

## SEEKING PUBLIC COMMENTS BY JULY 6, 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: [Read and comment on the LTSS draft standards](#)  
NASW membership is not required to submit comments on this document.

Please provide your feedback on the LTSS draft standards by Sunday, July 6, 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.

[Read and comment on the LTSS draft standards](#)

1 **DRAFT**

2  
3 **NASW Practice Standards for**  
4 **Long-Term Services and Supports**

5  
6 **June 2026**

7  
8 **Public Comment**

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## CONTENTS

|    |  |
|----|--|
| 41 |  |
| 42 | Acknowledgments  |
| 43 | Introduction   |
| 44 | Purpose of the Standards                                   |
| 45 | Definitions  |
| 46 | Guiding Principles   |
| 47 | Standards  |
| 48 | 1. Ethics and Values                                       |
| 49 | 2. Cultural and Linguistic Competence                      |
| 50 | 3. Qualifications  |
| 51 | 4. Knowledge   |
| 52 | 5. Screening and Assessment                                |
| 53 | 6. Planning and Delivery of Services                       |
| 54 | 7. Interdisciplinary and Interorganizational Collaboration |
| 55 | 8. Advocacy and Leadership                                 |
| 56 | 9. Practice Evaluation and Quality Improvement             |
| 57 | 10. Record Keeping   |
| 58 | 11. Workload   |
| 59 | 12. Professional Development and Competence                |
| 60 | Appendix. National-Level Resources                         |
| 61 | References   |

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Task force members acknowledge, with gratitude, the work of the task forces that developed and revised NASW *Standards for Social Work Services in Long-Term Care Facilities* in 1981 and 2003, respectively. The task force also expresses its appreciation to NASW members and staff who developed or revised the following NASW standards, which informed this draft: NASW (2013) *Standards for Social Work Case Management*, NASW (2016) *Standards for Social Work Practice in Health Care Settings*, NASW (2010) *Standards for Social Work Practice with Family Caregivers of Older Adults*, and NASW (2015) *Standards and Indicators for Cultural Competence in Social Work Practice*. Moreover, the task force acknowledges and applauds the recent publication of the NASW (2026) *Practice Standards for Serious Illness: Hospice and Palliative Social Work*, which complement these standards. Visit <https://www.socialworkers.org/Practice/Practice-Standards-Guidelines> to access all NASW standards, indicators, and guidelines.

## INTRODUCTION

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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

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

### 101 **Types of LTSS**

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

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

### 121 **LTSS Settings**

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

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

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

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

### 158 **People Who Use LTSS**

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

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

174 1965 (P.L. 89-73), Rehabilitation Act of 1973 (P.L. 93-112), and other public programs. Nor  
175 do the preceding data include LTSS covered by private insurance or foundation grants and  
176 paid for directly by persons served. Moreover, many LTSS are provided by individuals  
177 without financial remuneration; according to AARP, a “conservative” estimate of the  
178 economic value of family caregivers’ unpaid contributions is approximately \$600 billion  
179 (Reinhard et al., 2023).

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

### 185 **Social Work Roles in LTSS**

186 Social workers serve individuals and families throughout the lifespan, addressing the full  
187 range of biopsychosocial factors that affect well-being. With their grounding in the NASW  
188 (2021) *Code of Ethics* and extensive professional training, social workers are unique among  
189 LTSS providers. The profession’s strengths-based, person-in-environment perspective  
190 informs its work across LTSS settings. Another hallmark of social work’s commitment to the  
191 well-being of persons served is the profession’s long-standing focus on inequities and  
192 disparities—such as those related to finances, health, and housing. Social workers recognize  
193 that reducing such disparities and inequities in LTSS requires addressing not only the  
194 biopsychosocial needs of each person served but also the underlying community-level and  
195 systemic issues—particularly ableism, ageism, and racism—that contribute to such  
196 disparities.

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

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

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

## 220 **Transitions of Care**

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

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

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

## 248 **Challenges and Rewards of LTSS Social Work**

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

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

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

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

## PURPOSE OF THE STANDARDS

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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

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

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## DEFINITIONS

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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).

