

## Care Manager (CM) Checklist

Use this checklist to evaluate care managers (sometimes called case managers). Simply print out one checklist per care manager (CM) or care management agency you plan to review. The checklist is designed to help you know what to ask and to remember specific details. Use the back of the checklist to write down any additional comments. After reviewing the CMs, use the checklists to compare one provider with another.

**Agency Name:** \_\_\_\_\_

**Owner/Director:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Website or E-Mail :** \_\_\_\_\_

### Who is Served?

**Yes** **No**  
☐ ☐

Are there any restrictions in who the care manager (CM) can take on as a client? If yes, what are these? \_\_\_\_\_

### Services

☐ ☐

Are clients assigned one care manager (CM) who is their main contact person?

☐ ☐

Is there a full assessment of a client's medical and personal care needs?

☐ ☐

Is a client's eligibility for financial assistance assessed?

☐ ☐

Is a written care plan created for each client?

☐ ☐

If yes, is the client's family/personal physician consulted?

☐ ☐

Does the CM periodically re-evaluate the client's situation in order to assess any new problems?

☐ ☐

Will the CM keep family members informed of the client's situation?

☐ ☐

Does the agency arrange for all the services the client needs?

Which services are provided directly? \_\_\_\_\_

Which are referred out to other providers? \_\_\_\_\_

How is it decided where to refer? \_\_\_\_\_

**Yes** **No**  
☐ ☐

Will the CM screen all the agencies it refers services out to?

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[www.GetCare.com](http://www.GetCare.com)

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## ***Checklist provided by GetCare.com***

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Will the CM arrange for the delivery of all referred services?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the CM monitor the delivery of services?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the agency give referrals to doctors?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the agency offer crisis intervention?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the agency offer other services?  |
|                          |                          | If yes, which services? _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Can the agency provide references for the agencies it refers you to?                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the agency disclose any business relationships it has with agencies it refers you to? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the agency ensure patient confidentiality?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Will your CM be available for emergencies and/or on short notice?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there someone you can call with questions or complaints?                                |
|                          |                          | If yes, who? _____   |

### **Credentials**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the CM or the agency a member of any professional organizations?                               |
|                          |                          | If yes, which? (Contact these organizations to check membership standards.) _____                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the CM have experience in nursing, social work, and/or another human service delivery field? |
|                          |                          | What licenses or degrees does the CM hold? _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the CM agency bonded?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Can the CM provide a list of references?  |
|                          |                          | How many years has the CM been in business? _____   |

### **Cost**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are all costs and fees listed on a written statement?                             |
|                          |                          | Approximately how much would the care management services you require cost? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a written contract?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are bills itemized?   |

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