

NATIONAL ACADEMY OF CERTIFIED CARE MANAGERS

Core Care Manager Tasks

To be eligible for certification, you must perform **All FIVE** core functions and the associated tasks listed below in your role as care manager.

I. Assess and identify client strengths, needs, concerns, and preferences

- 1. Screen potential clients in order to determine the appropriateness of and eligibility for services and assist the client in making informed choices regarding care management.
- 2. Explain and discuss the role of the care manager, program parameters, and client rights and responsibilities in order to proceed with the structured assessment process.
- 3. Perform face-to-face assessment of the client's situation by interviewing, observing, and administering structured instruments, in order to collect data about the client's health, function, behavior, mental health, cognition, environment, finances, and support system.
- 4. Verify assessment data by contacting relevant sources such as physician(s), social support systems, and other care providers in order to validate and expand the information obtained.
- 5. Synthesize and interpret the assessment data by reviewing all available information in order to identify areas of concern.
- 6. Document all intake and assessment information in order to create a client record for baseline data, statistical analysis, and for quality improvement measures.

II. Establish goals and a plan of care

- 1. Prioritize areas of concern in collaboration with client and support system in order to identify potential areas for intervention.
- 2. Identify service options and resources that address the areas for intervention, and discuss their advantages, disadvantages, and costs with the client in order to establish mutually agreed upon goals.

- 3. Develop action steps in order to achieve the agreed upon care plan goals.
- 4. Document care plan, including formal and informal providers and the frequency, intensity, duration, cost, and source of payment for services, in order to develop a baseline for tracking, accountability, and quality measurement.

III. Implement care plan

- 1. Coordinate services and interventions by referring, educating, negotiating, and mediating with client and formal and informal providers in order to meet goals of care plan.
- 2. Counsel, educate, negotiate, and mediate with client and social support system in order to strengthen and sustain the social support system, identify health promotion behaviors, and meet goals of care plan.
- 3. Document referrals, coordination of services, and action steps taken related to the provision of services and progress toward goals.

IV. Manage and monitor the ongoing provision of and need for care

- 1. Monitor delivery and quality of services and interventions provided in order to assure that agreed upon plan of care was implemented.
- 2. Perform ongoing monitoring and reassessment of client status and satisfaction with service in order to evaluate progress toward goal achievement, and determine need for and make adjustments to care plan.
- 3. Document monitoring activities and client status in order to record actions taken and progress toward goal achievement.
- 4. Discontinue services when client no longer needs or desires services, or becomes ineligible for services, and document discharge plan in client record.

V. Ensure professional practice

- 1. Advocate for client autonomy by mediating between values and needs of consumer and society in order to preserve client right to self-determination.
- 2. Recognize and respect diversity with respect to factors such as culture, religion, ethnicity, gender, sexual orientation, and socioeconomic status, in order to uphold client's value system, preferences, and choices.

- 3. Adhere to standards of practice and applicable ethical guidelines in order to maintain professional accountability and to protect client rights.
- 4. Work through ethical dilemmas by identifying the issue(s), consulting with an interdisciplinary team, and identifying strategies in order to preserve client rights and resolve the dilemma.
- 5. Evaluate and document care management services using tools such as peer review, record auditing, client satisfaction surveys, and grievance procedures and take corrective action in order to promote the quality of care management practice.

KNOWLEDGE REQUIRED TO PERFORM CARE MANAGER TASKS

Theoretical Bases

- human development theory
- personality theory
- behavior theory
- systems theory
- family systems theory

- organizational behavior
- crisis theory
- adult learning theory
- change theory

Assessment

- health issues for individuals with chronic health concerns or disabilities
- functioning as it relates to all activities of daily living including: transfer, walking, wheeling, bowel, bladder, toileting, mobility, bathing, dressing, eating, feeding
- functioning as it relates to all instrumental activities of daily living including: medication, meal prep, shopping, housekeeping, laundry, telephone, travel, finances
- common emotional disorders and their symptoms
- techniques for administering and interpreting of structured cognitive screening tools (orientation, memory, and judgment), and behavioral, emotional, and life satisfaction assessment tools
- risk assessment techniques
- interviewing techniques
- techniques for collecting demographic, environmental, social system, and financial information
- basic nutritional and hydration needs as wells as special requirements relating to individuals with chronic health concerns or disabilities
- common medications relating to individuals with chronic health concerns or disabilities
- impact of diversity in areas such as culture, religion, ethnicity, gender, sexual orientation, and socioeconomic status on behavior, perceptions and value systems that relate to health care
- substance abuse

- preferences, expectations, capabilities, limitations, stress, and coping mechanisms of the client and others and their impact on the client system
- the impact of interactions between the formal and informal support systems
- the impact of spirituality on health
- the impact of health status and functional abilities on behavior and emotions
- advanced directives such as power of attorney, living will, health care surrogate
- indicators that client is at risk for financial exploitation
- indicators that client is in need of guardian/conservator
- abuse, neglect, and exploitation issues
- grief and loss
- requirements of the Americans with Disabilities Act
- data analysis and interpretation
- legal and financial vehicles for financing care such as special needs trusts
- communicable diseases including MRSA, TB, HIV

Care Planning

- care planning process
- how to write goals that are specific, measurable, agreed upon, realistic, and time limited
- reimbursement mechanisms such as health insurance, supplemental insurance, long-term care insurance
- entitlement programs such as Medicare and Medicaid, Veterans' Administration, SSD, SSI, and their eligibility requirements
- options for financing care such as reverse mortgages, equity loans, annuities
- budgeting and cost-benefit analysis
- social, environmental, and medical services available to enhance function such as durable medical equipment, respite, day treatment, home adaptation
- intervention strategies, such as medication management, treatment modalities, crisis intervention, psychosocial interventions
- housing options such as assisted living, continuing care retirement communities (CCRCs), intentional communities
- alternative/complementary services such as acupuncture and massage
- end of life planning
- hospice and palliative care

Coordination of Care

- formal and informal provider responsibilities
- availability and use of interpreters and adaptive communication equipment
- appropriate record keeping and documentation
- referral procedures to service providers

- emotional, physical, geographical, financial, and/or cultural barriers to service delivery
- interdisciplinary team building and techniques to enhance interorganizational relations

Professional Practice

- legal and ethical issues of reporting abuse and neglect
- grievance procedures and complaints
- appeals processes (entitlement appeals, professional grievance procedures)
- applicable standards of practice and ethical guidelines
- HIPAA
- informed consent
- professional liability
- client advocacy procedures
- client empowerment strategies
- guardianship/conservatorship process
- client rights and responsibilities
- peer review processes
- record audit process
- community outreach and education techniques
- outcome measurement and quality assurance practices

Generic Competencies

- decision making
- conflict resolution techniques
- group dynamics
- stress management techniques
- time management techniques
- organizational skills
- counseling techniques
- crisis intervention techniques
- teaching and coaching techniques
- motivational techniques
- negotiation and mediation strategies
- networking techniques
- problem solving techniques
- interpersonal relations
- prioritization
- communication techniques