

Standards of Practice for Case Management, Revised 2002 ©

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CASE MANAGEMENT SOCIETY
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Foreword

The Case Management Society of America is pleased to publish this 2002 update of the Standards of Practice for Case Management. Since the first publication of the Standards in 1995, the practice of case managers has continued to grow and evolve. Recognizing that important changes had occurred in the field of case management and healthcare, in the Year 2001, the CMSA Board of Directors called for a comprehensive review and update of the Standards.

This 2002 Update of the Standards of Practice reflects the comments and recommendations of various stakeholders, including many organizations and professionals involved in and committed to the practice of case management. Experts in case management practice, education and research representing numerous disciplines and settings volunteered their insight and time by participating on the Standards of Practice Task Force, Reference Group and via Public Review of the Standards. We thank all those who participated in the Standards Update for their thoughtful feedback. Your passion for the quality of case management practice was so very evident. We can assure you that every comment was read, analyzed in detail, and considered with respect to preparation of this Update.

The 2002 Update of the Standards, we believe, sets forth meaningful and relevant guidelines for case management practice today. The Standards of Practice continue to reflect the foundational knowledge for case management practice. The 2002 Standards also incorporate changes that are now embedded in case management practice and healthcare. Evolving practice directions, such as population-based care or the use of evidence-based guidelines, are noted as emerging trends to be monitored for future updates.

The Case Management Society of America is committed to supporting and advancing the practice of case managers and through them, to improving the quality of healthcare. We hope that the 2002 Standards of Practice for Case Management contribute to your practice.

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Preface

The purpose of these Standards of Practice promulgated by the Case Management Society of America (CMSA) is to provide appropriate, voluntary practice guidelines for the case management profession. The Standards are intended to identify and address important foundational knowledge and skills of the case manager. The Standards seek to present broad professional guidelines for implementation and application within a spectrum of case management practice settings and specialties.

The introductory section provides an overview of case management. The Standards of Care refer to the process of case management practice. Standards of Performance are relevant to fulfillment of the case manager role. Together these statements construct a framework for case management which is applicable to public policy, education, practice and research.

The development of the Standards was not based on any specific study and was independent of the Core Curriculum or other CMSA-sponsored case management publications. The Standards represent a consensus document based on input from Standards of Practice Task Force and Reference Group members, the CMSA membership at large, and other case management practitioners and stakeholders. The Standards of Practice are not intended to be exclusive or binding recitations of all knowledge, job skills, and competencies related to case management practice. Further, any recognition, use, or adoption of the Standards is voluntary. The recommended

Standards of Practice guidelines are not intended to supplant or replace relevant legal or professional practice requirements, employment policies governing the individual case manager, or the like.

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I. Introduction

A. Concept and Philosophy of Case Management

1. Historical Perspective

Case management has been practiced since the early 1900s. Early providers of case management services were public health nurses and social workers who coordinated services through the public health sector. Following World War II, the U.S. government employed a variety of practitioners to assist soldiers who had suffered complex injuries. Soon after, insurance companies began to employ nurses, social workers, and vocational rehabilitation counselors to assist with coordinating care for others requiring individualized care plans with multi-disciplinary intervention.

The current evolution of formalized case management began in the 1970s. In the public sector, case management developed in Medicaid and Medicare demonstration projects and in community programs for the mental health and developmentally delayed populations. These programs often employed a social worker or nurse to arrange for and coordinate services to clients in categorically defined groups (e.g., low income, mentally ill, frail elderly). In the private sector, workers' compensation insurers initiated case management services that were largely provided by nurses. Also during the 1970s, a small group of rehabilitation professionals consisting of nurses, rehabilitation counselors, and other healthcare professionals created private rehabilitation firms to provide medical management and vocational placement services to injured workers

under states' workers' compensation systems. This period of time catapulted a large movement from services offered by the public sector to services offered by the private sector in assisting individuals with work-related injuries. Whether the case management setting was private or public, the general purpose of case management was to coordinate, facilitate and monitor over time a client's use of an array of health and social services.

Following the 1970s, case managers were documented in the healthcare literature. These included independent case management practitioners, primary therapists, interdisciplinary teams, comprehensive service centers, and HMO-based physicians, to name a few. The focus of case management varied with the nature of the organization providing case management services, the target population, and the discipline of the case manager. For example, in social service settings, the focus was on access to services. Case management for the elderly emphasized use of community-based services to prevent institutionalization and to control costs. By the 1980s, case management experienced a shift from community-based to hospital-based practice, engaging episodic case management skills and techniques that were distinctly different from continuous case management performed by payer-based or independent case managers.^{1,2} As cost containment programs emerged in the healthcare industry, the dual priorities of

case management became meeting the client's needs and making good use of community and healthcare resources.