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

331 **person served**

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

336 **support system**

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

352           **biopsychosocial perspective**

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

356           **well-being**

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

361           **health and healthcare**

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

368           **disability**

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

375           **social determinants of health and social risk factors**

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

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

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

### 390 **health disparities and health equity**

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

### 399 **culture**

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

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

#### 414 **cultural competence**

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

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

428           **intersectionality**

429           Originating from a feminist, antiracist perspective, *intersectionality* examines overlapping  
430 forms of oppression, discrimination, and domination in relation to two or more cultural  
431 identities, in which the interaction compounds the effects of each (Crenshaw, 1989; Hancock,  
432 2007; Murphy et al., 2009; Viruell-Fuentes et al., 2012).

433           **person-centered approach**

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

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

443           **trauma-informed approach**

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

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

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

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

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

460 **person-centered, trauma-informed approach**

461 *A person-centered, trauma-informed approach*

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

465 **use of self**

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

470 **evidence-informed practice**

471 *Evidence-informed practice* “incorporates the best available research evidence; client’s needs,  
472 values, and preferences; practitioner wisdom; and theory into the decision-making process,

473 filtered through the perspective of client, agency, and community culture” (Dodd & Savage,  
474 2016, Summary section).

#### 475 **rights of persons served**

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

#### 480 **confidentiality**

481 *Confidentiality* is an ethical principle and legal obligation in which the social worker may not  
482 disclose information about a person served without the consent of that individual (Barker,  
483 2014, p. 87). This information includes the identity of the person served, content of  
484 communications, professional opinions about that individual, and material from records  
485 (Barker, 2014).

#### 486 **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**

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

#### 490 **abuse**

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

498 may be used by trusted individuals or entities or by people and entities who are unknown to  
499 the individual experiencing abuse. What constitutes various types of abuse, such as child  
500 abuse and elder abuse, is defined at the state level, as are requirements and methods for  
501 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.

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

528 **Importance of research:** LTSS social workers use research to inform LTSS practice,  
529 enhance workforce capacity, and maintain and underscore the social work  
530 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

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

559 5. **Integrity:** LTSS social workers practice in alignment with the mission, values, ethical  
560 principles, and ethical standards of the social work profession and use the power  
561 inherent in the professional social work role responsibly. They undertake all actions  
562 with respect for the goals of persons served, exercising judicious use of self, avoiding  
563 conflicts of interest, and applying professional judgment in presenting resource  
564 options and providing services.

565 6. **Competence:** LTSS social workers practice within their area of competence and  
566 continually strive to enhance their knowledge and skills. They practice self-care to  
567 maximize their professional effectiveness.

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

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

578

## 579 2. CULTURAL AND LINGUISTIC COMPETENCE

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

### 583 INTERPRETATION

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

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

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

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

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

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

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

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

626

### 627 **3. QUALIFICATIONS**

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

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

#### 634 INTERPRETATION

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

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

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

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

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

667

#### 668 **4. KNOWLEDGE**

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

#### 673 INTERPRETATION

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

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

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

688 **Health and Well-Being**

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

- 704 • strengths, coping patterns, and points of resilience

705 **Family Relationships**

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

711 **Resources and Systems**

- 712 • public and private programs and agencies, governing and authoritative bodies, and
- 713 public policies related to the social worker’s practice setting and affecting persons
- 714 served
- 715 • financial and legal considerations, including eligibility requirements, related to
- 716 LTSS

717 **Professional Social Work Role**

- 718 • multifaceted social work interventions and functions related to LTSS
- 719 • professional social work responsibilities, including but not limited to the NASW
- 720 (2021) *Code of Ethics*; other relevant NASW standards and guidelines; and
- 721 pertinent federal, state, local, and tribal laws and regulations
- 722 • person-centered, trauma-informed service delivery
- 723 • cultural and linguistic competence, as described elsewhere in these standards
- 724 • research and evaluation methods, including analysis of professional literature and
- 725 incorporation of research findings into practice
- 726 • interdisciplinary collaboration
- 727 • professional boundaries
- 728 • appropriate use of self in interactions with persons served

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

732

## 733 **5. SCREENING AND ASSESSMENT**

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

### 737 **INTERPRETATION**

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

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

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

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

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

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

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

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

822

## 823 **6. PLANNING AND DELIVERY OF SERVICES**

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

827 INTERPRETATION

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

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

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

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

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

875

876 **7. INTERDISCIPLINARY AND INTERORGANIZATIONAL COLLABORATION**

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

#### 879 INTERPRETATION

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

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

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

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

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

924

925 **8. ADVOCACY AND LEADERSHIP**

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

### 931 INTERPRETATION

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

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

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

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

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

955           ▪ Inclusion of persons served and their support systems in advocacy efforts and in  
956           program design, planning, and evaluation

