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Certification: How we got here and what does it mean?

NAPGCM® National Association of Professional Geriatric Care Managers

Guest Editors' Message

By Cathy Cress, MSW and Carmen L. Morano, Ph.D.

The decision by the National Association of Professional Geriatric Care Managers (NAPGCM) requiring members to be credentialed by 2010 is the result of a decades- long discussion, at times heated and contentious, that has always been driven by the altruistic goal of strengthening the profession. The thoughts, as well as feelings expressed during this discussion, are as diverse as the membership of NAPGCM. Each perspective is confronted by the reality of competing in an ever-changing arena. The articles presented in this issue of the Journal of Geriatric Care Management have been assembled to inform our readers about issues, concerns, and realities of certification and credentialing of geriatric care management.

Care Management Certification: Pros and Cons by Monika White, PhD, threads the Shakespearean "to be or not to be" of the debate. Dr. White presents a reasoned discussion about the pros and cons of certification. Balancing the importance of raising the bar, establishing standards, and developing core competencies in the profession with the realities of an uninformed or apathetic public, adding to the professional alphabet soup of initials, and even asking the question of who really benefits through the exclusion of non-certified members is not simple. Determining whether there can even be standardized credential for our diverse membership further adds to the complexity of this discussion.

Rona S. Bartelstone, LCSW, BCD, CMC, C-ASWCM, presents a chronology detailing the events from its early beginning up to the present *in GCM History of Care Management Credentialing.* This article will inform members about how NAGCM approached the complex issues of developing and implementing a credentialing process.

Pat Volland, Senior Vice President of the New York Academy of Medicine has written a thoughtful article on *The Role of Licensing in Geriatric Care Management*. This article explains how credentialing is sometimes used as an umbrella expression describing licensure, certification, and accreditation. As part of the self-regulatory process, certification is distinguishable from licensing, which is granted at the state level. One result of licensing is that the state is appointed the regulatory agency and assumes regulatory control of the practice. The article closes with a discussion about the pros and cons of the direction NAPGCM is moving and what pathway might be most productive for the profession as it gets closer to 2010.

This issue presents three articles discussing the various types of

continued on page 23

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The Role of Licensing in Geriatric Care Management

By Patricia Volland and Liz Wright

Introduction

Over the course of the last several decades, geriatric care management (GCM) has come into its own as an emerging field of practice that serves the needs of older adults and their caregivers who increasingly seek out assistance in response to changing family and geographic patterns. As with any developing field, GCM has experienced growing pains, especially in terms of how it should be regulated. The entrepreneurial nature of GCM has spurred a self managed approach to regulation that currently substitutes for formal, legal regulation on the state or national level. Through the efforts of voluntary associations that represent geriatric care managers, action has been taken to define and uphold standards of practice, ensure the competency and training of the professionals who practice it through credentialing programs, and enhance consumer protection.

As self-regulatory measures have taken root, the consumer has been provided with some measure of guidance as to what type of professional has the appropriate qualifications. However, regulation through voluntary associations is inherently limited, in so far as anyone can become a geriatric care manager and offer their services to the public, at whatever fee the market will bear. Certainly there is room for abuse in this situation, and the question remains on how to move forward so that the highest level of protection is offered without adding back in the bureaucracy and red tape that has driven many in the public sector to take up private employment.

To date, self-regulation has developed in the form of credentialing, which technically is an umbrella term used for licensure, certification, and accreditation, although in the case of GCM it is often used interchangeably with certification. Certification, as part of the self-regulatory process, is distinguishable from licensing, which is typically granted at the state level and provides the state with the legal authority to control various aspects of the practice of a given profession (Rops, 2002). Geriatric care management is an unusual case in that it is evolving as a stand alone area of practice, and yet many who perform this role are already licensed in other professions, primarily social work and nursing. While there is often some degree of indirect oversight via the care manager's primary licensed profession, this does not extend to all practitioners of GCM (Morano C. & Morano, B., 2006).

The existing situation – namely the practice of self-regulation, the multiplicity of credentials currently offered in GCM and the high number of practitioners already licensed in another professional domain – raises important questions regarding the best approach to the regulation of GCM going forward. Of primary importance is whether credentialing will be sufficient to regulate the profession, or whether the legal regulatory nature of licensing will be required to govern the profession as it continues to grow. The larger issues that frame this subject will continue to be the need for consumer protection, universal standards of care, scope of practice, and emerging legislative and regulatory measures that have the potential to impact who can and will provide these services in the future.

Licensure/Degrees within Professions Commonly Found in GCM

Geriatric care management has evolved as an area of practice within several professions, including social work, nursing and counseling. There are several types of degrees and licensure within these professions which a geriatric care manager may hold. In social work the most commonly held degrees are LCSW, MSW, and BSW; whereas in nursing the most common are MSN, RN and LPN. A 2002 AARP survey of members of the National Association of Professional Geriatric Care Managers indicates that more than two-thirds of geriatric care managers are licensed professionals, approximately one-third holding an SW license and one-third holding a license in nursing (Stone, R., 2002). In addition, many practitioners also have experience in family work, client advocacy, long-term care and/or psychotherapy.

Making the transition from social work or nursing to geriatric care management can be a logical step, particularly if the individual has a background in case management. Many of the credentials offered to geriatric care managers, while they do not always require licensing in another professional domain, in general certainly encourage this. Given the proliferation of existing credentials, in 2006 the National Association of Professional Geriatric Care Managers (NAPGCM) designated four approved certifications: Care Manager Certified (CMC), offered by the National Academy of Certified Care Managers (NACCM); Certified Case Manager (CCM), offered by the Commission for Case Manager Certification (CCMC), and Certified Social Worker Case Manager (C-SWCM) and Certified Advanced Social Worker in Case Management (C-ASWCM), offered by the National Association

continued on page 4

The Role of Licensing in Geriatric Care Management

continued from page 3

of Social Workers (NAPGCM, 2006). The certifications offered by the NASW require that the individual be a licensed social worker, whereas the first two certifications strongly encourage licensing in related fields.

In spite of the prevalence of these four certifications, and the impact this has on bringing licensed professionals with an interest and expertise in aging care to GCM, there is no de facto requirement for either licensing or certification. Furthermore, being a licensed nurse or social worker does not necessarily guarantee that a practicing geriatric care manager has all the skills and knowledge required to serve their clients (Stone, 2002).

History of Licensing in Relevant Professions

In order to understand the future regulatory directions of GCM, an overview of the evolution of licensing in the professions of social work and nursing is instructive, including the fragmentation and inconsistencies in licensing practices that are similar to those that affect credentialing and certification. By taking a closer look at licensing and its relationship to the current practices in credentialing/ certification, clarity can be achieved on whether licensing for GCM will be a viable step to take in the future.

Social Work

The development of licensing regulation in the form of state law has accompanied the growth of the social work and nursing professions to maturity (Dyeson, T.B., 2004). In the case of social work, California was the first state to register social workers in 1945, through the establishment of the State Board of Social Work Examiners. By 1964, all 50 states as well as the territories of Washington DC, Puerto Rico, and the US Virgin Islands implemented laws that govern social work practice. These laws establish state examination boards, determine the criteria for entry into practice, identify the scope of practice, outline disciplinary procedures, and decide which titles a social worker can present to the public. At the time state laws were being developed, the CSWE was established in 1952 as an accrediting institution while the formation of the NASW in 1955 led to a code of ethics stating social work's core values and certification programs, among other developments.

By taking a closer look at licensing and its relationship to the current practices in credentialing/ certification, clarity can be achieved on whether licensing for GCM will be a viable step to take in the future.

The Association of Social Work Boards (ASWB) oversees the development and administering of licensure examinations in the United States and in several Canadian provinces, and also serves as a central resource for information on licensing requirements. The ASWB offers four examination levels that include basic, intermediate, advanced and clinical. The level of examination depends on the academic degree held, and for the more advanced exams, the amount of supervised training required. For example, an MSW with two to three years of supervised training is eligible to take the advanced examination. Each state determines the number and type of licensing levels for social workers, and the relationship of these licensing levels to the appropriate exam. This approach has resulted in a multi-tiered licensing structure that ranges from one to four levels, depending on the state. In so far as there is a typical scenario, for a state that takes a three-tiered licensing approach, the levels of practice regulated include licensed social worker (LSW), Licensed Master Social Worker (LMSW), and Licensed Clinical Social Worker (LCSW).

