CASE MANAGEMENT SKILLS CHECKLIST

Name_____ Date_____

Certified Case Manager : Yes No Certification Date: _____

Experience Since: _____

Place the number of years of experience in each area of case management.

Home Care _____ Rehabilitation _____
Long Term Care _____ Inpatient – Hospital _____
Insurance _____ Long–Term Care _____
Other _____ _____
Specify Years

Age Specific Practice Criteria

Adapting care to incorporate normal growth/development and comprehension level and ensuring safe environment for needs of each age population.

Newborn/Neonatal _____ Infant (30 days to one year) _____ Toddler (1-3 yrs) _____
Pre-School (3-5 yrs) _____ School-Aged (5-12 yrs) ____ Adolescents (12-18 yrs) _____
Young Adults (18-39 yrs)_____ Adults (40-64 yrs) _____ Older Adults (40-64 yrs)_____
Geriatric Adults (65+ yrs) _____

For each skill listed, indicate the number that best describes your experience:

0 = No Experience 1= Limited Experience 2 = Moderate Experience
3 = Experienced & Competent 4 = Able to Teach and Supervise
5 = Not Applicable

I. Inpatient Hospital Case Management – Knowledege of:

Evaluation Methods _____ Severity of Illness _____ Intensity of Services _____
DRG Coding Inpatient Procedures _____ DRG Coding Outpatient Procedures _____
ICD-9 Coding Inpatient Procedures _____ ICD-9 Coding Outpatient Procedures _____
Evidence based medical/clinical pathways _____

II. Utilization Review – Knowledge of:

InterQual Criteria _____ Milliman Criteria _____ Robertson Criteria _____
Case Rates Insurance Carriers _____ Perct Charges Insurance Carriers _____
Identify Payor upon Admission _____ Identify Changes In Financial Status _____
Third Party Payors _____ Address third party payor denials _____
Identify co-morbidities/DRG coding _____ Medicare Guidelines _____
Required Physical Documentation for Care _____
Address barriers regard care plan _____ Address delays in patient disposition _____
Priortize Caseloads _____ Expedite discharge if needed _____
Working Rounds with Physicians_____ Length of Stay/apply to plan of care _____

II. Discharge Planning – Knowledge of:

Assess Patient within 24 hours of admission _____
Document anticipated discharge needs _____ Obtain Advance Directives _____
Interdisciplinary Communication _____ Rehab Referrals _____
Level of Care: Subacute Svcs _____ Skilled Svcs _____
Non-Skilled Svcs ____ Custodial Svcs_____
Discharge Planning: Physical Needs _____ Psychological Needs_____
Educational Needs_____ Enviornmental Needs_____
Consultation Services _____ Palliative care/Hospice Needs _____
Medicare Reimbursement _____ Availability of Community Resources_____

III. Home Care Case Management – Knowledge of:

Home Health and Hospice Guidelines _____ Admission Criteria _____
Documentation Requirements ICD-9 Coding Guidelines _____
Determine Patient Eligibility _____ Initial Home Visit _____ OASIS Assessment _____
Obtaining Required Consents _____ Managing Patient/Family Expectations _____
Assess the Patient/Caregiver willingness/ability/barriers to learn patient care _____
Seek Interdisciplinary Team Input _____ Projects Realistic Visits by Discipline _____
Develop Plan of Care – Skilled Interventions _____ Home Health Aide _____
Projects Medical Supply Needs _____ Conducts Goal Oriented Visits _____
Identifies D/C Goals_____ Administers Prescribed Medications & Treatments _____
Prepare Clinical Notes/Documentation in timely Fashion _____
Obtain Physician Orders a Required by Treatment Changes _____
Facilitates On-going Care Discussions _____ Tracks Assigned Cases _____

V. Trauma Case Management – Knowledge of:

Daily Rounds and Note Review _____ Fostering Interdisciplinary Communication _____
Identifying Barriers to Discharge _____ Resolving Discharge Barriers _____
Organizing Required Testing _____ Chart Documentation _____
Patient Advocacy _____ Appraising Patient/Family Care& Treatment Procedures _____
Patient/Staff Education _____ Data Collection for Research Projects _____