



Standards Of Practice For Professional Geriatric Care Managers

The National Association of Professional Geriatric Care Managers adopted these Standards on October 20, 1990 at the 6th Annual Meeting held in Washington, DC. They were revised in June 1991, October 1992, June 1996, March 1997, October 1999, June 2002, August 2002, June 2003, December 2005, April 2007, November 2007, January 2008, and April 2008

Preamble

These Standards have been developed because Professional Geriatric Care Management is a human service specialty provided by professionals from diverse backgrounds and academic preparations to a vulnerable and often frail population. No one profession can claim exclusive domain over the knowledge and skills required to provide geriatric care management services. Thus, Professional Geriatric Care Managers (PGCMs) may be members of formal professions, such as social work, nursing or psychology, or may hold advanced degrees in gerontology, counseling, public health administration, or other fields of human service specialization.

In addition, these Standards have been developed because certain issues of particular concern to PGCMs have not always been included in the standards developed by other organizations. Thus, the purpose of these Standards is to supplement already existing standards of other professions and organizations and to provide guidance to the members of the National Association of Professional Geriatric Care Managers, (NAPGCM), in the many complex situations presented by their practices. Members of NAPGCM are expected to abide by the standards of their respective professions, as well as to these Standards developed specifically for their practices in Professional Geriatric Care Management.

Contents

STANDARDS AND PRACTICE GUIDELINES

Regarding the Client Relationship:

1. Who is the Client?
2. Fostering Self-Determination
3. Right to Privacy
4. Personal Integrity of the Older Person and Professional Geriatric Care Manager
5. Professionalism of the Relationship

Regarding the Professionalism of the Practice:

6. Definition of Role to Other Professionals
7. Development of Plans of Care
8. Knowledge of Employment Laws
9. Undertaking Fiduciary Responsibilities
10. Continuing Education

Regarding Business Policies:

11. Fees for Service
12. Advertising and Marketing
13. Disclosure of Business Relationships

Standard 1 - Who is the Client?

Standard

While the primary client usually is the older person whose care needs have instigated the referral to a professional geriatric care manager, all others affected by his/her care needs should be considered part of the "client system".

Rationale

In the area of Professional Geriatric Care Management, the care needs of the older persons often have significant consequences for others. The PGCM's goal is to arrive at a solution that allows maximum decision-making autonomy for the person receiving care and for the other persons involved with or affected by these care needs.

Guidelines

- A. The primary client may not necessarily be the person who makes the initial contact or the person responsible for payment for services rendered.
- B. Members of the client system may include:
 - the older person
 - a family member within or outside of the older person's household
 - a paid caregiver
 - friends, neighbors or community agencies
 - a third party with fiduciary responsibilities
 - other professionals, such as a physician, a nurse from a home health care agency, an attorney, etc.
 - the PGCM. (See Standard 4.)
- C. In the event of conflicting needs within the client system, the goal of professional intervention should be to strive for resolution through a process of review and discussion among the parties, facilitated by the PGCM.
- D. The PGCM should request assistance of appropriate peers, as needed, to help the client system find an acceptable solution when conflicts occur.

Standard 2 - Fostering Self-Determination

Standard

To the greatest extent possible, PGCMs should foster self-determination on the part of the older person, to enable the person to live in accordance with his or her personal values and goals.

Rationale

All too often, health care professionals and family members feel they know what is best for the older person. The PGCM has a responsibility to respect the older person's right to make decisions regarding his/her care.

Guidelines

- A. The PGCM must attempt to involve the older person, to the greatest extent possible, in decisions that impact his/her life regardless of the determination of competence.
- B. As the older person makes decisions on his/her own behalf, the PGCM should see that the following conditions are met:
 - 1. The specific information needed to make a certain decision has been given, discussed to the greatest extent possible, and understood by the older person.
 - 2. The older person understands the consequences of alternative decisions.
 - 3. The older person can communicate, verbally or non-verbally, his/her wishes.
- C. If the older person has not comprehended the factors involved in the decision-making process and, therefore, cannot make a responsible decision, then the PGCM should see that all decisions concerning the older person are made by the person(s) with the legal authority to do so.

