SEEKING PUBLIC COMMENTS THROUGH JULY 26, 2026:

NASW PRACTICE STANDARDS FOR LONG-TERM SERVICES AND SUPPORTS

The NASW Standards Task Force for Long-Term Services and Supports is pleased to present for public comment the attached draft of the *NASW Practice Standards for Long-Term Services and Supports* (LTSS). NASW standards offer guidance to social workers and serve as benchmarks for services provided by social workers. This draft addresses LTSS provided to people of all ages in both facilities and home- and community-based settings. When finalized, these LTSS standards will replace the 2003 ***NASW Standards for Social Work Services in Long-Term Care Facilities***.

We invite you to read the draft standards and provide your comments in the comment box on this page: **Comment on NASW's LTSS draft standards** Neither NASW membership nor a social work degree is required to submit comments on this manuscript.

Please provide your feedback on the LTSS draft standards by or on Sunday, July 26, 2026. We kindly request that you include your professional background with your comments.

Thank you for your consideration of these draft standards. We value your input and appreciate your time.

Comment on NASW's LTSS draft standards

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NASW Practice Standards for Long-Term Services and Supports

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INTRODUCTION

Any of us, at any point in our lives, may experience a health condition (including a serious mental health condition or substance use disorder), disability, or injury that necessitates assistance with everyday activities for an extended period of time. When this occurs, we often experience a need for long-term services and supports (LTSS).

The goal of LTSS is to maximize biopsychosocial functioning, independence, and quality of life, as defined by each individual. Optimally, LTSS address the needs and goals of the whole person—not only meeting functional and medical needs but also supporting emotional well-being and meaningful social engagement.

Although U.S. society tends to place a high value on independence, all of us rely on services and supports throughout our lives. Similarly, we both provide and receive support within our relationships. Interdependence is our human reality; within that reality exists a continuum of independence and reciprocity. Each of us experiences degrees of independence, which fluctuate throughout our life course and in response to the presence or absence of the types of services and supports we need in any given circumstance. Likewise, levels and types of reciprocity fluctuate within each of our relationships.

All people, regardless of age, ability, or health status, are valued members of our families, communities, and society. Psychosocial growth is possible, and the need for relationship is essential, within every life stage and circumstance. Social support is especially critical when we live with disability, illness, or injury, which are often associated with the following biopsychosocial challenges: variations in communication, cognitive, emotional, and physical abilities; barriers to accessing high-quality, comprehensive, and affordable healthcare; decreased economic or food security; lack of affordable, accessible housing; increased risk of experiencing abuse, neglect, and exploitation; and loss of meaningful social

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roles and opportunities to remain engaged in society. LTSS can help mitigate these challenges.

Types of LTSS

LTSS include assistance with or support in conducting activities of daily living, or ADLs—personal tasks such as bathing, dressing and grooming, using the toilet or caring for incontinence, transferring (such as to or from a bed or chair), and eating and drinking. LTSS also include assistance with or support in carrying out instrumental activities of daily living (also known as IADLs): everyday tasks such as using the telephone or other communication devices, organizing and taking medication, preparing meals, cleaning one's home, shopping for groceries or other necessities, caring for pets, driving or using other forms of transportation, managing money, and accessing healthcare (including telehealth), housing, and other services. LTSS may take the form of accessible housing and transportation or adaptive, assistive, or augmentative devices, equipment, supplies, and technology, including prostheses, digital software, and home and vehicle modification.

People who use LTSS may have a cognitive, developmental, emotional, mental, physical, or sensory condition or some combination thereof. They may live with the condition or conditions for a concentrated period of time, such as following an injury or acute illness; for years; or for the duration of their lives. Likewise, they may rely on LTSS for habilitation (attaining, maintaining, or preventing deterioration of skills or functions never learned or acquired because of disability), rehabilitation (regaining, maintaining, or preventing deterioration of previously acquired skills or functions that have been lost or decreased because of illness, injury, or disability), or both.

LTSS Settings

Social workers are present in LTSS settings, including home and community-based services (HCBS) and facility- or office-based services, across the healthcare continuum, and in other

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sectors. For the purpose of these standards, the LTSS settings may include, but are not limited to:

- School-based disability programs and college and university centers on disabilities
- Employment programs, such as employment readiness, supported employment, and transitional employment programs
- Area Agencies on Aging, Centers for Independent Living, community and recreation centers, disease-focused organizations, individualized day support programs, senior centers, congregate and home-delivered nutrition programs, supported living programs, and adult day health services
- Accessible and affordable housing and transportation programs, including service coordination programs
- Medicaid waiver programs, Program of All-Inclusive Care for the Elderly, and participant-, person-, or self-directed service programs
- Naturally occurring retirement communities, villages, and cohousing communities
- Independent living, assisted living, adult family homes, board and care homes, group homes, intermediate care facilities, nursing homes, life plan communities (also known as continuing care retirement communities), and other residential settings
- Postacute care, transitional care, skilled nursing facilities, long-term care hospitals, and inpatient rehabilitation facilities or hospitals
- Home health and home-based primary or specialty care programs
- Inpatient care and intensive outpatient programs for people living with serious mental health conditions, substance use disorders, or both
- Protection and advocacy services, long-term care ombudsman programs, and legal assistance programs

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These practice settings span the public, nonprofit, and for-profit sectors, accredited and nonaccredited organizations, and urban, suburban, rural, and remote areas. LTSS are also needed but frequently less available in other settings, such as prisons, and for people who are unhoused or for whom housing is insecure. Other underserved groups in need of LTSS include young and middle-age people with disabilities who live in nursing homes or other settings designed primarily for older people; older adults with serious mental health conditions; and people of all ages who are dually diagnosed with substance use disorder and a mental health condition. In essence, wherever a person resides, learns, works, and socializes, LTSS promote independence and quality of life.

People Who Use LTSS

The number of people in the United States who use LTSS is difficult to estimate for multiple reasons. Definitions of "LTSS" vary, and datasets are not consistent across age groups and health conditions. Similarly, because the United States lacks a cohesive LTSS system, LTSS are covered by multiple payers (or not at all). Nonetheless, some data convey how many of us currently use LTSS or may use LTSS in the future. The federal government has projected that more than half of adults born between 1941 and 1974 will need LTSS after they reach 65 years of age and that at least one in five will need LTSS for more than five years (Johnson & Dey, 2022), with nearly 40 percent needing nursing home care (Johnson et al., 2021). Yet, LTSS are important to people of all ages. Another analysis estimated that in the year 2020, nearly 6 million people used Medicaid-funded LTSS—1.6 million for nursing facility care and 4.2 million for HCBS (Chidambaram et al., 2023). Of this number, more than half were younger than 65 years old (Chidambaram et al., 2023).

These figures do not reflect LTSS funded by other sources, including Medicare and the U.S. Department of Veterans Affairs, or those supported by the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (P.L. 106-402), Older Americans Act of

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1965 (P.L. 89-73), Rehabilitation Act of 1973 (P.L. 93-112), and other public programs. Nor do the preceding data include LTSS covered by private insurance or foundation grants and paid for directly by persons served. Moreover, many LTSS are provided by individuals without financial remuneration; according to AARP, a "conservative" estimate of the economic value of family caregivers' unpaid contributions is approximately $600 billion (Reinhard et al., 2023).

