

December 7, 2009

**SOCIAL WORK PROFESSIONAL STANDARDS  
ACCREDITATION AND REIMBURSEMENT FROM THIRD-PARTY PAYERS**

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive outlines the requirements for ensuring the competence of clinical social workers for accreditation and the licensure requirements for clinical social workers by VHA, Centers for Medicare and Medicaid Services (CMS), Department of Defense TRICARE program, and other commercial payers for the purpose of third-party reimbursement.

**2. BACKGROUND**

a. Ensuring the clinical competence of all disciplines is extremely important as VHA facilities continue to be accredited by The Joint Commission (TJC) and the Commission on the Accreditation of Rehabilitation Facilities (CARF) and, as the facilities move toward generating more revenue from third-party insurers, e.g., TRICARE and commercial payers. Though similar, the Department of Veterans Affairs (VA) reimbursement requirements for an employee to qualify as a social worker are different from those of third-party payers. It is important that VHA continue to provide the necessary training structure for competence and licensure of VHA employed social workers to ensure their services are appropriately reimbursed.

b. **Definitions.** The following definitions describe the requirements social workers must meet for third-party reimbursement:

(1) **Clinical Social Work.** The National Association of Social Workers (NASW) defines clinical social work as follows: “Clinical social work shares with all social work practice the goal of enhancement and maintenance of psychosocial functioning of individuals, families and small groups. Clinical social work practice is the professional application of social work theory and methods to the treatment and prevention of psychosocial dysfunction, disability, or impairment, including emotional and mental disorders. It is based on knowledge of one or more theories of human development within a psychosocial context. Clinical social work services consist of: assessment; diagnosis; treatment, including psychotherapy and counseling; client-centered advocacy; consultation; and evaluation. The process of clinical social work is undertaken within the objectives of social work and the principles and values contained in the NASW Code of Ethics.”

(2) **Social Worker, VHA.** Within VHA, a social worker is defined as: An individual who has a Master's degree in social work from a school of social work, which is accredited by the Council on Social Work Education. All candidates hired after August 14, 1991, must possess a license or certificate issued by a state to independently practice social work. Title II, Section 205 of the “Veterans Benefits and Health Care Improvement Act of 2000” allows VHA social workers to obtain and maintain out-of-state licenses, consistent with the licensure laws for other

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clinical disciplines in VHA. ***NOTE:** VHA may waive the licensure or certification requirement for persons who are otherwise qualified, pending completion of state prerequisites for licensure and certification examinations. This exception only applies up to the full performance level. For grade levels above the full performance level, the candidate must be state licensed or certified at the advanced practice level.*

(3) **Social Worker, CARF.** CARF no longer defines “social worker” or any other discipline. Rather, CARF standards identify members of interdisciplinary teams, which include social workers. The standards state that: “The organization ensures that the individual team members provide services consistent with:

- (a) State practice acts;
- (b) Licensure requirements;
- (c) Registration requirements;
- (d) Certification requirements;
- (e) Their educational degrees;
- (f) Professional training to maintain established competency levels;
- (g) The program’s on-the-job training requirements; and

(h) Professional standards of practice.” ***NOTE:** The program should be prepared to identify how verification of these issues for individual team members are addressed by the organization statements of intent.*

(4) **Clinical Social Worker (CSW), Medicare.** For purposes of Medicare reimbursement, the CMS provides the following information:

(a) Definition. A clinical social worker is an individual who:

- 1. Possesses a Master's or Doctor's degree in social work;
- 2. Has performed at least 2 years of supervised clinical social work;
- 3. Is either licensed or certified as a clinical social worker by the state in which the services are performed; or
- 4. In the case of an individual in a state that does not provide for licensure or certification, has completed at least 2 years or 3,000 hours of post-Master's degree supervised clinical social work practice under the supervision of a Master's level social worker in an appropriate setting such as a hospital, Skilled Nursing Facility (SNF) or clinic.