957           ▪ Promotion, both within and beyond the social worker's organization, of the  
958           strengths, needs, and goals of persons served

959           ▪ Communication with other service providers and organizations to improve access  
960           to LTSS and other resources for persons served

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

963           ▪ Identification, development, and implementation of strategies and resources to  
964           address service gaps, fragmentation, discrimination, and other barriers that affect  
965           persons served

966           ▪ Creation, review, and modification of organizational policy, procedures, and  
967           resources (including participation in and leadership of quality improvement  
968           initiatives) to facilitate access to affordable, culturally and linguistically  
969           competent LTSS for persons served

970           ▪ Community needs assessments and community organizing

971           ▪ Advocacy for research to inform the development and use of standardized  
972           screening and assessment tools and of best practices in LTSS, to underscore  
973           disparities in LTSS access and outcomes, and to uphold and advance the  
974           professionalism of LTSS social work

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

989

## 990 **9. PRACTICE EVALUATION AND QUALITY IMPROVEMENT**

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

### 994 **INTERPRETATION**

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

1000 practice standards, programmatic and organizational goal setting, risk management,  
1001 utilization review, position justification, and research efforts. The involvement of persons  
1002 served in evaluation is essential, as is protecting the privacy of persons served and, when  
1003 applicable, members of the support system.

1004 Evaluation practices may vary by the social worker's role and setting and may include  
1005 the following activities:

- 1006 • Measurement of both process and outcome objectives
- 1007 • Solicitation and incorporation of feedback from persons served, including  
1008 satisfaction surveys and outcome measures, regarding the extent to which social  
1009 work services have helped them identify and achieve their goals
- 1010 • Application of tools such as clinical indicators, practice guidelines, and  
1011 standardized assessments, as appropriate persons served and the social worker's  
1012 role and setting
- 1013 • Practitioner, program, and organizational self-evaluation
- 1014 • Use of internal and external practice, program, or organizational evaluators
- 1015 • Use of peer review, supervision, and consultation with other social workers and  
1016 across disciplines
- 1017 • Analysis and use of professional literature to inform and improve LTSS social  
1018 work practice

1019 Some LTSS social workers also engage in qualitative and quantitative research  
1020 projects, whether as a researcher or research participant. Such research may not only evaluate  
1021 the impact of an LTSS program or intervention but also strengthen the evidence base for  
1022 social work in LTSS settings.

1023 Evaluation findings may enhance LTSS programs and practice in the following ways:

- 1024 • Facilitate goal setting with persons served.

- 1025 • Inform decision making regarding modification of LTSS plans for persons served.
- 1026 • Inform strategic planning, policy, and budget development to reach measurable
- 1027 objectives in program, organizational, or community development for LTSS
- 1028 clientele.
- 1029 • Inform LTSS-related orientation and ongoing training of employees.

1030 Furthermore, evaluative data may be disseminated—upon request and in a manner that  
1031 maintains the privacy and confidentiality of persons served—to persons served, payers, and  
1032 external service providers.

1033

## 1034 **10. RECORD KEEPING**

1035 Social workers practicing in LTSS settings shall maintain timely documentation that includes  
1036 pertinent information regarding assessment, service delivery, and outcomes, while  
1037 safeguarding the privacy and confidentiality of information for persons served.

### 1038 INTERPRETATION

1039 Documentation of LTSS social work practice can serve multiple interrelated purposes:

- 1040 • Engagement with persons served and promotion of their well-being
- 1041 • Foundation and rationale for planning and delivery of services
- 1042 • Monitoring and evaluation of services
- 1043 • Communication with other service providers
- 1044 • Demonstration of organizational accountability to payers or funding sources
- 1045 • Evidence for utilization and legal review

1046 All documentation should be recorded in the appropriate record for the person served  
1047 and be consistent with all federal, state, tribal, and local policy requirements and with the  
1048 organization’s policies. Such requirements may include the following:

- 1049 • Type of data collected

- 1050 • The manner in which information is recorded
  - 1051 • The time frame in which documentation is completed (recognizing that the sooner
  - 1052 information is documented, the sooner it is available to other service providers
  - 1053 and persons served and the more accurate it is likely to be)
  - 1054 • With whom and under what circumstances information may be disclosed
  - 1055 • Processes for amending client records
  - 1056 • The length of time records are retained
  - 1057 • Plans for appropriate disposal of records
- 1058 The preceding factors and the diversity of LTSS social work roles notwithstanding,
- 1059 documentation usually includes the following elements:
- 1060 • Identifying information of the person served
  - 1061 • Informed consent of the person served regarding all aspects of service delivery
  - 1062 • Initial and subsequent screenings and assessments
  - 1063 • Plan for services to be provided, reflecting goals of the person served
  - 1064 • Services provided and outcomes
  - 1065 • Resource referrals and referrals to and from other service providers, including any
  - 1066 follow-up or recommendations by other providers
  - 1067 • Other collaboration on behalf of the person served (including with the support
  - 1068 system and payers)
  - 1069 • Rationale for transfer or termination of services
  - 1070 • Written permission from the person served to release and obtain information,
  - 1071 when necessary
  - 1072 • Receipts and disbursements related to client service provision
  - 1073 • Dates, times, and descriptions of contact with the client, support system, and other
  - 1074 service providers or organizations

1075           • Supervision or consultation sought or provided to enhance social work services  
1076 Each entry should be dated and signed by the LTSS social worker. Incorporating the words,  
1077 stories, and feedback of the person served within social work documentation is one effective  
1078 way to convey and maintain a person-centered approach to LTSS service delivery.

1079           LTSS social workers should take steps to secure the confidentiality of all data  
1080 regarding persons served, consistent with HIPAA (P.L. 104-91) and other legal mandates.  
1081 Such steps could include secure encryption, password protection, or locked files.  
1082 Confidentiality safeguards apply to all forms of communication with and on behalf of persons  
1083 served, including email, text messaging, and videoconferences. Disclosure of identifying  
1084 information should be avoided whenever possible. In particular, social workers should refrain  
1085 from disclosure on social media of any information about persons served.

1086           Generally, information regarding persons served may be released to the support  
1087 system, other service providers or organizations, or other parties only with the written  
1088 permission of the person served (or the individual legally authorized to represent the person  
1089 served). This release should detail which information is to be disclosed, to whom, and in what  
1090 time frame. Yet, some exceptions to confidentiality exist. For example, the social worker may  
1091 be legally or ethically obligated to release information in circumstances of potential or  
1092 suspected abuse, neglect, self-harm, or harm to others. Moreover, court orders may require a  
1093 social worker to release specific information about a person served. These exceptions should  
1094 also be included in the release of information.

1095           At the onset of services, the LTSS social worker should explain to each person served  
1096 the preceding parameters of confidentiality and should obtain the individual's informed  
1097 consent. Such communication should take place both in live interaction and in writing and  
1098 should be conducted using language the person served can understand.

1099 As electronic records become widespread, some persons served in LTSS settings can  
1100 access part or all of their service record online. The LTSS social worker should educate the  
1101 person served about their right to access their record electronically or through other means.  
1102 Documentation should reflect sensitivity to the fact that the person served may read the social  
1103 worker's notes on demand or upon request. Balancing this reality with the need to document  
1104 information that could be disturbing to a person served may be challenging at times, meriting  
1105 supervision or consultation with another social worker.

1106

## 1107 **11. WORKLOAD**

1108 LTSS social workers shall advocate responsibly for workloads and scope of work that  
1109 promote high-quality, efficient delivery of social work services.

### 1110 INTERPRETATION

1111 LTSS organizations, social work managers, and nonmanagerial social work staff members  
1112 have joint responsibility for establishing and maintaining a workload that fosters appropriate  
1113 service delivery, as described throughout these standards, and promotes the well-being of  
1114 persons served. Multiple criteria inform the number and qualifications both of LTSS social  
1115 work staff members and of the level of social work supervision or consultation needed to  
1116 support these staff members:

- 1117 • Mission, goals, size, scope, and complexity of the organization or program
- 1118 • Biopsychosocial needs (including acuity), goals, and characteristics of persons  
1119 served
- 1120 • Responsibilities (workload) of each LTSS social worker, including not only direct  
1121 contact with or on behalf of persons served but also administrative, policy,  
1122 research, or educational functions associated with their role

