

Winter 2023



Spring 2023 Conference!

The Long Term Care Social Workers of Iowa is pleased to provide CEU's and training that are relevant to those who work in social services in long term care

Thursday, March 30, 2023

Complicated and Prolonged Grief: When Things Get Really Complicated

Christopher Sparks, LISW, Iowa Veterans Home

Veterans Affairs: Caregiver Support Program and In-Home Services

Sarah Greazel, LISW, VA Central Iowa

A Psychosocial Approach to Reducing Use of Unnecessary Medications for People Living with Dementia

Kaleigh Gilmore, LMSW; Lindsey Reed, CTRS; & Sarah Neary, LMSW, Oaknoll Retirement, Iowa City

Hospice Care: Having Conversations, Dispelling Myths, and Understanding Treatments

Deanne Carman, RN, CHPN; & Leigh Ann Gibbs, RN, Mary Greeley Hospice

Hey! Mr. Funeral Director

Blair Overton, BA, AS, Iowa Funeral Planning

Friday, March 31, 2023

Social Work in Long Term Care: Yesterday, Today, and Tomorrow

Ben Woodworth, MSW, CBIST, Hartworth Consulting; & Holli Petersen Striegel, LMSW, St. Luke's Hospital

Medicaid – How Does it Really Work?

Sonya Ackerson, Founder/CEO, The Sonya Group

Fighting Back Against Parkinson's

Natasha Nikkel & Jon Jordan, Directors of Community Well-Being, Hearthstone, Pella and Heritage House, Atlantic

LTCSWI
SPRING
CONFERENCE

March 30-31, 2023

Gateway Conference
Center~Ames

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For more information and a registration form: www.ltcswi.com

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Long Term Care Social Workers of Iowa Business Minutes for 2022

The Long Term Care Social Workers of Iowa educated members with four newsletters, a member directory, a discussion forum, and two conferences.

The Spring Conference was held on Thursday, March 31, and Friday, April 1, at the Gateway Conference Center in Ames. Matthew Vasquez, Associate Professor of Social Work at the University of Northern Iowa, presented *An Introduction into Trauma-Informed Care*. Medicaid was covered by Angela Broughton-Romain from Iowa Legal Aid during a presentation entitled, *Medicaid Eligibility for Nursing Home Care: An Overview and Trouble-Shooting*. We ended the day with *Meditation and the Brain*, presented by Dr. Robert Bender from Broadlawns Geriatric. Friday began with Lyn Hilbenberg from Daylily Consulting sharing *Dementia Perspectives Dealing with Difficult Behavior: A Foundational Discussion for Successful Care*. This was followed by a presentation entitled, *Putting Medical Insurance Pieces Together: Original Medicare, Medicare Advantage and Longterm Care* by Ann Goodman of SHIIP. Maham Bangash provided the concluding presentation on *Anxiety in the Geriatric Patient*. Total of 5.0 CEUs for each day. Total number attending was 75 (69 on Thursday and 68 on Friday).

The Fall Conference was held Friday, October 28, at the Gateway Conference Center in Ames. Samuel Stanton, Hospice Physician for St. Croix Hospice, presented *The Importance of Social Workers in the Team-Based Model of Hospice Care*. Brenda Sprinkle, Licensed Psychologist with Deer Oaks provided two presentations: *Difficult Resident or Personality Disorder – A Long Term Perspective* and *Suicide in LTC Settings: Prevalence, Risk Factors, and Intervention Strategies and Helping People Die with Dignity*. Jennifer Donovan, Public Guardian for the State of Iowa, covered *Substitute Decision-Making and End of Life Care*. We ended the day with a presentation on *Dealing with Difficult Behaviors*, by Celina Peerman from the Peerman Group. Total of 6.0 General Education Contact Hours. Ten exhibitors shared their services and products at the conference. Total number attending was 62.

LTCSWI Membership for 2022 was 88 Members.

The organization continues to maintain a website with information about our organization, conference announcements, and newsletters. The quarterly newsletter and membership directory are emailed to members. We also offer a discussion forum for members.

Board members for 2022: LeeAnn Braga, Teddy Crawford, Mary Beth Delaney, Evonne Fitzgerald, Luanne Kustra, Kiley Logan, Elaine Malek, Lori Miller, Kristi Smith, and Lorene Austin-Bennett (Treasurer).

Respectfully Submitted,

Ceci Johnson, Executive Director



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Thursday, March 30

Complicated and Prolonged Grief: When Things Get Really Complicated

Objectives

- Differentiate between prolonged and complicated grief and uncomplicated grief
- Recognize the mediators that influence the type, intensity, and duration of grief
- Learn about the types of deaths most likely to result in prolonged and complicated grief
- Understand particular grieving challenges in older adults



Chris Sparks, LISW, is a full-time psychologist at the Iowa Veteran's Home.

Veterans Affairs: Caregiver Support Program and In-Home Services

Objectives

- Define the Caregiver Support Program (CSP)
- Describe the Program of General Caregiver Support Services (PGCSS)
- Understand National Resources (CSP)
- Examine Local Resources (CSP)
- Learn about the Program of Comprehensive Assistance for Family Caregivers (PCAFC)
- Explore VA In Home Services



Sarah Greazel, LISW, is the coordinator for the Program of General Caregiver Support Services for the Caregiver Support Program at VA Central Iowa.

Hospice Care: Having Conversations, Dispelling Myths, and Understanding Treatments

Objectives

- Assess the appropriate time to have the hospice conversation with patients and families
- Identify and dispel myths about hospice
- Examine hospice treatments used for managing end of life symptoms

Leigh Ann Gibbs, RN, is a hospice nurse with Mary Greeley Hospice in Ames.



Deanne Carman, RN, CHPN, is a hospice nurse with Mary Greeley Hospice in Ames

A Psychosocial Approach to Reducing Use of Unnecessary Medications for People Living with Dementia

Objectives

- Describe the importance of creating "home" to provide resident centered care for the person living with dementia
- Create individualized and meaningful activities for the person living with dementia utilizing a household model and an open kitchen
- Discuss the importance of education for staff and family using the Teepea Snow program and Positive Approach to Care
- Explore effective communication between the caregiver, family, and person living with dementia to simplify tasks and establish structured routines
- Outline strategies to strengthen relationships with interdisciplinary team members



Kaleigh Gilmore, LMSW, is a social worker at Oaknoll Retirement Residence.



Lindsey Reed, CTRS, is a Recreation Therapist at Oaknoll Retirement Residence.



Sarah Neary, LMSW, is a social worker at Oaknoll Retirement Residence.

Hey! Mr. Funeral Director

Overview

An overview of end-of-life issues affecting families and their decision making. Course will highlight pitfalls to avoid and helpful information that will assist families to prepare for final disposition and possible ceremonies for the deceased. An overview of legal issues regarding next of kin, and designee for final disposition. Ending with a Q&A session.



Blair A. Overton, BA, AS, is a licensed funeral director and owner/manager of several funeral homes, a cremation society and two cemeteries.

Continuing Education Credits: This program complies with the Iowa Board of Social Work Examiners Rules for Continuing Education, meeting **5.5** general education contact hours on Thursday

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Friday, March 31

Social Work in Long Term Care: Yesterday, Today, and Tomorrow

Overview

Cultural, systemic, and environmental changes have impacted the provision of services in long term care settings. Secondary to changes in funding streams, COVID-19 and changing socio-economic conditions in rural communities, practitioners are being challenged to engage in social work differently. In this interactive presentation participants will work collaboratively to identify key skills and needed resources to be effective in long term care settings. Each participant will be able to identify barriers to effective practice, solutions to address identified barriers, and plans to execute strategies for success effectively.