(b) CSW Services Defined. The Social Security Act Section 1861 (hh)(2) (Title 42 United States Code (U.S.C) section 1395x(hh)(2) defines “clinical social worker” services as those services performed by a clinical social worker (as defined in paragraph (1)) for the diagnosis and treatment of mental illnesses (other than services furnished to an inpatient of a hospital and other than services furnished to an inpatient of a skilled nursing facility which the facility is required to provide as a requirement for participation) which the clinical social worker is legally authorized to perform under state law (or the state regulatory mechanism provided by state law) of the state in which such services are performed as would otherwise be covered if furnished by a physician or as an incident to a physician's professional service.

(c) Outpatient Mental Health Services Limitation. All covered therapeutic services furnished by qualified CSWs are subject to the outpatient psychiatric services limitation in the Social Security Act Section 1833 and 42 U.S.C. 1395I, i.e., only 62.5 percent of expenses for these services are considered incurred expenses for Medicare purposes. The limitation does not apply to diagnostic services.

(d) The Health Insurance Portability and Accountability Act (HIPPA). HIPPA's Standard Unique Health Identifiers for CSWs must utilize a National Provider Identifier (NPI) as the standard to be used in filing and processing health care claims.

(5) **CSW, TRICARE.** For purposes of TRICARE reimbursement, authorized providers include CSWs. CSWs may provide covered services independent of physician referral and supervision. The CSW must:

(a) Be licensed or certified at the Master's level as a CSW by the state where care is provided; **NOTE:** *For New Jersey, Indiana and Wisconsin, TRICARE Standard accepts Academy of Certified Social Workers (ACSW)-level certification in the National Association of Social Workers, or the Diplomatic status granted by the American Board of Examiners in Clinical Social Work.*

(b) Have a Master's degree in social work from a graduate school of social work accredited by the Council on Social Work Education; and

(c) Have a minimum of 2 years or 3,000 hours of post-Master's degree clinical social work practice under the supervision of a Master's degree level social worker in an accredited hospital, a mental health center, or other appropriate clinical setting. **NOTE:** *When a patient has an organic medical problem, a physician must concurrently manage the patient's care.*

(6) **TJC.** TJC's Human Resources Standard (HR.2) in the current electronic TJC manual HR chapter ([http://vaww.oqp.med.va.gov/oqp\\_services/accreditation/jcaho.asp#manuals](http://vaww.oqp.med.va.gov/oqp_services/accreditation/jcaho.asp#manuals)) states that, “Departments will provide an adequate number of staff members with the experience and training needed to serve and fulfill the department's part of the hospital's mission.” The standard also states that, “For each employee or contracted personnel, the department verifies the following elements, where relevant:

(a) Education and training are consistent with applicable legal and regulatory requirements

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and hospital policy;

(b) The individual is licensed, certified, or registered; and

(c) The individual's knowledge and experience are appropriate for the individual's assigned responsibilities."

**3. POLICY:** It is VHA policy and Federal law that VHA licensed clinical social workers must be licensed to practice independently, and that their services be reimbursable by various health insurance carriers including TRICARE and Medicare, and that VHA will provide accreditation to social work staff through credentialing and privileging to obtain third-party reimbursement.

***NOTE:** For accreditation of social worker, see current VHA policy regarding credentialing and privileging.*

**4. ACTION:** Integrating these definitions and planning for the VA of the future, the National Social Work Program in Care Management and Social Work Service has developed the following guidance for managers at the network and local levels. This guidance for the programmatic and organizational components of VHA's social work positions is necessary to ensure VA is prepared to pursue reimbursement opportunities.

a. **Functions.** VHA social workers are qualified under a scope of practice provided by the social work executive, or clinical privileges approved by the medical facility director, to perform the following functions, from which core competencies are developed:

- (1) Development of psychosocial databases and histories;
- (2) Psychosocial assessments and psychosocial diagnoses;
- (3) Psychosocial casework and treatment planning;
- (4) Psychosocial treatment (individual, family, and group);
- (5) Case management;
- (6) Information and referral services;
- (7) Resource brokering and community organization;
- (8) Admission diversion;
- (9) Discharge planning and coordination;
- (10) Aftercare planning and follow-up services;
- (11) Independent documentation in medical records;

- (12) Patient advocacy;
- (13) Crisis intervention and management;
- (14) Patient and family education;
- (15) Consultation; and
- (16) Counseling patients regarding advance Directives.