Standard 3 - Right to Privacy

Standard

The PGCM should respect the older person's and, when applicable, the client system's right to privacy by protecting all information that is given in confidence and all information of a confidential nature. It should be made clear to the older person and the client system, the limits of confidentiality as appropriate.

Rationale

The PGCM generally needs to share information with others in order to fulfill his/her responsibilities. The PGCM utilizes knowledge of the older person's physical and mental status, financial and legal affairs, and family and community supports to assist her/him to achieve maximum well-being. Due care must be exercised at all times to protect the privacy of this information.

Guidelines

- A. The PGCM should consider all information in the client's files confidential.
- B. The PGCM is responsible to abide by all state and federal regulations, regarding confidentiality and the clients right to privacy.
- C. The PGCM should obtain an authorization to release information that covers all actions taken on the behalf of the older person and/or client system so that pertinent information can be shared for the benefit of the older person.

- D. The PGCM should act judiciously when sharing information within families and with other professionals.
- E. The PGCM should insure that all consultations and interviews are held in locations that allow for the maximum amount of privacy.
- F. Confidentiality is waived when the PGCM has good reason to believe life is threatened or the laws of the State, in which the PGCM practices require the reporting of suspected abuse or neglect.

Standard 4 - Personal Integrity of the Older Person and PGCM

Standard

The PGCM should act in a manner that insures his/her own integrity as well as the integrity of the client system.

Rationale

One of the PGCM's most important roles is to be an advocate for the older person. At the same time, the PGCM's own values and beliefs must be taken into consideration when working with the older person and client system.

Guidelines

- A. The PGCM can appropriately refuse to accept a new case or continue in a case in which she/he is already involved if the PGCM believes that remaining in the situation would require compromising his/her own values, beliefs or standards. The PGCM can terminate his/her involvement in an ongoing case by providing timely written notice to allow for alternate arrangements to be made. He/she is obligated to make an effort to refer those cases that she/he is unable to accept to an appropriate resource.
- B. If the PGCM finds him/herself in a circumstance in which the integrity and safety of the older person is at risk (e.g. abuse, neglect or self-neglect) he/she must make a report to the appropriate authority in accordance with national and state laws and regulations.

Standard 5 - Professionalism of the Relationship

Standard

The PGCM should not exploit professional relationships with the older person and/or the client system for personal gain.

Rationale

The PGCM needs to be alert to and resist the influence and pressures that interfere with the exercise of professional discretion and impartial judgment required for the performance of professional functions. The best interests of the client are the focus of the PGCM.

Guidelines

PGCMs:

- A. should avoid inappropriate personal relationships with the older person and/or the client system that may impair their impartial judgment or lead to exploitation.
- B. should under no circumstances engage in sexual contact with the client or family members.

Standard 6 - Definition of Role to Other Professionals

Standard

The PGCM should define his/her role clearly to other professionals.

Rationale

Since the specialty of PGCM is a relatively new one, other professionals may not have worked with PGCMs. Thus, uncertainty may exist as to how each can complement the other's role. It is of utmost importance for all professionals involved in the care of the older person to have a clear understanding of each other's areas of expertise and responsibility.

Guidelines

- A. The PGCM should act only in the roles for which he/she has the appropriate skills, knowledge and training. He/she should recommend consultations with specialists as needed.
- B. With proper consent the PGCM should share information concerning the needs of the older person or client system with professional colleagues in a forthright, clear and timely manner.

Standard 7 - Development of Plans of Care

Standard

The PGCM should strive to provide quality care using a flexible care plan developed in conjunction with the older person and the client system.

Rationale

A plan of care with the stated recommendations, goals and appropriate interventions must be flexible enough to deal with the older person's changing status. The overall goal is to strive to assist the older person to attain the highest level of health and quality of life that is possible within his/her particular set of circumstances.