Following these successful programs, organizations throughout the care continuum increasingly began to employ nurses, social workers, physical and occupational therapists, rehabilitation counselors and others as case managers. Today, case managers are in most elements of the payer and provider communities where the need to balance quality care and cost-effective care exists.

The process of case management begins with identification of high-cost, complex-care individuals who meet criteria for and can benefit from case management services. Case management intervention begins with contact between the case manager and the client/family, and continues as an ongoing relationship that can be individualized or population-based. Emphasis is placed on positive outcomes, incorporating disease management and population management strategies.

Looking to the future, case management is increasingly being recognized as an essential component of healthcare delivery and financing systems. Utilization of case management services will likely continue to improve (re)habilitation, quality of life, coordination of palliative care, client satisfaction, compliance with a medical care regimen, promotion of client self determination, and the reduction of healthcare costs. Direct consumer access to case management services is also likely to increase, while points of entry for case management will become more varied. The Internet is likely to have a growing influence in the access, usage and performance of case management services.

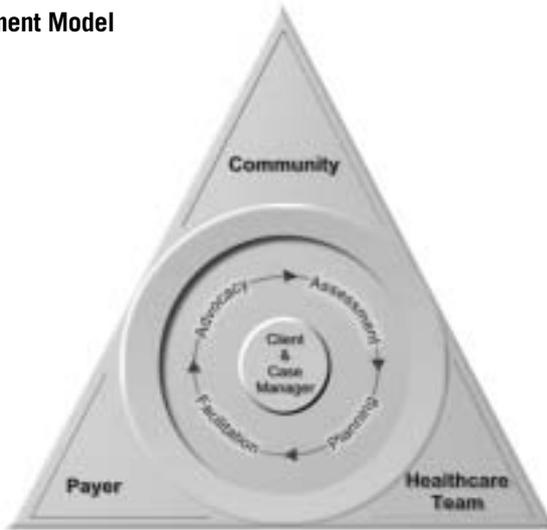
2. Definition of Case Management

The basic concept of case management involves the timely coordination of quality healthcare services to meet an individual's specific healthcare needs in a cost-effective manner to promote positive outcomes. This can occur in an episodic or a continuous case management setting. A model of the case management process is shown on the next page. This model illustrates the central position of the case manager and client in the continuum of the healthcare system. The case manager serves as an important link between the client, the healthcare team, the payer, and the community.

Following more than a year of study and discussion with members of the National Case Management Task Force, the Case Management Society of America's Board of Directors approved a definition of case management in 1993. The Task Force consisted of many persons educated and experienced in various arenas of healthcare, law, education, management, administration and insurance. Since that time, the CMSA Board of Directors has repeatedly reviewed and analyzed the definition of case management to ensure its application in a dynamic healthcare environment. The definition was modified in 2002 to reflect the process of case management outlined within the Standards. While there are many definitions of case management, the definition approved by CMSA is as follows:

Case management is a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes.

Case Management Model



The case manager conducts a comprehensive assessment of the client's health needs in order to develop a plan of care. The case manager plans with the client, the primary care physician/provider, other healthcare providers, the payer, and the community, to maximize healthcare response and quality, cost-effective outcomes. The case manager facilitates communication and coordination between members of the healthcare team, involving the client and family in the decision-making process in order to minimize fragmentation of the healthcare delivery system. The case manager educates the client and members of the healthcare delivery team about case management, healthcare and treatment options, community resources, insurance benefits, psychosocial concerns, etc., so that informed decisions can be made. The case manager problem-solves, exploring options to care when available and alternative plans when necessary to achieve desired outcomes. The case

manager encourages appropriate use of healthcare services and strives to improve quality of care and maintain cost effectiveness on a case-by-case basis. The case manager strives to achieve client empowerment. Ideally, the case manager is an advocate for both the client and the payer to facilitate positive outcomes for the client, the healthcare team and the payer. However, when a conflict arises, the needs of the patient must be the priority.

3. Statement of Philosophy

The philosophy of case management is that all individuals, particularly those experiencing catastrophic and high chronicity injuries or illnesses, should be evaluated for case management services. The key philosophical components of case management address care that is holistic and client-centered, with mutual goals, allowing stewardship of resources for the client and the healthcare system. Through these efforts, case management

focuses simultaneously on achieving health and maintaining wellness.