Incomplete though these data about LTSS use are, what is clear is that the need for LTSS is both substantial and growing. Most of us will rely on LTSS and provide LTSS to someone with whom we have a personal relationship, at some point in our lives. Thus, the topic of LTSS is relevant to people of all ages and to social workers in multiple practice specialties and work settings.

Social Work Roles in LTSS

Social workers serve individuals and families throughout the lifespan, addressing the full range of biopsychosocial factors that affect well-being. With their grounding in the NASW (2021) *Code of Ethics* and extensive professional training, social workers are unique among LTSS providers. The profession's strengths-based, person-in-environment perspective informs its work across LTSS settings. Another hallmark of social work's commitment to the well-being of persons served is the profession's long-standing focus on inequities and disparities—such as those related to finances, health, and housing. Social workers recognize that reducing such disparities and inequities in LTSS requires addressing not only the biopsychosocial needs of each person served but also the underlying community-level and systemic issues—particularly ableism, ageism, and racism—that contribute to such disparities.

LTSS social workers provide services (with or without clinical supervision, and sometimes as independent practitioners) in offices and facilities, in home- and community-

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based settings, by telephone, and digitally. Moreover, social workers work alongside and collaborate with numerous service providers, including volunteers, in the health (including mental health and substance use), educational, employment, financial, housing, legal, social service, and spiritual–religious arenas.

Collaboration with the support system of persons served also plays an integral role in many LTSS. Members of the support system may be known by different names, including "caregiver," "care partner," "family," "circle of support," or "naturally occurring supports." Some may receive remuneration for their work from programs such as Money Follows the Person. However, most members of the support system provide LTSS without financial compensation, often at significant economic, health, psychological, and social cost (AARP & National Alliance for Caregiving, 2025; National Academies of Sciences, Engineering, and Medicine [NASEM], 2016). Recognition of and respect for the support system *as defined by each person served* are paramount for LTSS social workers, who communicate and collaborate with members of the support system in accordance with the wishes or legal rights of each person served. When members of the support system participate in LTSS provision, social workers welcome, integrate, and advocate for those contributions. Similarly, best practice is for social workers to consider and attend (to the degree possible) to the needs of the support system; as explained in NASW's (2010) *Standards for Social Work Practice with Family Caregivers of Older Adults*, doing so not only helps persons served but also enhances the well-being of support system members. Support may be particularly helpful for people from historically underserved or socially marginalized communities.

Transitions of Care

Given the varying needs of persons served, transitions of care are common for people using LTSS. Such care transitions may occur within an organization and between or among organizations and individual service providers. A change in a person's condition—such as an

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improvement or decline in abilities or function, an acute exacerbation of a health condition, or a natural progression of a chronic condition—may both constitute and necessitate a transition of care, as can aging out of an organization's services. During care transitions, the person served may be at risk for adverse events, such as falls, medication errors, and avoidable rehospitalizations. The person served may also experience an array of emotions about the transition. To mitigate these risks and maximize the well-being of the person served, LTSS social workers are often responsible for coordinating care transitions and collaborating with other service providers to identify and support the goals and needs of the person served. This coordination and collaboration occurs at multiple levels, including sectoral, institutional, organizational, programmatic, and individual.

Problematic transitions of care and inequitable access to LTSS can be attributed, in large part, to the lack of a comprehensive, integrated system of affordable, high-quality LTSS in the United States. People using LTSS may need to navigate multiple service sectors and various payers (including, increasingly, managed care), leading to fragmentation. Many LTSS continue to center on a deficit-focused, risk-averse medical model, driven in part by third-party reimbursement patterns. Strengths-based, person-centered models exist but are not available geographically or financially to many people. Similarly, many people cannot access LTSS in their homes—as most prefer to do—because of long waiting lists for HCBS, limited personal support to coordinate such services, or lack of affordable and accessible housing. Access to HCBS has increased significantly thanks to the Supreme Court's 1999 *Olmstead v. L.C.* decision, the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148), the American Rescue Plan Act of 2021 (P.L. 117-2), and other recent investments; however, many systemic changes are needed to realize each person's right to obtain and maintain optimal biopsychosocial functioning in the least restrictive setting.

Challenges and Rewards of LTSS Social Work

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Dynamics associated with transitions of care create significant challenges for LTSS social workers. Additionally, changes in LTSS financing and delivery have contributed to the reduction of social work services in some LTSS settings. Many LTSS social workers are supervised by individuals without social work degrees, and tasks previously performed by social workers are often assigned to other personnel in an effort to reduce costs. Exacerbating this displacement and deprofessionalization is a shortage of social work effectiveness data and a lack of federal title protection for social workers, variations in title protection across states, and inadequate federal eligibility requirements for some federally funded social work roles.

Limited funding for LTSS can also result in large caseloads, lower wages, or both in relation to other social work practice areas. Furthermore, the public tends to be unaware of LTSS or to perceive LTSS unfavorably; even social workers may not be familiar with the breadth and depth of LTSS work. These challenges can present difficulties in attracting and retaining social workers in LTSS settings.

Yet, many social workers find LTSS a rewarding practice area. LTSS work both provides and requires steady attention to a centerpiece of the social work profession: the self-determination of persons served. Flexibility, creativity, and advocacy are essential to understanding and upholding the goals of each person served as the individual's abilities and needs change. Opportunities abound to make the psychosocial and physical environments in which people access and use LTSS more person centered, and the drive to do so is steadily gaining strength.

Recognizing the importance and complexity of LTSS social work, NASW developed *Standards for Social Work Services in Long-Term Care Facilities* in 1981 and revised those standards in 2003. With the current edition, NASW strives to reflect considerations affecting social work in an ever-widening range of LTSS roles and settings.

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PURPOSE OF THE STANDARDS

These standards address LTSS as an essential and evolving area of practice for social workers. The primary purpose of the LTSS standards is to inform the practice and enhance the quality of LTSS social work by providing a framework of the values, knowledge, methods, skills, and ethical grounding needed to work in settings that provide LTSS.

The standards also serve the following aims:

- Increase awareness (among social workers, employers, policymakers, and the public) of the social work profession's role within LTSS.
- Inform employers, policymakers, and the public about the essential role of social workers across the LTSS continuum.
- Advance LTSS as an integral component of service delivery systems.

Ideally, these standards will stimulate the development of clear guidelines, goals, and objectives related to LTSS in social work practice, advocacy, research, education, and policy. Moreover, use of the standards can inform the following activities:

- Advocacy for the rights of persons served, including confidentiality and equitable access to affordable, high-quality, person-centered, culturally and linguistically competent LTSS
- Assisting LTSS organizations to create and maintain an environment that optimizes dignity, self-determination, well-being, and quality of life for each person served
- Strengthening communication and coordination among persons served, support systems, LTSS service providers, and other service providers
- Developing continuing education materials and programs related to LTSS social work

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- Social work participation in the development, refinement, and integration of best practices in LTSS
- Social work participation in the development and refinement of LTSS-related public policy at the local, state, federal, and tribal levels to support the well-being of persons served

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DEFINITIONS

Throughout these standards, the task force has attempted to use forward-thinking language that reflects the nuances and evolution of terms related to LTSS. The order of terms defined reflects the frequency of their use in this text.

social worker

Within the United States, *social worker* refers to an individual who possesses a baccalaureate or master's degree in social work from a school or program accredited by the Council on Social Work Education or a doctoral degree (DSW or PhD) in social work. Although social workers are licensed, certified, or registered in all 50 states, the District of Columbia, American Samoa, the Federated States of Micronesia, Guam, the Marshall Islands, the Northern Mariana Islands, Palau, Puerto Rico, and the U.S. Virgin Islands, laws and regulations governing the practice of social work vary by location. Each social worker should be licensed, certified, or registered by the government, as applicable and required, at the level appropriate to their education and scope of practice in their jurisdiction or jurisdictions.

social work practice

In these standards, *practice* refers to all levels of practice—micro, mezzo, and macro.