- 1123 • Number of persons served by each LTSS social worker at any given point in time
- 1124 (caseload)
- 1125 • Administrative and technological support for LTSS social workers
- 1126 • Availability of organizational, community, and interpersonal resources to meet the
- 1127 needs and goals of persons served

1128 The size of a social worker’s caseload and workload directly affect the individual’s  
1129 capacity to establish and maintain strong professional relationships with persons served and  
1130 to fulfill the responsibilities described elsewhere in these standards. Consequently, LTSS  
1131 social workers should collaborate with their organizational colleagues to develop, document,  
1132 and maintain a strategy to foster appropriate, sustainable workloads. This strategy could  
1133 include the following factors:

- 1134 • Indicators of sufficient social work staffing
- 1135 • A comprehensive recruitment strategy to maintain sufficient staffing
- 1136 • Appropriate training and support for professional development
- 1137 • Support personnel to enable the provision of social work services
- 1138 • Managerial and consultative support to maximize social work service delivery

1139 In advocating for appropriate and sustainable workloads within their organizations, LTSS  
1140 social workers should also embody and reinforce the importance of social work qualifications  
1141 and guiding principles, as described within these standards.

1142

## 1143 **12. PROFESSIONAL DEVELOPMENT AND COMPETENCE**

1144 Each LTSS social worker shall assume personal responsibility for their ongoing professional  
1145 development in accordance with the NASW (2021) *Code of Ethics* and the NASW (2003)  
1146 *Standards for Continuing Professional Education and the Social Work Profession*; the  
1147 licensure board requirements of the states or jurisdictions in which the individual practices;

1148 federal, state, local, or tribal policies governing the social worker’s practice setting; and  
1149 requirements established by their employing organization.

1150 INTERPRETATION

1151 Social workers in LTSS settings should engage in ongoing professional development to  
1152 maintain professional competence and add depth to their area of concentration. Professional  
1153 development activities may include continuing education, training, supervision, consultation,  
1154 mentoring, reading professional literature, participating in professional organizations, and  
1155 volunteer work. Such activities may be pursued in collaboration with other social workers,  
1156 with service providers from other disciplines, or both.

1157 Professional development may include not only availing oneself of these activities but  
1158 also providing such opportunities to other social workers (including social work students) and  
1159 service providers from other disciplines. Opportunities for enhancing professional identity,  
1160 knowledge, and skills include participation and leadership in NASW and other professional  
1161 organizations and coalitions at local, state, and national levels; participation in and  
1162 contribution to professional conferences, training events, and other activities, including those  
1163 offered by schools of social work; and enriching the social work knowledge base by  
1164 contributing to and promoting professional publications.

1165 Professional development related to LTSS social work varies based on the social  
1166 worker’s role, practice setting, and populations served and may address the following topics:

- 1167 • Developments in research, theory, and practice
- 1168 • Topics and best practices relevant to persons served; these may include health and  
1169 disability, trauma and resilience, specific practice settings, and development and  
1170 occurrences associated with individual and family life cycles, and abuse  
1171 identification and intervention
- 1172 • Public policy affecting service delivery and persons served

- 1173 • Community resources and services, including public channels for responding to
- 1174 concerns of persons served regarding service access or quality
- 1175 • Cultural and linguistic competence
- 1176 • Professional and personal strengths, biases, and learning needs
- 1177 • Ethical concerns, including professional self-care, professional grief, compassion
- 1178 fatigue, vicarious trauma, and burnout
- 1179 • Technological advances and challenges
- 1180 • Leadership and administration

1181 Some employing organizations offer funding assistance, paid time off, or other  
1182 support to encourage social workers' participation in professional development activities.  
1183 Social workers should maximize such opportunities when available. If professional  
1184 development support is not available, social workers should responsibly advocate within their  
1185 organizations by describing how professional development enhances service quality.