Ben Woodworth, MSW, CBIST, is the Senior Vice President for Hartworth Consulting and also serves as an Adjunct Instructor in the School of Social Work at the University of Iowa.

Holli Petersen Striegel, LMSW, is a Social Worker in the Emergency Department at UnityPoint-St. Luke's Hospital in Cedar Rapids.

MEDICAID – How does it really work?

Goal

To educate the audience on the Medicaid process for singles and married couples

Objectives

- Understand the Medicaid process for singles
- Examine the Medicaid process for married couples
- Recognize assets that cause issues with DHS & those applying for Medicaid
- Explore how income is treated by DHS
- Learn about Miller Trusts and when the appropriate time is to utilize them
- Discover what is 'new' with DHS
- Understand the importance of power of attorney documents

Sonya Ackerson, is the Founder and CEO of The Sonya Group, helping seniors navigate the unique challenges of aging for over a decade.



Fighting Back against Parkinson's

Objectives

- Gain a broad understanding of Parkinson's Disease
- Understand risk factors for Parkinson's Disease
- Recognize Parkinson's prevalence and number of people affected
- Discover how Rock Steady Boxing provides hope
- Investigate why boxing is used to fight Parkinson's Disease
- Learn about a typical class and how to get involved

Natasha Nikkel, BS, MBA, is the Director of Community Well-Being at Hearthstone in Pella and is a certified Rock Steady Boxing coach.

Jon Jordan is the Director of Community Well-Being at Heritage House in Atlantic, is a certified Rock Steady Boxing coach, and is a Certified Personal Trainer.

Continuing Education Credits: This program complies with the Iowa Board of Social Work Examiners Rules for Continuing Education, meeting **6.0** general education contact hours on Friday



Nursing Home Social Work Network Listserv - Univ of Iowa

Our email listserv provides an opportunity for nursing home social workers and social service staff to network and discuss issues related to nursing home social work. This listserv is sponsored by the University of Iowa School of Social Work, under the supervision of Associate Professor Mercedes Bern-Klug, with assistance from social work students, and **typically generates 3-4 daily emails** among nursing home social workers in our network.

To join the Nursing Home Social Work Network listserv, send an e-mail to nh-sw-network@uiowa.edu, including your first and last name.

Professional Social Workers in the Nursing Home

By Paige Hector, LMSW and Nancy Kusmaul, PhD, MSW

Caring for the Ages, Volume 23, Issue 8, P2, ~ November 2022

The International Federation of Social Work defines social work as “a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledges, social work engages people and structures to address life challenges and enhance wellbeing” (“Global Definition of Social Work,” IFSW, July 2014, <https://bit.ly/3TsJszN>). Social work practice is also shaped by a professional code of ethics that focuses on person-directed care and competent practice that supports ethical decision-making when there are conflicts of interest.

Regulations Do Not Require Professional Social Workers

Nursing homes are required to provide residents with the “highest practicable physical, mental, and psychosocial well-being,” which the Centers for Medicare & Medicaid Services defines as “the highest possible level of functioning and well-being, limited by the individual’s recognized pathology and normal aging process” (CMS Manual System, Pub. 100-07, Provider Certification, Dec. 12, 2014, <https://go.cms.gov/3SgZooA>).

Yet CMS does not require nursing homes to have a social worker unless they have more than 120 beds, and even then CMS does not require the person in the social work capacity to have a social work degree (42 CFR § 483.40). Researchers found that more than 70% of nursing homes in the United States are not required to employ a social worker, and an estimated 42% of nursing homes have someone in the social service director position who has no social work training (J Gerontol Soc Work 2021;64:699–720). Furthermore, despite the social worker being an integral part of the interdisciplinary team (IDT), CMS does not require that the social worker be part of the IDT (42 CFR § 483.21 9b) (2)).

