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1. Transmitted is a revision to Department of Veterans Affairs Veterans, Health Administration manual M-2, "Clinical Programs," Part XII, "Social Work Service," Chapter 5, "Reports for Social Work Service."

2. The principal changes are:

- a. Paragraph 5.01: Defines the purpose of the chapter.
- b. Paragraph 5.02: Defines the preparing offices.
- c. Paragraph 5.03: Prescribes the frequency and report periods (RCS 10-0060).
- d. Paragraph 5.04: States the sources of the data.
- e. Paragraph 5.05: Provides instruction for completing VA Form 10-7926.
- f. Paragraph 5.06: Provides instruction for completing VA Form 10-7923a-d.
- g. Paragraph 5.07: Provides instruction for completing RCS 10-105.

3. Filing Instructions

Remove Pages

Insert Pages

v
5 through 6

v
5-i through 5-17

4. RESCISSION: M-2, part XII, chapter 5, dated May 20, 1980.

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Under Secretary for Health

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RESCISSIONS

The following material is rescinded:

1. COMPLETE RESCISSIONS

a. Manuals

M-2, part XII, dated November 7, 1975

M-2, part XII, chapter 3, dated May 20, 1980

M-2, part XII, changes 1 and 2

M-2, part XII, chapter 5, dated May 20, 1980

b. Interim Issues

II 10-78-14

II 10-79-15

II 10-84-31 and supplement no. 1

II 10-85-25 and supplement no. 1

II 10-88-9

c. Program Guides

G-1, M-2, part XII, dated August 16, 1957

d. Circulars

10-84-141 and supplements 1 and 2

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RESCISSIONS

The following material is rescinded:

1. Manual

M-2, part XII, chapter 5, dated May 20, 1980.

CHAPTER 5. REPORTS FOR SOCIAL WORK SERVICE

5.01 PURPOSE

The purpose of this chapter is to provide VA (Department of Veterans Affairs) medical centers and VA Central Office Social Work Service a management tool for monitoring productivity, cost and psycho-social program data. The validity of the statistical data produced is dependent upon the input of Social Work Service's clinical practitioners. Complete and accurate recording of workload data is essential.

5.02 PREPARING OFFICES

a. A report (RCS (Report Control Symbol) 10-0060) using VA Forms 10-7923a-d, Social Work Information Management System Quarterly Code Sheet, will be prepared by VA medical centers, independent outpatient clinics and VA Outpatient Clinics at Honolulu, Anchorage, and Manila.

b. A separate report will be prepared by satellite clinics under the jurisdiction of VA medical centers, independent outpatient clinics and domiciliary activities at medical and domiciliary centers.

5.03 FREQUENCY AND REPORT PERIOD (RCS 10-0060)

a. A report on VA Forms 10-7923a-d will be prepared quarterly for the 3 months ending December 31, March 31, June 30, and September 30. The data will be transmitted by the fifth workday of the new month using the Generic Code Sheet Program on the DHCP (Decentralized Hospital Computer Program) to the queue "SWA" at the Austin DPC (Data Processing Center). All columns must be coded.

b. Preferably, data will be transmitted via electronic mail utilizing the Social Work DHCP software. These transmissions will be made according to the DHCP software documentation instructions, but will adhere to the time table in subparagraph 5.03 a.

5.04 SOURCE OF DATA

Data will be obtained from VA Form 10-7946, Social Work Information Management System - Patient Data Code Sheet. Data may also be entered directly into the Social Work Service DHCP software by those stations utilizing the Social Work DHCP software.

5.05 INSTRUCTIONS FOR PREPARING VA FORM 10-7946

a. For each case opened complete VA Form 10-7946.

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(1) A case is defined as an episode of social work treatment provided by a professional social worker.

(a) The discrete documented episode of service provided by the social worker is the controlling consideration in determining whether a case count may be made.

(b) A case may be as brief as one contact, e.g., a completed screening episode, or may consist of multiple contacts over a period of time, as required to accomplish the treatment objective defined by the social worker. The completed social work function

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may take place within a single contact with patient or significant other, such as screening or an episode which provides only information and/or referral.

(c) To be considered a case, there must be documentation in the veteran's medical record.

(d) A case may be open to more than one worker at a time but cannot be opened to the same worker more than once for the same date range. Cases opened and closed to one worker and then reopened in a different location must be opened using sequential dates, e.g., a case if opened on inpatient medicine on February 2, 1991, and closed on February 4, 1991, then the case opening in ambulatory care to the same worker must February 5, 1991.