**APPENDIX: NATIONAL-LEVEL RESOURCES**

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1191

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.

draft

## REFERENCES

- 1192
- 1193 AARP & National Alliance for Caregiving. (2025). *Caregiving in the US* [Research report].
- 1194 <https://www.aarp.org/pri/topics/ltss/family-caregiving/caregiving-in-the-us-2025/>
- 1195 American Rescue Plan Act of 2021, P.L. 117-2, 135 Stat. 4 (2021).
- 1196 Barker, R. L. (2014). *The social work dictionary* (6th ed.). NASW Press.
- 1197 Bruski, C., Heller, B., & Knoppow, A. (2024). *Foundations of the PCTI approach* [Webinar].
- 1198 Jewish Federations of North America, Center on Aging, Trauma, and Holocaust
- 1199 Survivor Care. <https://holocaustsurvivorcare.jewishfederations.org/past-webinars>
- 1200 Centers for Disease Control and Prevention. (2024a). *Advancing health equity: NCDDPHP's*
- 1201 *approach*. Retrieved October 20, 2024, from [https://www.cdc.gov/health-equity-](https://www.cdc.gov/health-equity-chronic-disease/about/)
- 1202 [chronic-disease/about/](https://www.cdc.gov/health-equity-chronic-disease/about/)
- 1203 Centers for Disease Control and Prevention. (2024b). *Minority health*. Retrieved October 20,
- 1204 2024, from <https://www.cdc.gov/minority-health/about/index.html>
- 1205 Centers for Disease Control and Prevention. (2024c). *Social determinants of health (SDOH)*.
- 1206 U.S. Department of Health and Human Services. Retrieved April 1, 2024, from
- 1207 [https://www.cdc.gov/about/priorities/why-is-addressing-sdoh-](https://www.cdc.gov/about/priorities/why-is-addressing-sdoh-important.html?CDC_AAref_Val=)
- 1208 [important.html?CDC\\_AAref\\_Val=](https://www.cdc.gov/about/priorities/why-is-addressing-sdoh-important.html?CDC_AAref_Val=)
- 1209 Chidambaram, P., Burns, A., & Rudowitz, R. (2023, December). *Who uses Medicaid long-*
- 1210 *term services and supports?* KFF. [https://www.kff.org/medicaid/issue-brief/who-uses-](https://www.kff.org/medicaid/issue-brief/who-uses-medicaid-long-term-services-and-supports/)
- 1211 [medicaid-long-term-services-and-supports/](https://www.kff.org/medicaid/issue-brief/who-uses-medicaid-long-term-services-and-supports/)
- 1212 Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist
- 1213 critique of antidiscrimination doctrine, feminist theory and antiracist politics.
- 1214 *University of Chicago Legal Forum*, 1989, Article 8.
- 1215 <https://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8>

1216 Cross, T. L., Bazron, B. J., Dennis, K. W., & Isaacs, M. R. (with Portland Research and  
1217 Training Center for Improved Services to Severely Emotionally Handicapped  
1218 Children and Their Families). (1989). *Towards a culturally competent system of care:  
1219 A monograph on effective services for minority children who are severely emotionally  
1220 disturbed*. Georgetown University Child Development Center, Child and Adolescent  
1221 Service System Program (CASSP) Technical Assistance Center.  
1222 [https://gucchd.georgetown.edu/products/Cross-et-al\(1989%20monograph\)Toward-a-  
1223 Cult-Comp-SOC.pdf](https://gucchd.georgetown.edu/products/Cross-et-al(1989%20monograph)Toward-a-Cult-Comp-SOC.pdf)

1224 Developmental Disabilities Assistance and Bill of Rights Act of 2000, P.L. 106-402, 114 Stat.  
1225 1677 (2000).

1226 Dodd, S. J., & Savage, A. (2016). Evidence-informed social work practice. In C. Franklin  
1227 (Ed. in Chief), *Encyclopedia of social work* (Online). NASW Press and Oxford  
1228 University Press. <https://doi.org/10.1093/acrefore/9780199975839.013.915>

1229 Goode, T., Sockalingam, S., Bronheim, S., Brown, M., & Jones, W. (2000). *A planner's guide  
1230 . . . Infusing principles, content and themes related to cultural and linguistic  
1231 competence into meetings and conferences*. National Center for Cultural Competence.  
1232 [https://nccc.georgetown.edu/documents/Planners\\_Guide.pdf](https://nccc.georgetown.edu/documents/Planners_Guide.pdf)

1233 Hancock, A.-M. (2007). When multiplication doesn't equal quick addition: Examining  
1234 intersectionality as a research paradigm. *Perspectives on Politics*, 5, 63–79.  
1235 <https://doi.org/10.1017/S1537592707070065>

1236 Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, 110 Stat. 1936  
1237 (1996) (amended 2011, P.L. 111-148).