When healthcare is appropriately and efficiently provided, all parties benefit. The provision of case management, working collaboratively with the physician and the healthcare team in these complex healthcare situations, will serve to identify care options which are acceptable to the client and family, thus increasing adherence to the treatment plan and successful outcomes. Case management in these instances will also reduce the fragmentation of care, which is too often experienced by clients who obtain healthcare services from multiple providers. Taken collectively, services offered by a professional case manager can enhance a client's safety, well being, and quality of life while reducing total healthcare costs. Thus, effective case management can directly and positively affect the social, ethical and financial health of the country and its population.

B. Role Description

1. Role Functions, Settings and Relationship to Client

The case manager performs the primary role functions of assessment, planning, facilitation and advocacy, which are achieved through collaboration with the client and those involved in the client's care. Key functions of case management have been identified by nationally recognized certifying bodies through case management role and function research. The intent of this document is not to parallel the key functions specified by any certifying body, but to broadly define major functions involved in all aspects of the case management process to achieve successful outcomes.

Successful outcomes cannot be achieved without specialized skills and knowledge applied throughout the process. These skills include, but are not limited to, positive relationship building; effective written/verbal communication; negotiation; knowledge of contractual or risk arrangements; and ability to effect change, perform ongoing evaluation and critical analysis, plan and organize effectively and promote client/family autonomy. It is important for the case manager to have knowledge of funding sources, healthcare services, human behavior/dynamics, the healthcare delivery and financing systems, and clinical standards and outcomes. The skills and knowledge base of a case manager may be applied to individual clients, or to groups of clients, such as in disease management or population health models.

a. Primary Case Manager Role Functions

ASSESSMENT

It is important for the case manager to gather relevant, comprehensive information and data required for client assessment and to obtain information by interviewing the client/family, the primary care physician/provider and/or physician specialist, other members of the healthcare team, and other appropriate individuals. In order to determine whether the client meets criteria for inclusion in case management programs or services, the case manager may utilize formal assessment tools, telephonic assessment strategies, electronic communication, and/or other efficient modes of communication as a means to perform careful evaluation of the client's situation. Case identification is important whether the client will be managed

in an individualized, disease management or population health model.

During the assessment phase, it is important for the case manager to assess and gather information concerning the client's health behaviors, cultural influences, and the client's belief or value system. The case manager should evaluate objectively and critically all information related to the current or proposed treatment plan to identify potential barriers, clarify or determine realistic goals and objectives, and seek appropriate alternatives for the client. The case manager should recognize the importance of the client's involvement in a successful assessment process and should provide and encourage opportunities for the client to communicate and collaborate with the case manager and the healthcare team.

PLANNING

- In order to develop an appropriate plan of care, it is important for the case manager to work with the client/family, the primary care physician/provider and/or physician specialist, and other members of the healthcare team. An evidence-based plan of care should be developed when evidence-based criteria are available. Otherwise, an individualized plan of care should be developed. The goal of planning is to develop an appropriate and fiscally responsible plan of care that enhances quality, access, and cost-effective outcomes.
- It is important for the case manager to engage the client/family in the planning process as the primary decision maker and goal setter. During the planning process, the case manager should communicate directly with the client/family in order to un-

derstand and incorporate priorities of the client and to educate and prepare the client/family to make informed and appropriate decisions.

- The case manager should seek to ensure the development of appropriate contingency plans for each step of the healthcare process in the event of health or service complications.
- The case manager should recognize that the client plan of care is dynamic and may require ongoing assessments and re-evaluations of health and progress. When appropriate, the case manager should initiate and implement appropriate modifications in the plan of care, as deemed necessary, in order to adapt to changes occurring over time and through various settings.

FACILITATION

It is important for the case manager to facilitate coordination, communication, and collaboration on behalf of the client/family and the payer to achieve goals and maximize positive patient health outcomes.

- The case manager should actively promote, coordinate and facilitate communication among the client/family, the primary care provider, members of the healthcare team, the payer, and other relevant parties from the legal, educational and religious communities.
- The case manager should facilitate and enhance collaboration among all parties to achieve stated goals and to ensure informed decision making. To this end, the case manager should engage problem-solving skills and

techniques in order to reconcile potentially differing points of view and to assure that the wishes and needs of the client/family are understood.

- The case manager should facilitate streamlining the healthcare delivery process to focus on an effective treatment or approach for the client, including promoting the timely provision of healthcare and the effective utilization of resources. The case manager should seek to accomplish this goal by coordinating the delivery of health services to reduce costly fragmentation of care and to maximize mutually agreed upon client health and wellness outcomes.
- The case manager should facilitate client education and understanding to prevent risk behaviors and to promote and achieve positive health and wellness outcomes.