b. **Clinical Mental Health Social Work Functions.** VHA CSWs are licensed by a state, and have the training and expertise, and have authority delegated to them from the Executive Committee of the medical staff or the facility's appropriate approving body through clinical privileging or an approved scope of practice statement. The decision to delegate the authority to perform these clinical mental health social work functions is made at the local facility level and must be made in accordance with VHA policy and accreditation standards. CSWs delegated to perform clinical mental health social work functions must participate in provider-specific data analysis, which compares provider-specific data of licensed clinical social workers with data from providers with comparable clinical privileges, or comparable delegations of authority. Additional functions which may be provided are:

- (1) Individual, family and group psychotherapy;
- (2) Independent Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) diagnoses; and
- (3) Mental Health Compensation and Pension examinations, under the supervision of a psychiatrist or clinical psychologist.

c. **Competency Assessment.** The competency of individual social workers must be assessed, maintained, and improved on an annual basis, through a variety of mechanisms. The facility social work executive participates in, or oversees the competency assessment of all social workers. This assessment includes, but is not limited to:

- (1) Review and verification of applicant credentials and qualifications;
- (2) Confirmation of experience, education and abilities during orientation;
- (3) Review of medical record documentation;
- (4) Periodic supervisory observation of or participation in client interviews;
- (5) Peer review;
- (6) Feedback from peers and interdisciplinary professionals;

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- (7) Results of customer satisfaction and other surveys and outcome studies;
- (8) Demonstration of competency using skills inventories and checklists;
- (9) Annual and mid-year performance appraisals; and

(10) Continuing education. **NOTE:** *Requirements need to be developed locally, corresponding to the requirements for continued licensure by the individual state. Where such requirements are not defined, continuing education requirements should follow the guidelines established by the NASW.*

d. **Supervision.** Social workers hired after August 14, 1991, who have not attained their state licenses are to be afforded clinical supervision by a qualified social worker, in order to meet the minimum prerequisites needed to take the state licensing examination. Similarly, social workers hired with no prior VA experience must be supervised on a frequent basis for the first year to ensure they receive individual instruction in each of their duties and that their performance is closely monitored.

e. **Professional Guidance.** Regardless of the structure of the organization, the facility's social work executive must participate in competency assessment activities, performance appraisals, and the development of relevant continuing education programs. **NOTE:** *A social work professional standards board should be created in each VHA facility to review and recommend approval or disapproval of requests for clinical privileges and clinical scope of practice statements from social workers.*

## 5. REFERENCES

- a. NASW Standards for the Practice of Clinical Social Work, NASW, 1989.
- b. VA Handbook 5005/23, Part II, Appendix G39.
- c. Veterans Benefits and Health Care Improvement Act of 2000, Title II, Section 205, "Qualifications of Social Workers," signed November 1, 2000.
- d. CARF Manual 2003, Medical Rehabilitation, Section 3 – Comprehensive Integrated Inpatient Rehabilitation Programs (CIIRP).
- e. Medicare Carriers Manual, Part 3, Claims Process, Change Request 710, Section 2152, "Clinical Social Worker Services," dated March 2000.
- f. Social Security Act, Section 1861(hh).
- g. National Provider Identifier, Federal Register, January 23, 2004, Vol 69, No 15.
- h. TRICARE Non-Network Provider and Medical Office Manager Handbook, Department of Defense, Office of the Assistant Secretary of Defense for Health Affairs, TRICARE

Management Activity, pages 34-35, dated November 2002.

i. “Human Resources Standards,” The Joint Commission 2009.  
([http://vaww.oqp.med.va.gov/oqp\\_services/accreditation/jcaho.asp#manuals](http://vaww.oqp.med.va.gov/oqp_services/accreditation/jcaho.asp#manuals))

j. Title 42 United States Code (U.S.C.) Section 1395x.

**6. RESPONSIBLE OFFICE:** Care Management and Social Work Service (11SW) is responsible for the contents of this Directive. Questions may be referred to (202) 461-6780.

**7. RESCISSION:** VHA Directive 2004-030, dated July 2, 2004 is rescinded. This VHA Directive expires December 31, 2014.

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**DISTRIBUTION:** E-mailed to the VHA Publications Distribution List 12/8/2009