(2) The code sheet should be completed on each veteran seen.

(3) A separate code sheet should not be completed for collaterals. Work done with collaterals should be coded on the veteran's code sheet.

b. VA medical centers utilizing the Social Work Service DHCP Software Package should consult the package documentation for data items needed.

c. Explanation and definitions for data are as follows:

(1) SSN (Social Security Number). Veteran's SSN.

(2) Station Number. The three digit station number for the medical center and the three digit station number plus the modifying suffix for outpatient clinics, satellite Clinics or domiciliary.

(3) Worker Number. The number assigned the social worker. The number is three digits, e.g., 001,025,159.

(4) Location. Give the location which equates to the CDC (Cost Distribution Center) account number. Do not use the decimal. Reference may be found in MP-4, Part V, Chapter 14.

(5) Date Opened. Give the date (mo/da/yr) on which case is opened. For example: 01/04/91.

(6) Date Closed. Give the date (mo/da/yr) on which case is closed. For example: 10/11/91.

(7) Date of Admission. Give the date (mo/da/yr) on which veteran was admitted to the medical center (In-patient locations only). For example: 03/31/91.

(8) Date of Discharge. Give the date (mo/da/yr) on which veteran was discharged from the hospital for in-patient location only. For example: 12/24/91.

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- (9) Age Range. Mark using an X the age range of the veteran.
- (10) Sex. Mark using an X the sex of the veteran.
- (11) Eligibility. Using an X mark the eligibility category of the veteran, choose A, B, or C, then choose SC (service connected) or NSC (non-service connected). Only one of each can be chosen.

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(12) Outpatient Visits. Give the number of outpatient visits of this patient during the course of treatment for outpatient locations only.

(13) Psycho-social Problems

(a) The psycho-social problems are to be coded using the psycho-social problem outcome codes.

(b) For example: A problem of housing was identified and was solved; it is coded using a "2", if it is partially resolved due to patient or family barriers it is coded "3". You may select as many problems as are appropriate but not exceeding a total of eight problems.

(c) Definitions are as follows:

1. Problems Related with Care

a. Need for Non-medical Related Supports. These are supports that assist patient to live with increased safety and comfort at home, includes companions, meal preparation, house cleaning, emergency response system, chore service, durable medical equipment.

b. Home Health Care. Home health care includes skilled nursing care/therapies, non-skilled personal care, HBHC (Hospital Based Home Care).

c. Placement of Patient. This relates to temporary or permanent institutional care or supervised living arrangements. It includes nursing home, community residential care, halfway house, shelter, chronic hospital, etc.

d. Structured Day Activities. This refers to the need for supervision structure, comprehensive activities, e.g., adult day health care, day treatment program.

e. Management Of Person. These are problems related to care caused by behavioral problems, e.g., wandering, chronic smoking, combativeness, etc.

f. Other Needs Of Care. Problems which are related to care not defined in the preceding section, or may include need for health care planning for rejected applicants for admission or screening activities which do not result in subsequent social work treatment (e.g., high risk screening).

2. Patient/Family Adjustment

a. Adjustment To Acute Illness. The patient/family are having difficulty adjusting to illness having a short and/or severe course.

b. Adjustment To Terminal Illness/Death. The patient/family are having difficulty adjusting to death.

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c. Adjustment To Chronic Illness. The patient/family have difficulty adjusting to an illness of long duration.

d. Adjustment To Disability/Disfigurement. The patient/family have difficulty adjusting to disability or disfigurement of body image.

e. Adjustment To Placement. The patient/family have difficulty adjusting to placement or need for placement of veteran in residential care home, nursing home, halfway house, etc.

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f. Other. The patient/family adjustment problem is not defined in the preceding section.

3. Environmental Problems

a. Financial problems. The veteran/family has inadequate financial resources to provide clothing, nutrition, etc.

b. Housing Needs. The veteran/family has inadequate housing resources.

c. Transportation Needs. The veteran/family lacks transportation or has inadequate transportation.

d. Other Environmental Needs. The environmental problems of the veteran or family are not defined in the preceding section.