ADVOCACY

- It is important for the case manager to advocate understanding and respect for the beliefs, value system, and decisions of the client. The case manager should recognize the client's right to self-determination as it relates to the ethical principle of autonomy, including the client/family's right to make informed choices that may not promote the best outcomes, as determined by the healthcare team.
- The case manager should advocate the client's individualized needs and goals by incorporating such considerations throughout the case management process. The case manager should support and educate the client to achieve self-advocacy whenever possible.

- The case manager should advocate and strive to achieve consensus among all parties to promote positive client health and wellness outcomes. When consensus cannot be achieved, the case manager should advocate and facilitate consensus building through a review of viable alternatives, while encouraging the healthcare team to respect client/family choices.
- The case manager should advocate early referral to case management services to enhance the client's access to appropriate, cost-effective services and the client's quality of health.
- The case manager should represent the client's interests by advocating necessary funding, appropriate treatment and treatment alternatives, timely coordination of health services, and frequent re-evaluation of progress and goals. Recognizing that client advocacy can conflict with a need to balance cost constraints and limited healthcare resources, the case manager should continuously self-evaluate his/her decisions with the intent to uphold client advocacy.

b. Settings for Case Management Services

Case management practice extends across all healthcare, payer and provider settings; throughout government; into the work place, community, and parochial settings; and into the home environment. The following list is representative, but not exhaustive, of settings in which case management is practiced.

- Hospitals and Integrated Delivery Systems, including Acute Care, Sub-Acute Care, Skilled Nursing Facilities, Rehabilitation Facilities and Clinics

- Corporations
- Public Insurance, i.e., Medicaid, Medicare
- Private Insurance, i.e., Workers' Compensation, Disability, Liability, Casualty, Auto, Accident and Health
- Managed Care Organizations
- Independent Case Management Companies
- Government-Sponsored Programs, i.e., Military, Correctional Facilities, Public Health
- Provider Agencies and Facilities, i.e., Mental Health Facilities, Home Health Services, Ambulatory and Day Care Facilities, Geriatric Services, Long-Term Care Services, Hospice, Physician Practices, Disease Management Companies

c. *Relationship to Client*

CONSENT

A wide variety of client groups may benefit from case management services, including individuals in the acute phase of illness, those with catastrophic injuries and illnesses, and those with chronic conditions. Before case management services are implemented, it is important for the case manager to obtain appropriate and informed client consent.

The case manager should inform the client/family thoroughly with regard to: The proposed case management process and services relating to the client's health conditions and needs; possible benefits of such services; alternatives to the proposed services; the potential risks and consequences of the proposed services and alternatives; the client's right to refuse the proposed case management

services, and potential risks and consequences related to such refusal. The case manager should provide such information in a client-sensitive manner, which is intended to permit the client to make voluntary and informed care choices. The case manager should document that he/she informed the client of such information appropriately.

Generally, client consent is a prerequisite to the provision of case management services. However, it is important for the case manager to maintain current knowledge of applicable laws and regulations concerning appropriate consent and authorization requirements and processes. For example, while case managers are required to obtain consent to perform case management services, the responsibility to obtain consent for specific treatments, placements, and other healthcare delivery purposes may be the responsibility of direct treatment providers, including services rendered as a result of the case management process. In the event that employer policies or the policies of other entities are in conflict with applicable legal requirements, the case manager should understand when such law prevails. Case managers are encouraged to seek clarification of any questions or concerns from an appropriate and reliable expert resource, such as an employer, government agency, or legal counsel.

CULTURAL AWARENESS AND COMPETENCE

It is important for the case manager to be aware of and responsive to cultural and demographic diversity of the population and specific client profiles. The case manager recognizes that the success of client outcomes may be enhanced by

the case manager's ability to provide culturally responsive services. The case manager should seek to increase his or her awareness and knowledge of various cultures, as appropriate, in the interest of better serving the client.

Generally, the case manager should seek to understand relevant cultural information and to work effectively, respectfully, and sensitively within the client's cultural context. The case manager may seek to increase his or her cultural awareness and competence by: recognizing personal prejudices, biases, and assumptions concerning certain cultural and ethnic groups, and examining his/her own cultural and professional background to avoid imposing personal beliefs and values on individuals of another culture; obtaining relevant cultural information and data to assist in correctly interpreting client illness and wellness needs, including the determination of health-related beliefs and values, and the identification of disease prevalence, susceptibility, and incidence in specific ethnic and cultural groups; assessing client linguistic needs and identifying resources to enhance proper communication, including understanding of cultural communication patterns of speech volume, context, tone, kinetics, space, and other similar verbal/non-verbal communication patterns; and engaging in cross-cultural interactions with individuals from diverse backgrounds to help identify personal biases and avoid stereotyping a particular cultural group.³

CONFIDENTIALITY/CLIENT PRIVACY

It is important for the case manager to understand and adhere to applicable local, state, and federal laws, as well as employer policies, governing client and

patient privacy and confidentiality rights and to act in a manner consistent with the patient's best interest. In this regard, the case manager should seek to maintain current knowledge of applicable laws and regulations concerning confidentiality, privacy, and protection of patient medical information issues. When appropriate, the case manager should make a good faith effort to obtain the patient's written acknowledgement that he/she has received notice of privacy rights and practices. In the event that employer policies or the policies of other entities are in conflict with applicable legal requirements, the case manager should understand when such laws prevail. Case managers are encouraged to seek clarification of any questions or concerns from an appropriate and reliable expert resource, such as an employer, government agency, or legal counsel.

