

Case Management



Standards of Practice

1. Qualifications for Case Management

- Case management qualifications include a current, active, and unrestricted licensure or certification in a health or human services discipline that allows the professional to conduct an assessment independently as permitted within the scope of practice of the discipline.
- In the case of an individual who practices in a state that does not require licensure or certification, the individual must have a baccalaureate or graduate degree in social work or another health or human services field.
- The individual must have completed a supervised field experience in case management, health, or behavioral health as part of the degree requirements.

2. Professional Responsibilities

- Includes incorporation of current and relevant research findings into one's practice, including policies, procedures, care protocols or guidelines, and workflow processes, and as applicable to the care setting.
- Proficiency in the application of research related and evidence-based practice tools and terminologies.
- Ability to distinguish peer-reviewed materials (e.g., research results, publications) and apply preference to such work in practice, as available and appropriate.
- Accountability and responsibility for own professional development and advancement.
- Participation in ongoing training and/ or educational opportunities (e.g., conferences, webinars, academic programs) to maintain and expand one's skills, knowledge, and competencies.
- Participate in professional case management-related associations and local, regional, or national committees and task forces.
- Mentor and coach less experienced case managers, interprofessional healthcare team members, and providers.

3. Legal

- Case managers are required to adhere to all applicable federal, state, and local laws and regulations, governing all aspects of case management practice including, but not limited to, client privacy and confidentiality rights.
- It is the responsibility of the professional case manager to work within the scope of his/her license and/ or underlying profession.
- The case manager is responsible for obtaining consent for professional case management services. Consent should be obtained before the implementation of case management services.
- The professional case manager should act in a manner consistent with the client's best interest in all aspects of communication and recordkeeping, whether through traditional paper records or electronic health records (EHR).

4. Ethics

- The professional case manager should behave and practice ethically and adhere to the tenets of the code

of ethics that underlie their professional discipline.

- Includes the knowledge and awareness of 5 basic ethical principles, and how they are applied. These are:
 - Beneficence
 - Nonmaleficence
 - Autonomy
 - Justice
 - Fidelity

5. Advocacy

- The professional case manager should advocate for the client, client's family, or caregiver, at the service delivery and policy-making levels.
- The case manager will also advocate for high-quality care for the client who uses evidence-based practices in the appropriate delivery systems, to include:
- Promote the client's self-determination, informed and shared decision-making, autonomy, growth, and self-advocacy.
- Educate other healthcare and service providers in recognizing and respecting the client's needs, strengths, and goals.
- Facilitate client access to necessary and appropriate services while educating the client, caregiver, and support system about resource availability within practice settings.
- Recognize, prevent, and eliminate disparities in accessing high-quality care.

6. Cultural Competency

- Case managers communicate in an effective, respectful, and sensitive manner, and in accordance with the client's cultural and linguistic context. The use of interpreters and health educational materials which apply language and format demonstrative of understanding of the client's cultural and linguistic communication patterns are inclusive of cultural competency.
- Case managers perform assessments and develop a case management plan of care to accommodate each client's cultural and linguistic needs and preference of services.
- Pursue professional education to maintain and advance one's cultural competence and effectiveness while working with diverse client populations.
- Identify appropriate resources to enhance the client's access to care and improve healthcare outcomes.

7. Resource Management

- The professional case manager should integrate factors compliant with requisite employer standards regarding patient access, choice, cost, health equity, quality, and safety; all should be aligned with CMSA's standards of practice.
- The professional case manager should document evidence of aligning the most effective and efficient use of health and behavioral health services and financial resources when designing a plan of care.

8. Health Information Technology

- The case manager will take responsibility for learning new technologies and participating in ongoing use, especially with predictive analytics and resource optimization.

9. Client Selection Process

- Identification of individuals or populations appropriate for case management programs may include multiple methods, but the selection should be made with the intent of benefit.
- These methods include a referral from other professionals, diagnosis-based regression models, risk

assessments, predictive algorithms, and claims and pharmacy data.