- *Macro practice* is "aimed at bringing about improvement and changes in the general society. Such activities include some types of political action, community organization, public education campaigning, and the administration of broad-based social services agencies or public welfare departments" (Barker, 2014, p. 253).
- *Mezzo practice* occurs "primarily with families and small groups. Important activities at this level include facilitating communication, mediation, and negotiation; educating; and bringing people together" (Barker, 2014, p. 269).

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- *Micro practice* is "the term used by social workers to identify professional activities that are designed to help solve the problems faced primarily by individuals, families, and small groups. Usually, micro practice focuses on direct intervention on a case-by-case basis or in a clinical setting" (Barker, 2014, p. 269).

person served

For the purpose of these standards, *person served* refers to the individual who seeks or is provided with LTSS. In some LTSS settings, "beneficiary," "client," "consumer," "patient," "peer," "resident," or other terms may be used in lieu of "person served." LTSS social workers frequently work with members of the support system, as well.

support system

Support system involvement in LTSS varies greatly across persons served and practice settings. The *support system* is defined by each person served. It may include people whom the person served defines as "family" (whether legally recognized family or family of choice), friends, neighbors, community elders, or other individuals in the social circle of the person served. Similar to persons served, members of the support system may cross the lifespan from childhood to advanced age. They may support the person served emotionally, financially, medically, physically, practically, and socially. They may also assist the person with decision making related to healthcare, support services, financial or legal matters, and lifespan planning. (It is worth noting that many persons served provide similar assistance to members of their own support systems.) Such assistance, which persons served and their support systems may or may not identify as "caregiving" or "care partnering," may be provided on an intermittent, part-time, or full-time basis and in proximity to or at a distance from the person served. For the purpose of these standards, individuals whose primary relationship with the client is based on a financial, legal, or professional agreement—though integral to the support system of many persons served—are referred to as "service providers."

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biopsychosocial perspective

A *biopsychosocial perspective* recognizes the importance of the whole person in the context of their environment and takes into account the individual's physical, emotional, psychological, social, and spiritual factors.

well-being

Well-being is "a positive state experienced by individuals and societies" and is influenced by the biopsychosocial environment (World Health Organization [WHO], 2021, p. 10). It encompasses quality of life and the ability of people and societies to live in the world with a sense of meaning and purpose (adapted from the WHO, 2021).

health and healthcare

Since its inception in 1948, WHO has defined *health* as "a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity" (WHO, 1948, as cited in WHO, 2005, p. 1; see also WHO, 2021, p. 3). Accordingly, within these standards the term *health* refers not only to physical health but also to psychosocial well-being, mental health, behavioral health, and cognition. Likewise, the term *healthcare* addresses physical, mental, behavioral, and cognitive health.

disability

According to WHO (n.d.-a), *disability* "results from the interaction between individuals with a health condition . . . with personal, [interpersonal], environmental, [and systemic] factors, … [such as stereotypes, prejudice, discrimination], inaccessible transportation and public buildings, [and limited social support]" (para. 2). A person's biopsychosocial environment affects the experience and extent of disability and, thereby, the individual's ability to participate fully in society (WHO, n.d.-a).

social determinants of health and social risk factors

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Social determinants of health (SDOH) are the "conditions in which people are born, grow, work, live, and age, and people's access to power, money, and resources" (WHO, n.d.-b, para. 1). These conditions influence numerous risks and outcomes in health, functioning, and quality of life (Office of Disease Prevention and Health Promotion [ODPHP], n.d.-b). SDOH are shaped by economic, social, and political forces and systems (Centers for Disease Control and Prevention [CDC], 2024c). They are often grouped in the following domains:

- Economic stability, including food security, transportation, and employment
- Educational access and quality
- Healthcare access and quality
- Housing, neighborhood, and physical environment
- Social and community context (ODPHP, n.d.-b)

SDOH are not inherently negative. SDOH that "may be associated with negative health outcomes, such as poor housing or unstable social relationships" are referred to as *social risk factors* (NASEM, 2019, Table 1-2).

health disparities and health equity

Health disparities are "preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that have been disadvantaged by their social or economic status, geographic location, and environment" (CDC, 2024b, para. 4). Such disparities adversely affect groups of people who have systematically experienced disproportionate obstacles to health based on cultural identity (or intersecting identities) historically linked to discrimination or exclusion (ODPHP, n.d.-a). In contrast, *health equity* is "the state in which everyone has a fair and just opportunity to attain their highest level of health" (CDC, 2024a, para. 1).

culture

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Culture is a universal social construct encompassing the ways in which each person experiences the world. It includes, but is not limited to, history, traditions, rituals, achievements, values, beliefs, communications, behaviors, and institutions that reflect the experiences shared by individuals within a social group (Barker, 2014; Goode et al., 2000). Culture can be passed from generation to generation (Goode et al. 2000; NASW, 2015). At the same time, culture is not static; it evolves.

Each person has a diverse, multifaceted cultural identity. That identity may include, but is not limited to, race, ethnicity, tribal affiliation, and national origin; migration background, degree of acculturation, and documentation status; geographical location; age; gender, gender identity, and gender expression; sexual orientation; family composition; spiritual, religious, and political belief or affiliation; health condition and disability; socioeconomic class and level of formal education; occupational history, including military or veteran affiliation; language and linguistic characteristics; and literacy, including health, behavioral health, and financial literacy.

cultural competence

Cultural competence refers to the process by which individuals and systems respond respectfully and effectively to people of all cultures in a manner that recognizes, affirms, and values the dignity and worth of individuals, families, and communities (Fong [2004], Fong & Furuto [2001], and Lum [2011], as cited in NASW, 2015). Sometimes referred to as "cultural responsiveness" or "cultural proficiency," cultural competence includes, but is not limited to, cultural sensitivity and cultural humility; more comprehensively, it is "a set of congruent behaviors, attitudes, and policies that come together in a system or agency or amongst professionals and enable the system, agency, or those professions to work effectively in cross-cultural situations" (Cross et al., 1989, p. iv).

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Given the breadth and multifaceted nature of culture, social workers should approach every interpersonal interaction as a cross-cultural exchange. Similar to culture, cultural competence is not static. Nor is cultural competence a finite goal to be achieved; rather, social workers strive to develop and enhance cultural competence throughout their careers.

intersectionality

Originating from a feminist, antiracist perspective, *intersectionality* examines overlapping forms of oppression, discrimination, and domination in relation to two or more cultural identities, in which the interaction compounds the effects of each (Crenshaw, 1989; Hancock, 2007; Murphy et al., 2009; Viruell-Fuentes et al., 2012).

person-centered approach

A *person-centered approach* integrates a commitment to upholding the right of every individual to "define and pursue their own . . . [concept] for a good life" (National Center on Advancing Person-Centered Practices and Systems [NCAPPS], 2019, para. 2). This approach respects the perspectives of the person and "emphasizes quality of life, well-being, and informed choice" (NCAPPS, 2019, "What is person-centered thinking" section).