TERMINATION OF SERVICES

It is important for the case manager's relationship with the client to remain objective throughout the process and exclude personal or special interests. Termination of case management services may be determined by the client/family, by the payer, by the case manager, or by other appropriate parties. Reasons may include, but are not limited to, achievement of targeted outcomes, change of health setting, loss or change in benefits, or determination by the case manager that he/she is no longer able to perform or provide appropriate case management services.

The case manager should provide reasonable notice of termination of services, when possible. In determining reasonable notice, the case manager should consult with his/her supervisor,

members of the healthcare team, and other appropriate individuals. Notice decisions should be based upon the facts and circumstances of each individual case, and the decision-making process should be documented. The case manager should provide both verbal and written notice of termination to the client and to all treating and direct service providers and should document such provisions of notice.

2. Statement of Purposes and Goals of Case Management

a. Purposes

- To promote quality, safe, and cost-effective care
- To promote utilization of available resources to achieve clinical and financial outcomes
- To ensure appropriate access to care
- To work collaboratively with the client/family, the physician, providers of healthcare, the payer, and others to develop and implement a plan that meets the individual's needs and goals

- To interject objectivity, healthcare choices, and promotion of self-care where it is lacking

b. Goals

- To enhance an individual's safety, productivity, satisfaction and quality of life
- To assure that appropriate services are generated in a timely and cost-effective manner
- To assist clients to achieve an enhanced level of health and to maintain wellness and function by facilitating timely and appropriate health services
- To assist clients to appropriately self-direct care, self-advocate, and make informed healthcare decisions to the degree possible
- To maintain cost effectiveness in the provision of health services
- To facilitate appropriate and timely benefit and treatment decisions
- To maintain ongoing documentation and reporting of goal achievement

Standards of Care



II. Standards of Care

A. Client Identification and Selection for Case Management Services

The first step in the case management process is to identify those individuals who can most benefit from case management services. Identification of clients for case management services is accomplished through methods and tools that include, but are not limited to, health-risk screening tools, evidence-based criteria, risk stratification through data management, and referrals.

Determining whether a client is appropriate for case management services is achieved by gathering and critically assessing relevant, comprehensive information and data, so that clients are selected according to case management potential to influence positive outcomes. The case manager may or may not participate in client identification or in determining whether the client meets criteria for case management services. Rather, clients may be mandated to receive case management services based upon disease state, age, payer, potential for high cost, etc.

MEASUREMENT GUIDELINES

The case manager will seek to:

1. Evaluate pro-active triggers (such as criteria related to diagnosis, clinical condition, complications, or cost) to identify potential clients suitable for effective case management intervention
2. Consider strategies of predictive modeling, when available, including emerging technologies (i.e., neural networks that predict high-cost populations)
3. Conduct a thorough and systematic evaluation of the client's current status using standardized tools when appropriate, including the following components:
 - Physical/functional
 - Psychosocial
 - Behavioral
 - Environmental/residential
 - Family dynamics and support
 - Spiritual
 - Cultural
 - Financial
 - Vocational and/or educational
 - Recreational/leisure pursuits
 - Caregiver(s) capability and availability
 - Learning capabilities/self care
 - Health status expectation and goals
 - Transitional or discharge plan
 - Legal
4. Assess resource utilization and cost management; the diagnosis, past and present treatment course and services; prognosis, goals (short/long term), treatment, and provider options
5. Engage reliable and valid assessment steps to identify and select clients for case management services

B. Problem Identification

Utilizing objective data gathered through careful assessment and examination of the potential for effective intervention, the case manager identifies problems requiring case management intervention, reflecting practice patterns and trends wherein client outcomes can be positively influenced. Client/family participation is an essential element in problem identification.

