines, programs, committees, or workgroups).

(6) Establishing, maintaining, and overseeing the National Social Work Program within the VISN, including consultation on social work recruitment and hiring activities and review of functional statements at the VISN and higher grade-level functional statements at VA medical facilities.

(7) Identifying social work volunteers to be deployed to support national emergency

response and disaster relief efforts. **NOTE:** See VHA Directive 0320.03, *Disaster Emergency Medical Personnel System Program*, dated June 17, 2021.

(8) Collaborating with the VISN Business Implementation Manager to troubleshoot and support the delivery of VA medical facility decedent affairs or survivors assistance and memorial support, as needed.

(9) Collaborating with other VISN level program leads (e.g., PH, MH, GEC, CSP) on matters related to social work professional practice.

i. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring overall VA medical facility compliance with this directive and taking corrective action if noncompliance is identified.

(2) Developing and implementing VA medical facility corrective action plans related to social work professional practice deficiencies impacting VA medical facility operations and patient care.

(3) Ensuring that the VA medical facility Chief, Social Work Service or Social Work Executive oversees the professional practice of all VA medical facility social workers in the GS-0185 series regardless of the organizational alignment.

(4) Ensuring that the VA medical facility Chief, Social Work Service or Social Work Executive collaborates with other VA medical facility service chiefs on all matters related to social work professional practice.

(5) Ensuring the VA medical facility Chief, Social Work Service or Social Work Executive aligns as a direct report to a member of the VA medical facility senior clinical executive team leaders (e.g., VA medical facility Chief of Staff (CoS), CNO, Associate Director Patient Care Services, or Deputy CoS with the approval from the National Director, Social Work Program) and meets the VHA Social Worker Qualification Standards. The VA medical facility Chief role is a full-time designated social work lead role. **NOTE:** *This alignment is essential given the critical impact of social work services on all clinical programs within VA medical facilities.*

(6) Ensuring that the VA medical facility Chief, Social Work Service or Social Work Executive position reflects the complexity and scope of responsibility inherent in the oversight of professional health care delivery by social workers throughout the VA health care system and in collaboration with the VISN Human Resources Servicing Center is graded in accordance with VA Handbook 5005, Staffing, Part II, Appendix G39, dated July 8, 2024.

(7) Ensuring the VA medical facility 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 VA medical facility Chief, Social Work Service or Social Work Executive's scope of responsibilities outlined in the Social Work Qualification Standards, a VA*

medical facility Chief, Social Work Service or Social Work Executive position must be 1.0 FTEE.

(8) Ensuring all VA medical facility leadership proactively communicate with and involve the VA medical facility 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, risk management, and resource management.

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

(10) Requesting that the National Director, National Social Work Program make a National Social Work Program consultative site visit as needed to assess the provision of social work services at the VA medical facility and provide recommendations to the VA medical facility Chief, Social Work Service or Social Work Executive and VA medical facility executive leadership to enhance availability of high-quality social work services and ensure compliance with this directive.

j. VA Medical Facility Chief of Staff or VA Medical Facility Associate Director of Patient Care Services. The VA medical facility CoS or ADPCS, as assigned by the VA medical facility Director, is responsible for ensuring that all clinical program areas in the VA medical facility, regardless of organization alignment, collaborate with the VA medical facility Chief, Social Work Service or Social Work Executive on all matters of social work practice. This must occur in consultation with other service chiefs, to ensure social work professional practice oversight in the assigned program area or service line.

k. VA Medical Facility Chief, Social Work Service or Social Work Executive.
NOTE: *The VA medical facility Chief, Social Work Service or at VA medical facilities that do not have a Chief, Social Work Service, the Social Work Executive is the representative VA medical facility subject matter expert (SME) 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 VA medical facility. Depending on the size and complexity of a VA medical facility, the VA medical facility Chief, Social Work Service or the Social Work Executive is a direct report to the VA medical facility Director, the VA medical facility CoS or the VA medical facility ADPCS. When appropriate, and with approval from the National Director, National Social Work Program, the VA medical facility Chief, Social Work Service or Social Work Executive may report to the VA medical facility Deputy CoS. At VA medical facilities without a separate social work service line, there must be a Social Work Executive who is responsible for collaborating with direct supervisors and service chiefs to ensure the responsibilities listed herein are performed. The VA medical facility Chief, Social Work Service or Social Work Executive is responsible for:*

(1) Providing leadership and oversight for clinical social work practice at the VA medical facilities (see paragraphs 2.l., 2.m. and 2.n.).