Professional Social Workers Are Uniquely Trained

The dual micro/macro focus of social work education prepares social workers to be key contributors to multiple processes in the nursing home. Social work programs accredited by the Council on Social Work Education must prepare students to be competent in engaging, assessing, intervening, and evaluating practice with individuals, families, groups, organizations, and communities (2015 and 2022 Educational Policy and Accreditation Standards are available at <https://www.cswe.org/accreditation/standards/2022-epas/>). The overarching framework taught in social work is an ecosystems framework with a strengths perspective.

Program evaluation and research competencies are also part of social work education. CSWE calls for programs to prepare students to engage in practice-informed research and research-informed practice, the type of skills that are needed to lead process improvement plans around behavioral health and psychosocial care.

Although scope of practice is determined by individual state licensing boards, it always includes tasks that “promote health, well-being, and justice for all people in a diverse society” with an emphasis on those who are “vulnerable, oppressed, and living in poverty” (National Association of Social Workers, “Code of Ethics,” rev. 2021, <https://bit.ly/3LNrPrS>). Whether due to cognitive and/or physical frailty, nursing home residents are certainly considered to be a vulnerable population.

Social Workers Impact Resident Well-being and Outcomes

Social workers can provide leadership and program implementation at all points of care for behavioral health and well-being. From identification of expressions of distress to assessment, provision of care and services, and care planning, a professional social worker is trained in these areas. Social workers communicate with families regarding changes in condition, revisions to

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Providing care that supports best practices and meets standards of care while upholding an ethical framework is integral to quality of life and quality of care for all nursing home residents. Screening, assessing, and intervening in emotionally charged and usually complex areas such as coping with change and loss, advance care planning and end-of-life care, mental illness, and trauma require staff with appropriate training, knowledge, and skills.

Expecting an individual to engage in this level of care without the appropriate requisites is unacceptable. An analogy would be allowing a nurse to administer treatment that is outside their scope of practice, such as providing wound care without training and experience. The time has come to acknowledge that it is necessary to staff a professional social worker in every nursing home to ensure that all residents and patients receive the psychosocial care they need and deserve.

How to Support the Role of the Professional Social Worker

As leaders in nursing homes, medical directors and attending providers can advocate to administration for a robust professional social work staff to meet the psychosocial and behavioral health needs of all residents and patients, no matter the number of beds in the facility. Collaborate with the social workers and social services staff by acknowledging their expertise and skills. Recognize and endorse the value of the contribution of professional social workers, and support them to use their knowledge, expertise, and skills for the benefit of residents and the success of the facility. Because you are leaders, others in the facility will follow your example.

Ms. Hector is an author, speaker, and educator specializing in clinical operations for the interdisciplinary team. She is associate editor and a member of the Editorial Advisory Board for Caring for the Ages.

Dr. Kusmaul is an associate professor in the Baccalaureate Social Work program at the University of Maryland, Baltimore County. She was a nursing home social worker for more than a decade and is co-chair of the NASW-Maryland Committee on Aging and a fellow of the Gerontological Society of America.

the care plan, discharge planning, and trauma-informed care.

They also collaborate with the IDT and the medical provider about family concerns, resident history that may pose barriers to pain management and the treatment plan, financial issues, advance care planning, and end-of-life care. Thorough and defensible social work documentation supports the plan of care, optimizes person-directed care, and manages risk. Social workers identify grievances and provide competent accountability and resolution, which increases resident and family satisfaction with the latent benefits of decreased survey deficiencies and perhaps lawsuits. Many of these areas are specifically addressed in F745 Medically Related Social Services.

Social workers also impact resident well-being by supporting staff with training on resident rights, abuse and neglect, trauma-informed care, communication, behavioral health, advance care planning, and grief and loss. They can participate in the Quality Insurance and Performance Improvement (QAPI) process by helping design, implement, and manage process improvement projects. They can help position the nursing home as an outstanding community partner by liaising with local associations and agencies. They can support a robust offering of services that might include support groups, councils, and outreach.