MEASUREMENT GUIDELINES

The case manager will seek to identify opportunities for intervention, i.e., when there is:

- Lack of an established treatment plan with specific goals
- Compromised patient safety
- Over-utilization of services or use of multiple providers/agencies
- Under-utilization of services
- Premature or delayed discharge from appropriate level of care
- Use of inappropriate services
- Ineffective treatment plan
- Permanent or temporary alterations in functioning
- High-cost injuries or illnesses
- Non-adherence to treatment or medications
- Medical/psychological/functional complications
- Lack of education of disease course/process
- Lack of resolution in meeting health needs

- Lack of family/social support
- Lack of financial resources to meet health needs

The case manager will also seek to determine patterns of care that may lead a client into a case management program, which may include involvement in analysis of the patterns of care or behavior that may be associated with progression to severe disease.

C. Planning

The case manager, in collaboration with the client/family and members of the healthcare team, identifies immediate, short-term, and ongoing needs as well as develops appropriate and necessary case management strategies to address them. The case manager communicates with the client/family about which case management strategies will be implemented in the plan of care. The case manager assists the client/family in making informed decisions when developing this plan of care. The case management plan identifies measurable goals and time frames for achieved goals that are appropriate to the individual, his/her family, and agreed to by the client/family and treatment team. Distinction should be made between process and end-point goals. The case manager identifies funding and/or community resources that are available to implement the plan.

MEASUREMENT GUIDELINES

The case manager will seek to:

1. Interview, research, and otherwise gather relevant, comprehensive information and data to establish the factual and clinical basis upon which to develop an appropriate plan of care

2. Understand the client's diagnosis, prognosis, care needs, and outcome goals of the plan of care
3. Implement cost-savings strategies when possible, while considering the policy/benefits available to the client
4. Proactively identify situations that are, or may become, barriers to goal attainment
5. Work toward resolution of conflicts and problem solving
6. Involve the client/family and the healthcare team in the ongoing plan of care
7. Identify goals and related indicators for successful planning and implementation, such as clinical stability or client adherence to treatments and medications

D. Monitoring

The case manager employs a process of ongoing assessment and documentation to monitor the quality of care, services and products delivered to the client to determine if the goals of the plan of care are being achieved, whether those goals remain appropriate and realistic, and what actions may be implemented to enhance positive outcomes.

MEASUREMENT GUIDELINES

The case manager will seek to:

1. Maintain professional collaboration and communication with the client and family to the extent possible, so that important information regarding the client's health status and the impact on the goals and outcome of the care plan can be disclosed
2. Maintain professional collaboration and communication with the members of the healthcare team so that the plan of care can be discussed objectively, problems can be identified, and adjustments can be made to the plan as needed
3. Maintain regular communication with pertinent healthcare providers regarding client transition across settings, barriers to care/services, and strategies or plan revisions that are needed. Ascertain that the goals of the care plan are appropriate, understood, documented, and are being met. Also advise the providers of adjustments or revisions to be made in the care plan
4. Compare the client's care plan to evidence-based guidelines, when available, to determine variances and offer solutions or adjustments to the plan of care when variances exist or when otherwise appropriate
5. Review pertinent statistics to perform a comprehensive and independent assessment of the client's status and progress toward reaching the goals set forth in the care plan
6. Implement a data-tracking mechanism, when available, to determine goals that were met versus not met and to review safety indicators

E. Evaluating

The case manager employs a methodology designed to measure healthcare and case management processes focusing on the client's response to the case management plan. The evaluation process occurs over specific time frames and is a continuous process. The evaluation engages

the client/family whenever possible, as well as the healthcare team, to appropriately determine the impact of case management and healthcare interventions on outcomes.

MEASUREMENT GUIDELINES

The case manager will seek to:

1. Identify when a client's condition has reached a static or regressive situation and proactively facilitate adjustments in the care plan, providers, and/or services, when possible, to promote enhanced outcomes
2. Focus efforts on maintaining the stability of the client's/family's home environment
3. Utilize knowledge of patterns in the stabilization, recovery process and resource use of individual clients to help revise standards of care for populations of clients

F. Outcomes

Case management is a goal-directed process. The case manager identifies and implements changes in practice patterns and in the plan of care to produce outcomes that are positive, measurable and goal-oriented.