In an aptly titled article "Chaos Theory – Hope for Reform in the Post-9/11 Age?" the author points out that the byzantine nature of social work licensing and the inconsistencies across states tend to confuse all involved and greatly inhibits the ability of social workers to practice in more than one state (Robb, M., 2004). As stated on the ASWB website "There can be significant variation in the ways states and provinces set up their licensure categories, as well as the titles conferred. The various acronyms – LCSW, LSW, LGSW, etc. – can mean different things, and be accompanied by different requirements." (ASWB, 2009). Further complicating matters, state regulations also vary greatly with respect to required hours of supervised practice and continuing education requirements. Perhaps the greatest problem of all, however, is that reciprocity – the ability of a social worker to obtain a license is another state by virtue of holding a license in another state – is virtually non-existent.

Nursing

Licensing for nurses predates that of social work and became mandatory over a period of approximately twenty years from the 1930's to the 1950's. Initially the scope of practice for nurses was limited, and it was not until 1955 that the American Nurses Association issued a definition of nursing indicating that not all nurse activities required physician supervision. (Damgaard, G., Hohman, M. & Karpiuk, K., 2000). Subsequently the nursing scope of practice continued to expand and in the 1970's the nurse practitioner license became available, along with regulatory measures that clarified the definitions of RN and LPN practice.

Scope of practice is a particularly important issue for nursing, given the different levels of the licensure, the nature of medical care, and the role of nurses within the constellation of healthcare providers.

State boards of nursing are governmental agencies that are responsible for regulating nurse practice according to the statutes set forth by each state and enforcement of the Nurse Practice Act. The four levels of Nursing Licensure include CNA, LPN, RN, and APN. In the early years of nursing each State Board of Nursing developed its own examination, until 1944 when the idea emerged for a national pooling of tests. In 1978 the formation of the National Council of State Boards of Nursing (NCSBN) led to further developments in the standardization of licensure exams through the National Council Licensing Examination (NCLEX) that integrated the five major nursing areas – medical, surgical, pediatrics, obstetrics, and psychiatry – into one comprehensive examination for LPNs and RNs. This exam is in used today as a computerized adaptive test with testing centers in every state responsible for its administration.

Nursing has been far more successful than social work in developing uniform standards for examinations, licensing and regulation. For example, in 1982 the Delegate Assembly of the NCSBN adopted the first Model Nursing Practice Act, designed to identify essential elements for legislation and offer a road map for states to implement nursing statutes. The Model Nursing Practice Act and The Model Nursing Administrative Rules, first established in 1983, have both undergone subsequent revisions as nursing education, practice and policy have evolved. The NCSBN have also made important strides in the area of reciprocity, through the development of the model Multi-State Nurse Licensure Compact (NLC), which must be enacted as law on a state by state basis. The NLC is a "mutual recognition" model designed to allow a nurse who is licensed in one state to practice in other states that are part of the compact. In 2000 the first four states to pass the NLC into law were Maryland, Texas, Utah and Wisconsin. Today, the number of participating states has expanded to 23, and RN's, LPN's and LVN's who hold their primary license in one of these participating states automatically gain the right to practice in any of the other states.

Lessons for GCM

Whatever the future holds for GCM in terms of licensing, certification and/or credentialing, it is clear that there are better and worse ways to go about this process, and that consistency and uniformity are far more desirable outcomes than a hodgepodge of different approaches that create headaches for the profession at large. The formal legal authority of licensing, by constitutional design, will always be in the hands of the states, and as such will be subject to the variation that this implies. However, as can be seen by the difference between social work and nursing, the work of national organizations has led to national testing in each of these professions, and a uniform approach to legislation in the case of nursing. In the instance where there is a lack of strong leadership, as is the case with the ASWB, there has been significantly less success in areas such as reciprocity and a uniform approach to licensing.

Case Management/ Care Coordination Requirements in Government Programs

An overview of the educational and training requirements for case managers, care managers and care coordinators (henceforth referred to as care coordinators) in government programs may also be instructive for the present and future of GCM. Medicaid Waiver Programs that principally target "dual eligibles, i.e. adults over age 65 who qualify for both Medicare and Medicaid, have made extensive use of care coordination for a population of older adults that typically have multiple chronic conditions and complex long term care needs. As a result, on a program by program basis states have designated what they deem to be the necessary minimum training requirement to fulfill the care coordination function.

In many, though not all cases, the a priori condition to be a care coordinator in one of these programs is to be licensed either in the social work or nursing domain. A bachelor's degree in nursing or social work tends to be the norm; in most but not all instances the care coordinator may be required to hold a license in nursing or social work; and in some cases credentialing may be offered as a substitute for degrees and/or licensure. For example, in South Carolina's Community Long Term Care Waiver program "Community Choices," the preferred education level is a bachelor's degree in nursing, a bachelor's or master's degree in social work, or a licensed professional counselor. In this program, as of July 1, 2007, it is required for the care coordinator to be currently licensed in the relevant professional domain. However, not every waiver program takes this kind of approach; in the Vermont Choice for Care Program the only educational requirement is a bachelor's degree in the arts or sciences, with no requirement for licensing or certification. Instead, the Vermont program focuses on a required amount of experience in either a human services occupation or in working with older adults.

The New York Academy of Medicine's Social Work Leadership Institute conducted a series of focus groups to identify stake holder responses to the "Definition and Qualifications of the Ideal Care Coordinator." Participants strongly agreed that care coordinators should be licensed in the relevant professional domain, and that these should be social workers, registered nurses or other licensed professionals following a code of ethics. In addition, it was felt that certification for care coordination should be available but not limited to master's level providers, or limited

continued on page 6

The Role of Licensing in Geriatric Care Management

continued from page 5

to a particular type of profession. Although many agreed that social work generalists are well equipped with the skills to be a care coordinator, there was also the strong feeling that aging coursework should be infused in the curriculum for all health and social service professionals.

Licensing Requirements of GCM Certification Programs

In 2006 the NAPGCM established the requirement that all members must hold one of four approved certifications in order to achieve such objectives as upholding standards of quality, offering consumer protection, and promoting specific education and training criteria. As previously stated, the approved certifications include Care Manager Certified (CMC), Certified Case Manager (CCM), Certified Advanced Social Worker in Case Management (C-ASWCM), and Certified Social Work Case Manager (C-SWCM).

Eligibility for any one of these certifications requires certain qualifications in the realms of education, supervised work experience, passing an examination and continuing education. Holding a professional license is not a strict requirement for the CMC or the CCM, although it is strongly encouraged by the educational requirements. With respect to the NASW certifications, it is mandatory to be a licensed social worker, for the C-SWCM at the BSW level, and for the more advanced certification at the MSW level, with a certain amount of supervised training in each instance.

The CMC requires a master's degree, bachelor's degree or associate's degree in a related field and varying degrees of work experience that include full time direct experience with persons with chronic disabilities and supervised care management experience. CCM has similar requirements, stating that the applicant must hold a "post secondary degree in a field that promotes physical, psychological, psychosocial, or vocational well-being of the person being served" and "licensure or certification in a degreed field which grants the person the ability to legally and independently practice without supervision." (NAPGCM, 2006).

Licensing vs. Certification for GCM

While none of these four certifications are mandatory, the selection of these by the NAPGCM has given them a strong presence, and has simultaneously promoted the number of professionals licensed in areas relevant to GCM. Whether in the long run this approach will be sufficient to the profession as it evolves is an open question, since under the current circumstances it will always be the case that licensing is promoted but not required. Much will depend on whether geriatric care management remains primarily a private, entrepreneurial enterprise, versus a situation where there is movement towards reimbursement by long term care insurance or government programs.

The other question that arises, given that so many geriatric care mangers are licensed as nurses and social workers, is whether geriatric care management will become a licensed profession in its own right. In order for this to happen, there would have to be significant educational developments in the GCM field, since every licensed profession overseen by state law has a degree associated with it – whether the field be nursing, social work, psychology, medicine and so on. While some educational programs have been developed that offer training in geriatric care management, these are not yet at the stage of educational opportunity that one would associate with a licensed profession. However, as seen in the historical evolution of licensing for nursing and social work, there may ultimately be a need to license a growing profession serving large number of people in ways that intimately affect the beneficiary's health, well-being and financial security.

At the present time, the debate is primarily focused on whether a practicing GCM should be required to hold a license in a relevant professional domain and if so, whether an additional certification is needed that is specific to older adult care. Some geriatric care managers believe that the training required of a licensed professional to become a nurse or social worker provides sufficient preparation for care management responsibility. However, 78% of AARP survey respondents (all members of the NAPGCM) felt that certification as a GCM is an important credential to have (Stone, 2002). This debate is also tied to the amount of education and training one receives in aging care as a generalist, an area that virtually all agree needs improvement.