~ Submitted by Kiley Logan

Heart Health: The Link Between Heart Health and Hydration

By Lindsey Getz

Today's Geriatric Medicine—Vol. 15 No. 5 P. 6

There are many reasons why staying hydrated is important for good health. It helps regulate body temperature, aids with digestion, and even influences energy levels, among many other positive benefits. Now, research also links good hydration with a reduced risk for heart failure. Researchers from the National Institutes of Health found that consuming sufficient amounts of fluids throughout life not only supports essential body functioning but also may reduce the risk of severe heart problems in the future.

The research, published in the *European Heart Journal*, suggests that good hydration can prevent or slow changes in the heart that can eventually lead to heart failure, explains study author Natalia Dmitrieva, PhD, of the National Heart, Lung, and Blood Institute, part of the National Institutes of Health in Bethesda, Maryland. The research looked at 15,792 adults in the Atherosclerosis Risk in Communities study. Participants were 44 to 66 years old at recruitment and were evaluated over five visits until age 70 to 90.

Study participants were put into four different groups based on their average serum sodium concentrations at study visits one and two (conducted in the first three years): 135–139.5, 140–141.5, 142–143.5, and 144–146 mmol/l. Serum sodium levels are significant because they increase when fluid levels decline. Researchers then analyzed the proportion of people who developed heart failure and left ventricular hypertrophy at visit five (25 years later) in each group.

According to Dmitrieva, for every 1 mEq/L increase in serum sodium within the normal range of 135–146 mEq/L, the likelihood of the participant developing heart failure increased by 5%.

In a cohort of about 5,000 adults aged 70 to 90, those with serum sodium levels of 142.5–143 mEq/L at middle age were 62% more likely to develop left ventricular hypertrophy. In addition, serum sodium levels starting at 143 mEq/L correlated with a 102% increased risk of left ventricular hypertrophy and a 54% increased risk for heart failure.

Encouraging Better Hydration

Despite how important fluid intake can be to overall health, people frequently drink much less than they should, Dmitrieva says. Helping patients understand the importance is one key to improving compliance.

“Adverse effects of low hydration on the heart are related to the way our body tries to conserve water when we do not drink enough,” she says. “Low water intake stimulates the secretion of hormones that act on the kidneys, leading to the excretion of lower volumes of more concentrated urine. And these same hormones, if they are constantly present over a long time, also affect the heart, undermining its proper function. These hormones also constrict blood vessels and contribute to the development of hypertension, which is a major risk factor for the development of heart disease because the heart has to work harder to pump blood.”

She adds that drinking the recommended amount of liquid every day is a relatively simple thing that people can do as it doesn't interfere much with their typical lifestyles.

“The potential benefits are huge,” she continues. “These include decreased risk of future heart disease and a potentially longer disease-free life. People can spend a couple of days estimating how many fluids they habitually drink and then modify their habits to achieve recommended levels.”

According to Dmitrieva, any healthy fluid will work well for hydration. It does not have to be plain water. This is good news for those patients who say that the taste (or lack of it) of water is their main reason for not drinking enough. Of course, sugary beverages are not the best way to hydrate as they have been linked to type 2 diabetes and obesity.

Dmitrieva adds that the CDC has a good website that offers tips on how to stay hydrated and choose healthful drinks. Physicians can recommend that their patients review some of the points covered on www.cdc.gov/healthyweight/healthy_eating/water-and-healthier-drinks.html.

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Some of the CDC's tips to encourage more water throughout the day include carrying a bottle, adding a wedge of lime or lemon to the water, and freezing a freezer-safe water bottle so there is always cold water available. Sharing tips with your patients may inspire them to drink more throughout their day.

Reevaluating Patient Risk

Geriatricians and family care physicians must also be aware that these findings indicate a need to reevaluate warning signs for patients at risk of heart failure and left ventricular hypertrophy, Dmitrieva says. Hydration is a consideration that likely hasn't been brought into this evaluation in the past, but now doctors should be paying attention to these details.



