



Hawaii Association of Case Managers

Standards of Practice for Case Managers

BACKGROUND

Case management is a human service provided by professionals from diverse backgrounds and academic preparations. No one professional can claim exclusive domain over the knowledge and skills required to provide case management services. Case managers may be members of professions such as social work, nursing or psychology or may hold degrees in gerontology, counseling, public health, or other fields of human service specialization. Case managers are trained in and are qualified or licensed to perform assessments in their respective fields of care.

The following standards have been developed to address issues of particular concern to community based case management. These standards are intended to supplement already existing standards of other professions and organizations and to provide guidance to the members of the Hawaii Association of Case Managers, as well as other professionals who provide case management services in Hawaii. Members of HACM are expected to abide by these standards in addition to the standards of their respective professions, organizations and agencies.

An important distinction exists between the type of case management often provided by service providers and comprehensive, longitudinal management of client care. The former may include intake and service or resource provision. Comprehensive care management addresses the full spectrum of the client's needs and resources, links clients to a wide range of appropriate services and monitors care longitudinally. These standards apply to this broader process of case management.

DEFINITION OF CASE MANAGEMENT

Case management is a holistic, comprehensive, multidisciplinary approach to the planning and delivery of care and services to meet the needs of individuals with aging and dependency issues in a cost effective manner.

This approach incorporates assessment; identification of needs; care and service plan development; advocacy; negotiation, coordination and provision of necessary services; and referral linkages. The process includes monitoring, evaluating and documenting care and services. Participation by and education of the individual and/or representative is central to the provision of individualized case management services.

A multidisciplinary approach involves the individual and/or representative, physician, case manager, health and human service agencies, and other involved organization or care providers. The goals of case management are to decrease fragmentation; to provide cohesive, comprehensive and cost effective services; to advocate on behalf of the individual and/or representative; and to abide by ethical and professional standards.

STANDARD 1: Serving the Client and Client System

The case manager shall involve the client and all others affected by the client's care needs to the greatest extent possible.

Rationale

In the area of case management, particularly in geriatrics, the care needs of the client often have significant consequences for others. The case manager works with the client and client system to identify needs, respond to requests for assistance, provide information and give referrals to other resources. The values and preferences of the client and client system drives case management decisions in addition to the rights of the client to self-determination, privacy, dignity, and accurate information.

Guidelines

1. The primary client may not be the person who makes the initial contact or the person responsible for payment for services rendered.
2. Members of the client system may include:
 - a. The client.
 - b. Family member(s) within or outside of the client's household.
 - c. Paid caregiver(s).
 - d. Friends, neighbors, or community agencies.
 - e. Third party agent with fiduciary responsibilities.
 - f. Other professionals including, but not limited to, physicians, nurses or attorneys.
 - g. The case manager.
3. In the event of conflicting needs within the client system, the goal of professional intervention should be to strive for resolution through a process of review and discussion among the parties, facilitated by the case manager.
4. The case manager should request assistance of appropriate peers, as needed, to help the client system find an acceptable solution to the conflicts it faces.

STANDARD 2: Fostering Self-Determination

To the greatest extent possible, the case manager should foster self-determination on the part of the client.

Rationale

The client's goals, values and voiced opinions may at times be overlooked by health care professionals and family members who feel that they have the client's best interests at heart. Case

managers have a responsibility to respect clients in all decisions that impact their lives regardless of competency or decisional capacity.

Guidelines

1. The case manager must attempt to involve clients in decision making. Clients shall be encouraged to communicate their wishes verbally or non-verbally.
2. For clients making decisions on their own behalf, the case manager should see that the following are understood and discussed:
 - a. Specific details or information that will guide decision making.
 - b. Potential benefits or consequences of options presented.
 - c. Whether or not the consequences of decisions are in accord with the personal values and goals of the client.
3. For clients who are unable to comprehend factors involved in decision-making processes, the case manager should ensure that decisions concerning the client are made by individuals authorized to do so.

STANDARD 3: Professional Case Manager - Client Relationships

The professional case manager should act in a manner that ensures personal integrity as well as the integrity of the client system. The case manager shall not exploit professional relationships with any client or client system for personal gain.

Rationale

One of the case manager's most important roles is client advocacy. At the same time, the case manager's own values and beliefs must be considered when working with the client and the client system. The best interests of the client should always be the focus of the case manager. Additionally, the case manager must be aware of and resist pressures that may conflict or interfere with the exercise of impartiality, professional judgment or performance. When developing and implementing a plan of care, the case manager often will need to make referrals to businesses, agencies or institutions that can provide needed services. It is important for the client or representative to be fully informed if the case manager has a relationship other than professional with the agency or service being referred to (i.e. Board of Trustees member, ownership, investor, family member).

Guidelines

1. When a referral is made, the case manager should clarify to the client or representative any special relationship that exists with the recommended business, agency or institution. When a special relationship is present, the case manager shall provide the client or representative information regarding alternative choices.
2. If the case manager believes that there is a high probability of compromising personal or professional values or standards, the case manager may appropriately decline acceptance of a referral or may terminate an existing client – case manager relationship.
3. The case manager shall avoid personal relationships with clients and families that may

potentially impair professional judgment or lead to exploitation of the client or client system. Under no circumstances shall the case manager engage in intimate contact with clients.

4. The case manager may terminate involvement in an ongoing case by providing timely written notice to allow for alternate arrangements to be made. An obligation exists to make an effort to refer those cases to appropriate resources and services.
5. If the case manager becomes involved in a circumstance in which the integrity or safety of the client is at risk (e.g. abuse, neglect or self-neglect) a report to the appropriate authority shall be made in accordance with local and federal laws and regulations.

STANDARD 4: Right to Privacy

The case manager should respect the right to privacy of the client by protecting all information that is given in confidence and all information of a confidential nature. Processes to obtain authorization of the release of confidential information shall adhere to state and federal laws, including HIPAA legislation.

Rationale

The case manager generally needs to share information with others in order to fulfill the case manager's professional responsibilities. The case manager utilizes knowledge of the client's physical and mental status, financial and legal affairs, and family and community supports to assist the client to achieve maximum well-being. Due care must be exercised at all times to protect the privacy of this information.

Guidelines

1. Information contained in case files is considered privileged and confidential. Case files and medical records should not be identifiable or accessible to any person who is not authorized.
2. Personal health information (PHI) may be shared among professionals directly involved with the client on a need-to-know basis. The minimum necessary PHI may be released for purposes of treatment, payment, and health care operations.
3. The case manager should obtain a written authorization for release of personal health information to any and all interested parties (family members, friends, other health professionals) if it is for the benefit of the client.
4. The case manager should insure that all consultations and interviews are held in locations which allow for the maximum amount of privacy. Phone calls, faxes, and electronic transmissions must be conducted with due regard to privacy using secure means of transmission.
5. Confidentiality is waived when the case manager has good reason to believe life is threatened or Hawaii state law requires the reporting of suspected abuse or neglect.

STANDARD 5: Definition of Role to Other Professionals

Professional case manager should be compliant with state regulations regarding scope of practice and define their roles clearly to other professionals.

Rationale

It is of utmost importance for all professionals involved in the care of the client to have a clear understanding of each others' areas of expertise and responsibility.

Guidelines

1. Professional case managers should act only in the roles for which they have the appropriate skills, knowledge and training.
2. Case managers shall not claim knowledge or skills if they are not trained, qualified and authorized.
3. Professionals must always operate within their respective scopes of practice as defined by law. Case managers shall be aware of local and federal statutes and pending legislations that defines or affects the scope of practice for their profession and, when indicated, for their professional colleagues (i.e. nursing delegation, licensure requirements, prescribing privileges).
4. With proper authorization, the case manager should share information concerning the needs of the client or client system with professional colleagues in a forthright, clear and timely manner.

STANDARD 6: Assessment

Contact with the client and client system is initiated and an individualized assessment is completed and documented in a professional manner.

Rationale

The assessment process serves to establish an informational base from which to determine the client's need and desire for information, support, services and resources.