(2) Ensuring education, training, guidance, and consultation to VA medical facility leadership (e.g., VA medical facility Director, Associate Director, Chief of Staff, ADPCS or Nurse Executive), service chiefs, and other VA medical facility staff on social work practice, policy, and VA medical facility program impact.

(3) Ensuring that social work services, including services provided off-site, are incorporated across clinical care areas, as clinically indicated and with VA medical facility social workers practicing at the top of their education, skill, and licensure level and in accordance with their scope of practice, credentialing, privileging, and clinical assignment. **NOTE:** For more information, see VHA Directive 1100.20(1), *Credentialing of Health Care Providers*, dated September 15, 2021, and VHA Directive 1100.21(1), *Privileging*, dated March 2, 2023.

(4) Overseeing management of Compensation and Pension (C&P) Examinations by qualified social work providers as outlined in VA Manual M21-1, Adjudication Procedures Manual, Part IV, Subpart i, Chapter 3, Section A, General Criteria for Sufficiency of Examination Reports, located at:

https://www.knowva.ebenefits.va.gov/system/templates/selfservice/va_ssnew/help/customer/locale/en-US/portal/55440000001018/content/55440000073398/M21-1-Adjudication-Procedures-Manual-Table-of-Contents#IV.

NOTE: VA Manual M21-1, *Adjudication Procedures Manual* outlines adjudication procedures for claims processes and outlines the qualification and signature criteria for VA medical facility providers. This is an internal VA website that is not available to the public. For further information on the performance of C&P disability examinations, see VHA Directive 1046, *Compensation and Pension Disability Examinations*, dated November 28, 2023.

(5) Overseeing the use of standardized testing administration. **NOTE:** *The American Psychological Association (APA) qualifies social workers, in accordance with state licensure, to administer some psychological testing.*

(6) Ensuring 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 which include social workers or social work clients.

(7) Establishing and overseeing the VA medical facility Social Work Professional Practice Council, Social Work Leadership Board, Social Work Professional Practice Committee, or Social Work Community of Practice to assist in oversight of social work practice at the VA medical facility. The VA medical facility Chief, Social Work Service or Social Work Executive determines the most appropriate type of group at each VA medical facility and either leads or designates a lead for the group.

(8) Facilitating the National Social Work Program consultative VA medical facility site visits conducted by the National Director, National Social Work Program (see paragraph 2.e.(6)), and ensuring collaboration with other service line chiefs on cross cutting site visit issues.

(9) Developing and 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. This includes a standardized process for supervision and monitoring documentation of social work trainees, as defined in VHA Handbook 1400.04(1), Supervision of Associated Health Trainees, dated March 19, 2015.

(10) Overseeing and approving VA medical facility social work scope of practice and clinical privileging processes and ensuring each social worker has a defined scope of practice or clinical privileges for their assigned area of practice and adapted to reflect state licensure.

(11) Developing, approving, and ensuring the use of social work specific Focused Professional Practice Evaluation (FPPE) and Ongoing Professional Practice Evaluation (OPPE) documents for use at the VA medical facility or program for all VA medical facility social workers in the GS-0185 series functioning under approved clinical privileges regardless of alignment. Where FPPE/OPPE is not used to review social work practice because the social worker functions under a scope of practice rather than clinical privileges, the VA medical facility Chief, Social Work Service or Social Work Executive must approve and use another format for the same purpose. **NOTE:** *At VA medical facilities where FPPE/OPPE are used for social workers practicing under clinical privileges, it must be applied consistently across GS-0185 social workers regardless of organizational structure and VA medical facility social workers must participate in FPPE/OPPE and review on an annual basis (see VHA Directive 1100.21(1)). See the National Social Work clinical privileging guide at <https://dvagov.sharepoint.com/sites/social-work-matters>. This is an internal VA website that is not available to the public.*

(12) Collecting and overseeing, in collaboration with Credentialing and Privileging and other offices responsible for credentialing, required licensure or certification for all social workers, including, but not limited to obtaining, maintaining, and renewing social work licensure.