A person-centered approach is a long-standing hallmark of social work practice and is integral to high-quality LTSS. Some social workers and organizations use related terms, such as "person directed" or "self-directed." NASW recognizes the importance and validity of these terms, which can describe either an approach to practice or a particular model of LTSS.

trauma-informed approach

The Substance Abuse and Mental Health Services Administration (SAMHSA; 2023) offers the following authoritative definition of *trauma*:

> Trauma results from an event, series of events, or a set of circumstances an individual experiences as physically or emotionally harmful or threatening, which may have lasting adverse effects on the individual's functioning and mental, physical, social,

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emotional, or spiritual well-being. Traumatic events may be experienced by an individual, a generation, or an entire community or culture. (p. vii)

SAMHSA (2023) also states that a program, organization, or system that uses a *trauma-informed approach* engages in the following activities:

- Realizes the widespread impact of trauma and understands potential paths for recovery
- Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices
- Seeks to actively resist retraumatization (p. vii)

person-centered, trauma-informed approach

A *person-centered, trauma-informed approach*

promotes the health and well-being of individuals by accounting for the role of trauma across the life course and by resisting retraumatization, while also focusing on the strength, agency, and dignity of the person [served]. (Bruski et al., 2024, slide 15)

use of self

Use of self occurs when a social worker consciously combines aspects of one's personal or authentic self—such as belief systems, cultural heritage, lived experience, and personality—with professional values, knowledge, and skills to effect change with or on behalf of persons served (Dewane, 2006, as cited in Kaushik, 2017).

evidence-informed practice

Evidence-informed practice "incorporates the best available research evidence; client's needs, values, and preferences; practitioner wisdom; and theory into the decision-making process,

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filtered through the perspective of client, agency, and community culture" (Dodd & Savage, 2016, Summary section).

rights of persons served

Rights of persons served include entitlements, protections, and liberties that are human, legal, or civil in nature. Many LTSS providers also delineate specific rights of persons served; some of these rights, such as within nursing homes, are mandated by law. Education regarding, and advocacy for, the rights of persons served is integral to LTSS social work practice.

confidentiality

Confidentiality is an ethical principle and legal obligation in which the social worker may not disclose information about a person served without the consent of that individual (Barker, 2014, p. 87). This information includes the identity of the person served, content of communications, professional opinions about that individual, and material from records (Barker, 2014).

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

HIPAA (P.L. 104-191, 1996) is a set of federal standards that safeguard protected health information through the implementation of regulations addressing privacy, security, and breach notification.

abuse

Abuse is improper behavior that causes "physical, psychological, or financial harm to an individual or group" (Barker, 2014, p. 2). Such behavior can include not only psychological (also known as emotional), physical, and sexual abuse but also financial or material exploitation (including fraud and scams), neglect, and abandonment. (Self-neglect by an older adult or an adult of any age with a disability is also considered abuse in some states and jurisdictions; however, inclusion of this behavior in the definition of abuse is not universal.) Abuse may occur in any setting and toward a person of any age or ability. Abusive behavior

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may be used by trusted individuals or entities or by people and entities who are unknown to the individual experiencing abuse. What constitutes various types of abuse, such as child abuse and elder abuse, is defined at the state level, as are requirements and methods for reporting suspected abuse.

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GUIDING PRINCIPLES

These standards reflect the following guiding principles of the social work profession:

Person-centered approach: LTSS social workers use their professional alliance to engage persons served (and, when appropriate, members of the support system) in all aspects of practice. They make every effort to tailor services to the needs, preferences, and goals of persons served, respecting and promoting self-determination.

Person-in-environment framework: LTSS social workers understand that each individual experiences a mutually influential relationship with their biopsychosocial environment and cannot be understood outside of that context. This ecological perspective recognizes that systemic injustice and oppression underlie many challenges faced by persons served.

Strengths perspective: Rather than focus on pathology, LTSS social workers elicit, support, and build on the resilience and potential for growth and development inherent in each person served. These strengths and assets may be intrapersonal, found within the environment, or developed in response to the environment.

Cultural competence: LTSS social workers affirm the dignity and worth of each person served, respecting diversity in all its forms.

Social justice: At all levels, from local to global, LTSS social workers promote and advocate for social, economic, political, and cultural values and institutions that are compatible with the realization of social justice.

Collaborative teamwork: LTSS social workers do not work in isolation; collaboration with other social workers, other disciplines, and other organizations is integral to effective practice.

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Intervention at the micro, mezzo, and macro levels: LTSS social workers use a variety of approaches to effect change in individuals, families, groups, communities, organizations, systems, and policies.

Importance of research: LTSS social workers use research to inform LTSS practice, enhance workforce capacity, and maintain and underscore the social work profession's role in LTSS.

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STANDARDS

1. ETHICS AND VALUES

Social workers in LTSS settings shall adhere to, demonstrate, and promote the ethics and values of the social work profession, using the NASW (2021) *Code of Ethics* as a guide to ethical practice.

INTERPRETATION

Consistent with the NASW *Code of Ethics*, LTSS social workers strive to enhance the well-being of all people, with particular attention to the needs of individuals and communities who are marginalized, oppressed, and historically underrepresented and underresourced. Social work in LTSS settings is rooted in six core values that constitute the foundation of social work:

1. **Service:** LTSS social workers apply their knowledge and skills to support the well-being of persons served. They prioritize service to persons served above organizational, professional, or personal self-interest.
2. **Social justice:** LTSS social workers pursue social change to reduce marginalization, oppression, and other forms of social injustice experienced by persons served. Social workers act on individual, organizational, and systemic levels to maximize access to resources and to support maximal participation by persons served in decision making.
3. **Human dignity and worth:** LTSS social workers value the strengths of persons served and treat each person in a respectful, supportive manner. They strive to maximize the capacity of persons served to improve their circumstances and achieve their goals.
4. **Importance of human relationships:** LTSS social workers promote the role of human relationships in the change process and strive to strengthen relationships between the person served and their support system. The social worker cultivates a

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supportive professional alliance with each person served, collaborating with them, to the greatest extent possible, as a partner in goal identification, planning and delivery of services, and practice evaluation.

5. **Integrity:** LTSS social workers practice in alignment with the mission, values, ethical principles, and ethical standards of the social work profession and use the power inherent in the professional social work role responsibly. They undertake all actions with respect for the goals of persons served, exercising judicious use of self, avoiding conflicts of interest, and applying professional judgment in presenting resource options and providing services.
6. **Competence:** LTSS social workers practice within their area of competence and continually strive to enhance their knowledge and skills. They practice self-care to maximize their professional effectiveness.

Moreover, social workers in LTSS settings have an ethical responsibility to practice self-awareness to assess how their experiences, perspectives, values, and biases may influence their practice with persons served.

LTSS social workers should know and comply not only with their organization's policies but also with federal, state, tribal, and local policy requirements pertinent to their role and practice setting. When facing conflicting expectations or an ethical dilemma, social workers in LTSS settings should use the NASW (2021) *Code of Ethics* as a guide in their decision making. They should also use available mechanisms, including social work supervision, peer review, ethics committees, external consultation, or advocating for organizational change to resolve the dilemma.

2. CULTURAL AND LINGUISTIC COMPETENCE

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Social workers practicing in LTSS shall strive to provide and facilitate access to culturally and linguistically competent services, consistent with the NASW (2015) *Standards and Indicators for Cultural Competence in Social Work Practice*.

