

Wednesday, March 28, 2018

The National Association of Social Workers North Carolina Chapter (NASW-NC) is a membership organization that promotes, develops, and protects the practice of social work and social workers. NASW-NC also seeks to enhance the effective functioning and well-being of individuals, families and communities through its work and advocacy.

Thank you for the opportunity to provide feedback on the Concept Paper, *North Carolina's Care Management Strategy Under Managed Care*, published March 9, 2018.

Our comments address material on pages 20 and 21:

Only social workers with a bachelor's degree in social work (BSW) or master's degree in social work (MSW) from an accredited Council of Social Work Education (CSWE) program should be hired as Care Managers. Please do not allow an exemption for "related human services degree" as currently allowed by the state's nonclinical social work series. This would allow someone without appropriate social work education and training to do the job of a Care Manager.

We recommend Care Managers currently working in the OBCM or CC4C programs without a degree in social work, but who have obtained a CCM credential should be considered eligible for OBCM and CC4C positions. This would grant an exemption to existing staff working in these programs currently without degrees in social work. Persons with other human services degrees should not be eligible to be hired as Care Managers. These individuals are not eligible to be hired as OBCMs and CC4Cs in the current program.

The proposed two-year work experience requirement should be eliminated. This is not a current program requirement. Allowing new graduates to be hired helps agencies recruit and fill open care management positions. This will ensure an adequate pool of candidates to fill care management positions statewide.

Community Outreach workers (CMOs) could be hired to provide assistance to OBCMs and CC4Cs but they would not be eligible for hire as Care Managers and would only provide work that was directed by qualified Care Managers. The ratio between a qualified Care Manager and a community worker should be no greater than one Care Manager for every two outreach workers. The CMOs work would not include screening or assessing patients, developing care plans or goals. Also, community workers would only carry out certain types of tasks as directed by the Care Managers, i.e. concrete referrals such as food assistance, housing, etc.

Sincerely,

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