Guidelines

The care plan should:

- A. be documented and included in the client file,
- B. have a systematic and concise format.

- C. outline specific goals which are based on the needs of the older person as determined during the assessment process.
- D. In on going care management, goals of the care plan must be agreed to by the older person or the substituted decision maker acting on behalf of the older person.
- E. These goals should foster self-determination of the older person with due consideration of the person's need for safety.
- F. include an emergency plan to address client safety in a crisis or natural disaster

Standard 8 - Knowledge of Employment Laws

Standard

The PGCM should be familiar with laws relating to employment practices and should not knowingly participate in practices that are inconsistent with these laws.

Rationale

The PGCM is often concerned with private duty caregivers, either in screening and recommending them to clients for hire, or in coordinating and/or supervising their work. In addition, the PGCM may employ other professionals or service providers. In either case, they need to be aware of applicable employment and tax laws.

Guidelines

- A. The PGCM should recommend or employ only persons who are legally permitted to work. The PGCM should not condone non-payment of wage taxes, or wages that do not meet minimum wage requirements.
- B. The PGCM should use, and recommend that the client system use, the appropriate legal and accounting professionals to ensure that applicable laws are followed.
- C. The PGCM may also want to be familiar with the appropriate State and Federal agencies that handle employment practices.

Standard 9 - Undertaking Fiduciary Responsibilities

Standard

The PGCM who accepts a fiduciary responsibility should act only within his/her knowledge and capabilities and should avoid any activities that might comprise a conflict of interest.

Rationale

When, due to physical frailties or cognitive losses, an older person is not able to handle certain financial transactions, e.g. balancing a checkbook or paying bills and there is no member of the client system to accept these responsibilities the PGCM may act as a "pay agent." The role of the PGCM in handling fiduciary issues will be further determined by the competence of the older person.

Guidelines

- A. When undertaking “pay agent” responsibilities the PGCM should obtain written consent from the older person or a responsible third party.
- B. When asked to take responsibility for a purchase (of goods or services) not commonly within the “pay agent” agreement, the PGCM should conduct appropriate comparative pricing and make the purchase only with the agreement of the older person or a responsible third party. If the older person becomes incompetent, and has appointed a financial power of attorney (POA), then all bill paying responsibilities should be assumed by the POA. If the PGCM is the financial POA, then the PGCM will assume bill-paying responsibilities. Third party oversight of self-payment should continue.
- C. The PGCM, in the role of “pay agent,” should not act as a financial advisor regarding the older person’s assets or investments, unless qualified to do so. (See Standard 11.)
- D. The PGCM should avoid, where possible, self-payment. If the PGCM has no alternative than to assist the competent client to pay for his/her services, it is recommended that a third party provide oversight for these transactions. (See Standard 11.)
- E. If the client has been determined to be incompetent, the PGCM may be appointed as guardian, or conservator. If so appointed, the PGCM will be required to follow all the legal requirements of this court appointed role. It is also recommended that if a PGCM takes on such a role, the PGCM should be knowledgeable of and adhere to the National Guardianship Association’s Standards of Practice.
- F. Records of all transaction should be kept current in a format recognized by standard accounting practices, and should be open to inspection by appropriate parties.

Standard 10 - Continuing Education

Standard

The PGCM should participate in continuing education programs to enhance professional growth and development.

Rationale

All PGCMs should remain current in best practices and domains pertinent to the discipline of professional geriatric care management.

Guidelines

The PGCM should:

- A. engage in continuing education programs,
- B. participate in courses that relate to professional geriatric care management,
- C. read professional publications.

Regarding Business Policies:

Standard 11 - Fees for Service

Standard

All fees for professional geriatric care management services are to be stated in written form and discussed with the person accepting responsibility for payment prior to the initiation of services.

Rationale

The older person and/or the client system often contact the PGCM at a time of great stress. To prevent any misunderstandings regarding fees it is in the best interest of all parties to have information in written form prior to the initiation of services. If time does not allow for this then all information should be verbally presented and followed in writing.