INTERPRETATION

Increasing diversity within the United States requires LTSS social workers to strive continuously for cultural and linguistic competence. As noted in the definitions section of this publication, cultural diversity is expressed in numerous ways. Given the multifaceted and intersectional nature of culture, every interpersonal interaction is a cross-cultural exchange, as no two individuals share every aspect of cultural identity.

Cultural competence begins with the LTSS social worker's cultural self-awareness. Such self-awareness is fundamental to recognizing and addressing how one's own lived experiences affect interactions with persons served and interdisciplinary and interorganizational colleagues. These experiences include oppression, privilege, and exclusion; biases (implicit and explicit) and microaggressions, both received and perpetuated; and cultural values, beliefs, and practices.

Specifically, the LTSS social worker should understand the history of communities served and affirm the lived experiences and cultural values, beliefs, and practices of persons served, especially the ways in which culture influences perceptions and practices related to human growth and development, including death and dying; definitions of "family"; family communication patterns; caregiving, illness, disability, and treatments for health conditions; help-seeking behaviors; and decision making related to education, employment, financial or legal matters, healthcare, and housing.

Inherent in each LTSS social worker's self-reflection and their efforts to understand the multifaceted cultural identities of persons served should be the practice of cultural humility. Such humility requires an openness to learning from and with persons served,

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focusing on the role of the social worker as learner and listener, and recognizing clients as experts in their own lives.

Similarly, LTSS social workers play an integral role in promoting the ability of each person served to recognize their own power and assert their individual goals and choices. In partnership with persons served, social workers can identify cultural biases in policy, the media, and service delivery systems. Such identification enables clients to contextualize the challenges they face and communicate with social workers about barriers that impede realization of their goals and choices, thereby effecting change in their own lives.

Cultural and linguistic factors influence not only the LTSS social worker's relationships with persons served and colleagues but also organizational policies and societal structures and dynamics. The LTSS social worker should advocate for practices and policies (such as cultural diversity in staffing across all levels of the organization, an inclusive environment, and shared decision making) that promote diversity, equity, inclusion, and belonging. Such action is essential to enhancing the strengths and well-being of persons served. It also fosters access to LTSS, thereby reducing economic, health, and social disparities among persons served.

There is no endpoint to the development of cultural competence; rather, cultivating cultural competence is a lifelong process of learning and self-reflection. To develop and promote cultural competence at the individual, structural, or societal level, social workers should be guided by the NASW (2015) *Standards and Indicators for Cultural Competence in Social Work Practice*.

3. QUALIFICATIONS

Social workers practicing in LTSS settings shall possess a baccalaureate or master's degree in social work from a program or school accredited by the Council on Social Work Education or

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a doctoral degree (DSW or PhD) in social work; shall comply with the licensing, certification, or registration requirements any state or jurisdiction in which they practice; and shall possess the skills and professional experience necessary to practice social work in LTSS settings.

INTERPRETATION

Social work degree programs provide education and training in social work values, ethics, theories, practice, policy, and research. This preparation is essential for any individual engaging in the practice of social work. Social work licensing, certification, and registration laws and regulations vary by state. It is each LTSS social worker's responsibility to abide by laws and regulations of each state or jurisdiction in which they practice. Adherence to such laws and regulations includes, but is not limited to, several responsibilities on the part of the LTSS social worker:

- Acquisition and maintenance of government-issued social work licensure, certification, or registration, as available for the social worker's educational level, professional experience, and scope of practice
- Practicing within the defined scope of practice outlined by law or regulation
- Fulfillment of supervision requirements, as applicable, for supervisees and supervisors
- Continuing education as specified by law or regulation

The practice of social work in LTSS settings is complex, entailing multiple roles and skills. Each social worker's qualifications and competence should be congruent with the skills required to fulfill their responsibilities. Should the social worker need additional knowledge or skill to perform LTSS-related responsibilities, they should pursue professional development activities (including supervision and other activities, described elsewhere in these standards) to acquire and maintain the necessary competence. Such professional

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development activities may supersede continuing education required to obtain or maintain licensure.

In some situations, however, the LTSS social worker may need to refer the person served to another professional. For example, a social worker who primarily provides care coordination may continue in that role while referring the person served to a clinical social worker for psychotherapy services. Alternately, a social worker who works entirely with adults may need to refer a child who needs LTSS to a colleague who has experience working with children. In such situations, the LTSS social worker should acknowledge and address any practical and emotional impact experienced by the person served to ease the transition. For example, the social worker should acknowledge feelings of loss or rejection that may be experienced by the person served and should facilitate communication with the other professional to prevent service gaps.

4. KNOWLEDGE

LTSS social workers shall acquire and maintain knowledge of current theory and research, assessment and evaluation methods, planning and delivery of evidence-informed services, policy, resources relevant to LTSS and the population served, and the NASW (2021) *Code of Ethics*, and shall apply this knowledge base in practice.

INTERPRETATION

Practice in LTSS requires specialized knowledge and skills as outlined in these standards. This knowledge base can be obtained through multiple approaches, including a social work degree program, specialty practice credentials earned after graduation from a degree program, LTSS-related employment experience, transferrable skills, and (as described elsewhere in these standards) ongoing professional development.

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LTSS knowledge and skills vary based on the practice setting and persons served and may include (but are not limited to) the following four areas: health and well-being, family relationships, resources and systems, and the professional social work role. Common topics within each area follow.

Note: The term "support system," used throughout these standards, may include individuals whom the person served defines as family. The term "family" is used in this context because family relationships are integral to social work education and training. That exception notwithstanding, each person served has the right to define whom they consider "family."

Health and Well-Being

- lifespan development, family systems, neurobiology, and behavioral change
- grief, loss, and bereavement at all stages of life, from infancy through the end of life
- disability
- physical illness, including acute, chronic, and serious illness, including at the end of life
- psychiatric illness
- addiction and related behavioral health conditions
- sexual health and behavior
- concerns related to sexual and romantic orientation, gender identity and expression, and gender roles
- signs and psychosocial effects of trauma, abuse, neglect, abandonment, and exploitation and knowledge of prevention
- biopsychosocial effects of health concerns and experiences on the well-being of the person served and their support system

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- strengths, coping patterns, and points of resilience

Family Relationships

- family systems and family life cycles
- family caregiving roles and support needs
- interdependence in care partnerships (for example, between caregivers and care recipients)
- role of families in assessment and in the planning and delivery of services

Resources and Systems

- public and private programs and agencies, governing and authoritative bodies, and public policies related to the social worker's practice setting and affecting persons served
- financial and legal considerations, including eligibility requirements, related to LTSS

Professional Social Work Role

- multifaceted social work interventions and functions related to LTSS
- professional social work responsibilities, including but not limited to the NASW (2021) *Code of Ethics*; other relevant NASW standards and guidelines; and pertinent federal, state, local, and tribal laws and regulations
- person-centered, trauma-informed service delivery
- cultural and linguistic competence, as described elsewhere in these standards
- research and evaluation methods, including analysis of professional literature and incorporation of research findings into practice
- interdisciplinary collaboration
- professional boundaries
- appropriate use of self in interactions with persons served

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- signs of, and strategies to address, ethical dilemmas, compassion fatigue, burnout, vicarious traumatization, and professional grief (including grief associated with transitions in services for or the condition of the person served)

5. SCREENING AND ASSESSMENT

Social workers practicing in LTSS settings shall engage persons served—and, when appropriate, their support systems—in screening and ongoing assessment by gathering information for use in planning services.