MEASUREMENT GUIDELINES

The case manager will seek to:

1. Plan with the client/family using a goal-oriented care process that analyzes and gives direction to a plan of care that moves the client toward health, wellness, safety, adaptation, self-care, and/or (re)habilitation
2. Establish measurable case management goals which promote evaluation

of the access, cost, and quality of the care provided

3. Identify the achievement of goals and differentiate those goals that directly resulted from the case manager's interventions
4. Report quantifiable impact, quality of care, and/or quality of life improvements as measured against the case management goals
5. Focus on accountability for quality care and/or cost benefit to clients that are reasonably consistent with payer, provider, and consumer expectations
6. Recommend referral sources based on evaluation of the provider's quality of care and the ability to meet the client's needs
7. Maximize client outcomes through incorporating community-based and non-benefit related services whenever possible

Performance Indicators



III. Performance Indicators

A. Quality of Care

Case management is an appropriate, timely, and beneficial service which promotes quality, cost-effective healthcare outcomes for the client/family. Quality-based outcomes include such indicators as improved functional status, improved clinical status, enhanced quality of life, client satisfaction, adherence to the treatment plan, improved client safety, cost savings, and client autonomy. While all healthcare systems do not support quality of care monitoring, the case manager should engage strategies whenever possible to measure improvements in quality of care that directly result from case management interventions.

MEASUREMENT GUIDELINES

The case manager will seek to:

1. Work within established standards for healthcare and case management practice and within the standards of the case manager's professional discipline
2. Use evaluative and outcomes data to improve case management services
3. Promote healthcare outcomes in concert with evidence-based guidelines whenever possible
4. Work in accordance with applicable state and federal laws

B. Qualifications

Effective case management requires specialized knowledge, training, and experience. One accepted measure of these qualifications is through professional certification in case management. Case managers also demonstrate their qualifications through attainment of related degrees in higher education and through achievement of professional licensure in related health and human services professions. Because case management is dynamic, the case manager's individual qualifications are enhanced through demonstration of continuing competence, regardless of the level of education/preparation/certification.

MEASUREMENT GUIDELINES

The case manager will seek to:

1. Achieve and maintain current professional licensure, national certification, and/or higher education in case management or in a health and human services profession directly related to the individual's case management practice
2. Maintain continuing competence appropriate to case management and to professional licensure or professional certification
3. Provide only those case management services that the case manager is qualified to provide and refer the client to another source(s) for services outside the case manager's scope of practice

C. Collaboration

The case manager's role requires collaborative, proactive, and client-centered relationships to achieve consensus and to facilitate and maximize outcomes. This includes collaboration with community, local, and state resources, in addition to collaboration with the client/family or client population, primary care physician/provider or specialty physician, other members of the healthcare team, the payer, and other relevant parties.

MEASUREMENT GUIDELINES

The case manager will seek to:

1. Place the client/family goals as primary
2. Facilitate understanding and cooperation among members of the healthcare team
3. Communicate with members of the healthcare team to facilitate maximum client outcomes

D. Legal

The case manager practices in accordance with applicable local, state and federal laws. The case manager has knowledge of applicable accreditation and regulatory statutes governing sponsoring agencies that specifically pertain to delivery of case management services.

MEASUREMENT GUIDELINES

The case manager will seek to:

1. Maintain current knowledge and understanding concerning the legal scope of practice of various healthcare providers

2. Maintain current knowledge and understanding of applicable laws and procedures regarding client privacy and confidentiality and the release of information and act in accordance with such laws and procedures
3. Maintain current knowledge and understanding of applicable state and federal laws protecting the rights of the client and act in accordance with such laws
4. Maintain current knowledge and understanding of applicable legal and professional requirements for the reporting of abuse and act in accordance with such requirements
5. Maintain current knowledge and understanding of applicable legal principles and rules concerning client confidentiality, consent, healthcare proxies (power of attorney for healthcare), advanced medical directives, and abuse/neglect and act in accordance with such principles and rules
6. Utilize appropriate and reliable resources for the resolution of legal or other relevant questions and issues
7. Maintain current and appropriate knowledge and understanding concerning benefits and benefits administration that specifically pertain to case management services

E. Ethical

The case manager's practice will be guided by ethical principles governing individual professional licensure/certification.

MEASUREMENT GUIDELINES

The case manager will seek to:

1. Provide service with respect for the autonomy, dignity, privacy, rights, and protection of the client or client population
2. Act as a client advocate to the end that information is provided to the client to make an informed health decision and promote informed consent
3. Respect the client's right to privacy by judiciously sharing only that information relevant to his/her illness, injury, or disability and within requirements of applicable privacy law
4. Respect the client's/family's wishes regarding end-of-life decisions
5. Utilize appropriate and reliable resources and consultation to help formulate ethical decisions
6. Identify ethical dilemmas, such as conflict of interest, and resolve such dilemmas reasonably through appropriate consultation and moral action
7. Acknowledge to the client and the payer when the case manager is incapable of adequately performing his/her role for whatever reason and provide alternative resources when indicated

F. Advocacy

The case manager's central focus is on the client and his/her family. Ideally, the case manager should advocate both for the client and for the payer to facilitate positive outcomes. However, when a conflict arises, the needs of the client must be the priority. The case manager

will advocate for the client/family at the service-delivery level, the benefits-administration level, and at the policy-making level.