(13) Ensuring that VA medical facility social workers receive the appropriate levels and types of supervision based on state licensing requirements. A summary document of state licensing board survey results and the licensure levels for independent and advanced practice social workers is available on the VHA Social Work Matters SharePoint located at: <https://dvagov.sharepoint.com/sites/social-work-matters>. **NOTE:** *This is an internal VA website that is not available to the public. VHA Directive 1027(1), Supervision of Psychologists, Social Workers, Professional Mental Health Counselors, and Marriage and Family Therapists Preparing for Licensure, dated October 23, 2019, states that 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.*

(14) Communicating to the National Director, 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 and Taxonomy Codes, dated February 10, 2021.*

(15) Collaborating with VA medical facility service line chiefs or hiring officials in all program areas to ensure that a subject matter expert in social work professional practice is involved in the recruitment, interview, selection, and orientation process for all social workers in the GS-0185 occupational series regardless of the local position alignment. The subject matter expert must engage in social work position recruitment and retention, collaborating with Human Resources to review and approve all recruitment actions and vacancy announcements, and consulting as the GS-0185 occupational series subject matter expert in VA medical facility social work candidate selections, training, approval, and disapproval actions in the GS-0185 occupational series.

(16) Developing succession planning for social work career advancement and leadership development including but not limited to, communicating with social work staff about applicable continuing education requirements and opportunities for licensure, assessing continuing education requirements of social workers, and promoting local, VISN, and national continuing educational and professional trainings and program opportunities (e.g., journal clubs, case presentations, mentoring and conferences).

(17) Administering and managing all social work training programs which includes but is not limited to the following mandatory activities:

(a) Designating a VA medical facility Social Work Health Profession Education (HPE) Site or Program Director to manage VA medical facility-level social work training programs if the VA medical facility has paid or without compensation (WOC) health professions trainees (HPTs). See VHA Directive 1400.03 for responsibilities of HPE Site and Program Directors.

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

(c) Collaborating with the VA medical facility HPE Site or Program Director to foster interprofessional learning and training opportunities.

(d) Recruiting, selecting, and training VA medical facility social workers to serve as field instructors, preceptors and task supervisors for social work HPTs.

(18) Developing a system in consultation with other VA medical facility service line chiefs for the review and evaluation of social work practice across the VA medical facility regardless of alignment, including use of established performance improvement tools, development of quantifiable outcome measures, and benchmarking. This includes the use of recognized process improvement tools (e.g., Lean; Six Sigma; Vision,

Analysis, Team, Aim, Map, Measure, Change, Sustain Spread; and Plan-Do-Study-Act).

(a) Completing review of the electronic health record (EHR) for VA medical facility social workers.

(b) Completing FPPE and OPPE for all social workers under approved clinical privileges, regardless of alignment.

(c) Completing chart reviews as needed.

(d) Communicating, implementing, and monitoring national productivity standards for social workers across programs, in collaboration with other service line chiefs when applicable.

(e) Maintaining the following documentation structure:

1. Maintaining competency assessments for social workers practicing under a scope of practice, or in collaboration with the VA medical facility credentialing and privileging office and other offices responsible for credentialing social workers practicing under privileges or a scope of practice. (see paragraph 2.k.(12)).

2. Maintaining all social work employee competency folders within the Social Work Department or Service in VA medical facilities with centralized, professional-based social work departments.

3. Maintaining social work employee competency folders within the employee's assigned department and conducting annual reviews in VA medical facilities with decentralized or hybrid social work organizational structures.