Guidelines

1. Client's needs may be initially determined by screening for risk or urgency, but shall then be validated through a more formalized assessment process. Case managers should explain their roles and processes with the client and client system.
2. Assessments shall be timely and be conducted by qualified professionals. Subjective and objective information from the client and client system shall be obtained during the assessment process. Information should be obtained and documented in a confidential manner.
3. Respect for the dignity, privacy and autonomy of the client shall be central to the assessment process.
4. Assessments shall be culturally sensitive.

5. A comprehensive assessment shall include, but not be limited to the following: demographics, cognitive information, physical status, functional status, social history, support system, financial information, cultural background and personal faith beliefs or religious practices. Assessments help to identify preferences, values, belief system, resources, well being, strengths and limitations of the client.

STANDARD 7: Development of Client Plans of Care or Service Plans

The professional case manager should strive to provide quality care using a flexible plan of care or service plan developed in conjunction with the client and other persons involved in the provision of care. Client goals shall be prioritized and documented.

Rationale

A plan of care or service plan summarizes the client goals and outlines the services and resources needed to help the client achieve individualized goals. Client goals reflect the client's needs and drive decisions about the type, amount, timing and duration of services and resources. A plan of care or service plan with the stated recommendations, goals and appropriate interventions must be flexible enough to deal with the client's changing status. The overall goal is to assist the client to attain the highest level of health and quality of life possible within the client's particular set of circumstances.

Guidelines

The plan of care or service plan should:

1. Have a systematic and concise format.
2. Be individualized to meet the clients' needs, preferences and values in order to enhance and support client self-determination.
3. Build upon the unique strengths and abilities of the client.
4. Be culturally appropriate.
5. Identify issues, possible solutions and preferred client goals.
6. Be developed in collaboration with the formal and informal service and resource providers.
7. Be updated as goals and recommendations are met and as needs change.

Standard 8: Promoting Continuity of Care

The professional case manager should strive to decrease fragmentation, provide cohesive, comprehensive, cost effective services and advocate on behalf of the client or representative.

Rationale

Upon assessing the client's unique situation, case managers are in the position of being able to determine the client's needs and obtain information about resources and services that may be available to address them. Information about various resources and services is critical to effective decision making. Facilitating linkages and access to appropriate resources is vital to the overall plan of care for the client.

Guidelines

Professional case managers shall:

1. Support clients in their efforts to obtain information about resources and services.
2. Make information available to the client at the time of need in a manner that facilitates use by the client.
3. Support the client's ability and desire to independently access alternative resources.
4. Advocate on behalf of the client.
5. Facilitate access to needed and desired resources via referrals with consent of the client.
6. Share only that information which is necessary to facilitate referrals and linkages—any confidential information that is to be shared shall be agreed to by the client or representative.

STANDARD 9: Discharge from Case Management Services

When appropriate, case management and other services may be terminated.

Rationale

Case management is focused on achieving client goals and outcomes. When those have been achieved by the client, there may no longer be a need for case management services.

Guidelines

1. The client or representative, case manager and key service providers shall be involved in planning for discharge of services.
2. Discharge criteria should be clear and shared with the client upon initiation of the case manager – client relationship.
3. Clients shall be provided with relevant information or linked with appropriate community resources upon termination of services.
4. Contact information about re-accessing services or resources shall be provided to the client.
5. Discharge discussions and plans shall be documented.
6. If it is the client's desire to terminate services and the case manager prior to the

timeframe recommended by the case manager, every effort shall be made to facilitate and ensure linkages with available resources and services that are in the client's best interest.

STANDARD 10: Fees for Service

When applicable, all fees for professional case management services are to be stated in written form and discussed with the person accepting responsibility for payment prior to the initiation of services.

Rationale

The client and the family often contact the case manager at a time of great stress. To prevent any misunderstandings regarding fees it is in the best interest of all parties to have information in written form prior to the initiation of services. If time does not allow for this then all information should be verbally presented and followed in writing.