INTERPRETATION

Effective planning of services stems from comprehensive screening and ongoing assessment. Both screening and assessment may involve the use of evidence-informed standardized instruments, if available and appropriate to the person served. Such instruments should be used only as starting points in the development and refinement of an individualized, comprehensive assessment, however—and, if used, should be explained clearly to maximize the person's understanding of the information sought and how it will be used to benefit that individual.

Screening for psychosocial concerns is increasingly common in many LTSS settings. Such concerns may include, but are not limited to, SDOH, emotional or physical distress, interpersonal violence, self-harm, mental health conditions, and substance use disorders. Early identification of these concerns can help LTSS social workers prioritize situations that may either affect the safety of persons served or indicate a high need for social work or other services. Preventive screening results can contribute to a comprehensive assessment.

The goal of assessment is to engage the person served in identifying their values, needs, and strengths and in establishing and revisiting priorities and goals. Assessment is an ongoing activity that occurs both formally and informally. It is person driven, using

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approaches that are understandable and meaningful to the person served and centering that individual's input to the greatest extent possible. Even when the individual's ability to make or execute a particular decision is limited, the social worker should attempt to elicit and incorporate input from the person served. This may involve seeking support or input from the person's support system. In doing so, social workers should honor the role of legally recognized decision makers. In contrast, if the person served can make and implement a particular decision—which many people who rely on LTSS can do—then involvement of the support system should be at that individual's discretion. An exception should be made only in situations of actual harm or threat of harm to self or others. In such circumstances, the social worker should consult the NASW (2021) *Code of Ethics*, relevant laws and regulation, organizational policy, and supervisors or peers for guidance. (Assessment of a person's ability to make and execute decisions is a nuanced topic that exceeds the scope of these standards. A resource list pertinent to LTSS social work, which the practice staff maintains at https://www.socialworkers.org/Practice, includes links to helpful content addressing this topic.)

Screening and assessment may vary based on the LTSS social worker's role or practice setting and may include the following areas:

- Perceptions of changes needed to improve the situation of the person served
- Desire and capacity for independence and interdependence in relation to specific decisions and activities
- Behavioral and mental health status, including current level of functioning, coping style, crisis management skills, history of trauma, mental health conditions, and substance use history
- Risk or history of harm to self or others, including current access to and safety measures regarding firearms and weapons

- Physical and cognitive functioning
- Biopsychosocial well-being, including ability to fulfill social roles
- Cultural values, beliefs, and practices
- Strengths, protective factors, and points of resilience
- Employment, educational, or vocational history, including challenges, goals, and objectives
- Living arrangements, including suitability and safety of the home environment
- Language preferences and proficiency
- Degrees of literacy, including health, behavioral health, financial, and digital literacy
- Risk and history of abuse, neglect, or exploitation of or by the person served, and underlying causes for such mistreatment
- Composition, structure, and roles of the support system, including identified decision makers (both legally and informally designated) and the ways various members support the person served
- Communication patterns, conflict management styles, and alliances among members of the support system, especially history of relationships between caregivers and persons receiving care
- Experiences (including generational patterns) within the support system of the person served related to illness, disability, caregiving, loss, and death throughout the life cycle
- Social supports beyond the support system
- Need for economic or other psychosocial resources, supports, and services
- Ability to navigate relevant service systems (such as educational, employment, healthcare, housing, legal, nutritional, social services, or transportation systems)

- Lifespan planning (which may include advance care planning, anticipation of caregiving responsibilities, permanency planning for minor children, retirement planning, or other domains)
- Barriers to realizing the goals of the person served, including lack of congruence between those goals and the plan for services and factors impeding adherence to that plan
- Experiences specific to populations such as immigrants and refugees, survivors of violence or trauma (including disasters), child or adolescent caregivers, and people who are unhoused, including responses of the person served and their support system responses to those experiences
- Impact of health conditions and caregiving on emotional intimacy and, if applicable, sexual relationships within the support system
- Factors specific to caregiving within the support system, such as caregivers' goals for supporting the person served; impact of caregiving on other relationships and responsibilities; caregivers' need for physical assistance, emotional or social support, respite, financial resources, or other services; and indicators of caregiver burden, such as depression, anxiety, deteriorating health, financial insecurity, and social isolation

6. PLANNING AND DELIVERY OF SERVICES

The LTSS social worker shall collaborate with persons served to plan and deliver individualized services that are based on biopsychosocial assessments and that promote the strengths, advance the well-being, and facilitate goal achievement of persons served.

INTERPRETATION

Planning and delivery of LTSS social work services should promote self-determination and be rooted in ongoing collaboration with the person served—and, if appropriate and available, the support system and other service providers. This collaboration includes identification, development, and prioritization of the steps and resources needed to attain the person's goals. LTSS social work services should be individualized to meet the needs and goals of each person served, as reflected in the ongoing biopsychosocial assessment process, and should be delivered in a culturally and linguistically competent manner, congruent with NASW professional standards and the *Code of Ethics* (NASW, 2021). Moreover, the planning of social work services is an iterative process, informed by changes in the goals and needs of the person served. Throughout this process, social workers may need to use creative approaches to respond effectively to the unique situation of each person served.

When planning and delivering services, LTSS social workers should strive to act in the following manner:

- Develop and maintain a professional alliance with the person served and their support system.
- Engage the person served in a culturally responsive manner and with a strengths-based, trauma-informed approach that promotes the individual's dignity, rights, self-determination, capabilities, resources, and resiliency.
- Apply evidence-informed practices (as available) that facilitate accomplishment of goals by the person served.
- Safeguard the privacy and confidentiality of information regarding the person served and their support system.
- Collaborate with colleagues within the social worker's team and organization and with other necessary supports and services.

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Person-centered service plans vary by the LTSS social worker's scope of practice, professional role, and practice setting and may incorporate the following activities:

- Support system conferences and collaborations, such as supported decision-making methods, guardianship support, and work with healthcare agents
- Facilitation of or support for group-focused services such as psychotherapeutic groups, professionally facilitated psychoeducational groups, advisory councils, or peer-led support groups
- Crisis intervention
- Mediation and conflict resolution
- Psychoeducation and counseling in areas such as wellness promotion, management of acute or chronic conditions, advance care planning, grief, relationship and parenting skills, and educational and vocational pursuits
- Promoting continuity of services through systems navigation and coordination of services, especially during discharges from programs or organizations, other transitions of care, and other significant life transitions
- Provision of information and linkage with resources (such as educational, financial, housing, legal, medical, vocational, and behavioral and mental health)
- Advocacy on behalf of and in collaboration with persons served
- Individual counseling and psychotherapy drawing on a variety of modalities
- Disaster planning and preparedness
- Intraorganizational and interorganizational collaboration, which may include development and implementation of new programs to address service gaps and barriers

7. INTERDISCIPLINARY AND INTERORGANIZATIONAL COLLABORATION

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LTSS social workers shall foster interdisciplinary and interorganizational collaboration to maximize benefit for persons served and, when applicable, their support systems.

INTERPRETATION

Collaboration between the social worker and the person served is inherent to all aspects of LTSS. In many situations, collaboration with the person's support system is also integral to service delivery. Additionally, LTSS social workers usually collaborate with interdisciplinary colleagues and external organizations to meet the goals and needs of persons served.