4. Problems Related to Abuse

a. Child Abuse. This relates to an act or omission which results or could result in physical or psychological harm to a minor (under age 18). It includes both need to assess question of abuse/neglect and reportable incidents.

b. Adult Abuse. The relates to an act or omission which results or could result in physical or psychological harm to an adult (age 18 to 59). It includes both need to assess question of abuse/neglect and reportable incidents and refers to veteran patient and/or spouse/significant other, includes financial exploitation.

c. Elder Abuse. This relates to an act or omission which results or could result in physical or psychological harm to an older person (over age 60). It includes both need to assess question of abuse/neglect and reportable incidents, includes financial exploitation.

d. Other Abuse Problems. This is not to be confused with substance abuse.

5. Relationship Problems

a. Marital/Partner Problem. This relates to problems within the relationship of a couple, marital or otherwise.

b. Family/Parent-Child Relationship Problems. This relates to problems which occur between the parent and child or vice versa, within the nuclear or extended family.

c. Peer/Social Relationship Problems. This relates to problems in relationships with one's equals such as friendships.

d. Non-Existent or Inadequate Support Systems. This relates to the lack of/or inadequacy of peer, family, neighbor, or friend relationships.

e. Relationship With External Authority Figures. This relates to problems with the boss, teacher, etc.

6. Problems of Behavior, Cognition, and Mental Disorders

a. Substance Dependency. This relates to problems with abuse of, or suspected abuse of alcohol, drugs, or other harmful chemicals.

b. Affective Disorders. This refers to a prolonged emotion that colors the whole psychic life, generally involving either depression or elation.

c. Organic Mental Disorders. This refers to memory and/or behavior problems due to brain dysfunction, e.g., Alzheimers disease, stroke, dementia.

d. Suicidal/Homicidal Ideation or Attempt. The veteran has expressed ideas of suicide or has attempted same or veteran has expressed ideas or plans to kill another person.

e. Sexual Dysfunctions. The veteran has problems of impotence, nymphomania, premature ejaculations, etc.

f. Psychosis. The veteran exhibits gross impairment in reality testing usually evidenced by presence of either delusions or hallucinations without insight into their pathological nature.

g. Personality Disorders. This refers to the constellation of behaviors or traits that cause either significant impairment in social or occupational functioning or subjective distress.

h. Other Behavior Problems. This refers to behavior problems not specifically defined in the preceding section.

7. Vocational/Educational Problems

a. Vocational/Work Problems. The veteran has problems associated with work which impair functioning in work setting or has no work though employable.

b. Educational Problems. The veterans has educational deficits, problems which impair functioning in current educational situation/or no resources to continue vocational training.

8. Legal Problems

a. Guardian. The veteran is incompetent and needs a custodian appointed through the legal system or a change of custodian.

b. Fiduciary. The veteran is unable to manage funds and needs a trustee or a change of trustee for monetary purposes, e. g., Social Security Administration, VA.

c. Other. This refers to legal problems involving divorce, property, court mandated treatment, etc.

(14) Outcomes

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(a) For each case, identify an outcome for each social problem treated. This outcome determination is based upon the judgment of the social worker regarding the results of social work treatment of the identified social problem. It is not to be confused with the status of the patient's condition, prognosis or mobility.

1. Neither the quality nor effectiveness of a social worker's performance are correlated with the tabulation of the amount of successful outcomes of problems treated.

2. Accurate professional judgments regarding problems treated and outcomes, contribute to the data base for program planning, resource allocation and staffing projections.

3. It is understood that there will be wide variability of outcomes related to disease entity, chronicity, morbidity, age groupings, social environment, individual and family resources and various other factors.

(b) The following definitions apply as related to each problem:

1. Clinical Decision Not To Treat. This refers to a specific decision made not to treat a defined problem due to time constraints, family/patient resistance, poor prognosis, resources not available, etc. Patient died before work could begin.

2. Planned Results Attained. The treatment goals have been fully achieved.

3. Planned Results Partially Attained Due to Patient/Family Barriers. The treatment goals were not fully attained due to patient or family disagreement, inability to make a decision, refusal to cooperate, unresolved mental or medical condition, etc.

4. Planned Results Partially Attained Due To Community Resource Barriers. The treatment goals were not fully attained due to lack of community resources, patient referral denied by community resources, etc.

5. Planned Results Partially Attained Due To Medical Center Barriers. The treatment goals were not fully attained due to forms not being completed in time by medical center personnel, lack of communication between medical center staff, etc.

