Appendix 56 ▪ Supervising Care Manager Exemption Recommended Orientation Checklist

Job Function	Cannot Perform/ Needs Training*	Performs with Minimal Supervision	Performs Independently
1. Plans, organizes, and develops the principles and techniques employed in community-based comprehensive care management for frail older adults.			
a. Knowledgeable regarding the changes of aging, chronic disorders of the older individual, and issues inherent in providing services for frail older adults and their caregivers.			
b. Knowledgeable regarding the basic principles of care management and social casework.			
c. Makes recommendations regarding the establishment and maintenance of an appropriate staffing model considering the number of participant slots and caseload ratio.			
2. Supervises care management staff:			
a. Ensures that casework is completed according to program standards by utilizing appropriate tools for managing casework activities, e.g., tracking and oversight of casework processes, clinical supervision and consultation with care management staff			
b. Ensures that effective collaboration occurs between nursing and social work care management staff			
c. Ensures that the flow of information between the fiscal, data and care management staff is timely and accurate.			
d. Identifies needs for staff development and implements plans for provision of necessary training, including mandated reporter and fall prevention training.			
e. Develops and oversees the site's quality assurance program, including peer review processes and soliciting input regarding participant satisfaction with services.			
3. Manages Waived Services expenditures:			
a. Ensure that services available through informal sources and referred services are utilized to the maximum before waiver services are authorized and utilized.			

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b. Ensure that individual participant monthly costs are accurately verified for all tracked services, and that service data is entered and reported accurately.			
c. Ensure authorizations for service have appropriate approval (i.e., that care manager does not authorize service costs exceeding 95% of the Benchmark without SCM approval; SCM approval required for costs 95-120%; and Site Director approval required if > 120%), and that high-cost situations are appropriately documented.			
d. Ensure that applicant costs exceeding 120% of Benchmark are reduced within three months of enrollment.			
4. Analyzes social service/health operations internal and external to the program and recommends changes to improve service accessibility for participants.			
a. Collaborate with peers and attend site Supervisor meetings.			
b. Conduct outreach to community.			
c. Network with other community agencies to explore sources for necessary services.			
d. Maintain effective working relationships with agencies such as IHSS, APS, Public Guardian, Linkages, AAA, etc.			
5. Resolves provider/participant problems.			
a. Establish and maintain good working relationship with vendors.			
b. Establish and oversee grievance procedure for participants who are dissatisfied with services.			
c. Monitor and oversee critical incident reporting process.			
Comments:			