

for medical necessity and appropriateness. Specific treatment procedures and number of sessions are authorized, and additional services must be justified. The insurance company or managed care organization (MCO) representative who does the case/utilization review is often called a *case manager*. Case management as a concept is still evolving; however, the common tasks of a case manager include assessing need; identifying, planning for, and linking to services; advocating for the client/patient; coordinating services; and monitoring the process and progress of case management (Dhooper, 1997). Thus organizational strategies used in managed care fall along two dimensions: one involving the establishment of policies and procedures that regulate benefits, payments, and providers, and the other employing "gatekeepers" to review and authorize services at various points (Wagner, 2001).

Although managed care started in the field of health care and extended to mental health, it is being increasingly used in social services. In general, managed care is to be found wherever third-party payers are involved. It has become the "new 'scientific' paradigm for business to counteract allegedly 'profligate' doctors and 'bleeding-heart' social workers" (Davidson, Davidson, & Keigher, 1999, p. 163). Social workers need skills to ensure that managed care stays committed to both its purposes—cost control and quality of care, and ensuring that the former does not eclipse the latter.

HOW DOES MANAGED CARE AFFECT SOCIAL WORK PRACTICE?

Managed care can affect social workers in various ways. Social workers are employed by MCOs; they review care plans and decide what services to authorize. Others work for state or local governments and are involved in purchasing insurance plans for such groups as recipients of Medicaid and government employees. Social workers are also employed by hospitals, mental health centers, and social work agencies and deal with MCOs in the interest of their programs and clients. Still others are in private practice and must negotiate with MCOs on behalf of their clients.

Social workers working for MCOs may encounter boundary problems in finding a balance between allegiance to their employers and commitment to their professional values; that is, they may feel torn between ensuring profits for the company and providing needed services to clients. They must function as true case/care managers rather than mere case reviewers. Similarly, those working for a state government must seek deals that provide for the best needed services while saving the government money.

Social workers employed in health and human services in managerial positions are challenged to meet clients' needs and maintain the agency's fiscal solvency. They must struggle to make the most fair and equitable allocation of scarce resources and provide services that may not be reimbursed by MCOs. Those working as service providers must also do more with less, informing their clients of the limits of services and advocating with MCOs for more resources.

Social workers in private practice also have to respond simultaneously to the needs of their clients, the demands of MCOs, the dictates of their profession, and the need to financially survive in business. They often find themselves in competition with other social workers for referrals and reimbursement and join large group practices to be attractive to insurers. They must negotiate

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with MCO's case managers for the number of counseling sessions that will be reimbursed.

Another great impact of managed care is in the area of confidentiality in the professional-client relationship, a basic tenet of social work practice. There has been a virtual demise of the client's right to confidentiality in the managed care environment because of the need to share information and obtain approval for services. "With the use of managed care information systems that include telephone reviews, voice mail, faxes, cellular telephones, and highly unregulated computerized databases, there are few guarantees, if any, that sensitive information is stored securely" (Davidson & Davidson, 1996, p. 209), which gives rise to the possibility of ethical and legal dilemmas for social workers.

WHAT SPECIALIZED KNOWLEDGE AND SKILLS ARE IMPORTANT IN A MANAGED CARE ENVIRONMENT?

Managed care requires that all parties understand the boundaries (e.g., policies and procedures) within which it operates. Accordingly, students need to make sure that clients qualify for services and that documents are in order, and they must understand the perspective of managed care organizations. Listed here are some specific things to think about in order to prepare for working in a managed care environment.

1. *Knowledge of the managed care organization.* Understand the MCO's (1) mission and goals, (2) means used to achieve those goals, and (3) measurements used to monitor progress toward those goals. This will help when negotiating a more adequate response to client needs with the MCO.

2. *Knowledge of the changes in managed care organizations.* Managed care is an evolving system that responds to societal demands and legal requirements. (Congress is debating a Patients' Bill of Rights.)

3. *Knowledge of the accreditation standards for managed care organizations.* Several accreditation initiatives are under way, including the National Committee on Quality Assurance (NCQA). More and more purchasers of managed care services are requiring NCQA certification. NASW is represented in this organization (Davidson, Davidson, & Keigher, 1999).

4. *Knowledge of client/patient rights under managed care.* Every contract with a MCO spells out the extent, conditions, limits of benefits, and procedures for appeals or grievances. Clients/patients have the right to (1) be treated with dignity, (2) clear information about their benefits, (3) an explanation of their condition and treatment, and (4) an updated list of service providers and any subsequent changes (Managed Mental Health Care, 1996).

5. *Knowledge of managed care in relation to special needs and at-risk populations.* Managed care has the potential to become the strategy for providing comprehensive and cost-effective services even to groups that have complex needs and multiple chronic problems, such as the elderly, disabled, and mentally ill.

6. *Skills for comprehensive assessment and flexible interventions.* "Common to all managed care mental health service delivery models are biopsychosocial assessments, brief interventions, and use of standardized treatment to attain functional outcomes" (Philp & Berkman, 2001, p. 40). In the *bio* part, the