6. Planned Results Not Attained Due To Patient/Family Barriers. The treatment goals were not attained due to patient or family disagreement, inability to make a decision, refusal to cooperate, does not understand, unresolved mental or medical condition, etc. Patient died prior to completion of work.

7. Planned Results Not Attained Due To Community Resource Barriers. The treatment goals were not attained due to lack of community resources, patient referral denied by community resource, etc.

8. Planned Results Not Attained Due To Medical Center Barriers. The treatment goals were not attained due to forms not being completed in time by medical center personnel, lack of communication between medical center staff, etc.

(15) Direct Service

(a) The direct services provided to the veteran are to be coded.

1. Select all of the services which were provided to the veteran and collaterals during the course of the work with the case. Do not exceed eight services.

2. Code the services with the amount of time taken providing the service. For example, if you spent 1 hour in a multidisciplinary team conference discussing the issue of discharge planning for this veteran code the service as 0060. If you spent 1 hour in

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multidisciplinary team conference discussing this veteran and five other veterans, code the service 0010. If you spent 2 hours providing a service, code the service 0120. The time is coded in minutes.

(b) Definitions are as follows:

1. Screening Only. This includes review of medical chart, preliminary data or brief interview to determine need for social work service, e.g., high risk screening.

2. Psycho-social Assessment. This refers to obtaining and evaluating complete information about the veteran, family and/or significant others. Includes comprehensive assessment made for rehabilitation, cardiac surgery, organ transplant, and psychiatric patients. Assessment may not result in further intervention.

3. Information/Referral (Not Discharge Planning Related). This refers to the provision of data or referral to a community resource as an end product or which results in no further intervention. This service would most likely occur in admission/triage area or intake service.

4. Pre-Admission Planning. This refers to case planning that occurs prior to hospital admission to facilitate continuity of care and/or timely discharge.

5. Discharge Planning. This refers to any activity or set of activities which facilitate the transition or discharge of the veteran from the hospital to the next level of care including home or other institution. It encompasses all activities that facilitate or are essential to veteran's discharge from the hospital, but does not include follow-up.

6. Psycho-social Treatment. This refers to the process of social work assessment, counseling and/or treatment which facilitates the resolution of identified psychosocial problems for veterans, families and/or significant others. It may include:

- a. Crisis intervention,
- b. Supportive counseling,
- c. Psychotherapy,
- d. Family therapy, and
- e. Behavioral treatment.

7. Financial Counseling. This refers to the process of assisting veterans and/or their families in analyzing their financial situation and/or making a

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financial plan. This does not mean a referral to a financial resource which is coded as "information/referral."

8. Health Education. This refers to the provision of education about veteran's illness or treatment. It may include orientation for special populations.

9. Post Discharge Follow-up. This refers to the monitoring that occurs after hospital discharge to ensure continuity of care and to assure that plan is in place. It does not include case management program or ongoing planning psychosocial counseling.

10. Consultation Only. This refers to a situation where the social worker provides advice on a specific veteran to other hospital personnel generally documented on a consultation form.

11. Outpatient Continuity Of Care. This refers to the process of providing for the health or psychosocial needs of veterans who are not currently hospitalized. Examples include arranging and monitoring of the:

- a. Nursing home,
- b. Halfway house,
- c. Residential care placement, and
- d. Home health care.

12. Family Conference. This refers to the time spent with a family discussing a particular veteran for the purpose of treatment planning. Includes interdisciplinary family conferences or any meetings between staff and veteran's family.

13. Case Management. This refers to the formal program monitoring the health and psychosocial needs/care of specifically enrolled veterans.

14. Multidisciplinary Team Conference. This refers to the specific time spent with other professionals discussing veteran's treatment planning. It includes ward team meeting and discharge planning meetings.

15. Home Visit. This refers to a community visit to veteran's home for purposes of psycho-social assessment, psychosocial treatment, resource evaluation. An example is the assessment of home environment/family strengths, determination of physical barriers for handicapped, family therapy session, Social/Industrial Field Survey Visits.

16. Other Direct Service To Individual. This refers to any direct service provided to veteran not included above.

(16) Special Patient Population

(a) Indicate a veteran's membership in a group for which special programming would be appropriate. Select all that apply. This information is counted for program development purposes. It is not mandatory to answer this section.

(b) Groups are defined as follows:

- 1. SCI (Spinal Cord Injury). SCI patient not seen in a SCI center.