4. Maintaining FPPE and OPPE folders in accordance with VHA Directive 1100.21(1) and with VA medical facility Medical Staff bylaws for social workers with approved clinical privileges. Where FPPE/OPPE is not used because the social worker is functioning under a scope of practice rather than clinical privileges, maintaining folders with documentation used in another format for the same purpose (see paragraph 2.k.(11)).

(f) Participating in the development of, and serving as the approving official of, all social work functional statements for social workers employed at the VA medical facility.

(g) Providing education, training, resources, interpretation, guidance, and consultation to programs regarding social work functional statements and consulting with the VISN Social Work Lead to resolve VA medical facility-based questions related to social work functional statements.

(h) Revising 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 include the task of supervising social work HPTs if there is a social work training program at the VA

medical facility.

(i) Notifying the requesting service chief or department if the functional statements do not meet requirements under VA qualification standards, state licensure or scope of practice, or clinical privileges.

(j) Collaborating with other VA medical facility service line chiefs to ensure consistent application of social work professional practice standards and sound social work position management.

(k) Approving functional statements for positions aligned under the service chiefs or department directors for social work positions which are not organizationally aligned within Social Work Service.

(l) Developing social work core performance elements and standards which are specific, measurable, achievable, and realistic.

(m) Collaborating with other service line chiefs to ensure that social workers, regardless of alignment within the VA medical facility, have program specific performance plan elements and standards that comply with the social work functional statement, licensure requirements, scope of practice, and clinical privileging.

(n) Collaborating with other service lines leaders to mediate professional and service line conflicts around social work professional roles, continuity of care, and quality of care, including referral of eligible Service members, Veterans, families, and caregivers across service or care lines during episodes of care.

(o) Consulting, as the SME related to social work professional ethics, with VA medical facility executive leadership 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 NASW Code of Ethics.

(p) Overseeing and participating in any discipline-specific chart review and focused peer review processes, which includes recommending membership on Social Worker clinical chart review or Practice Review Committees and representing professional issues identified through similar processes.

(q) Participating in the VA medical facility process of Peer Review for Quality Management. **NOTE:** For more information, see VHA Directive 1190(1), *Peer Review for Quality Management*, dated November 21, 2018.

(r) Complying with the Office of Inspector General (OIG) and accreditation standards applicable to social work from recognized accrediting agencies, including but not limited to The Joint Commission and CARF.

(s) Reviewing and resolving concerns related to VA medical facility level social work professional practice. This may include involvement in the chart review process, public

or congressional inquiries, or survey findings. This function must include consultation with appropriate VA medical facility executive leadership department leadership, program managers, service line chiefs and may include Quality Management, Public Affairs, Human Resources, or Patient Advocates.

(t) Participating in quality management and quality assurance processes which include areas of patient safety. This includes participation in root cause analysis, health care failure mode and effect analysis, reporting patient safety events through the Joint Patient Safety Reporting system, and medical event reporting systems, as described in VHA Directive 1050.01(1), VHA Quality and Patient Safety Programs, dated March 24, 2023.

(u) Educating and consulting with eligible Service members, Veterans, their families, and caregivers, survivors, and staff of community organizations regarding social work practice standards, the range of services provided by VHA Social Workers, and social work professional roles and responsibilities.

(v) Assessing VA medical facility social work needs, developing staffing and acquisition plans, and overseeing the effective, efficient use of staff, equipment, and space in collaboration with other service line chiefs, including the cross-posting of positions for other disciplines as appropriate.

(w) Participating in decisions to redeploy social work staffing resources in situations related to emergency or disasters, or in support of VA's Fourth Mission, based on Service member or Veteran need, productivity, workload, and VA medical facility need, priorities, and mission. This includes consideration for specialty care areas with caseload requirements and must occur in collaboration with other service line chiefs.

(x) Planning or participating in the planning for social work coverage in all program areas, including after-hours and on-call coverage.