Conclusion

In an ideal world, every Geriatric Care Manager would hold a license in a relevant professional domain and have additional certification in care management. In addition, competency based training in the field of aging would form an important part of the care manager's educational background, either through the primary professional training or through the certification process. To date the most progress in advocating for increased GCM professionalism has been made through the work of the NAPGCM and associated organizations, particularly through the designation of four certifications that ensure the acquisition of relevant skills in case/care management. In turn, these certifications have helped bring an increased number of licensed professionals in social work and nursing, as well as other fields, into the GCM arena. In the current environment, credentialing and licensing both have an important role to play in education and training of competent, qualified geriatric care managers and should continue to evolve towards:

- Consumer protection
- Universal standards of care
- Well-defined and relevant scope of practice

- Competency based training

As GCM continues to evolve and as educational opportunities develop, it remains to be seen whether geriatric care managers will eventually become licensed in their own right. Although this seems a distant prospect at the moment, it is still a very young profession. As seen in the separate histories of the licensing of social work and nursing, the work of national organizations representing geriatric care management will be critical to the evolution of licensing and the prospect of regulation through the formal legal authority of the state. Self-regulation will continue to be of the utmost importance pending further identification of consensus-based standards for the training and qualifications of geriatric care managers, so that consumer is able to make informed choices, quality standards are upheld, and the public has access to needed services to sustain healthy aging.

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Volland and Wright Bios

Patricia Volland is the Senior Vice President for Strategy and Business Development at The New York Academy of Medicine and the Director of the Academy's Social Work Leadership Institute, a national initiative working to grow the healthcare workforce and improve care for America's older adults.

Before joining The New York Academy of Medicine, Ms. Volland spent 25 years as a hospital administrator. She has held administrative and clinical social work positions at several academic medical centers, including 15 years at The Johns Hopkins Medical Institutions. She has served as national president and board member of the Society for Social Work Administrators in Health Care of the American Hospital Association and as Chairman of the Board of Planned Parenthood of New York City, where she placed special emphasis on advocacy to ensure access to health and reproductive services. Ms. Volland is a Fellow of The New York Academy of Medicine and a nationally recognized expert on issues of aging, workforce development, social work, and women's health. She has edited and published in numerous scholarly journals and books and is the recipient of major grant support for developing health and aging services. She currently sits on the Board of the New York City-based Altman Foundation, and serves on a number of national advisory groups focused on transforming the long-term care system and improving services to older adults. She is a member of numerous professional organizations and serves on the editorial board of the journal Social Work in Health Care.

Liz Wright is a Program Associate and Executive Assistant at the New York Academy of Medicine's Social Work Leadership Institute. Her background is in administration, research and writing for health and social service related enterprises. Previously, Ms. Wright worked for six years in the production and rehearsal departments of the Metropolitan Opera. She is a graduate of Barnard College with a major in English literature, and has recently begun working part- time towards a master's degree in biochemistry at Hunter College following post-baccalaureate pre-medical studies at City College.

History of Care Management Credentialing

By Rona S. Bartelstone, LCSW, BCD, CMC, C-ASWCM

As the National Association of Professional Geriatric Care Management moves toward the final stage of requiring credentialing of voting members, it is important to understand the history of this process. Credentialing efforts are part of the "professionalization" of what started as an interdisciplinary service delivery modality providing care coordination, advocacy and health care management to many segments of the population, as they interacted with the fragmented health and social service delivery systems.

Significant activities have occurred in the past almost 40 years, leading to the necessity of formalizing care management as a unique profession. For example, care management was a specific component of the Developmental Disabilities Act of 1975. During the 1980s, care management became a prominent feature of the Medicaid waiver programs. The 1980s also saw the emergence of care management in workers' compensation and private practice, especially with older adults. In the late 1980s and early 1990s numerous professional associations – including the National Association of Professional Geriatric Care Manager (NAPGCM), the National Council on Aging (NCOA), and the National Association of Social Workers (NASW) – began to promote standard for care management practice. The growth of managed care in the 1990s further expanded the care management role in all settings and with all populations. This led to the establishment of standards in 1999 for care management organizations by the American Accreditation Healthcare Commission/URAC. Finally, efforts to certify individual care managers began in the early 1990s, as the demand for care management staff expanded prior to the development of academically based curricula.

Credentialing is the effort to determine the body of knowledge and the skill set that enables the practitioner to perform the job tasks of the field of practice.

All of these developments demonstrated a broad-based consensus that care management had become a useful and important component of the health and social services delivery systems. Despite apparent agreement on the value of care management, there was little to guide individual or corporate purchasers about who should do it, under what circumstances, for whom and through which funding mechanisms. This then created confusion among consumers, funders, policy makers and even personnel.

Why Credentialing?

Credentialing is the effort to determine the body of knowledge and the skill set that enables the practitioner to perform the job tasks of the field of practice. Because care management has evolved as a transdisciplinary field, it is important to delineate the functions, roles, values and ethical perspectives of a competent care manager. This presented a unique challenge and credentialing efforts began to emerge in multiple areas.

As previously stated, the disability movement of the 1970s was the first to identify the unique roles of care managers. However, it was the emergence in the 1980s and 1990s of a number of professional associations focused on care management, which spurred the momentum toward credentialing of care managers. These organizations recognized that they had both competing and mutual interest that might best be served by moving toward a consensus in the role played by care managers in the health and social services environments.

The primary rationale for the development of credentialing is to move a field to its place as a recognized profession. Within this framework the motivation for a credential is the validation for practitioners of their education and experience. However, for the consuming public, for funding sources and for policy makers the additional rationales for credentialing include the following:

- **Informed consumer choice** – how do you know who to responsibly hire;
- **Consumer protection** – to limit opportunities for exploitation,

neglect and abuse of vulnerable populations and those who care for them;

- **Marketing** – helps the practitioner to distinguish him/herself in the marketplace;
- **Insurability** – insurance companies cannot develop products unless they understand and have standards for the practice of the discipline;
- **Education** – a practice modality can only become a profession if there is consensus about the educational content that enables the knowledge and skills required to perform defined tasks;
- **Research** – outcomes of practice can only be clearly defined if there is clarity about the services being performed;
- **Self-regulation** – is a hallmark of being a profession and is a principle component of consumer choice and protection.

Approved Certifications

Commission for Case Manager Certification

A meeting of these organizations was held in 1991 hosted by the Individual Case Management Association. The outcome of this meeting was the formation of a National Case Management Task Force, which appointed a steering committee to address the issues of philosophy, definition, and existing standards of practice. There were 29 organizations involved in this task force. In 1992, the steering committee proposed the development of a voluntary care management credential.

An Interim Commission was incorporated as an independent credentialing organization and in July 1995 was renamed the Commission for Case Manager Certification (CCMC). The CCMC continues to be responsible for the Certified Case Manager (CCM) credentialing process. The CCM eligibility required that an applicant have a, "minimum educational requirement of a post-secondary program in a field that promotes the physical, psychosocial, or vocational well-being of the persons being served. In addition, the license or certificate awarded upon completion of the educational program must have been obtained by the applicant's having passed an examination in his/her area of specialization." (Commission for Case Manager Certification. CCM Certification Guide. Rolling Meadows, IL: 1997)

This meant that the CCM was effectively an advanced practice credential.

The focus of the NACCM exam is the core care management functions of assessment, care planning, care implementation, monitoring/ management, reassessment, termination, and professional issues and ethics.

National Academy of Certified Care Managers

In 1993, NAPGCM and the Case Management Institute (CMI) of Connecticut Community Care both felt that the CCM was medically oriented and focused primarily on rehabilitation and acute care management. Furthermore, the eligibility criteria for the CCM excluded most of the staff employed by social services programs in the home and community based long term care social services arena. This excluded most staff from publicly funded programs serving clients through various non-profit and public programs. It left out many of the front line staff that provide direct client services through such agencies as the area agencies on aging, vocational and rehabilitation services, substance abuse programs, peer counseling programs and other grassroots organizations. Such organizations rely on both formally and informally trained and supervised staff, including those with many years of hands-on care management experience.