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2. HIV+ (Human Immunodeficiency Virus) or AIDS (Acquired Immunodeficiency Syndrome). Patient who has HIV+, AIDS or ARC (Aids Related Condition).

3. Native American. American Indian or Alaskan Native.

4. Homeless. The patient has no home of record.

5. To be site specific.

- 6. To be site specific.
- 7. To be site specific.
- 8. To be site specific.
- 9. To be site specific.
- 10. To be site specific.

(17) Resources

(a) Resources which were used for a veteran should be marked with an X in the column marked used (U). The resources which were needed by the veteran but not available for whatever reason should be marked with an X in the column marked needed (N) but not accessed. It is not necessary to mark this section unless resources were needed or used. You may select up to eight in each category.

(b) The following definitions apply:

1. Other Institutional. This refers to any institution other than a VA medical center.

- a. VA NHCU (Nursing Home Care Unit),
- b. VA Contract Nursing Home Program,
- c. Community Nursing Home - Non-VA paid,
- d. VA Domiciliary Program,
- e. State Veteran's Home,

f. Hospice Care/Palliative Care, NOTE: This refers to a program where persons with terminal illness are provided care in the hospital and/or at home. Programs provide symptom control; psychological, emotional and spiritual support; family education and support; and integration of in-patient services with services at home; and

g. Other. NOTE: This refers to all institutional resources not specified in the preceding section. May include inpatient VA care.

2. Residential Structured Environment. This refers to residential settings other than an institution which offers supervision of daily activities, e.g., Community Residential Care Homes and Halfway Houses.

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a. VA Community Residential Care Home Program. This refers to the Residential Care Program supervised by VA.

b. Halfway House. An organized residential program which provides supervision and treatment with the goal being independent living. It is usually time limited and offers various degrees of independence.

c. Group Housing. This refers to shared independent living under auspices of a community agency.

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d. Transitional Living. This refers to a program which offers supervised, temporary living arrangements to prepare individuals for a more permanent, independent lifestyle.

e. Other. This refers to all residential structured environments not specified in the preceding section. NOTE: May include HCMI (Homeless Chronically Mentally Ill) contract program.

3. Home/Day Care. This refers to veterans who reside in their own home with Day Care outside of home, e.g., Adult Day Health Care or Day Treatment Center.

4. Home Without Supports. This refers to veterans who reside in their own home with no supportive services.

5. Home With Supports. This refers to veterans who reside in their own home with supportive services coming to the home, e.g., VNS (visiting nurse services), meals-on-wheels, HBHC, chore services.

6. Community Follow-up Services. This refers to outpatient follow-up provided by community mental health center, community medical clinic, services to include VA outpatient programs.

7. Vocational. This refers to resources utilized or referral to state vocational rehabilitation, sheltered workshops, VA vocational rehabilitation.

8. Financial. This refers to resources used or referral for monetary benefits such as social security, workman's compensation, VA pension.

9. Transporation. This refers to resources used or referrals for transportation, e.g., legal defense fund, guardianship, legal aid, public defender.

(18) Residential Care Home Program. The following data elements are mandatory for veterans who are provided services in the residential care home program location.

(a) Race/Ethnicity. Definitions are as follows:

1. American Indian or Alaskan Native,
2. Asian or Pacific Islander,
3. Black, not of Hispanic Origin,
4. Hispanic - Black,
5. Hispanic - White, and

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6. White, not Hispanic Origin.

(b) Prior Living Arrangements. Definitions are as follows:

1. Own Home. Veteran was living in own home alone or with relatives.
2. VA NHCU. Veteran was previously in a VA NHCU.
3. VA Hospital (excess of 60 days). Veteran was placed from a VA hospital where length of stay was more than 60 days.

4. Non-VA Hospital. Veteran resided in a hospital or institutional setting such as a chronic care hospital or long-term care facility that is not a nursing home.

5. VA Domiciliary. Veteran was previously in a VA Domiciliary.

6. VA Contract Nursing Home. Veteran resided in a nursing home under VA contract.

7. Non-VA Nursing Home. Veteran resides in a nursing home but was not under VA contract.

8. Non-VA Residential Resource. Veterans resided in a community residential resource not sponsored by or under contract by VA such as halfway house senior citizen residence. It was not a nursing home.

9. VA Contract Care (not nursing home). The veteran was provided care in a VA Contract Program not a nursing home such as Adult Day Health Care or a Halfway House.