- Screening of clients should be conducted without bias and be guided by the intent of health equity and ethical decision-making processes.
- The individual case manager's profession or organization guides the evaluation of an individual's candidacy for professional case management services inclusive of the ethics and scope of practice specific to the case management professional.

10. Client Assessment

- Client assessment is a process that focuses on evolving client needs identified by the case manager over the duration of the professional relationship and across the transitions of care. It involves each client and/or the client's family or family caregiver as appropriate, and is inclusive of the medical, cognitive, behavioral, social, and functional domains the client uses to access care.

11. Identifying Care Needs and Opportunities Process

- The professional case manager should identify and stratify the client's care needs and opportunities that would benefit from case management interventions.
- These interventions may include education, communication, care coordination, resource management, and collaboration. Next, the professional case manager prioritizes the client's care needs with input from the client, the client's family or support network, and providers to reduce risk, improve health, support self-management, and create client satisfaction.

12. Planning

- The professional case manager, in collaboration with the client, client's family or caregiver, and other members of the interdisciplinary healthcare team, where appropriate, should identify relevant care goals and interventions to manage the client's identified care needs and opportunities. The case manager should also document these in an individualized case management plan of care.
- Document relevant, comprehensive information and data using analysis of assessment findings, client and client's family or caregiver interviews, input from the client's interprofessional healthcare team, and other methods as needed to develop an individualized case management plan of care.
- Document the client and client's family or caregiver participation in developing the written case management plan of care.
- Document the client's agreement with the case management plan of care, including target goals, expected outcomes, and any changes or additions to the plan.
- Recognize the client's needs, preferences, and desired role in decision-making concerning developing the case management care plan.
- Validate that the plan is evidence-based and incorporates clinical practice guidelines as available and applicable, and it continues to meet the client's changing needs and health conditions.
- Measurable goals are defined, and outcome indicators are expected to be achieved within specified time frames. These measures could include clinical and non-clinical domains of outcomes management, such as access to care, cost-effective care, safety and quality of care, and client's experience of care.
- Supply evidence that the client, client's family, or caregiver were given the information and resources necessary to make informed decisions.
- Promote awareness of client care goals, outcomes, resources, and services included in the case management care plan.
- Adhere to payer expectations concerning how often to contact and reevaluate the client, redefine long and

short-term goals, or update the case management plan of care.

13. Facilitation, Coordination and Collaboration

- The professional case manager should demonstrate the skills needed to facilitate coordination, communication, collaboration with the client, support network, involved members of the interdisciplinary healthcare team, and other stakeholders to achieve target goals and maximize positive client care outcomes.

14. Monitoring

- The professional case manager should employ ongoing assessment and documentation to measure the client's response to the plan of care. The case manager should employ ongoing assessment, bidirectional communication, and documentation to measure the response of the client and their support system to the plan of care.

15. Outcomes

- Through a thorough individualized client-centered assessment, the professional case manager should maximize the client's health, wellness, safety, physical functioning, adaptation, health knowledge, coping with chronic illness, engagement, and self-management abilities.
- Apply evidence-based adherence guidelines, standardized tools, and proven care processes.
- Use national performance measures for transitional care and care coordination such as those endorsed by the regulatory, accreditation, and health-related professional associations to enhance quality, efficiency, and optimal client experience.

16. Closure of Case Management Services

- The professional case manager should appropriately complete the closure of case management services based upon established case closure guidelines. The extent of applying these guidelines may differ in various case management practices and care settings.
- Documented notice for closure of professional case management services and actual closure that is based upon the facts and circumstances of each client's case and care outcomes supporting case closure. Evidence should show verbal or written notice of case closure to the client and other directly involved health care professionals and support service providers.

Resources

1. [Case Management Society of America Standards of Practice for Case Management](#)