Members of NAPGCM and CMI noted that these practicing care managers would be unable to obtain credentialing from the CCMC. In addition, at the time, the CCM exam was focused on medical issues and not the core processes and functions of care management. For these reasons, the National Academy of Certified Care Managers (NACCM) was formed in 1994 as an independent credentialing organization to fill these gaps. The credential offered by the NACCM is the Care Manager Certified (CMC), which is also given subsequent to the successful completion of an exam process. The focus of the NACCM exam is the core care management functions of assessment, care planning, care implementation, monitoring/ management, reassessment, termination, and professional issues and ethics. NACCM began offering the exam in January 1996.

National Association of Social Workers

In 2000, the National Association of Social Workers (NASW) also introduced a certification for Social Workers at both the bachelor and master degree levels. This new specialty certification was based upon the recognition that care management had become a more widespread practice modality for social workers serving a variety of populations. As a

continued on page 10

History of Care Management Credentialing

continued from page 9

unique profession it was the intention of NASW to recognize what social workers had been offering as part of their professional practice for many years. This certification process requires an application and proof of education, experience and supervision. There is no examination requirement.

Other Certifications in Care/Case Management

It must be pointed out that while NAPGCM recognizes only the four certifications, that there are a number of other organizations that offer related certifications. Among these organizations are:

- National Board for Certification in Continuity of Care certifies people who work primarily in discharge planning starting at the baccalaureate level of training with two years of experience within the last five years of full time work experience and an examination process.
- Rehabilitation Nursing Certification Board is solely for those who have an "unrestricted RN license plus at least two years of practice as and RN in rehabilitation nursing with the last five years.
- Health Quality Certification Board certifies people primarily who work in the medical records technology field, health care quality management, utilization management, or risk management.
- Certification of Disability Management Specialists Commission has 9 categories within which a candidate may qualify for certification.
- Certified Rehabilitation Counselor also has multiple ways of meeting eligibility requirements.

Conclusion

As care management becomes "professionalized" and more widely incorporated into health and social service programs, the credentialing of individual practitioners will become more of a norm and an expectation. While practitioners may have degrees and licenses in other "parent" professions, it is only by demonstrating their competency specifically in care management that this will become a more mainstream enterprise. Certification is an independent way of confirming adherence to a basic level of practice. This in turn, helps consumers, funding sources and policy makers to know how to differentiate among practices.

Certification is often the precursor to actual licensing and regulation of a profession. While this often takes many years to achieve, the Florida Chapter of NAPGCM has begun investigating the efficacy of promoting and advocating for a state license. State regulation is a governmental function that must be informed by those who participate in the profession, in order to accurately and adequately reflect the practice.

Codes of ethical behavior, standards of practice, and credentialing are the cornerstones of building a viable profession. NAPGCM has been moving care management practice toward the ultimate goal of being a recognized profession since its earliest days.

Care Management Certification: Pros and Cons

By Monika White, PhD

Introduction

To certify or not to certify—that is the question. Shakespeare aside, the question has been posed by case/care managers for a long time. The answer remains controversial and often confusing.

Certification is a credential that differs from licensing (which is granted by a regulatory body such as a state), and from certificates earned for completing a class or a training course. Certificate programs are a form of continuing education sometimes offered at universities.[1] As defined by Dale in a short paper on the subject ten years ago, "credentialing refers to a designation given by a national professional organization. [The credentials] are awarded to advanced practitioners and certify competence above the minimal level necessary for public protection."[2] Dale also points to a number of credentialing issues such as variations in terminology, disparity in requirements between credentialing bodies, and differences between legal and professional credentialing. These issues account for much of the confusion about certification and are as germane now as they were a decade ago.

The question of certification for members of the National Association of Professional Geriatric Care Managers has been a topic of interest for a number of NAPGCM members since the early 1990s. There have been—and continue to be—advocates on both sides. NAPGCM surveys, journal articles, conference sessions and discussion groups document the differences of opinions well. Marcie Parker[3] and Robyn Stone[4] both conducted separate surveys of NAPGCM members in 2002 that included perspectives on certification; both capture members' ambivalence about it. A more recent survey (2009) conducted under the auspices of the NAPGCM Certification Committee reflect similar results. About 15% of the membership (261) responded; of these, 37% did not support mandated certification for greater membership benefits.[5]

The Association's decision to mandate certification by the year 2010 to obtain or maintain the maximum membership benefits was a bold move. For instance, the Association risks losing members who are not interested in, or do not qualify for, certification and may feel like second-class citizens with lesser benefits. The NAPGCM board of directors and the membership approved the certification plan in 2008 and, while the number of certified members is growing, the certification question continues to be the source of some dispute.

While organizations, professional associations, businesses, and payers are moving toward requesting or requiring certification, professionals from a variety of disciplines vehemently challenge the need to add another set of initials behind their names. Others are just as passionate about the desire to distinguish their specialty in the growing case/care management field. Just as there are compelling reasons to become certified, there are equally rational arguments not to.

The decision to certify or not comes easily to those with strong opinions either way, but many others are still unsure. This article explores a few of the key certification issues, not to propose the "right" answer, but to present both sides of the question.

The Case for Certification

Raising the bar

In discussions about the importance of certification, a frequently used term is that it "raises the bar" for everyone involved. Through certification, the work performed by case/care managers is elevated to meet agreed-upon standards; core knowledge and skills are tested and proven; individual professionals will have similar values and embrace a code of ethics and, the likelihood that there is some consistency in practice is significantly improved. This is especially important because of the varied backgrounds, education, and experience of case/care management practitioners. Raising the bar not only refers to a higher level of professionalism, but it can also refer to a foundation for improved care and enhanced service delivery.

Standards

Developing uniform practice standards is high on the list of anyone interested in certification. Standards are an essential part of—and often a precursor to—certification, since they guide functions, practices and ethics. Typically, case/care managers work under the auspices of the standards set by their own professions.[6] As noted by the National Association of Social Workers (NASW), one of the benefits of holding a credential or specialty certification is the recognition that "established national standards" are met[7]. Adherence to established standards is what clients, families, referral sources, colleagues and payers should be able to expect; certification signifies that the case/care manager's practice is based on these standards.

continued on page 12

Care Management Certification: Pros and Cons

continued from page 11

Consumer protection

Certification offers a way for consumers to make informed decisions when choosing a case/care manager.[8] It provides an easily understood criterion once its value becomes generally recognized. There already is increasing consumer familiarity with board certified doctors, licensed therapists and a number of other types of credentialed specialists. This growing awareness is both an opportunity and a responsibility for case/care managers to educate the public about credentialing and the benefits of working with certified practitioners. Certification not only helps consumers identify well-qualified case/care managers, but also protects consumers by providing a channel for legal action if needed.[9]

Core competencies

At this time in the of case/care management history, it is safe to say that for the most part, there is general agreement about the basic tasks and roles of case/care managers. Because of this consensus, it is possible to identify core knowledge and skills required to perform case/care management functions. Testing of core knowledge and skills may be more or less specific to a population (e.g., older adults, developmentally disabled), specific setting (e.g., hospital, senior center), or field of practice (e.g., social work, nursing). Certification is the proof of basic competency and specialization and important in identifying qualified professionals.

Education and training

Education and training of case/care managers was a key recommendation made in developing a national agenda for geriatric education to policy makers in 1997.[10.] Certification has had a profound influence on education with increased development of academic courses and professional training of case/care managers. Frankel and Gelman point to the addition of at least some case/care management content in schools of social work and nursing as well as the growth of certifying organizations. They see this as very beneficial and note that, "One of the most promising trends for case management is the continual upgrading of training for practitioners."[10]

Since all credentialing entities require some form of continuing education (and in some cases, supervision) to renew certification, certified professionals are motivated to engage in an on-going process of building on their core knowledge and skills by keeping up with current trends, new practices and strategies and techniques.

Certification may become the "norm" in the future as payers and insurers recognize and fund case/care management services.

Reimbursement and insurability

Certification represents a standard of quality care important to payers and to providers of liability coverage for case/care management services. Credentialing of some kind is increasingly required for reimbursement from both public and private sources. Certification may become the "norm" in the future as payers and insurers recognize and fund case/care management services.[11, 12.] Just recently, there was a discussion on the NAPGCM Listserv about reimbursement for care management services where participants reported that their CM certification was accepted by a third-party payor. A review of want ads for nurses, for example, reflects that "certified nurse case managers" are preferred. These are strong, practical arguments for certification.

Marketing

Whether in a for-profit or not-for-profit, social services, healthcare, institutional or community setting, case/care management services marketing is important. The ability to distinguish a business, a service, or a program from others is an important ingredient for success. A number of NAPGCM members note their certification on brochures, business cards and other marketing materials. When utilized as a key distinction from non-certified case/care managers, certification can carry a powerful message. It is an objective demonstration that signifies competency and lets clients, employers and payers know that the case/care manager has core knowledge, skills, education and experience. Marketing is also a good vehicle for educating the public about the importance of certification.