(y) Validating and consulting on labor mapping via Managerial Cost Accounting Office (MCAO) Cost Distribution Reports (CDR) for social workers. The MCAO CDR report is on VHA Support Service Center (VSSC) intranet located at: <https://vssc.med.va.gov/VSSCMainApp/>. **NOTE:** *This is an internal website that is not available to the public.*

(z) Developing and providing oversight of procedures to coordinate and deploy social work staffing and services during disasters and emergency situations. See VHA Directive 0320.02, Veterans Health Administration Health Care Continuity Program, dated January 22, 2020.

I. **VA Medical Facility Service Chiefs.** VA medical facility service chiefs are responsible for collaborating with the VA medical facility Social Work Chief or Social Work Executive on all matters related to social work professional practice that impact their areas of programming.

m. VA Medical Facility Social Work Professional Practice Committee Lead.

NOTE: *The VA medical facility Chief, Social Work Service or Social Work Executive determines the most appropriate type of group (e.g., committee, council, leadership board, or community of practice) at each VA medical facility and either leads or designates a lead for the group. The VA medical facility Social Work Professional Practice Committee Lead is responsible for:*

(1) Assisting the VA medical facility Chief, Social Work Service or Social Work Executive to define and review the professional practice of social workers within the VA medical facility. **NOTE:** *Committee members are not necessarily supervisors and are not granted supervisory authority as a result of being a committee member.*

(2) Educating staff on the provisions and responsibilities of this directive.

(3) Identifying gaps in patient care with emphasis on improving social work services.

(4) Ensuring a platform to discuss social work professional practice elements and sharing best practices related to social work practice.

n. VA Medical Facility Supervisory Social Workers. VA medical facility Supervisory Social Workers are responsible for:

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

(2) Participating in the recruitment, interviewing, hiring, classification, and on-boarding process for VA medical facility social work staff within their area of responsibility.

(3) Ensuring the most efficient and utilization of staff.

(4) Assisting the VA medical facility Chief, Social Work Service or Social Work Executive in 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. VA medical facility Supervisory Social Workers communicate the major duties and responsibilities of the position to the employee and seek 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 that VA medical facility 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. **NOTE:** *Please refer to VA Handbook 5005 Part II, Appendix G39 for licensing and certification requirements for social work employees within VHA.*

(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. **NOTE:** *A social worker licensed at the independent practice level is considered a Licensed Independent Practitioner (LIP) in VHA. Social workers can be licensed at the independent or Advanced Practice Level (APL) as defined by state licensing boards.*

(8) Consulting with the VA medical facility Chief, Social Work Service or Social Work Executive and other service line chiefs on matters of social work practice (e.g., professional practice, recruitment and retention, education and career development, competency and performance, risk management, and resource management).

(9) Providing regular and recurring supervision to staff as outlined by the NASW and the ASWB Best Practice Standards in Social Work Supervision located at: <https://www.socialworkers.org/Practice/Practice-Standards-Guidelines>. If the immediate supervisor is unable to provide the required range of types and levels of supervision, the supervisor must seek consultation from the VA medical facility Chief, Social Work Service or Social Work Executive to identify appropriate options for ensuring the VA medical facility social worker receives the needed type and level of supervision.

o. VA Medical Facility Health Professions Education Site or Program Director.

The VA medical facility HPE Site or Program Director is responsible for:

(1) Managing VA medical facility social work training programs according to Office of Academic Affiliations policies (e.g., VHA Directive 1400.05, Disbursement Agreements for Health Professions Trainees Appointed Under 38 U.S.C. 7406, dated June 2, 2021, VHA Directive 1400.10, Educational Cost Contracts for Health Professions Education, dated September 25, 2023, VHA Directive 1400.16, VA Employees with Secondary Appointments as Health Professions Trainees, dated May 13, 2023).

(2) Collaborating with supervisors for evaluating social work HPTs and fellows according to their education curriculum.

(3) Providing social work HPTs with written guidance on local remediation and grievance due process at the initiation of training.