MEASUREMENT GUIDELINES

The case manager will seek to:

1. Establish an effective and respectful relationship with the client/family, payer, physician, other healthcare providers, and other relevant parties
2. Foster the client's/family's informed decision making, independence, growth, and development
3. Educate the client/family and support them in moving toward self-care
4. Educate and assist in facilitating client/family access to necessary and appropriate healthcare services

G. Resource Management/ Stewardship

The case manager will seek to integrate factors related to quality, safety, access, and cost effectiveness in assessing, monitoring, and evaluating resources for the client's care.

MEASUREMENT GUIDELINES

The case manager will seek to:

1. Evaluate safety, effectiveness, cost, and potential outcomes when providing stewardship for the ongoing care needs of the client
2. Refer, outsource, and/or deliver care based on the ongoing healthcare needs of the client and the ability, knowledge, and skill of the health and human services providers

3. In conjunction with the client/family, link the client/family with appropriate resources
 4. Access and coordinate healthcare services. Monitor, evaluate, and modify services when possible to meet the client's health needs
 5. Promote the most effective and efficient use of healthcare services and financial resources
3. Use systematic research methods to evaluate case management practice and study the effectiveness of case management interventions
 4. Evaluate the quality of educational material available on the Internet
 5. Participate in research activities that are appropriate to the case manager's practice environment and educational preparation

H. Research Utilization

The case manager contributes to the field of case management through the review and application of research findings to improve and advance case management practice. While many case managers are not prepared to conduct research, the study and use of evidence to enhance the case management practice is an important role for every case manager.

MEASUREMENT GUIDELINES

The case manager will seek to:

1. Identify evidence-based interventions substantiated by research that are appropriate to the ongoing care needs of the client and the client's education, environment, family, and community-support network
 2. Analyze trends in healthcare and case management services
- Design and/or use data-gathering tools specific to individual practice
 - Describe clinical/social problems that would advance or support the practice of case management
 - Participate in data collection, specifically outcome data
 - Share research activities through presentations and publications
 - Conduct research independently or in collaboration with others
 - Critique research literature for application to case management practice
 - Use appropriate research findings in the development of policies, procedures, and guidelines for cost-effective, quality care and case management practice

IV. Definitions

Advocacy: The act of recommending, to plead the cause of another; to speak or write in favor of.

Assessment: A systematic process of data collection and analysis involving multiple elements and sources.

Case Management Plan of Care: A comprehensive plan that includes a statement of problems/needs determined upon assessment; strategies to address the problems/needs; and measurable goals to demonstrate resolution based upon the problem/need, the time frame, the resources available, and the desires/motivation of the client/family.

Case Management Process: Common to performance of case management functions is the process used, including: assessment, problem identification, outcome identification, planning, monitoring, and evaluating.

Client: Individual who is the recipient of case management services.

Evidence-Based Criteria: Guidelines for clinical practice that incorporate current and validated research findings.

Family: Family members and/or those individuals designated by the client as the client's support system.

Health Services: Medical services and/or health and human services.

Kinetics: A communication pattern referring to the use of stance, gestures, eye behavior and other posturing by an individual in non-verbal communication.

Managed Care: Services or strategies designed to improve access to care, quality of care, and cost-effective use of health resources. Managed care services include, but are not limited to, case management, utilization management, peer review, disease management, and population health.

Outcomes: Measurable results of case management interventions, such as client knowledge, adherence, self-care, satisfaction, and attainment of a meaningful lifestyle.

Payer: An individual or entity that funds healthcare related services, income, and/or products for an individual with health needs.

Predictive Modeling: Modeling is the process of mapping relationships among data elements that have a common thread. Through predictive modeling, managed care data is “mined” with software to examine and recognize patterns and trends, which can then potentially forecast clinical and cost outcomes. This allows an organization to make better decisions regarding current/future staff and equipment expenditures, provider and patient education needs, allocation of finances, as well as to better risk stratify population groups.

Provider: The individual, service organization, or vendor who provides healthcare services to the client.

Risk Stratification: The process of categorizing individuals and populations according to their likelihood of experiencing adverse outcomes, e.g., high risk for hospitalization.

Space: A communication pattern referring to the physical distance or “comfort proximity” selected by an individual when communicating with another individual.

Speech Context: A communication pattern referring to the use/non-use of emotion by an individual in verbal communication.

Speech Volume: A communication pattern referring to the level of loudness or softness used by an individual in verbal communication.

Standard: An authoritative statement agreed to and promulgated by the practice by which the quality of practice and service can be judged.

Stewardship: Responsible and fiscally thoughtful management of resources.

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