The Case against Certification

Who Cares?

Why bother when the public does not know the difference between certified or non-certified case/care managers? There is no evidence that consumers prefer certified case/care managers; most do not even ask. There are still many people who do not yet know what a case/care manager is or does nor is there even a standard answer to the question, "what is case/care management."

For the experienced case/care manager who has been in business for a number of years and has a network of colleagues, referral sources and an income, certification seems an unnecessary burden, yet some

case/care managers who currently work part-time have expressed disappointment that they are not eligible for certification. For the most part, they may not be in a position to work additional hours or are not otherwise interested in seeking to qualify themselves for certification. Those who expect to retire in the near future also do not consider certification relavent.[13] While some employers, especially in health care settings like hospitals, prefer to hire certified professionals, most do not require it.

Who really benefits?

Requirements for certification may result in well qualified case/care managers being excluded from reimbursement, resulting in a fewer choices for consumers, employers and payers. Many non-certified case/care managers have extensive education and experience and provide excellent services. If a condition of reimbursement by a third-party payer is certification, then access to case/care managers will be restricted to private payment.

It could also force clients to utilize a medicalized system where certification is more prevalent but may not address psychosocial issues—an important element for thorough assessment and care planning, especially for vulnerable clients with inadequate supports. Staffing costs could easily increase which, in turn, would increase costs of services.[13] In the recent NAPGCM survey on certification, two members noted that it is likely that the real beneficiary of certification is the organization doing the certifying. Others were perplexed about the value of this certification and could see few, if any, benefits in spending the time and the money to obtain it.[14.]

Alphabet Soup How Much is Enough

How many letters does a professional need behind their name? Many case/care managers with undergraduate, graduate degrees, and/or a license or certification in another field or specialization consider the case/care management certification redundant. In her survey of NAPGCM members, Stone found that professionals, especially licensed social workers and nurses, say they are adequately prepared to perform case/care management function without additional credentials.[15]

Costs of time & money

Obtaining a credential is costly. Expenses such as: application fees, fees for exams, charges for continuing education units required for renewals and for re-certification itself can all add up. Typically, costs will run $250-$500 depending on the type of certification and renewals can cost one-third to one-half of that every two to three years. In addition to the financial cost, the time needed to meet certification and re-certification can be even more costly. The extensive documentation, proof of supervision and other requirements are perceived by many case/care managers as too time consuming with little if any upside.

Many NAPGCM members were upset with the Association's decision that the highest level of membership required certification from an endorsed organization regardless of how many years they had been members.

Grandfathering

Grandfathering, or the granting of certification for education and past years of experience, is common to many professions. As a new field of practice, why would there not be grandfathering for case/care managers? Grandfathering policies are inconsistent and determined solely by the credentialing entity.

Many NAPGCM members were upset with the Association's decision that the highest level of membership required certification from an endorsed organization regardless of how many years they had been members. They simply believe they are qualified for certification based on their education and years of experience.[16]

Other issues

Frankel and Gelman address some of the issues about certification and question, "…whether there can be a convergence to generic practice models and a body of knowledge that can support some type of standardized accreditation (p. 152)." They also state that because individuals and companies with questionable or no credentials call themselves case or care managers, the reputation of the field is still a challenge.[17]

Although the question of what background, education, and training is best for the job is still an issue; there is little doubt that most appropriate professional educational and training depends on the unique needs of the client, a given situation, and the resources that are available. The differences between case/care managers may be as important as the similarities. Differences are important to specialization; e.g., if client issues are primarily medical then a case/care manager with a health care background may be the best. Many case/care managers partner or contract with professionals to cover these kinds of needs.

One of the hallmarks of case and care management is the broad range of backgrounds individual

continued on page 14

Care Management Certification: Pros and Cons

continued from page 13

case/care managers bring to the work. Whether they are from health care, social work or counseling, or they have been educated in related disciplines, experience shows that serving older adults and their families and other vulnerable populations takes a coordinated effort with other disciplines.

Certification may level the playing field but with so many different case/care management credentials, is there a best one? Rosen, et al caution that, "It is incumbent upon interested credentialing bodies to work through [the] issues [of certification] for the main purpose of providing quality services to the consumer—regardless of the delivery system." If not, then business and government interests will dictate the decision.[18]

Conclusion

Perhaps the question is not only about certification; a part of a larger question of whether case/care management is on the road to becoming a profession. If the ultimate goal is to advance care management as a profession, the commitment of those professionals working as case/care managers can be demonstrated by their support of a uniform credentialing process. This will require an answer to questions such as, "How does certification fit in?" and "Will case/care management follow the models of social work, nursing and other professions that begin with undergraduate or graduate education?" If so then licensing and/or certification of case/care managers can be the answer.

Clearly, the decision to certify or not to certify is an individual choice, especially in a newer service field like case/care management. Unless or until there is demand by employers, requirement by payers and expectation by clients and, maybe even higher salaries for certified case/care managers, certification will remain in flux and meet with resistance. NAPGCM's stand on certification for its members is an important step for the field and, possibly, for a future case/care management profession.

Notes

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5. National Association of Professional Geriatric Care Managers. Certification Survey Responses, 2009.

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12. White M and Whitman CM, 2007: 225.

13. NAPGCM Certification Survey Responses, 2009.

14. Rosen, et al, 2000:100.

15. Stone, 2000:82.

16. NAPGCM Certification Survey Responses, 2009

17. Frankel and Gelman, 2004:152.

18. Rosen, et al, 2000:102-103.

The National Academy of Certified Care Managers:
A Credentialing Option for Professional Geriatric Care Managers

By Cheryl M. Whitman, BSN, MS, CMC

Background

The National Academy of Certified Care Managers (NACCM) was established in 1995; as the result of the synergy, research and clinical expertise of Connecticut Community Care, Inc. (CCCI) and the National Association of Professional Geriatric Care Managers (NAPGCM). Both organizations were acutely aware of the unprecedented growth in the care management field and the development of a medical case management organization and certification process. CCCI and NAPGCM recognized the critical role of holistic, community-based care managers and were committed to an examination process based on core functions, tasks and practice guidelines. The two organizations combined vision and resources to lay the foundation for an organization responsible for creating a certification process with the assistance of a reputable and experienced testing company. The end result was the creation of NACCM, an independent, non-profit, credentialing organization.

The mission of the National Academy of Certified Care Managers is to support a high level of competence in the practice of care management through the administration of a formal certification and recertification program.

According to The National Organization for Competency Assurance (NOCA)[1] a professional credentialing examination requires a professional and validated role delineation or job analysis that is periodically updated and revalidated; the exam is linked to a body of knowledge that is based on the role delineation; psychometrically accepted statistical methods are used to demonstrate the reliability and validity of the examination and that a minimum passing score is determined using psychometrically accepted statistical methods. In order to meet these standards, NACCM chose to contract with the experienced testing company Professional Examination Services (PES)[2].

Development of the Certification Examination

Working with the expert consultants of PES, the NACCM board of directors relies on the strictest standards of examination development methodology. This methodology is designed to ensure that the resulting examination is fair, valid, and reliable. By **fair**, NACCM means the examination is not biased for or against any groups of care managers because of their ethnic background, their geographic locale, or any other demographic criteria. A **valid** examination is one that accurately reflects the knowledge and skills required for competent practice. **Reliable** means the examination is consistent in its measurement of the knowledge and skills required for competent practice.

More than 500 care management practitioners, educators, and administrators participated in the development process during 1995 and 1996. Experts in care management including academics, administrators, care managers and members of NAPGCM from around the country were convened to specify practice domains, knowledge and skills essential to the practice of care management. These findings were validated by experts and practicing care managers nationwide. This content served as the blueprint for construction of the Certification Examination for Care Managers.

Test questions were then written by experienced care managers under the guidance of PES. Item writers represented all areas of care management practice and geographic regions. All examination items (questions) were reviewed and validated by content experts. Subsequently, an Examination Committee, which was comprised of a separate panel of content experts,

continued on page 16

(2) **Professional Examination Services** For more than 60 years PES has been a leader in creating, implementing and enhancing credentialing programs across a broad range of occupations. Founded in 1941 as a nonprofit corporation, PES's mission is to promote the public welfare by communicating and demonstrating the value of credentialing. PES achieves its mission by providing customized services and by making public service contributions in support of credentialing activities, including licensure and certification, competency assurance, accreditation and training-related certification. www.proexam.org

The National Academy of Certified Care Managers: A Credentialing Option for Professional Geriatric Care Managers

continued from page 15

reviewed and validated items for the examinations.