(4) Collaborating with the VA medical facility Chief, Social Work Service or Social Work Executive to foster interprofessional learning and training opportunities.

p. VA Medical Facility Social Worker. The VA medical facility social worker is responsible for:

(1) Providing social work services to include:

(a) Psychosocial assessment, to include identification of social drivers of health

(SDOH).

(b) Mental health assessment and diagnosis.

(c) Psychosocial treatment and intervention, to include interventions related to SDOH.

(d) Psychosocial rehabilitation.

(e) Psychosocial care coordination and integrated case management, to include care coordination related to SDOH. **NOTE:** See VHA Directive 1110.04(1), *Integrated Case Management Standards of Practice*, dated September 6, 2019, for details.

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

(g) Resource referral and community services coordination.

(h) Discharge or after care planning and coordination.

(i) Community care and community resource linkage.

(j) Interdisciplinary collaboration, coordination, and consultation.

(k) Pre-admission planning.

(l) Admission diversion services.

(m) Patient, family, caregiver, and survivor education.

(n) Client advocacy.

(o) Mandatory reporting of abuse and neglect in accordance with VHA Directive 1199(2), *Reporting Cases of Abuse and Neglect*, dated November 28, 2017.

(p) Suicide assessment, crisis intervention and safety planning.

(q) Evidence-based Individual, marriage, couple, family and group therapy.

(r) Grief, loss, and bereavement counseling.

(s) Completion of local and national clinical reminders associated with SDOH and advance care planning when appropriate and within the privileges or scope of practice for social workers. Appropriate clinical reminders include but are not limited to VA-Alcohol Use Screen, VA-Depression Screening, VA-Homelessness Screening, Food Insecurity, VA-Relationship Health and Safety Screen, VA-Posttraumatic Stress Disorder Screening, and VA-Primary Suicide Screen.

(2) Advocating for eligible Service members, Veterans, their families, and caregivers when they experience challenges in meeting their health care needs.

(3) Assessing SDOH and resource gaps and working with the VA medical facility Supervisory Social Worker to create additional resource availability and programming for eligible Service members, Veterans, their families, and caregivers.

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

(5) Obtaining and maintaining a full and unrestricted social work license, including meeting continuing education and professional development requirements established by state licensing boards required for licensure. **NOTE:** *Please refer to VA Handbook 5005, Part II Appendix G39 and P. L. 106-419, 205 for licensing and certification requirements for social work employees within VHA. Social workers can be licensed at the independent or APL as defined by state licensing boards.*

(6) Adhering to professional practice standards of the NASW Code of Ethics located at: <https://www.socialworkers.org/About/Ethics/Code-of-Ethics>.

3. TRAINING

There are no formal training requirements associated with this directive.

4. RECORDS MANAGEMENT

All records regardless of format (for example, paper, electronic, electronic systems) created by this directive must be managed as required by 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 can be addressed to the appropriate Records Officer.

5. BACKGROUND

a. Social workers partner with eligible Service members, Veterans, their families, caregivers, and survivors in resolving SDOH and unmet social needs related to health and well-being. Social workers facilitate health care transitions and the coordination of care between the Department of Defense (DoD) and VHA; and between VHA and the community in support of established treatment goals for Service members, Veterans, their families, caregivers, and survivors. VHA social workers are essential in the provision of mental health services across the continuum of care as well as coordinating whole health care. In addition, social workers play a leading role in the provision of discharge planning and case management services for Service members and Veterans who are severely ill or injured, and who may be experiencing severe and persistent mental illness, housing insecurity, 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 Service members and 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 engage in shared decision making, particularly regarding goals of care and advanced care planning conversations and also provide support and education that promotes Veterans' self-management of chronic conditions. Social workers typically serve as the primary liaison between the interprofessional treatment team and family members and caregivers while overseeing provision of caregiver assistance, family support, and bereavement services.

c. Social work training, education, licensure and practice are 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. This directive applies to the GS-0185 Social Worker occupational series. VHA employs the largest number of Masters-prepared social work professionals in the nation, 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 is also the largest training organization for masters- prepared social work trainees.

e. Many VA medical facilities organizationally align social work within an established, profession-based Social Work Service or department. At VA medical facilities which do not organizationally align GS-0185 employees in a centralized, profession-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 organizational units where they 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 have the required expertise 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 ensures social work practice issues and standards in VA are appropriately addressed regardless of professional alignment.