10. Other. The veteran resided in another living arrangement not specified in the preceding section.

(c) Diagnostic Categories. Definitions are as follows:

1. Medical/surgical,
2. Psychosis/neurosis,
3. Organic and Senile Brain Disease,
4. Substance Abuse (Alcohol and Drug), and
5. All Other.

(d) Levels of Care. Definitions are as follows:

1. Minimal/light level. The veteran can function with protective oversight within a structured environment and requires occasional reminders and minimal assistance with ADL (Activities of Daily Living). The veteran is ambulatory, requires minimal assistance in coordination of out-patient treatment care plan and may require modified diet.

2. Moderate level. The veteran is normally cooperative and can function in a structured environment with intermittent assistance or frequent reminders to maintain personal hygiene, or to conform to treatment plan (e.g., take medications, avoid certain foods). The veteran may or may not be ambulatory,

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requires a moderate amount of out-patient treatment care coordination, may require frequent assistance with ADL's, and may require modified diet.

3. Heavy level. The veteran requires close monitoring of whereabouts, and personal habits (e.g., smoking) and/or close direction in maintaining personal hygiene. The veteran may require frequent assistance in ADL's, may or may not be ambulatory, requires much coordination and supervision of out-patient treatment psycho/medical care plan. The veteran may require modified diet.

5.06 INSTRUCTIONS FOR PREPARING VA FORM 10-7923, SOCIAL WORK INFORMATION
MANAGEMENT SYSTEM QUARTERLY CODE SHEET

a. General Instructions

(1) This code sheet has been designed for use by all facilities having social work service activities and not utilizing the Social Work Service DHCP Software Program.

(2) Insert zeros in field for which there is no data.

(3) This segment provides Social Work Service with data on:

(a) Psycho-social problems,

(b) Services provided,

(c) Demographics,

(d) Quality management data, and

(e) Cost of services by service location.

NOTE: This code sheet provides data for segment 208, 209, 210, 211, and 256.

b. The following instructions apply to the applicable data items.

(1) Location of Patient

(a) The location of the patient is by cost account and defined by the Cost Distribution Report.

(b) The location is coded based upon the location in which the veteran is served during the reported episode of care.

(c) One primary location is to be reported for each case.

(d) When one social worker services a patient who moves from one location to another, e.g., admission to medicine, the worker will decide which was the primary location of service. This will be determined by the location in which the largest amount of social work time was provided.

(e) When two Social Work Service personnel are involved in a patient's move from one location to another, a case may be counted for each episode of service, if each worker has documented services provided.

(f) When the same worker serves a patient who is discharged from one major care category to another within the same reporting period, e.g., inpatient to

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outpatient or NHCU, statistically, the case should be closed in the inpatient location and reopened in the new location. Place the location in which patient care activity occurs.

(g) Location number must be coded on each segment.

(2) Number of Cases Opened. For each program location report the total number of social work cases opened during the previous quarter.

(a) A case is defined as an episode of service provided by a professional social worker. The discrete documented episode of service provided by the staff member is the controlling consideration in determining whether a case count may be made.

(b) A case may be as brief as one contact, such as a completed screening episode, or may consist of multiple contacts over a period of time, as required to accomplish the treatment objectives defined by the social worker.

(c) To be considered a case there must be documentation in the veteran's medical record.

(d) As the basic unit of measure of staff productivity, the determination of a case count is based on staff input rather than single client count. Since staffing and programming patterns provide a matrix through which the client may be served, by single or multiple social work staff, Social Work Service productivity measures must account for this.

(e) One client may be served by more than one Social Work Service staff member during a period of care, e.g., hospitalization, an episode of ambulatory care. Where two or more staff personnel provide treatment during the same reporting period, case counts for these documented, discrete episodes of social work treatment may be made by each of the workers involved. NOTE: For each location in which service was provided enter the number of cases opened by Social Work Service staff.

(3) Number of Cases Closed. A case is closed when the work with the patient is completed, another worker assumes responsibility for the cases, the service episode has been completed, or when the veteran has moved to another treatment location, such as from inpatient hospitalization to an ambulatory care program.

(4) Outpatient Visits. This refers to an outpatient visit to a clinical social worker. This is the same as an outpatient visit which would be counted on the outpatient routing sheet. The veteran must be seen by the social worker for a visit to be counted, and documentation of the visit must be made. Enter the total number of outpatient visits at each location. NOTE: Telephone contacts are not counted as a visit.