As leaders and members of intradisciplinary and interdisciplinary teams, social workers should constantly be aware of the employing organization's mission and vision, as well as of the goals, objectives, and responsibilities of their professional role. Likewise, LTSS social workers should thoroughly understand the mission, vision, and functions of external organizations with which they collaborate. Explaining this information to persons served, their support systems, other service providers, and external organizations is essential to delineation and maintenance of professional and organizational roles, responsibilities, and competencies.

LTSS social workers play an integral role in fostering, maintaining, and strengthening collaboration. Accordingly, they should demonstrate the following abilities:

- Articulate social work perspectives, values, and interventions to colleagues of other disciplines.
- Articulate and fulfill the missions and functions of the employing organization, with consideration of social work ethics and values.
- Provide information and referrals to persons served (and, when applicable, support systems), facilitating linkages as needed to enable access; this may involve collaboration with other service providers and organizations to ensure service accessibility to people with disabilities.

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- Encourage self-advocacy of the person served (and, if applicable, their support system) through a person-centered, strengths-based approach.
- Identify and partner with other service providers and organizations to meet the goals of persons served and their support systems.
- Coordinate and collaborate with other service providers, community partners, and systems to promote service continuity, especially during care transitions.
- Understand the roles of interdisciplinary colleagues and of external organizations and identify the most appropriate practitioner, department, or organization to deliver a particular service.
- Maintain the confidentiality and privacy of persons served while communicating essential information to the support system, other practitioners, and community partners in a respectful, objective manner.
- Strive to communicate in a culturally and linguistically competent manner with all the support system and other service providers.
- Understand the mission, vision, and function of community partners to optimize their services.
- Advocate for policies within the employing organization that encourage and nurture professional collaborative opportunities.
- Develop and maintain partnerships based on mutual respect, shared information, and effective communication.
- Utilize fair and ethical referral practices, in accordance with the NASW (2021) *Code of Ethics*.

8. ADVOCACY AND LEADERSHIP

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Social workers practicing in LTSS settings shall advocate for the rights, decisions, strengths, and needs of all persons served and, if applicable, their support systems. Through this advocacy, social workers shall promote micro-, mezzo-, and macro-level change to improve equitable access to high-quality LTSS and the well-being of persons served, with attention to marginalized and underserved communities.

INTERPRETATION

Social workers have a responsibility to advocate for the strengths, goals, and needs of persons served and their support systems. LTSS social workers advocate for persons served by promoting access to affordable, culturally and linguistically competent LTSS, by identifying and mitigating barriers to LTSS delivery, and by helping persons served navigate between and among complex service delivery systems. Social workers also strive to promote the self-advocacy skills of persons served. Moreover, they enhance the capacity of communities to support the well-being of persons served and their support systems. Creativity and flexibility are central to successful LTSS advocacy efforts with, and on behalf of, persons served.

Social work advocacy is often required to encourage organizations and service delivery systems to fulfill the following responsibilities:

- Recognizing and affirming the strengths, goals, concerns, and needs of persons served.
- Providing LTSS in the least restrictive setting possible, congruent with the circumstances of each person served.
- Striving to provide LTSS in a culturally and linguistically competent manner.
- Delivering LTSS in an effective and timely manner.
- Making LTSS accessible financially, geographically, and physically to persons served.
- Continuing LTSS for an appropriate length of time.

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- Preparing persons served, support systems, and service providers for transitions when LTSS are modified, transferred, or discontinued.

LTSS social workers exercise leadership by advocating for clients on the micro, mezzo, and macro levels. Micro-level advocacy may involve the following activities:

- Inclusion of persons served and their support systems in advocacy efforts and in program design, planning, and evaluation
- Promotion, both within and beyond the social worker's organization, of the strengths, needs, and goals of persons served
- Communication with other service providers and organizations to improve access to LTSS and other resources for persons served

Depending on the LTSS social worker's role and practice settings, mezzo- and macro-level advocacy may include the following activities:

- Identification, development, and implementation of strategies and resources to address service gaps, fragmentation, discrimination, and other barriers that affect persons served
- Creation, review, and modification of organizational policy, procedures, and resources (including participation in and leadership of quality improvement initiatives) to facilitate access to affordable, culturally and linguistically competent LTSS for persons served
- Community needs assessments and community organizing
- Advocacy for research to inform the development and use of standardized screening and assessment tools and of best practices in LTSS, to underscore disparities in LTSS access and outcomes, and to uphold and advance the professionalism of LTSS social work

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- Securing funding (through grants, third-party reimbursement, or other sources) for LTSS
- Social and political action to foster biopsychosocial environments that support the strengths, promote the goals, and meet the needs of persons served
- Analysis of historical and current local, state, tribal, and national policies as they affect persons served (especially marginalized or underresourced communities) and advocacy to improve such policies
- Education of the public, the media, the business sector, and policymakers (including engagement in legislative and regulatory activity) regarding strengths, goals, needs, and concerns of persons served
- Use of multiple media, including presentations, written materials, and computer technology, to achieve advocacy goals
- Integration of organization- and population-level LTSS data in advocacy efforts, with respect for the confidentiality and privacy of persons served

9. PRACTICE EVALUATION AND QUALITY IMPROVEMENT

LTSS social workers shall participate in ongoing evaluation of their practice to advance the health and well-being of persons served, assess the appropriateness and effectiveness of LTSS, ensure competence, and strengthen practice.

INTERPRETATION

Evaluation of social work practice is an essential component of LTSS delivery. Evaluation entails soliciting and integrating internal and external feedback on the process and outcomes of social work practice in LTSS settings. Ongoing practice evaluation is vital to ensure that LTSS are appropriate, effective, and timely in helping persons served achieve their goals. Moreover, practice evaluation outcomes are increasingly used for performance review,

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practice standards, programmatic and organizational goal setting, risk management, utilization review, position justification, and research efforts. The involvement of persons served in evaluation is essential, as is protecting the privacy of persons served and, when applicable, members of the support system.

Evaluation practices may vary by the social worker's role and setting and may include the following activities:

- Measurement of both process and outcome objectives
- Solicitation and incorporation of feedback from persons served, including satisfaction surveys and outcome measures, regarding the extent to which social work services have helped them identify and achieve their goals
- Application of tools such as clinical indicators, practice guidelines, and standardized assessments, as appropriate persons served and the social worker's role and setting
- Practitioner, program, and organizational self-evaluation
- Use of internal and external practice, program, or organizational evaluators
- Use of peer review, supervision, and consultation with other social workers and across disciplines
- Analysis and use of professional literature to inform and improve LTSS social work practice

Some LTSS social workers also engage in qualitative and quantitative research projects, whether as a researcher or research participant. Such research may not only evaluate the impact of an LTSS program or intervention but also strengthen the evidence base for social work in LTSS settings.

Evaluation findings may enhance LTSS programs and practice in the following ways:

- Facilitate goal setting with persons served.

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- Inform decision making regarding modification of LTSS plans for persons served.
- Inform strategic planning, policy, and budget development to reach measurable objectives in program, organizational, or community development for LTSS clientele.
- Inform LTSS-related orientation and ongoing training of employees.

Furthermore, evaluative data may be disseminated—upon request and in a manner that maintains the privacy and confidentiality of persons served—to persons served, payers, and external service providers.

10. RECORD KEEPING

Social workers practicing in LTSS settings shall maintain timely documentation that includes pertinent information regarding assessment, service delivery, and outcomes, while safeguarding the privacy and confidentiality of information for persons served.