1238 Johnson, R. W., & Dey, J. (2022, September). *Long-term services and supports for older  
1239 Americans: Risks and financing, 2022* [Research brief]. Office of the Assistant

1240 Secretary for Planning and Evaluation, U.S. Department of Health and Human  
1241 Services. <https://aspe.hhs.gov/reports/ltss-older-americans-risks-financing-2022>  
1242 Johnson, R. W., Favreault, M. M., Dey, J., Marton, W., & Anderson, L. (2021, January). *Most*  
1243 *older adults are likely to need and use long-term services and supports* [Issue brief].  
1244 Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of  
1245 Health and Human Services. [https://aspe.hhs.gov/reports/most-older-adults-are-likely-](https://aspe.hhs.gov/reports/most-older-adults-are-likely-need-use-long-term-services-supports-issue-brief-0)  
1246 [need-use-long-term-services-supports-issue-brief-0](https://aspe.hhs.gov/reports/most-older-adults-are-likely-need-use-long-term-services-supports-issue-brief-0)  
1247 Kaushik, A. (2017). Use of self in social work: Rhetoric or reality. *Journal of Social Work*  
1248 *Values and Ethics*, 14, 21–29. [https://www.jswve.org/wp-content/uploads/2017/01/10-](https://www.jswve.org/wp-content/uploads/2017/01/10-014-104-JSWVE-2017.pdf)  
1249 [014-104-JSWVE-2017.pdf](https://www.jswve.org/wp-content/uploads/2017/01/10-014-104-JSWVE-2017.pdf)  
1250 Murphy, Y., Hunt, V., Zajicek, A. M., Norris, A. N., & Hamilton, L. (2009). *Incorporating*  
1251 *intersectionality in social work practice, research, policy, and education*. NASW  
1252 Press.  
1253 National Academies of Sciences, Engineering, and Medicine. (2016). *Families caring for an*  
1254 *aging America* [Consensus report]. <https://doi.org/10.17226/23606>  
1255 National Academies of Sciences, Engineering, and Medicine. (2019). *Integrating social care*  
1256 *into the delivery of health care: Moving upstream to improve the nation's health*  
1257 [Consensus report]. <https://doi.org/10.17226/25467>  
1258 National Association of Social Workers. (2003). *NASW standards for continuing professional*  
1259 *education*. [https://www.socialworkers.org/Practice/NASW-Practice-Standards-](https://www.socialworkers.org/Practice/NASW-Practice-Standards-Guidelines/NASW-Standards-for-Continuing-Professional-Education)  
1260 [Guidelines/NASW-Standards-for-Continuing-Professional-Education](https://www.socialworkers.org/Practice/NASW-Practice-Standards-Guidelines/NASW-Standards-for-Continuing-Professional-Education)  
1261 National Association of Social Workers. (2010). *NASW standards for social work practice*  
1262 *with family caregivers of older adults*.  
1263 <https://www.socialworkers.org/Practice/NASW-Practice-Standards->

1264 [Guidelines/NASW-Standards-for-Social-Work-Practice-with-Family-Caregivers-of-](#)  
1265 [Older-Adults](#)

1266 National Association of Social Workers. (2013). *NASW standards for social work case*  
1267 *management*. [https://www.socialworkers.org/Practice/NASW-Practice-Standards-](https://www.socialworkers.org/Practice/NASW-Practice-Standards-Guidelines/NASW-Standards-for-Social-Work-Case-Management)  
1268 [Guidelines/NASW-Standards-for-Social-Work-Case-Management](#)

1269 National Association of Social Workers. (2015). *Standards and indicators for cultural*  
1270 *competence in social work practice*. [https://www.socialworkers.org/Practice/NASW-](https://www.socialworkers.org/Practice/NASW-Practice-Standards-Guidelines/Standards-and-Indicators-for-Cultural-Competence-in-Social-Work-Practice)  
1271 [Practice-Standards-Guidelines/Standards-and-Indicators-for-Cultural-Competence-in-](#)  
1272 [Social-Work-Practice](#)