6. DEFINITIONS

a. **Advanced Practice Level.** APL social work is completion of the advanced generalist or clinical ASWB examination and determination by a state licensing board which determines advanced practice for licensure within their jurisdiction. In VHA, APL social work also requires use of advanced practice knowledge and skills in accordance with the VHA Social Worker Qualification Standards for GS-12 or above positions. An Advanced Social Worker has specialized knowledge typically related to a particular diagnosis or patient population.

b. **Clinical Privileging.** Clinical privileging is defined as the process by which a VA facility authorizes a LIP to independently (i.e., without supervision or restriction) provide healthcare services on a facility-specific basis. Only LIPs who are permitted by state law or Federal law or regulation and the VA medical facility through the Medical Staff Bylaws may be privileged to practice independently. Clinical privileges are based on the individual's clinical competence as determined by peer references, professional experience, health status, education, training, and licensure. Clinical privileges must be VA medical facility-specific, LIP-specific, and within available VA medical facility resources to support the privileges granted. **NOTE:** *Some providers are not involved in direct patient care (e.g., researchers, administrative physicians, or VHA Central Office staff) but must be credentialed and may not need to be privileged. Social workers who are licensed for independent practice may be privileged and appointed to the medical staff of a VA medical facility. See VHA Directive 1100.21(1) and 38 U.S.C. § 7402: Qualifications of Appointees, for more information.*

c. **Credentialing.** Credentialing is the process of obtaining, verifying, and assessing the qualifications of a health care provider to provide care or services in or for the VA health care system. Credentials are documented evidence of licensure, education, training, experience or other qualifications. Persons appointed to the GS-0185 Social Work occupational series must be credentialed.

d. **Focused Professional Practice Evaluation.** An FPPE is an oversight process within a defined period of evaluation whereby the respective clinical service chief and the ECMS evaluates the privilege-specific competence of a LIP who does not have documented evidence of competently performing the requested privilege at the VA medical facility. This is a routine process with standardized criteria approved by the VA medical facility's ECMS and Director and applied to LIPs within the same specialty who hold the same privileges. **NOTE:** *An FPPE for Cause is an assessment by the clinical service chief to determine if any action should be taken on the LIP's privileges after a clinical concern has been triggered and a Focused Clinical Care Review has been conducted. For further information on FPPE and FPPE for Cause, see VHA Directive 1100.21(1).*

e. **Independent Practice Level.** Independent Practice Level (IPL) is the ability to practice social work independently at the Master's degree level in an agency setting based on state licensure requirements. VHA requires that persons hired or reassigned to positions in the GS-0185 occupational series must be licensed at the independent practice level. Independent Social Workers assist in resolving social determinant of health challenges and psychosocial, emotional, and environmental barriers to health and well-being, using a person-in-environment perspective.

f. **Licensed Independent Practitioner.** A LIP is any individual permitted by law and the VA medical facility Director 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. A social worker licensed at the independent practice level is considered a LIP in VHA.

g. **Ongoing Professional Practice Evaluation.** OPPE is the ongoing monitoring of privileged LIPs to identify clinical practice trends that may impact the quality and safety of care. OPPE applies to all LIPs who are privileged. Information and data collected must be LIP and specialty specific. The OPPE data is maintained as part of the Practitioner Profile to be analyzed in the VA medical facility's ongoing monitoring program. 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 three-year license and privilege renewal cycle. **NOTE:** For further information on OPPE, see VHA Directive 1100.21(1).