INTERPRETATION

Documentation of LTSS social work practice can serve multiple interrelated purposes:

- Engagement with persons served and promotion of their well-being
- Foundation and rationale for planning and delivery of services
- Monitoring and evaluation of services
- Communication with other service providers
- Demonstration of organizational accountability to payers or funding sources
- Evidence for utilization and legal review

All documentation should be recorded in the appropriate record for the person served and be consistent with all federal, state, tribal, and local policy requirements and with the organization's policies. Such requirements may include the following:

- Type of data collected

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- The manner in which information is recorded
- The time frame in which documentation is completed (recognizing that the sooner information is documented, the sooner it is available to other service providers and persons served and the more accurate it is likely to be)
- With whom and under what circumstances information may be disclosed
- Processes for amending client records
- The length of time records are retained
- Plans for appropriate disposal of records

The preceding factors and the diversity of LTSS social work roles notwithstanding, documentation usually includes the following elements:

- Identifying information of the person served
- Informed consent of the person served regarding all aspects of service delivery
- Initial and subsequent screenings and assessments
- Plan for services to be provided, reflecting goals of the person served
- Services provided and outcomes
- Resource referrals and referrals to and from other service providers, including any follow-up or recommendations by other providers
- Other collaboration on behalf of the person served (including with the support system and payers)
- Rationale for transfer or termination of services
- Written permission from the person served to release and obtain information, when necessary
- Receipts and disbursements related to client service provision
- Dates, times, and descriptions of contact with the client, support system, and other service providers or organizations

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- Supervision or consultation sought or provided to enhance social work services

Each entry should be dated and signed by the LTSS social worker. Incorporating the words, stories, and feedback of the person served within social work documentation is one effective way to convey and maintain a person-centered approach to LTSS service delivery.

LTSS social workers should take steps to secure the confidentiality of all data regarding persons served, consistent with HIPAA (P.L. 104-91) and other legal mandates. Such steps could include secure encryption, password protection, or locked files. Confidentiality safeguards apply to all forms of communication with and on behalf of persons served, including email, text messaging, and videoconferences. Disclosure of identifying information should be avoided whenever possible. In particular, social workers should refrain from disclosure on social media of any information about persons served.

Generally, information regarding persons served may be released to the support system, other service providers or organizations, or other parties only with the written permission of the person served (or the individual legally authorized to represent the person served). This release should detail which information is to be disclosed, to whom, and in what time frame. Yet, some exceptions to confidentiality exist. For example, the social worker may be legally or ethically obligated to release information in circumstances of potential or suspected abuse, neglect, self-harm, or harm to others. Moreover, court orders may require a social worker to release specific information about a person served. These exceptions should also be included in the release of information.

At the onset of services, the LTSS social worker should explain to each person served the preceding parameters of confidentiality and should obtain the individual's informed consent. Such communication should take place both in live interaction and in writing and should be conducted using language the person served can understand.

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As electronic records become widespread, some persons served in LTSS settings can access part or all of their service record online. The LTSS social worker should educate the person served about their right to access their record electronically or through other means. Documentation should reflect sensitivity to the fact that the person served may read the social worker's notes on demand or upon request. Balancing this reality with the need to document information that could be disturbing to a person served may be challenging at times, meriting supervision or consultation with another social worker.

11. WORKLOAD

LTSS social workers shall advocate responsibly for workloads and scope of work that promote high-quality, efficient delivery of social work services.

INTERPRETATION

LTSS organizations, social work managers, and nonmanagerial social work staff members have joint responsibility for establishing and maintaining a workload that fosters appropriate service delivery, as described throughout these standards, and promotes the well-being of persons served. Multiple criteria inform the number and qualifications both of LTSS social work staff members and of the level of social work supervision or consultation needed to support these staff members:

- Mission, goals, size, scope, and complexity of the organization or program
- Biopsychosocial needs (including acuity), goals, and characteristics of persons served
- Responsibilities (workload) of each LTSS social worker, including not only direct contact with or on behalf of persons served but also administrative, policy, research, or educational functions associated with their role

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- Number of persons served by each LTSS social worker at any given point in time (caseload)
- Administrative and technological support for LTSS social workers
- Availability of organizational, community, and interpersonal resources to meet the needs and goals of persons served

The size of a social worker's caseload and workload directly affect the individual's capacity to establish and maintain strong professional relationships with persons served and to fulfill the responsibilities described elsewhere in these standards. Consequently, LTSS social workers should collaborate with their organizational colleagues to develop, document, and maintain a strategy to foster appropriate, sustainable workloads. This strategy could include the following factors:

- Indicators of sufficient social work staffing
- A comprehensive recruitment strategy to maintain sufficient staffing
- Appropriate training and support for professional development
- Support personnel to enable the provision of social work services
- Managerial and consultative support to maximize social work service delivery

In advocating for appropriate and sustainable workloads within their organizations, LTSS social workers should also embody and reinforce the importance of social work qualifications and guiding principles, as described within these standards.

12. PROFESSIONAL DEVELOPMENT AND COMPETENCE

Each LTSS social worker shall assume personal responsibility for their ongoing professional development in accordance with the NASW (2021) *Code of Ethics* and the NASW (2003) *Standards for Continuing Professional Education and the Social Work Profession*; the licensure board requirements of the states or jurisdictions in which the individual practices;

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federal, state, local, or tribal policies governing the social worker's practice setting; and requirements established by their employing organization.

INTERPRETATION

Social workers in LTSS settings should engage in ongoing professional development to maintain professional competence and add depth to their area of concentration. Professional development activities may include continuing education, training, supervision, consultation, mentoring, reading professional literature, participating in professional organizations, and volunteer work. Such activities may be pursued in collaboration with other social workers, with service providers from other disciplines, or both.

Professional development may include not only availing oneself of these activities but also providing such opportunities to other social workers (including social work students) and service providers from other disciplines. Opportunities for enhancing professional identity, knowledge, and skills include participation and leadership in NASW and other professional organizations and coalitions at local, state, and national levels; participation in and contribution to professional conferences, training events, and other activities, including those offered by schools of social work; and enriching the social work knowledge base by contributing to and promoting professional publications.

Professional development related to LTSS social work varies based on the social worker's role, practice setting, and populations served and may address the following topics:

- Developments in research, theory, and practice
- Topics and best practices relevant to persons served; these may include health and disability, trauma and resilience, specific practice settings, and development and occurrences associated with individual and family life cycles, and abuse identification and intervention
- Public policy affecting service delivery and persons served

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- Community resources and services, including public channels for responding to concerns of persons served regarding service access or quality
- Cultural and linguistic competence
- Professional and personal strengths, biases, and learning needs
- Ethical concerns, including professional self-care, professional grief, compassion fatigue, vicarious trauma, and burnout
- Technological advances and challenges
- Leadership and administration

Some employing organizations offer funding assistance, paid time off, or other support to encourage social workers' participation in professional development activities. Social workers should maximize such opportunities when available. If professional development support is not available, social workers should responsibly advocate within their organizations by describing how professional development enhances service quality.

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APPENDIX: NATIONAL-LEVEL RESOURCES

The task force prepared an extensive directory of federal entities, federally funded resources, national nonprofit organizations, and national coalitions related to LTSS social work. This directory is posted on the NASW website (https://www.socialworkers.org/Practice), where it will be updated by NASW practice staff as needed.

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