1273 National Association of Social Workers. (2016). *NASW Standards for Social Work Practice in*  
1274 *Health Care Settings*. [https://www.socialworkers.org/Practice/NASW-Practice-](https://www.socialworkers.org/Practice/NASW-Practice-Standards-Guidelines/NASW-Standards-for-Social-Work-Practice-in-Health-Care-Settings)  
1275 [Standards-Guidelines/NASW-Standards-for-Social-Work-Practice-in-Health-Care-](#)  
1276 [Settings](#)

1277 National Association of Social Workers. (2021). *Code of ethics of the National Association of*  
1278 *Social Workers*. <https://www.socialworkers.org/Code-of-Ethics>

1279 National Association of Social Workers. (2026). *NASW practice standards for serious illness:*  
1280 *Hospice and palliative social work*. [Link TK]

1281 National Center on Advancing Person-Centered Practices and Systems. (2019). *Introducing*  
1282 *the National Center on Advancing Person-Centered Practices and Systems*.  
1283 Administration for Community Living and Centers for Medicare & Medicaid  
1284 Services. [https://ncapps.acl.gov/docs/NCAPPS\\_OnePager\\_Sept2019\\_Final.pdf](https://ncapps.acl.gov/docs/NCAPPS_OnePager_Sept2019_Final.pdf)

1285 Office of Disease Prevention and Health Promotion. (n.d.-a). *Health equity in Healthy People*  
1286 *2030*. U.S. Department of Health and Human Services, Office of the Assistant  
1287 Secretary for Health. Retrieved October 22, 2025, from

1288 <https://web.archive.org/web/20250211160647/https://odphp.health.gov/healthypeople/>  
1289 [priority-areas/health-equity-healthy-people-2030](https://web.archive.org/web/20250211160647/https://odphp.health.gov/healthypeople/priority-areas/health-equity-healthy-people-2030)

1290 Office of Disease Prevention and Health Promotion. (n.d.-b). *Healthy People 2030 priority*  
1291 *areas: Social determinants of health*. U.S. Department of Health and Human Services,  
1292 Office of the Assistant Secretary for Health. Retrieved April 1, 2024, from  
1293 <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health>

1294 Older Americans Act of 1965, P.L. 89-73, 79 Stat. 218 (1965) (amended 2020, P.L. 116-131).  
1295 Patient Protection and Affordable Care Act of 2010, P.L. 111-148, 124 Stat. 119 (2010)  
1296 (amended 2025, P.L. 119-21).

1297 Rehabilitation Act of 1973, P.L. 93-112, 87 Stat. 355 (1973) (amended 2015, P.L. 114-95).

1298 Reinhard, S. C., Caldera, S., Houser, A., & Choula, R. B. (2023, March). *Valuing the*  
1299 *Invaluable 2023 update: Strengthening supports for family caregivers*. AARP Public  
1300 Policy Institute. [https://www.aarp.org/pri/topics/ltss/family-caregiving/valuing-the-](https://www.aarp.org/pri/topics/ltss/family-caregiving/valuing-the-invaluable-2015-update/)  
1301 [invaluable-2015-update/](https://www.aarp.org/pri/topics/ltss/family-caregiving/valuing-the-invaluable-2015-update/)

1302 Substance Abuse and Mental Health Services Administration. (2023). *Practical guide for*  
1303 *implementing a trauma-informed approach* (Publication No. PEP23-06-05-005). U.S.  
1304 Department of Health and Human Services. Retrieved October 16, 2025, from  
1305 <https://archive.org/details/tr-inf-care>

1306 Viruell-Fuentes, E. A., Miranda, P. Y., & Abdulrahim, S. (2012). More than culture: Structural  
1307 racism, intersectionality theory, and immigrant health. *Social Science & Medicine*, 75,  
1308 2099–2106. <https://doi.org/10.1016/j.socscimed.2011.12.037>

1309 World Health Organization. (n.d.-a). *Disability*. Retrieved April 1, 2024, from  
1310 <https://www.who.int/health-topics/disability>

1311 World Health Organization. (n.d.-b). *Social determinants of health*. Retrieved April 1, 2024,  
1312 from <https://www.who.int/health-topics/social-determinants-of-health>

- 1313 World Health Organization. (2005). *Constitution of the World Health Organization*.  
1314 <https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1>  
1315 World Health Organization. (2021). *Health promotion glossary of terms 2021*.  
1316 <https://www.who.int/publications/i/item/9789240038349>

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