



**CASE MANAGER SKILLS CHECKLIST**

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

**\* - Required Fields**

\* 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: Theory, no experience**

**Score 2: Less than one year or Intermittent Experience**

**Score 3: One-Two Years Current Experience**

**Score 4: Two plus years Expert Experience**

CRITERIA	SCORE			
	1	2	3	4
<b>CASE MANAGER SPECIFIC SKILLS</b>				
Knowledge of community health care and vocational services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ability to properly maintain records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of medical billing procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strong interpersonal and communication skills and the ability to work effectively in all situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to monitor, assess and record client progress against care plan and make adjustments accordingly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to assess mental status in clients and to develop individual treatment goals and plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to plan, implement and evaluate individual patient care programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to gather data, compile information and prepare reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure outcomes are met within an appropriate length of stay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinate and monitors services, including comprehensive tracking of client activities in relation to care plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist clients in developing goals and areas of need, and assists in developing treatment plans which are assessed regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Conduct medication and mental status assessment and determines required level and frequency of service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Document all client encounters and contracts made on behalf of clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete and submit billing documentation as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain comprehensive client files, which may include documents held for safekeeping on behalf of the client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify and provide emergency crisis services as necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make immediate clinical assessments and respond according to accepted crisis intervention methods and techniques; coordinates other services as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess patients, evaluate effectiveness of care plan and progress made by client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in patient treatment planning and case review with patient care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to develop and implement action plans for health centers to improve performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>EXPERIENCE</b>				
Concurrent Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilization Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilization Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior Authorization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disease Focused Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catastrophic Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Comp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>COMPUTER SKILLS</b>				
Job related computer knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interqual - McKesson software familiarity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:				

<b>AGE SPECIFIC CARE</b>				
Please indicate the frequency with which you provide care for each age group inthis specialty area.	1	2	3	4
Infant (Birth to 1 year)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toddler (1-3 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-school (3-6 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Age (6-12 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Adolescent ( 12-18 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Young Adult ( 18-30 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mature Adult (30-60 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elderly (>60 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**JCAHO:** I acknowledge and understand JCAHO's list of "Do Not Use Abbreviations" :  Yes  No

**JCAHO:** I acknowledge and understand JCAHO's "National Patient Safety Goals" :  Yes  No

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 ADEX Medical Staffing to release this skills checklist to client facilities for employment purposes.

\* I agree with the above statements. :  Yes

\* Signature: (please type your full name) :

\* Date: (mm/dd/yyyy) :