“Our study identified serum sodium levels above 142mmol/l as a risk factor for future development of heart failure and left ventricular hypertrophy,” Dmitrieva continues. “These levels are still within normal range (135–146 mmol/l) and, in current clinical practice, would not be flagged on the test results as abnormal. Based on our study, sodium levels above 142 mmol/l can be used by clinicians as a warning sign for identification of people with increased risk of heart failure and left ventricular hypertrophy.”

She adds that this doesn't have to be an added test. Sodium is a standard test, part of a basic metabolic panel performed at every annual physical exam.

“Physicians can evaluate patients whose sodium level exceeds 142 mmol/l for the amount of liquids they drink, and, if found low, explain the risk and then advise them to drink recommended amounts of liquids,” Dmitrieva says. “In general, it would be beneficial to include in regular physical exams evaluation of drinking habits and counseling on appropriate amounts of fluids that people should drink.”

According to Dmitrieva, the recommendations for daily intake issued by different organizations vary from 2 to 3 liters for men and 1.6 to just over 2 liters for women. Worldwide surveys find that a large proportion of people do not meet even the lower ends of these ranges. This means that many people are chronically hypohydrated and will benefit from increasing their fluid intake.

Of course, recommending more fluids might go against the treatment plan for patients who have already been diagnosed with a disease such as heart failure, Dmitrieva says. “I would like to add a note of caution for recommending increase of fluid intake to patients with already diagnosed diseases and who are undergoing treatments for these diseases,” she says. “Some diseases, such as heart failure itself when it is already developed, require limiting fluid intake as a part of the treatment plan. For such patients, optimization of their fluid intake should be done with caution under supervision of the physician. Patients who are already undergoing treatment for existing diseases should consult with their doctors on their specific optimal fluid intake.”

Looking Ahead

This revealing study may change the way that physicians look at heart health and a patient's overall risks for heart failure and left ventricular hypotrophy.

Additional research will help shine light on the connection between heart health and hydration. That, Dmitrieva says, will help facilitate even better conversations about heart health and hydration.

“Further studies are needed to find out how exactly increased serum sodium leads to heart failure,” she explains. “Decreased hydration is one explanation and randomized, controlled trials would be necessary to obtain stronger evidence for decreased hydration as a major cause. For some people, in addition to hydration, serum sodium levels can increase due to other factors that are related to genetics, diseases, or medications. However, preventive measures based on these findings can be implemented immediately by reinforcing already existent recommendations for optimal water intake.”

— Lindsey Getz is an award-winning freelance writer in Royersford, Pennsylvania.

~ Submitted by Lorene Austin-Bennett

Iowa PASRR Information from their Newsletter Dated Feb. 3, 2023

Assessment Best Practice Tips & Reminders | Review Helpful Resources on Tools & Resources Site

BEST PRACTICES: Assessment Tips & Reminders

Several Providers have asked how to establish themselves as Access Coordinators in AssessmentPro. [Click here to review instructions](#) for adding an Access Coordinator, available via the Iowa PASRR Provider Tools & Resource site.

1. **Assessors now have access to an electronic Release of Information (ROI)**. Keep in mind that although you are likely to see this version more often in the coming months, Assessors may still provide a paper ROI if they are unable to send a digital copy to the Provider. **Both versions are still valid.**
2. Please **submit a recent psychiatric note whenever one is available**, especially if the individual has major mental illness.
3. Be on the lookout for information regarding **upcoming in-person spring training sessions**, coming soon to a town near you.

RESOURCES: Review Important Guides and Training Materials Available on the IA PASRR Provider Tools & Resources Site

Keep in mind that the Iowa PASRR Provider Tools & Resources site is full of **helpful guides, manuals, and training materials** that you can view or download 24/7. Be sure to review a few of these helpful resource links also listed below:

[Iowa PASRR Glossary of Terms - UPDATED](#)

[Iowa PASRR Provider FAQs](#)

[Training Video - PASRR 101](#)

[PASRR Quick Tips](#)

[Care Planning Tool](#)

[Transition Guide](#)

SUPPORT: Your Iowa PASRR Help Desk Contacts

Phone: **833.907.2777**

Email: [**IowaPASRR@maximus.com**](mailto:IowaPASRR@maximus.com)



Visit their website for additional information and to access other pages
<https://maximusclinicalservices.com/svcs/iowa>

March is Social Worker Appreciation Month

Celebrated each March, National Professional Social Work Month is an opportunity for social workers across the country to turn the spotlight on the profession and highlight the important contributions they make to society.

The theme for Social Work Month 2023 is
Social Work Breaks Barriers



For more information:

www.socialworkers.org/News/Social-Work-Month

~ Submitted by Ceci Johnson

The theme “Social Work Breaks Barriers” resonates because social workers are on the frontlines helping our nation overcome myriad challenges, including economic inequality, reproductive rights, racism, and natural disasters worsened by global warming.

More than 700,000 social workers nationwide entered the profession because they have a strong desire to assist those in need and make our communities, our nation, and our world a better place for all.

For generations, social workers have broken barriers to help people live better lives, and they continue to break barriers by empowering people in tough situations. For example, social workers help:

- Those in mental crises when they call 988.
- Families overcoming cultural hurdles that keep them from accepting and supporting children who are LGBTQIA2S+.
- Remove obstacles that prevent people from exercising their right to vote.

Social workers have been at the forefront of the global Covid-19 pandemic. When most of us were quarantined at home, social workers were out in their communities—making sure children and at-risk youth were attending classes over Zoom, providing food and other resources to the elderly, helping those with substance-use disorder get the help they needed to stay sober, and helping tens of thousands of people stay connected to loved ones quarantined in nursing homes or at hospital.

They continue to break barriers by advocating for student-debt relief, equal rights for all, and improving delivery of health care and mental health care. The need for more social workers is reflected in data from the Bureau of Labor Statistics, which notes social work is one of the fastest growing professions in the United States. An expected 800,000 social workers will join the profession by 2030. Yet, social workers need your support. They deserve higher salaries and more programs, such as student loan forgiveness, that make it easier for people to enter, work, and remain in the field.

SOCIAL WORK

BREAKS BARRIERS

Long Term Care Social Workers of Iowa

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Ceci Johnson
Executive Director

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The Long Term Care Social Workers of Iowa is a statewide organization, promoting the professional status of social work in long term care facilities. Our purpose is to facilitate your professional growth in long term care, offer continuing education opportunities for you, and provide the means with which you can enrich the lives of long term care residents and their families. Anyone who works in social services in long term care is welcome to join!

Member Benefits

Conferences

- Two offered each year
- CEU's
- Discounted registration fees

Quarterly Newsletter

Timely articles pertaining to social work in long term care

Membership Directory

Locate social workers in your area

Discussion Forum

Practical advice from your peers

Membership Application Forms: www.ltswi.com

Social Work CEUs

- Minimum of 27 hours of continuing education required every two years.
- The two year period begins January 1 of each odd-numbered year and ends December 31 of the next even-numbered year. (Current Period: January 1, 2023-December 31, 2024)
- A minimum of three hours in social work ethics which must meet the *Rules of Conduct* which includes such things as *informed consent, competence, privacy and confidentiality, access to records, dual relationships and conflicts of interest, and sexual relationships*.
- Those who regularly examine, attend, counsel, or treat dependent adults must complete 2 hours of training within six months of employment or self-employment, unless otherwise specified by federal regulations, and requires one hour of additional training every 3 years.
- Those who serve in a supervisory role must complete 3 hours of continuing education in supervision.
- The licensee should maintain a personal file with all documentation of the continuing credits obtained.

For more information visit:

idph.iowa.gov/Licensure/Iowa-Board-of-Social-Work/Laws-and-Rules

~ Submitted by Ceci Johnson