Guidelines

1. Fees should be charged for services rendered and presented in a clearly itemized statement. These fees should not be based on a percentage of a person's assets.
2. At intake, clients or families determined to be unable to pay for case management services can be referred to publicly supported agencies that can provide the necessary services. A client with an established relationship with a professional case manager who can no longer pay for services, should not be abandoned. The case manager must make every effort to provide linkage with an agency suited to the client's needs.
3. Professional case managers may occasionally choose to provide free services as a professional responsibility. Free services are to be of equal quality as for a person paying for services.
4. To the extent that the practices of fee splitting or receiving referral fees from vendors or other professionals who are providing services to the client are legal, they may not form the basis for any disciplinary enforcement. Nevertheless, HACM does not support these practices, and in the view of HACM, they may raise significant ethical and conflict of interest issues.
5. Case managers should not pay for their services through direct access to client accounts without supervision by a third party.

STANDARD 11: Undertaking Fiduciary Responsibilities

Professional case managers who accept a fiduciary responsibility should act only within their knowledge and capabilities and should avoid any activities which might comprise a conflict of interest.

Rationale

When, due to physical frailties or cognitive losses, a client is not able to handle certain financial transactions (i.e. balancing a checkbook or paying bills) and there is no family member or other party to accept these responsibilities, the case manager may act as a pay agent. The client may

also need a conservator, guardian, or power of attorney.

Guidelines

1. When undertaking pay agent responsibilities, the case manager should obtain written consent from the client or authorized representative.
2. The case manager who is in the role of pay agent shall not act as a financial advisor regarding the client's assets or investments unless qualified and authorized to do so.
3. The case manager should avoid self payment or the undertaking of power of attorney, guardianship, or conservatorship. If the case manager has no other alternative than to pay for own professional services through direct access to client accounts, this should be done with oversight by a third party.
4. When asked to take responsibility for a purchase of goods or services not commonly within the pay agent agreement, the case manager should perform appropriate comparative pricing and make the purchase only with the agreement of the client or a responsible third party.
5. Records of all transactions should be kept current in a format recognized by standard accounting practices, and should be open to inspection by appropriate parties.

STANDARD 12: Advertising and Marketing

Advertising and marketing of services should be conducted within all guidelines and statutes governing the advertising of professional and case management services.

Rationale

Clients and families facing the stresses of coping with complications of aging, dementia, chronic illness or death may be vulnerable to claims which suggest a rescue or immediate relief of stressful circumstances.

Guidelines

1. The responsibility for truthful and non-deceptive advertising rests with the professional case manager.
2. All attempts should be made not to use advertising that is deceptive, fraudulent, insincere or falsely disparaging of competitors.
3. Specific caution is urged in the area of misrepresentation by omission or obfuscation of material fact.

STANDARD 13: Knowledge of Employment Laws

The professional case manager should be familiar with laws relating to employment practices and should not knowingly participate in practices that are inconsistent with these laws.

Rationale

Professional case managers are often concerned with private duty caregivers. They may screen and recommend them to the client for hire, and may provide ongoing coordination or supervision of their work. In addition, case managers may employ other professionals or service providers. In either case, awareness of applicable employment and tax laws is necessary.

Guidelines

1. Case managers should not knowingly participate in employment practices that are not legal. Examples of illegal practices include recommending or employing persons not legally permitted to work, condoning non-payment of wage taxes, or payment of wages that do not meet minimum wage requirements.
2. Case managers should use, and recommend that clients use, appropriate legal and accounting professionals to ensure that applicable laws are followed.
3. Case managers shall be familiar with the local and federal agencies and organizations that manage employment practices.

STANDARD 14: Continuing Education

The professional case manager should participate in continuing education programs and be a member of appropriate professional organizations. These practices will enhance professional growth and contribute to the provision of quality professional case management.

Rationale

To remain up to date with scientific, cultural, political, legal and social changes in the case manager's area of expertise, it is incumbent upon the case manager to frequently take part in educational programs. Additionally, professional organizations provide standards of practice required of their membership. Membership and participation in professional organizations can increase accountability, which benefits clients, case managers and the community at large.

Guidelines

Professional case managers should:

1. Be certified, if applicable, and/or licensed, as required, in their area of expertise.
2. Seek peer supervision as needed or required.
3. Seek consultation with other professions, as indicated.