Appendix 53 ▪ Nurse Care Manager/Social Work Care Manager Exemption Recommended Orientation Checklist

*Supervisor needs to complete the Social Work Care Manager/Nurse Care Manager Training and Development Plan. If skill does not apply, please indicate N/A.

Job Function	Cannot Perform/ Needs Training*	Performs with Minimal Supervision	Performs Independently
DEMONSTRATES THE ABILITY TO:			
1. Screen participants for eligibility and appropriateness for MSSP participation.			
2. **NCM only:** Predetermine level of care (LOC) determinations.			
a. Complete the LOC certification form with rationale and justification to substantiate the LOC determination.			
b. Sign and date all entries on the LOC certification form.			
c. Re-certify participant's LOC annually at intervals not to exceed 365 days.			
d. Reestablish eligibility as it relates to LOC.			
3. Complete application form and inform participants of:			
a. Circumstances under which he/she will lose services.			
b. The participant grievance procedure.			
c. Termination procedures.			
d. Freedom of choice rules.			
e. Any other information deemed essential for the proper delivery of services.			
4. Confirm and document the participant's perception of why he/she was referred to the program, how he/she characterizes his/her situation and needs, and verify participant's choice to participate in MSSP.			
5. Complete the Release of Information form(s).			
6. Conduct in-depth assessments appropriate to the discipline, adequately addressing all appropriate elements, and within two weeks of application. Conducting assessments involves:			
a. Face to face interview with the participant.			
b. Contact with family and other informal supports, if appropriate.			
c. Contact with participant's physician and other health providers, as appropriate.			
7. Assessment elements include, as appropriate to discipline:			
a. Medical history.			
b. Health history.			
c. Psychosocial history.			

Job Function	Cannot Perform/ Needs Training*	Performs with Minimal Supervision	Performs Independently
d. Rehabilitation history/needs.			
e. Functional Grid.			
f. Safety and Special Equipment Checklist.			
g. Cognitive Status Exam.			
h. Medications Sheet.			
i. Health Professional List (optional).			
j. Complete participant needs statement list.			
8. Critically identify the assessment outcome to include:			
a. The participant's functional capacity to live independently.			
b. The system, if any that supports independent functioning.			
c. What more is needed to sustain as much independence as possible.			
d. Situations where the participant is at risk e.g., safety, abuse, neglect, depression, other psychosocial and/or health factors.			
9. Conduct quarterly face-to-face/telehealth visits and monthly contacts to include:			
a. Identification of changes in participant's situation warranting care plan changes.			
b. Identification of safety risks.			
c. Identification of physical, fiduciary, exploitative abuse.			
d. Identification of immediate health/medical risks, including those of a pharmacological nature.			
e. Identification and provision of education to participant and family.			
10. Consult and work closely with others involved with the participant, including collateral agencies, physician, pharmacists, consultants, IHSS, APS, and others.			
11. Make service arrangements.			
12. Provide justification, obtain authorization, and implement services.			
13. Provide necessary referrals, resources, and education.			
14. Monitor service delivery and participant's use of service.			
15. Monitor participant's situation to ensure that services continue to meet the participant's needs.			
16. Appropriate consultations between Social Work Care Manager and Nurse Care Manager; participant seen by both disciplines at least once/year.			
17. Review records pertaining to the participants' situation, conditions, and services.			
18. Perform case recording by:			
a. Documenting all care management activity.			
b. Including entries at least monthly.			

Job Function	Cannot Perform/ Needs Training*	Performs with Minimal Supervision	Performs Independently
c. Including type of contact with participant or other identified individual.			
d. Recording all events that affect the participant, including tracking critical incidents until resolved.			
e. Including evaluative comments on services delivered.			
f. Including comments on the relationship between identified needs and services delivered or not delivered.			
g. Documenting all contacts with collateral agencies, physician, pharmacists, consultants, IHSS, APS, and others.			
h. Ensuring that notes are dated and signed.			
i. Ensuring that notes follow MSSP standards of documentation.			
j. Verifying applicant's choice to participate in MSSP and/or receive services via telehealth.			
k. Verifying the necessity and appropriateness of MSSP services, including the need for care management.			
l. Reflecting monitoring and follow-up of services.			
m. Verifying services delivered.			
n. Reflecting the timeliness and effectiveness of services.			
19. Report to other professionals/agencies as appropriate.			
20. Share information across disciplines and act as a consultant in the care manager's area of expertise.			
21. Conduct a complete reassessment at least annually in the participant's place of residence. Reassessment activities include:			
a. Completion of the Reassessment tool.			
b. Analysis of changes during the period since last assessment.			
c. Assurance that participant's needs are being met.			
d. Assurance that increases, additions, augmentation, decreases, reductions or termination of services are addressed.			
21. Develop and write a care plan that is consistent with MSSP policies, reflects participant's medical, physical, and psychosocial needs. Elements include:			
a. Contains participant need statements.			
b. Identifies the services needed.			
c. Specifies frequency of service.			
d. Specifies type of service (I-R-P-C).			
e. Specifies plan for intervention.			
f. Specifies goals/outcomes for participant's needs.			

Job Function	Cannot Perform/ Needs Training*	Performs with Minimal Supervision	Performs Independently
g. Includes the participant rights to a fair hearing.			
h. Considers the participant/caregiver's wishes.			
i. Includes the primary care manager's signature.			
j. Ensures that the participant signs the care plan at or before the first quarterly contact following the care plan activation.			
k. Ensures that services are listed on the SPUS.			
l. Revisions as necessary to reflect changes in the participant's situation.			
22. As appropriate, develop and write a risk management plan which reflects:			
a. A description of the situation.			
b. An explanation of the cause(s) of concern.			
c. The possible negative consequences to the participant and/or others.			
d. A description of the participant's preference.			
e. Possible alternatives/interventions to minimize the potential risk(s) associated with the participant's preference/action.			
f. A description of the services, if any, that will be provided to accommodate the participant's choice or minimize the potential risk.			
g. The final agreement, if any, reached by all involved parties.			
23. Determine when a Notice of Action is required, and the process and time frames for the action.			
Comments:			