(5) Psychosocial Problems. Enter the number of psychosocial problems treated during the reporting period. More than one problem may be reported per case, but not more than eight problems per case. Each case opened must have problems reported. Definitions may be found in subparagraph 5.05c(13).

(6) Outcome of Social Problems Treated. Enter the number of outcomes of social problem treated. Definitions may be found in paragraph 5.05c.(14). The total number of outcomes should equal the total number of problems.

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(7) Direct Services Provided. Direct services provided with the veteran, or collaterals on the veterans behalf, must be counted.

(a) Direct services may involve one or more specific tasks as defined in subparagraph 5.05c.(15).

(b) Collaterals may be any or all of the following:

1. Family,

2. Friends,
3. Employer,
4. Neighbor,
5. Clergy,
6. Land-lord,
7. Guardian,
8. Community organization, or
9. Social institution.

(c) Definitions may be found in paragraph 5.05c.(15).

(8) Manhours. The amount of time spent on each service delivered to a patient, or on behalf of a patient, will be recorded in 15 minute intervals. This information will be collected on a sampling only basis.

(9) Resources Needed. The community resources required or needed by the veteran for psychosocial problem resolution, but which could not be accessed should be counted. More than one can be counted, but not more than eight. If a veteran has no resource needs, none are to be counted. Definitions are listed in paragraph 5.05c(17).

(10) Resources Used. The community resources utilized in the resolution of the veterans psychosocial problems should be counted. More than one can be counted, but not more than eight. If no resources were utilized, then none are to be counted. Definitions are the same as for the resources needed.

(11) Special Patient Populations. A veteran's membership in a group for which special programming would be appropriate is to be counted for program development purposes. NOTE: These fields have been established to allow Social Work Service to collect data on specific patient population groups for a specific time period. Special instructions would be issued to field stations in advance of any specific data collection period. Definitions may be found in paragraph 5.05c.(16).

c. Patient Eligibility

(1) Category A, B, and C. Count the unique number of veterans at each location who are category A, B, or C. Veterans should be counted once per location regardless of the number of times the case was opened.

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(2) SC and NSC. Count the unique number of veterans at each location who are SC or NSC. The total of SC and NSC veterans should equal the total of the A, B, or C categories ($SC + NSC = A+B+C$).

(3) Veteran's Sex. Count the unique number of male and female veterans at each location. Veterans should be counted once per location regardless of the number of times the case was opened. ($male + females = SC + NSC$).

(4) Total Patient Population. Enter the total number of unique veterans treated by the medical center at the outpatient location. For inpatient locations this would be the total admissions to the location.

(5) FTEE (Full-time Employee Equivalent). Enter the total FTEE of Social Work Service staff which is assigned to this particular location. Total of all locations cannot be greater than the total FTEE assigned. Individual locations may be given to two decimal point, e.g., 4.25 or 4.50.

(6) Age Range. Count each unique veteran by age range for each location. Veteran should only be counted once regardless of the number of times the case was opened. The total of all the age ranges for each location must equal the sum of the SC plus NSC veterans. Age ranges are:

- (a) Less than 29,
- (b) 30 to 44,
- (c) 45 to 59,
- (d) 60 to 69,
- (e) 70 to 79, and
- (f) 80 and greater.

d. Segment 256. The following instructions apply to only segment 256:

(1) The race/ethnicity for veterans in the Residential Care Home Program will be counted for the preceding quarter. A veteran should only be counted once regardless of how many times the cases is opened. Categories are defined in subparagraph 5.05c.(18)(a). The total of all the categories should equal the sum of the SC and NSC.

(2) Prior living arrangements for veterans placed in Residential Care Home Program during the preceding quarter are to be counted. A veteran should only be counted once regardless of how many times the case is opened. The sum of these categories should equal the sum of the SC plan NSC veterans. Categories are defined in paragraph 5.05c.(18)(b).

(3) The diagnostic categories of the veterans in the Residential Care Homes for the preceding quarter will be counted. A veteran should only be counted once. The sum of these categories should equal the sum of the SC and NSC veterans. Categories are defined in paragraph 5.05c.(18)(c).

(4) Level of care must be coded for those veterans served at the Residential Care Home Program location. This is a unique count thus a veteran is only counted once regardless of how many times his cases might have been opened during the quarter. The sum of these categories should equal the sum of the SC and NSC veterans. The definitions of the levels of care are give in paragraph 5.05c.(18)(d).

e. Quality Management Monitors. The quality management monitors are the:

(1) Number of patients who received discharge planning and post discharge follow-up services. Count the number of patients who received both discharge planning and post discharge follow-up services and enter the number.