The process of creating test questions is an on-going process that ensures that the exam remains valid by reflecting changes in current practice, incorporating new knowledge, modifying test items that prove to be problematic, and reflecting the changing nature of care management practices across the entire service delivery system. The most recent job analysis will influence the changes being made to the exam(s) to be used in 2010.

A criterion-referenced passing score is established using appropriate standard setting procedures, under the guidance of Professional Examination Service. The passing score for each administration of the Certification Examination for Care Managers is based on a statistical equating process which adjusts for fluctuations in difficulty levels across different examination forms. Equating ensures that candidates are evaluated according to the same competency standard from year to year.

Why a CMC?

Care managers seeking certification through NACCM have a demographic profile similar to other NAPGCM approved certifications; 90% female, 40-64 years of age and in practice 10-12 years. CMCs are more likely to work in community based, private for profit or non-profit settings. Because these care managers are not institution based they are able to follow consumers across settings related to the level of care the consumer requires.

NACCM has been and continues to be committed to a certification process that reflects a biopsychosocial approach to care management. Care managers come from a variety of professions such as nursing, social work, psychology, gerontology rehabilitation, counseling, and public health and work in a variety of settings. Not all professions require licensure and not all states have licensure for the same professions. NACCM provides certification to care managers working in long term care, mental health systems, social service programs, private practice, and public assistance programs to name a few. This certification focuses on the information one needs to perform the core functions and tasks of care management.

Professional geriatric care managers come from a variety of parent professions particularly social work, psychology, gerontology and nursing. They provide services to elders, those with chronic social and health needs, in a variety of community based settings.

As the government and other stake holders in health care reform look at the importance of care management during transitions in care, PGCMs and CMCs are credible, experienced resources. Certification assures the public and payors that these professionals meet specific education and experience requirements, have passed an exam that tests the ability to apply the knowledge to perform the core care management functions and maintain their professional status via continuing education and ongoing practice.

NACCM's philosophy and practice approach to care management best fits the typical practice of NAPGCM members. Members of NAPGCM have been and continue to be involved with the evolution of this certification. The NACCM certification is reasonably priced, valid and reliable and continues to promote the ongoing education and practice of care managers regardless of their parent profession. CMCs are able to tap into third party reimbursement such as long term care insurance.

Eligibility

All eligible candidates regardless of educational preparation must have a minimum of two (2) years of paid, full time, *supervised* care management experience within the last 10 years and post qualifying degree. Additional direct consumer experience is required for candidates with associates and bachelors degrees. The education requirement includes degrees in fields related to care management such as social work, counseling, nursing, mental health, psychology, gerontology, RN diploma, rehabilitation, public health, and human services.

The eligibility grid in Table 1 spells out the criteria specifics.

THE EXAMINATION

Format

The Certification Examination for Care Managers consists of 200 multiple-choice questions. Each question was carefully written, referenced, and validated to determine its accuracy and correctness. The content of the examination is determined by the Role Delineation Study. The NOCA defines a Role Delineation Study or Job/Practice Analysis as any of several methods used singly or in combination to identify the performance domains and associated tasks, knowledge, and/or skills relating to the purpose of the credential and providing the basis for validation.[3] The number of questions asked on each topic is the result of the validation study involving practicing care managers. There are four (4) answer choices for each question and candidates are asked to choose the most appropriate answer.

Content Domains

The examination questions reflect the content domains, core functions and tasks of care management.

Domain I Assess and identify consumer strengths, needs, concerns, and preferences

Items focus on intake and

Successful candidates are certified for three years at which time they are expected to renew through a formal renewal process that includes maintaining care management practice and earning 45 contact hours of continuing education during the three year period.

assessment tasks with potential and new consumers, gathering, verifying, analyzing and documenting information, providing access to services, and defining the role of the care manager.

Domain II Establish goals and a plan of care

Items focus on care plan development tasks, setting goals, identifying available and alternative resources, and planning interventions with consumers and families.

Domain III Implement care plan.

Items focus on care plan implementation tasks such as coordinating plans with providers and consumers, initiating service delivery, incorporating formal and informal services, using negotiation and cost efficient strategies.

Domain IV Manage and monitor the ongoing provision of and need for care.

Items focus on managing care and resources, monitoring consumer status and service delivery, goal attainment, consumer education and advocacy, reassessment for ongoing needs, and discharge from care management.

Domain V Ensure professional practice.

Items focus on the variety of issues facing care managers such as consumer autonomy, right to self determination, upholding consumer's value system, and professional and ethical conduct.

Certification Examinations are administered a Prometric testing sites. Prometric offers the most extensive, professional and secure testing network (our channel) in the world where tests are delivered in over 160 countries in over 7,500 locations including every state in the US (prometric.com). Once a candidate has been found eligible to sit for the examination, PES will notify the candidate and provide instructions to register to take the examination at a convenient time and location during the exam window.

Successful candidates are certified for three years at which time they are expected to renew through a formal renewal process that includes maintaining care management practice and earning 45 contact hours of continuing education during the three year period.

CMC RENEWAL PROCESS

In order to renew certification the CMC must submit verification of ongoing care management practice, a description of the frequency and method of peer consultation/ supervision the CMC receives and or provides, and documentation of 45 contact hours of continuing education on the forms provided by NACCM. As the examination is based on the core care management functions, the continuing education must reflect these same domains.

NACCM requires all CMCs be involved in peer consultation or supervision. Care managers work within the constantly changing health and social service delivery systems, and the diverse dynamics of each family system including complex needs, preferences, values, faith traditions and resources. Although a sophisticated practitioner may be experienced in working with a multitude of these complex systems, the specific details of each situation remain unique. This challenging array of factors impacts care management practice and necessitate periodic review to assure high quality and ethical service delivery. CMCs get professional consultation or supervision from sources such as their place of employment, colleagues (paid or reciprocal), clinical practice groups and via professional organizations such as NAPGCM.

NACCM asks the CMC to document and verify the method(s) and frequency of CMC consultation, peer review or supervision received or given during a certification period.

Effective September 2009 CMCs will no longer have to verify a specific number of practice hours during a certification period. Instead, the CMC will be asked to indicate the percentage of time spent in a variety of activities such as direct care management service provision, care manager supervision, care management administration, and quality evaluation. This change in the renewal criteria reflects the maturation of many CMCs who are now administering care management programs, consulting for or owning companies and thus spending less time in direct care management service provision.

continued on page 18

Examination Schedule

Examination Window	*Application Deadline	Results
March 1 to April 30	January 15	May
September 1 to October 31	July 15	November

The National Academy of Certified Care Managers: A Credentialing Option for Professional Geriatric Care Managers

continued from page 17

Summary

Geriatric care managers and NAPGCM are committed to providing professional, quality, and ethical care management services to consumers. Certification provides professional validation, promotes accountability among care management practitioners, offers the care manager a competitive edge in a marketplace, is often required for third party reimbursement, and makes liability insurance more accessible.

The NACCM certification process offers PGCMs a valid and professional certification that relates closely to the type, method and setting of most PGCM practice. Current CMCs tell NACCM that the certification process is fair, comparable to other certifications in relationship to cost, and allows professionals without a licensure requirement in a parent profession access to an accepted credential.

Resources

1. The NOCA Guide to Understanding Credentialing Concepts 2006

2. Professional Examination Services www.proexam.org

3. NOCA's Basic Guide to Credentialing Terminology. 2006

Geron, S. M. and D. Chassler, (1994), *Guidelines for Case Management Practice Across the Long-Term Continuum*, Bristol, CT

Park, E.J. and Huber, D.L., (2009), *Case Management Workforce in the United States*, Journal of Nursing Scholarship, Vol. 41, No. 2, pgs 175-183.

NACCM Candidate Handbook for Certification 2007

NACCM Job Analysis of Care Managers, Certified 2008

NAPGCM Standards of Practice

Table 1

In order to be eligible to take the NACCM Certification Examination, candidates must meet one of the following three criteria:

Education	Supervised Care Management Experience	Additional Direct Consumer Contact
CRITERIA I		
Masters Degree in a field related to care management …….. **And →**	≥ 2 years of paid, full time, supervised care management experience subsequent to obtaining education requirement, and within last 10 years	NONE
CRITERIA II		
Bachelors Degree in a field related to care management …..……**And →**	≥ 2 years of paid, full time, supervised care management experience ……..…... **And →**	2 additional years of paid, full time direct experience with consumers in fields such as social work, nursing, mental health/counseling, or care management subsequent to obtaining education requirement, and within last 10 years
CRITERIA III		
Associate's Degree in a field related to care management, **or** RN, LPN, LVN Diploma **-or-** a bachelors or higher degree in a non-human services field ……..**And →**	≥ 2 years of paid, full time, supervised care management experience ……..….. **And →**	4 additional years of paid, full time direct experience with consumers in fields such as social work, nursing, mental health/counseling, or care management subsequent to obtaining education requirement, and within last 10 years

NASW Certifications in Case Management

By Miriam Oliensis-Torres, MSW, LCSW, C-ASWCM

In 2006 the National Association of Professional Geriatric Care Managers (NAPGCM) determined that in order to create standardized expectations of education, experience, and professionalism among the diverse membership, that certification would be required for full care manager membership. At that time, four certifications were approved: CMC (National Association of Certified Care Managers), CCM (Commission for Case Manager Certification), and two case management certifications offered by the National Association of Social Workers: C-SWCM (Certified Social Work Case Manager), and C-ASWCM (Certified Advanced Social Work Case Manager).

Social Work and Geriatric Care Management:

Social workers were instrumental in the creation of the field of geriatric care management, and in the founding of NAPGCM.

Historically, social work has been unique among the helping professions (medicine, psychology, nursing, therapies), in that it is "concerned and involved with the interactions between people and the institutions of society that affect the ability of people to accomplish life tasks, realize aspirations and values, and alleviate distress" (Betty Baer and Ron Frederico, Educating the Baccalaureate Social Worker. Report of the Undergraduate Social Work Curriculum Development Project, Ballinger Publishing Co, 1978).

NASW, in a description of social work, notes that social work "consists of the professional application of social work values, principles, and techniques to one or more of the following ends: helping people obtain tangible services; counseling and psychotherapy with individuals, families, and groups; helping communities or groups provide or improve social and health services; and participating in legislative processes. The practice of social work requires knowledge of human development and behavior; of social and economic, and cultural institutions; and of the interaction of all these factors."

As presented in the "Handbook of Geriatric Care Management," Cress (2007), cites the work of Marcie Parker as she traces the roots of geriatric care management to the early 20th century social work settlement model, later adopted by public health, mental health, and disability services.

This broad-based perspective provides a strong basis for the practice of geriatric care management, and the functions of assessment, development and implementation of care plans, and advocacy.

Social work education and experience provides a very strong basis on which to develop a care management practice. The emphasis on understanding individual psychodynamics, family systems, and service delivery systems, is the core of social work practice, and can only benefit care management clients.

NASW Certifications: Background:

NASW was founded in 1955, as a result of the consolidation of seven national organizations representing social workers in general, and the specialties of psychiatric, medical, and school social workers, group workers and community organizers, and social work researchers. Forty years after its creation, NASW includes in its primary functions the "promotion of members' professional development, establishment and maintenance of professional standards of practice, recognition of the profession of social work, and the advancement of sound social policies."

In 1998, NASW surveyed its membership, and determined that there was an interest in the development of certifications recognizing a variety of specialty areas of social work practice. These was accomplished in 2000, with the development of the NASW Specialty Certifications Program, created in order to "enhance professional and public recognition, increase visibility as specialized, professional social workers" and identify NASW members as "specialized, professional social workers who have attained national distinction."

NASW Case Management Certifications:

NASW, in a definition approved by its Board in 1992, defines Case Management as "a method of providing services whereby a professional social worker assesses the needs of the client (and the client's family, when appropriate). The case manager arranges, coordinates, monitors, evaluates, and advocates for a package of multiple services to meet the specific client's complex needs."

The NASW credentials are based on the recognition that since "case management has been at the core of social work practice for more than 100 years, many NASW members would prefer to hold a certification in social work case management from their national professional social work association instead of applying for a non-social work-based multidisciplinary case management certification."

continued on page 20

NASW Certifications in Case Management

continued from page 19

Eligibility criteria for the NASW credentials are:

- BSW or MSW from CSWE (Council on Social Work Education) accredited program
- Licensing or certification (as appropriate) to practice social work in your state
- Full NASW membership
- Minimum of one year full-time supervised experience (1500 practice hours) performing core case management functions.

If you meet these criteria, and are interested in a certification that does not involve taking another exam, the NASW certifications may be right for you. Detailed information regarding eligibility, and the application process, are below:

Eligibility Criteria:

- **Degrees:** Social workers with a BSW from a CSWE (Council on Social Work Education) accredited program are eligible to apply for the C-SWCM credential. Those with a MSW from a CSWE accredited program are eligible to apply for the C-ASWCM credential.
- **Membership:** Regular membership in NASW
- **License:** Current state exam-based license or certification (as appropriate for BSW or MSW practice); OR passing score on the ASWB (Association of Social Work Boards) basic exam
- **Experience:**
  - One year post-degree full-time paid supervised practice in case management, in an agency or institutional setting. This is defined as "1500 hours of approximately 30 hours/week direct client contact", and excludes "administrative duties".
  - Case management functions are described as "engagement, assessment, planning, implementation/coordination, advocacy, reassessment/evaluation, and disengagement".
- **Supervision:**
  - **Approved supervisors:** MSW supervisors (for BSW or MSW social workers) must have 2 years of practice experience. BSW supervisors (for BSW social workers) must have 5 years practice experience. These supervisors should be able to complete a supervisory evaluation form attesting to the social workers competence in the core case management functions.
  - **Supervisory hours:** Supervision for the first year of post BSW practice should be 1 supervision hour per 15 hours of direct practice (or, 2 hours/week). For the second and third years of post BSW practice, or first year of post-MSW practice, this should be 1 supervision hour per 30 hours of direct practice.
- **Application Process:**
  - **Application form:** Completion of forms in application booklet (including case management experience form, affirmation of professional standards & statement of understanding);
  - **Transcripts:** official transcripts, submitted directly from college or university.
  - **References:** Supervisor's evaluation and colleague reference.
  - **Costs:**
    - NASW Membership ($190 MSW; $125 BSW)
    - Application fee: $140
    - Transcripts: College or university fee
  - **Exam:** None
  - **Renewal:** Every two years; requires documentation of 20 hours of continuing education in core case management function areas.

Choosing your Care Management Credential:

The decision to seek certification, and the selection of specific credentials, is a personal one, based on professional background, experience, and preference.

One of the NASW Case Management Certifications may be the right one for you, if you have a social work degree, are (or want to be) a member of NASW, have the prerequisite experience, want a credential which is based in the profession of social work, and do not want to take a credentialing exam.

It is important to note that these credentials do not replace state licensing or certification, but provide social workers with a nationally recognized, professional recognition of expertise in case management.

Additional Information:

For more information about the NASW certifications, contact the Certification Point Person in your Chapter, or go to http://www.socialworkers.org/credentials.

The Information Booklet with Application and Reference Forms is available at the NASW website, under "Continuing Education and Credentials" (http://www.socialworkers.org/credentials/specialty/applications/c-swcm.pdf) (Note: this link includes information and application forms for both credentials).

References:

NASW Information and Application Booklet, Certified Social Work Case Manager and Certified Advanced Social Work Case Manager

Cress, CJ: Handbook of Geriatric Care Management, 2nd Edition. Boston, MA: Jones & Bartlett; 2007.

The CCM Credential

By Catherine M. Mullahy, RN, BS, CRRN, CCM

History:

The role of case managers has been an evolving one since the late 70s and early 80s. Initially developed under the auspices of various lines of insurance and publicly funded programs, i.e. worker's compensation, auto no-fault, disability etc., the role of case manager became a widely used resource by those payers concerned with increasing use of resources and a shrinking pool of dollars to fund them. In the early 90's, a Consensus Group was convened in order to address what was quickly becoming a concern by professionals that more and more individuals were entering the field, without assurance that the services that were being provided were competent and professional. As is the case with many certification/credentialing processes, it was the professionals who elected to assume responsibility for their practice and destiny before a governmental/regulatory body defined it for them. It was their collective concern for patients/clients that guided what eventually became the CCM credentialing process.

In 1992, a Task Force of stakeholders was established by the existing leaders in order to define case management and then to develop a credential that would validate the process of case management and certify individuals as competent and safe practitioners. An important acknowledgement by this group was that it recognized that case management was a transdiscipinary/multidisciplinary practice rather than restricted to one professional discipline. While registered nurses are the largest group of professionals with the CCM credential, there are also social workers, geriatric care managers, rehabilitation professionals and others. This group further recognized that case management was an advanced specialty practice within an existing health professional role rather than a free-standing profession. This additional determination resulted in a decision by the group that there would be a requirement of actual work experience in case management as part of the eligibility criteria prior to sitting for the examination. This national group of stakeholders included representatives of the professions engaged in case management at that time as well as representatives of private and public sectors, legal and medical communities, and consumers. Because it was determined that case management was an advanced practice setting, the examination itself would have situational questions aimed at testing an individual's competence rather than the ability to merely memorize facts, laws etc. Those same leaders and then subsequent expert panels determined that there needed to be a specific eligibility criteria as well as a national examination as part of the certification/credentialing process.

One can obtain a certificate upon completion of a workshop or course, however this does not equate to a rigorous credentialing process, examination and continuing education to maintain it.

Certificates, Certification, Credentials and Accreditation:

NOTE: there is need to differentiate between a certificate in case management and certification/credentialing of the individual professional. One can obtain a certificate upon completion of a workshop or course, however this does not equate to a rigorous credentialing process, examination and continuing education to maintain it. Furthermore, a certificate typically does not authorize the use of credentials e.g. CCM after one's name. Credentialing is defined as the process of evaluating an individual's knowledge and experience against a standard to determine if an individual is qualified to perform a role, taking into consideration community standards, national standards, state practice acts, and liability.[1] The components of credentialing can vary somewhat but generally contain a national definition, philosophy, job description, eligibility criteria and a research-based exam. The CCM credentialing process contains all of these elements; is the only case management exam that is research-based; conducts periodic role and function surveys of case management practitioners in order to ensure relevancy of its exam; and its credentialing process and organization has been accredited by the National Commission for Certifying Agencies which is the "gold standard" for certification/credentialing organizations. Individuals are certified; organizations are accredited[2]. The Commission for Case Manager Certification (CCMC) is the provider

continued on page 22

The CCM Credential

continued from page 21

organization for the CCM credential of professionals engaged in the practice of case management; organizations seeking the accreditation of their case management programs or departments pursue this through a completely separate and unrelated organization, (Utilization Review Accreditation Committee) URAC. There are approximately 26,000 professionals with the CCM designation and a recent report advises that 100 organizations have had their case management programs accredited.

Implications for Geriatric Care Managers:

As governmental programs are writing more language that specifically addresses care coordination, case management activities into legislation, including Medicare, and as other payers are contemplating just who should be allowed to provide case/care management services…and receive reimbursement for them, certification is growing in importance. Certification is growing in popularity and recognition by consumers who are encouraged by advocacy groups to consider retaining professionals who are licensed and certified. Because certification, at present, is a voluntary process practitioners have a wide array of credentials to consider. The CCM, possibly because of its inclusion of multiple professional disciplines, rigorous and research-base process etc continues to be the most popular credential. Additionally, because of a real desire to protect the public, more and more organizations seeking to hire case managers, more often than not include: "…CCM required or preferred…" in their ads; other employers mandate that employees pursue certification within a year or so of their employment begins. Once the CCM credential is awarded, case managers are permitted to use the CCM credential after their name and other credentials. In order to maintain active certification, one must acquire 80 CEUs over the period of 5 years when renewal of certification is required. Obviously, those organizations with a geriatric client base may also prefer that their case managers have one of the certifications recognized by the National Association of Professional Geriatric Care Managers. In addition to the CCM credential, CMC (National Academy of Certified Care Managers), C-ASWCM (Certified Advanced Social Worker in Case Management) and C-SWCM (Certified Social Work Case Manager) are the ones cited[3].

There is a mandatory requirement that an individual needs to be licensed or certified as a professional; and able to practice legally and independently (this means that LPNs are not eligible) without the supervision of another licensed professional.

Eligibility Criteria:

As stated previously, case management has been determined to be an advanced practice setting within one's own profession. Therefore there is a mandatory requirement that an individual needs to be licensed or certified as a professional; and able to practice legally and independently (this means that LPNs are not eligible) without the supervision of another licensed professional. Additionally, the applicant need to be able to demonstrate acceptable employment experience, acquired after the obtaining of the license or certification. There are a few categories of what would be considered acceptable employment experience: Category 1: 12 months of acceptable full-time case management employment supervised by a CCM; Category 2: 24 months of acceptable full-time case management employment without the supervision of a CCM; Category 3: 12 months of acceptable full-time case management experience as a supervisor of individuals who provide direct case management services. *Note: each of the employment experiences needs to be signed/verified by a supervisor and accompanied by a detailed job description that supports the essential activities and core components of case management.* Because so many geriatric care managers practice independently, the process of verifying employment experience is somewhat more challenging, but not impossible. Three of the purchasers of their services would need to review/verify and sign the job description as well as the verification of services form.

Recent Changes for CCM:

In December of 2008, CCMC migrated to computer-based testing and an on-line application and certification renewal process. This will allow a more streamlined, efficient process…additional testing dates each year and an expanded number of testing sites are expected. Eventually the plan is to have 300 testing sites, compared to only 65 now; testing dates/times will occur over three week-long windows each year, compared to two dates currently. These changes are a direct response to the increased demand for this certification and in recognition of the need to be more user-friendly to candidates and those seeking to maintain their credentialed status.

Conclusion:

While geriatric care managers have been working with member of the senior members of our society and have brought great value to them and their families during the past, the practice of case/care management continues to evolve. One of the challenges that we are all facing is that consumers are much more involved in the selection of their providers, including case/care managers and have become increasingly active (or their children are) in evaluating our services. Certification of professionals is, in many respects, a public service[4]. It protects consumers by encouraging adherence to standards of practice and a code of ethics; is evidence of a certificant's performance against an established standard; serves as a recognized benchmark for those who hire case/care managers; allows for a review of misconduct; and finally, demonstrates an absolute willingness of professionals to be accountable for their actions.

While the CCM credential certainly provides assurance of competency for our clients, it is most assuredly a benefit to professionals as well. It positions one as a member of a group with distinct preparation and capability; may provide an edge in marketing; and certainly communicates a commitment to professionalism.

Endnotes

1 Suzanne K. Powell and Donna Ignavaticus, CMSA Core Curriculum for Case Management, Lippincott, 2001, 100-103

2 Sandra Lowery, *"Credentialing in Case Management: A Yardstick for Competency, Credibility, and Commitment"* - ING – ROSE Resource, 2Q-2004, 4-7

3 CCMC website – FAQs 2009

4 Susan H. Wisser and Joan Bowman, *"Certification: Blessing or Burden"*, Inside Case Management, 9:4, July 2002, 1-5

Author is previous member of CCMC Consensus Group, Task Force and Expert Panel that led to the development of the CCM credential; served as Commissioner and Chair of CCMC; Chair of Committee that developed the Code of Professional Conduct for Case Managers; Contributing author of Care Managers: Working with the Aging Family- Cathy Cress; and author of The Case Manager's Handbook – 4th edition

Guest Editor's Message

continued from page 2

certifications available to NAPGCM members. Catherine Mullahy, RN, BS, CRRN, CCM presents an article on the CCM Credential. Cheryl M. Whitman, BSN, MS, CMC presents a description of the pros and cons of the National Academy of Certified Care Managers Credential, and finally Miriam Oliensis-Torres, MSW, LCSW, C-ASWCM presents a discussion on the potential benefits of the NASW Certifications in Case Management.

The editors hope the articles presented in this issue help contribute to this important and evolving discussion. We hope that the thoughts and opinions expressed in this issue will help inform and educate the members of NAPGCM as each of you consider the implications of certification and credentialing.

Cress and Morano Bios

Cathy Cress holds an MSW in Aging from U.C. Berkeley. The third edition of her book, *Handbook of Geriatric Care Management*, will be published by Jones and Bartlett in the summer 0f 2011. She teaches through the on-line Geriatric Care Management Program offered by the University of Florida.

Carmen Morano has joint appointments to Hunter College as an Associate Professor at Hunter College School of Social Work and the Brookdale Center for Healthy Aging and Longevity, as a Senior Research Fellow and Director of Workforce Development. In addition to serving as Chair of the Gerontological Social Work Field of Practice, Carmen is a John A. Hartford Faculty Development Scholar and Co-Director of the John A. Hartford Pre-Dissertation Program. Carmen is Managing Editor of the Journal of Gerontological Social Work, Vice President of the Association for Gerontology in Social Work and Treasurer for the State Society on Aging of New York.

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