h. **Scope of Practice.** A scope of practice allows VA employees to function autonomously within a defined set of clinical duties. The scope defines the nature of practice, patient population or setting, assessments and diagnoses authorized, recordkeeping methodology, and prescriptive privileges. The scope may also list routine duties, emergency duties, non-routine and non-emergency duties, and other duties. Scopes of Practice are approved by the designated occupational series leader within the VA medical facility. Social workers practicing under a Scope of Practice are licensed at the independent practice level and considered LIPs.

i. **Social Work Professional Practice.** For purposes of this directive, social work professional practice is the professional application of social work values, principles, techniques, and ethics to one or more of the following ends: helping people obtain tangible services; counseling and psychotherapy with individuals, families, and groups; and helping communities or groups provide or improve social and health services. The practice of social work requires knowledge of human development and behavior; of social, economic, and cultural institutions; and of the interaction of all these factors.

7. REFERENCES

- a. P.L. 106-419, 205.
- b. 38 U.S.C. § 7301(b).
- c. 38 U.S.C. § 7402.
- d. VA Handbook 5005, Staffing, Part II, Appendix G39, dated July 8, 2024.
- e. VHA Directive 0320.02, Veterans Health Administration Health Care Continuity Program, dated January 22, 2020.
- f. VHA Directive 0320.03, Disaster Emergency Medical Personnel System Program, dated June 17, 2021.
- g. VHA Directive 1046, Compensation and Pension Disability Examinations, dated November 28, 2023.
- h. VHA Directive 1050.01(1), VHA Quality and Patient Safety Programs, dated March 24, 2023.

i. VHA Directive 1027(1), Supervision of Psychologists, Social Workers, Professional Mental Health Counselors, and Marriage and Family Therapists Preparing for Licensure, dated October 23, 2019.

j. VHA Directive 1066, Requirement for National Provider Identifier and Taxonomy Codes, dated February 10, 2021.

k. VHA Directive 1100.20(1), Credentialing of Health Care Providers, dated September 15, 2021.

l. VHA Directive 1100.21(1), Privileging, dated March 2, 2023.

m. VHA Directive 1110.04(1), Integrated Case Management Standards of Practice, dated September 6, 2019.

n. VHA Directive 1190(1), Peer Review for Quality Management, dated November 21, 2018.

o. VHA Directive 1199(2), Reporting Cases of Abuse and Neglect, dated November 28, 2017.

p. VHA Directive 1400.03, Educational Relationships, dated February 23, 2022.

q. VHA Directive 1400.05, Disbursement Agreements for Health Professions Trainees Appointed Under 38 U.S.C. 7406, dated June 2, 2021.

r. VHA Directive 1400.10, Educational Cost Contracts for Health Professions Education, dated September 25, 2023.

s. VHA Directive 1400.16, VA Employees with Secondary Appointments as Health Professions Trainees, dated May 13, 2023.

t. VHA Handbook 1400.04(1), Supervision of Associated Health Trainees, dated March 19, 2015.

u. VA Manual M21-1, Adjudication Procedures Manual, Part IV, Subpart i, Chapter 3, Section A, General Criteria for Sufficiency of Examination Reports.
https://www.knowva.ebenefits.va.gov/system/templates/selfservice/va_ssnew/help/customer/locale/en-US/portal/55440000001018/content/554400000180514/M21-1-Part-IV-Subpart-i-Chapter-3-Section-A-General-Criteria-for-Sufficiency-of-Examination-Reports?query=ptsd%20dbq. **NOTE:** This is an internal VA website that is not available to the public.

v. National Social Work Program SharePoint.
<https://dvagov.sharepoint.com/sites/social-work-matters>. **NOTE:** This is an internal VA website that is not available to the public.

w. VSSC intranet. <https://vssc.med.va.gov/VSSCMainApp/>. **NOTE:** *This is an internal website and is not available to the public.*

x. National Association of Social Workers, Association of Social Work Boards Best Practice Standards for Social Work Supervision.
<https://www.socialworkers.org/Practice/Practice-Standards-Guidelines>.

y. National Association of Social Workers Code of Ethics.
<https://www.socialworkers.org/About/Ethics/Code-of-Ethics>.