(2) Number of patients who received discharged planning and family conference services. Count the number of patients who received both discharge planning and family conference services and enter the number.

(3) Average number of elapsed days between date of admission date of case opening for patients who received discharge planning services. Subtract the date of admission from the date of case opening for all patients who received discharge planning services, add all of these together and average. Enter the number rounding to the nearest whole number.

(4) Date. Enter the month and year of the end of the report period, i.e., 12/92, 03/93, 06/93, or 09/93. The date must be entered on the code sheet for each segment.

5.07 VA FORM 10-7099, REPORT OF SOCIAL WORK STUDENT ACTIVITIES (RCS 10-105)

a. Preparing Offices. The Chief, Social Work Service, will prepare a single report for the social work student activities at each facility. A negative report will be submitted by facilities having no social work student activities during the report period.

b. Frequency and Report Date. The report will be prepared annually to cover activities during the school year. The report will be due in VA Central Office (111J), 810 Vermont Avenue, N.W., Washington, DC 20420, no later than July 15 of each year.

c. Distribution. Reporting facilities will prepare the report in triplicate and will make distribution as follows:

(1) The original and one copy will be forwarded to VA Central Office (111J), and

(2) One copy will be retained by the preparing office.

d. Instructions for Column Entries.

(1) Column A, "Name of Affiliated School." On the appropriate lines for each pertinent level of education, enter the names of the affiliated schools of social work and undergraduate schools attended by the students. If the facility has students from different levels of education in the same affiliated school of social work, enter the name of the school at each level. If the facility has students from more affiliated schools than lines provided, a second sheet of the form will be used.

(2) Columns B and C, "Number of Students," "VA Paid-WOC (Without Compensation)." Enter the total number of students who are being paid a stipend by VA (col. B) and are WOC i.e., not receiving a stipend from VA - (col. C).

(3) Columns D and E, "Number of Health Care Majors." Enter number of students receiving VA stipends (col. D) and WOC, i.e., not receiving a stipend - (col. E).

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(4) Columns F and G, "Number in Accelerated Programs," (where part of the MSW (Master's degree in Social Work) 2-year program has been waived). Enter number of students receiving VA stipends (col. F) and those WOC i.e., not receiving VA stipends - (col. G).

(5) Column H, "Number Withdrawn in Year." For each level of education line entry, enter the number of students who were not able to complete their period of training and withdrew from the program.

e. Instructions for Line Entries

(1) Line 1, "Doctoral Program." Enter data in appropriate columns for all students in the doctoral program.

(2) Lines 2 through 10, "Masters Program." These lines are to be used for students in the master's program at graduate school of social work. Lines 2 through 6 for second year students, and lines 7 through 10 for first year students. Separate entries will be made for each school affiliation.

(3) Line 11, Total. Enter data in the appropriate columns for all students enrolled in the masters program. Columns D through G minus H equals columns B plus columns C.

(4) Lines 12 and 13, "Undergraduate Program." Entries will be made for all undergraduate students in their senior and junior year of college who are assigned to a VA field placement.

(5) Line 14, "Total." Enter data in the appropriate columns for all students enrolled in undergraduate programs. Columns D through G minus H equals column B plus column C.

f. Instructions for Item Entries

(1) Item 15, "Field Work Teaching Guide." Indicate status of a formal printed field teaching guide which specifies VA learning content to be taught to students at the various levels of training, B.A., MSW, PhD.

(2) Item 16, "Affiliated Schools With or Developing MSW Major in Health Care." Provide data as to whether or not the affiliated school of social work has a health care curriculum. If it is being developed, provide a progress report in Item 18, "Remarks" If "no", in "Remarks" indicate salient facts about nature of relationship with the school, process of integrating class and field learning content, problems, etc.

(3) Item 17, "Employment Opportunities in Your Area." On the five-point scale, circle the number in the appropriate section on the status of the employment market.

(4) Item 18, "Remarks." In addition to comments from item 16, provide any other statement of value to the program.

g. RCS. RCS 10-105 is assigned to this report.

(Date)

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(Date)

Appendix 5A is not available on Wang

A copy may be Xeroxed in the Under Secretary for Health's Library

Room 662, Techworld