Guidelines

- A. Fees should be charged for services rendered and presented in a clearly itemized statement. These fees should not be based on a percentage of a person's assets.
- B. At intake, the older person and/or the client system determined to be unable to pay for care management services should be referred to publicly supported agencies that can provide the necessary services. An older person with an established relationship with a PGCM, but who can no longer pay for services, should not be abandoned. The PGCM must make every effort to provide linkage with a community agency suited to his/her client's needs, or continue to provide services pro bono.
- C. To the extent that the practices of fee splitting and receiving referral fees from anyone providing services to the older client are legal, they will not form the basis of any disciplinary enforcement. Nevertheless, NAPGCM does not support these practices, and in the view of NAPGCM, they may raise significant ethical and conflict of interest issues.
- D. The PGCM should only bill third party payers who are known to cover geriatric care management services.

Standard 12 - Advertising and Marketing

Standard

Advertising and marketing of services should be conducted with honesty, accuracy, and integrity.

Rationale

Older persons and client systems facing the stresses of coping with complications of aging, dementia, chronic illness or death are vulnerable to claims, which suggest a rescue or immediate relief from stressful circumstances. Older persons faced with debilitating illnesses, decreased capacity for judgment and limited financial resources are likewise vulnerable to unrealistic claims.

Guidelines

- A. Marketing communication is any communication to the public or prospective clients.

- B. The PGCM has a responsibility to educate clients and the public about the nature of care management as a specialization, in order to establish realistic expectations of the service.
- C. Only the individual who is the member of NAPGCM may advertise this fact.
- D. Each PGCM has a responsibility to protect and enhance the reputation of the profession of geriatric care management.
- E. Any representation of backgrounds, affiliations, or credentials made by the PGCM should be accurate and kept up to date.
- F. Use of the NAPGCM logo should be in accordance with the policy on file.

Standard 13 - Disclosure of Business Relationships

Standard

The PGCM should provide full disclosure regarding business, professional or personal relationships she/he has with each recommended business, agency or institution.

Rationale

When developing a plan of care, the PGCM often will need to make referrals to businesses; agencies or institutions that can provide needed services. It is important for the older person and/or the client system to be informed if the PGCM has a relationship other than objective third party with that agency, e.g. Board of Trustees, ownership, investor, family member, or employee.

Guidelines

- A. When a referral is made, the PGCM should disclose to the client any special relationship that exists with the recommended business, agency or institution.
- B. When the PGCM has a business, professional or personal relationship with a recommended business, agency or institution, he/she should offer to provide to the client information regarding alternative choices.
- C. Referrals made by a PGCM, whether to outside providers or internally within a GCM practice, must be based only on the best interests of the client. A PGCM should maintain a position of objectivity when making any recommendations for services to avoid any possibility of a conflict of interest.
- D. When a PGCM sells his or her practice, the client will be notified in writing of the opportunity to use the NAPGCM services of the buying party or to use alternative services.

Standard 14 - Certification

Standard

New members in the CARE MANAGER category will be required to hold one of the approved certifications starting in January 2008. Any continuing CARE MANAGER member will have until January 2010 to become certified. On January 1, 2010 all CARE MANAGER members without certification will be moved into a new membership category, entitled ASSOCIATE.

Rationale

Certification is an independent way of confirming a basic professional level of practice. NAPGCM supports providing the public with ways to evaluate care managers before they engage their services. The association recognizes the need to determine a basis for establishing geriatric care management as a unique profession, and believe that certification is at the core of this process.

Guidelines

The PGCM should:

- A. Be certified according to those certifications endorsed by NAPGCM, and/ licensed, if required, in his/her area of expertise.
- B. Seek peer/other consultation, which meets the requirement of the appropriate certifying body.

The mission of the National Association of Professional Geriatric Care Managers is to advance professional geriatric care management through education, collaboration, and leadership.