



Case Manager Skills Checklist

Please enter your full legal name as it appears on your Social Security Card.

Date:

First Name:

Last Name:

Last 4 digits of your SS#:

Job Description: Case Manager

Case Manager coordinates the overall interdisciplinary "plan of care" for a patient, from admission to discharge. They are involved in a variety of skilled nursing duties including assessment, planning, implementation, and evaluation of nursing and adjunct health care services, provided to the patient. Must act as a liaison between patient/family and healthcare personnel to ensure necessary care is provided promptly and effectively. Must be a registered nurse with 2-4 years of clinical experience. Familiar with standard concepts, practices, and procedures within a particular field. Relies on experience and judgment to plan and accomplish goals. Performs a variety of tasks. Typically reports to a head of a department/unit.

KEY: For each criteria

Score 1: Two plus years Expert Experience

Score 2: One-Two Years Current Experience

Score 3: Less than one year or Intermittent Experience

Score 4: Theory, no experience

| CRITERIA | SCORE | | | |
|---|-------|---|---|---|
| | 1 | 2 | 3 | 4 |
| CASE MANAGER SPECIFIC SKILLS | | | | |
| Knowledge of community health care and vocational services | | | | |
| Ability to properly maintain records | | | | |
| Knowledge of medical billing procedures | | | | |
| Strong interpersonal and communication skills and the ability to work effectively in all situations | | | | |
| Ability to monitor, assess and record client progress against care plan and make adjustments accordingly | | | | |
| Ability to assess mental status in clients and to develop individual treatment goals and plans | | | | |
| Ability to plan, implement and evaluate individual patient care programs | | | | |
| Ability to gather data, compile information and prepare reports | | | | |
| Ensure outcomes are met within an appropriate length of stay | | | | |
| Coordinate and monitors services, including comprehensive tracking of client activities in relation to care plan | | | | |
| Assist clients in developing goals and areas of need, and assists in developing treatment plans which are assessed regularly | | | | |
| Conduct medication and mental status assessment and determines required level and frequency of service | | | | |
| Document all client encounters and contracts made on behalf of clients | | | | |
| Complete and submit billing documentation as appropriate | | | | |
| Maintain comprehensive client files, which may include documents held for safekeeping on behalf of the client | | | | |
| Identify and provide emergency crisis services as necessary | | | | |
| Make immediate clinical assessments and respond according to accepted crisis intervention methods and techniques; coordinates other services as appropriate | | | | |
| Assess patients, evaluate effectiveness of care plan and progress made by client | | | | |
| Participate in patient treatment planning and case review with patient care providers | | | | |
| Ability to develop and implement action plans for health centers to improve performance | | | | |

| EXPERIENCE | | | | |
|--|----------|----------|----------|----------|
| Concurrent Review | | | | |
| Utilization Review | | | | |
| Utilization Management | | | | |
| Prior Authorization | | | | |
| Disease Focused Case Management | | | | |
| Catastrophic Case Management | | | | |
| Home Health | | | | |
| Work Comp | | | | |
| COMPUTER SKILLS | | | | |
| Job related computer knowledge | | | | |
| Interqual – McKesson software familiarity | | | | |
| Other: _____ | | | | |
| AGE SPECIFIC CARE | | | | |
| Please indicate the frequency with which you provide care for each age group in this specialty area. | 1 | 2 | 3 | 4 |
| Infant (Birth to 1 year) | | | | |
| Toddler (1-3 years) | | | | |
| Pre-school (3-6 years) | | | | |
| School Age (6-12 years) | | | | |
| Adolescent (12-18 years) | | | | |
| Young Adult (18-30 years) | | | | |
| Mature Adult (30-60 years) | | | | |
| Elderly (>60 years) | | | | |

JCAHO: I acknowledge and understand JCAHO's list of "Do Not Use Abbreviations" : _____

JCAHO: I acknowledge and understand JCAHO's "National Patient Safety Goals" : _____

The information I have given is true and accurate to the best of my knowledge. I have read and fully understand the job description. By signing below or submitting electronically, I attest that the information provided within this skills checklist represents a full and complete disclosure of information, and is true and correct to the best of my knowledge and belief. I hereby authorize Sagent Healthstaff to release this skills checklist to client facilities for employment purposes.

I agree with the above statements. :

Signature: (please type your full name) :

Date: