Chapter 1

THE EVOLUTION OF CASE MANAGEMENT PRACTICE

WHAT IS CASE MANAGEMENT?

Case management as a way of helping people has a long and rich history. At the very beginnings of social work, in the settlement house days in New York and Chicago, social workers guided families needing help into existing private and public support networks, meager though they might have been. When resources were not readily available, social workers helped mobilize their communities for social action. They effectively lobbied for new and innovative ways to support the poor, the infirm, immigrants, families, and children. Today we may talk about generalist or foundation practice, the systems approach, methods of casework, groupwork, community organization, and various practice theories, but a rose by any other name is still a rose. The history of social work is filled with practitioners who worked with their clients using the same case management methods used today—they just didn’t call it case management.

Over the last thirty-five years, the term “case management” has been widely applied to describe a process or method of service delivery and a set of roles assumed by service providers. Case management approaches have been utilized in medical or health care facilities, with elderly clients, substance abusers, the chronically mentally ill, the developmentally disabled, AIDS patients, inmates released from prisons, child welfare cases, employment training and employee assistance programs, and with populations at risk.

Case management, which is sometimes referred to as “clinical case management,” “service coordination,” or “comprehensive psychosocial enhancement,” has two essential and often conflicting purposes: (1) improving the quality of care to vulnerable populations, and
(2) controlling the costs of such care. While the focus of case management is linking a client to needed services, other elements involve advocacy and social action (Ballew & Mink, 1997). Case management can also serve as a means of assuring the accountability of service providers and systems (Gibelman & Gelman, 2005).

Historically, there have been many definitions of case management. Generically, it is a way of helping people identify the areas where they need help and connecting them to the personal and community resources that will help them (Rubin, 1992a). It is a systematic problem-solving process that enables and facilitates individuals in their interaction with their environment. According to the National Association of Social Workers (1984), “Case management is a mechanism for ensuring a comprehensive program that will meet an individual’s need for care by coordinating and linking components of a service delivery system.” According to Dinerman (1992), “It is a function designed to arrange for, and to sequence, needed services of different sorts by various providers on behalf of a client or client family.” Case management involves the engagement of a client in a system of services by an accountable professional. According to the American Association on Mental Retardation (1994), now the American Association of Intellectual and Developmental Disabilities, “Service coordination (case management) is an ongoing process that consists of the assessment of wants and needs, planning, locating and securing supports and services, monitoring and follow-along” (Woodside & McClam, 2005; Summers, 2008). The individual or family is the defining force of the service coordination process.” In the words of the National Conference on Social Welfare (1981), “Case management is a growing, evolving process which is shaped by forces in the environment in which it exists.” The National Association of Social Workers views case management as the link between the client and the service delivery system (1992). One can see from these definitions that case management is the glue that binds a fragmented array of services to the unique and changing needs of clients.

Case managers become experts on community resources that might help their clients, including government entitlements, charities, job openings, education, child care, legal aid, housing, transportation, and recreational opportunities. Case managers know the procedures
clients need to follow in applying for and receiving help. Sometimes, when necessary services are not available, case managers initiate strategies to help communities develop new resources and systems for their clients.

Effective case management requires that a comprehensive and coordinated array of appropriate services be available and accessible within a realistic and appropriate time frame. Without such a system, case management is only an administrative tool that manages clients’ access to services. Case management is not just a linking mechanism, but a principle that guides the provision of a full range of needed services. Unfortunately, service networks rarely meet this level of expectation. While case management is conceived as one component of a comprehensive care system, it is not seen as a way to fix an inadequate or incomplete system of care. As Moore notes, “the notion that case management is a mechanism for the coordination of services is a myth that has been used to rationalize the current state of fragmentation . . . and becomes a mechanism for rationing services” (Moore, 1992). Case management is an effective tool, but not a panacea for spanning organizational boundaries (Jansson, 2003).

If the goal is service access and coordination, the case manager’s efforts are designed to alleviate or counter the fragmentation of services and the natural tendency of bureaucratic organizations toward disorganization. For the case manager to achieve this goal, the following elements or conditions must be present:

• an accurate assessment and ongoing evaluation of client needs;
• the ability to link clients to resources appropriate to their needs;
• the power to ensure that appropriate and needed services are actually delivered;
• the capacity to see that services are utilized;
• a commitment to evaluating the impacts and outcomes of interventions.

If the goal of case management is seen only as cost containment, or a “least change” alternative, then the focal point of intervention becomes one of the systematic management and processing of individuals rather than one of engaging clients in a process. There is a
difference between case management practice that contributes to the implementation of a service plan, and case management systems that represent the administrative structure and interagency networks in which the case manager functions. One must also distinguish between case management models that are client-driven and those that are provider-driven. The former, based on a strengths perspective closely linked to an empowerment model, include active client engagement (see Rapp, 1997; Saleebey, 1992, 1997; Tice & Perkins, 1998). The latter are more clerical and bureaucratic, with a focus on documentation.

**MANAGED CARE VS. CASE MANAGEMENT**

Managed care, unlike case management, is a practice or method of financing and delivering services to a range of populations. Although it involves some of the concepts and activities of case management, the two approaches have different objectives. Activities associated with managed care are designed to reduce costs by discouraging unnecessary or expensive services. Case management, with its focus on linking clients to services, tries to obtain the most appropriate and cost-effective help for them. Managed care programs review and intervene in decisions about what services are provided, influence or limit who the provider will be, and predetermine the payment for the provider.

Managed care systems, which include health maintenance organizations (HMOs), point-of-service plans (PSPs), and preferred provider arrangements (PPOs), have come to dominate the delivery of health care in this country. They are also the primary method of financing mental-health and substance-abuse services and are rapidly becoming the way public agencies contract with private organizations that provide specialized services for children and the elderly. Managed care plans are characterized by the following: a preauthorization requirement to qualify for a particular service; precertification for a given type or amount of service; concurrent review of the service and the client’s response; utilization review and discharge-planning procedures; prospective pricing; service bundling; network development; peer review; and a capitation system of payment (Reynolds, 2000).

While case managers need to be aware of the all-enveloping managed care environment, it is not the authors’ intent to focus on managed
care in this volume. For those interested in expanding their knowledge and skill in this area, we suggest the following resources: Birenbaum 1997; Cohen, 2003; Corcoran & Vandiver, 1996; Dziegielewski, 1998; Edinburg & Cottler, 1995; Franklin, 2002; Franklin & Lagana-Riordan, 2009; Gibelman, 2002; Jackson, 1995; Mizrahi, 1993; National Association of Social Workers, 1993; Perloff, 1996; Schamess & Lightburn, 1998; Shera, 1996; Strom-Gottfried, 1996; Vandiver, 2008; Winegar, 1996; Zabora, 2009.

WHO DOES CASE MANAGEMENT, AND IN WHAT SETTINGS?

Most social workers who specialize in direct practice do case management. Generalist practitioners, caseworkers, and groupworkers work with clients in the structured ways associated with their respective modalities, usually in weekly sessions over a number of weeks or months, directly trying to help using the theoretical practice model of their choice. However, in order to be of maximum help in either a casework or groupwork context, most social workers look beyond their offices into the social and community context in which their clients live. In other words, they help clients understand their problems as part of a broader systems approach and help them intervene accordingly.

The major differences between generalist or foundation practice, the specialized methods of social work practice, and case management are those of degree. All involve conducting extensive assessments (psycho-socials); all develop goals and intervention plans; and all work toward termination when clients reach their goals. Case managers tend to emphasize the use of community resources to help clients meet their needs. Intervention is viewed in terms of facilitation, connecting clients to the agencies, social service organizations, governmental entities, educational institutions, community organizations, and key people that can help them. It is common for one of these referrals to be to an agency that offers specialized casework or groupwork services. Ongoing case management contacts with clients usually revolve around making sure that the service plan and the community connections are functioning, augmenting them if necessary.
Unfortunately, agency-based caseworkers and groupworkers often lack the time to perform necessary case management services with their clients. They rely on professional case managers who have much more time and expertise, working in tandem with them to connect clients to services in the community.

Although it is clear that social work is heavily involved in case management training and services, the profession does not own the field. The need for professionals who can identify and manage the vast array of services is widespread. For example, case managers in the medical profession may include nurses, occupational therapists, medical assistants, and nutritionists (Cesta & Tahan, 2003). Professionals may also act as case managers in the legal profession, especially legal aid. In fact, any agency that uses psychiatry or psychology, or marriage or family counseling, may employ non-social work staff to act as case managers. According to the Case Management Society of America, “case managers are recognized experts and vital participants in the case coordination team who empower people to understand and access quality, and efficient health care” (Case Management Society of America, 2010).

WHERE DOES CASE MANAGEMENT TRAINING OCCUR?

Professional social workers receive their case management training in BSW and MSW programs in schools of social work. Case management training also takes place in nursing schools, other schools connected with the medical profession, junior-college associate degree programs in social work, and services involving welfare, foster care, criminal justice, drug treatment, mental illness, and the elderly. Thousands of social service workers who perform case management functions are trained through their ongoing supervision, workshops, and continuing education programs. According to the National Association of Social Workers, the social work case manager shall:

1. Have a baccalaureate or graduate degree from a social work program accredited by the Council on Social Work Education and shall possess the knowledge, skill, and experience necessary to competently perform case management activities.
2. Use his or her professional skills and competence to serve the client whose interests are of primary concern.
3. Ensure that clients are involved in all phases of case management practice to the greatest extent possible.
4. Ensure the client’s right to privacy and ensure appropriate confidentiality when information about the client is released to others.
5. Intervene at the client level to provide and/or coordinate the delivery of direct services to clients and their families.
6. Intervene at the service systems level to support existing case management services and to expand the supply of and improve access to needed services.
7. Be knowledgeable about resource availability, service costs, and budgetary parameters and be fiscally responsible in carrying out all case management functions and activities.
8. Participate in evaluative and quality assurance activities designed to monitor the appropriateness and effectiveness of both the service delivery system in which case management operates as well as the case manager’s own case management services, and to otherwise ensure full professional accountability.
9. Carry a reasonable caseload that allows the case manager to effectively plan, provide, and evaluate case management tasks related to client and system interventions.
10. Treat colleagues with courtesy and respect and strive to enhance interprofessional, intraprofessional, and interagency cooperation on behalf of the client.

(National Association of Social Workers, 1992)

The National Association of Case Management (NACM) was founded in 1990. Its purpose is to provide case managers and other community support professionals with opportunities for professional growth. The organization accomplishes its goals through educational meetings, symposia, and the dissemination of materials relating to the case management process. The National Academy of Certified Case Managers (NACCM), which has a heavy nursing orientation, was created to assure competence in the performance of case management.
functions through a validated standardized examination. The American Case Management Association (ACMA), an association of nurses and social workers, advocates for case management practice in hospitals and the health system. The Case Management Society of America (CMSA) issued standards for case managers in 1995 with revisions in 2002 and again in 2010. These are voluntary guidelines that can be used by those from various disciplines functioning as case managers. NASW participated in the development of the 2010 revisions, which are designed to minimize fragmentation in health care systems, incorporate the use of evidence-based assessments, navigate transitions in care across and between systems and settings, expand interdisciplinary collaboration in care planning, and improve client safety. (See www.cmsa.org/individual/membertoolkit/standards-of-Practice/tabid/69/default.aspx.) Case management serves to connect an often fragmented set of services and to assure quality, cost-effective, and accountable services. The Center for Case Management (CCM) has a certification and credentialing program for case management administrators, the CMAC. A CCM is offered by the Commission for Case Management Certification (CCMC), and the National Association of Social Workers offers certification at two levels, the certified social work case manager (CSWCM) and the certified advanced social work case manager (C-ACSWCM). The Journal of Case Management and the Case Management Journal are quarterly publications that offer professional forums for presentations on case management issues and practices. Some universities also offer “certificates in case management” for individuals preparing to work in various state-funded programs that have a mandated case management component. These programs are available to individuals who have bachelor’s or advanced degrees in social work, nursing, or other health/human service professions. A master’s degree in case management is even available online via distance-learning courses and experiential learning. The ACMA, the University of Southern California School of Social Work/Cedar-Sinai Medical Center, and the New York University (NYU) Silver School of Social Work/Langone Medical Center have recently announced a new fellowship in social work case management. Kaplan Continuing Education offers a case management certificate for those in the health care field.
CASE MANAGEMENT CLIENT POPULATIONS

Every client population group can profit from case management services. In fact, current social work theory suggests that almost every client would benefit if the case management method were part of his or her service intervention plan. Be that as it may, case management is a major focus of service delivery systems in many areas, while in others it is integrated with other service methods.

Children’s services and public welfare are two major domains for case management practice. Every state maintains departments that use case management—early intervention programs, foster care, child protective services, welfare, child care, housing, food distribution, employment, and job training. Many case managers are involved with the chronic mentally ill, the addicted, and veterans. The criminal justice system utilizes case management in prisons, halfway houses, and programs that offer prevention and alternatives to incarceration. Mental health settings, both in institutions and in the community, have case management staff to augment other types of direct services, such as clinical casework and psychiatry. Programs dealing with individuals who are developmentally disabled or autistic make heavy use of case management, as do programs for the aged. Another large domain for case management is in medical settings, such as hospitals and community health agencies (Cesta & Tahan, 2003; Snowden, 2003).

Even agencies that do not identify case managers as such often assume that workers will integrate case management into their practice. This is particularly true in the fields of community mental health and family service, which employ clinical social workers to offer case management services in the private sector. For example, one can find social workers specializing in geriatric work being privately employed by families to find housing and other support services for their elderly relatives; or workers in the area of developmental disabilities hired to search for appropriate and affordable housing for children or young adults who need to be placed out of their homes. The opportunities for case management practice in the newly emerging managed care marketplace are also significantly increasing for social work professionals.