

# Case Management Ethics

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**COMPl**ete



# Case Management Ethics

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## Important Disclaimers:

- ▶ Not legal advice.
- ▶ Application of ethical standards will vary depending on the facts and standards at issue.
- ▶ When in doubt:
  - ▶ Consult the standards.
  - ▶ Speak with experienced colleagues superiors (if appropriate).
  - ▶ Reach out to the accrediting/licensing agency.
  - ▶ Consult with your legal counsel.

# Goals

- ▶ Discuss ethical standards for:
  - ▶ CCMC
  - ▶ CDMS
  - ▶ CRCC
- ▶ Review TN requirements for case management.
- ▶ Outline the decision-making process.
- ▶ Practice with example scenarios
- ▶ Provide useful resources

# PART 1: Ethical Standards



Important Note:  
Professional Ethics vs Morality

# Both are important... but not the same.

## ▶ Morality

- ▶ Source: your own beliefs or “moral compass”; may differ from person to person with respect to some issues.
- ▶ Applicability: everyone.
- ▶ Consequence: mostly informal (remorse, loss of relationships, etc.); formal discipline requires supporting law.

## ▶ Professional Ethics

- ▶ Source: a code of ethics/code of conduct; everyone held to the same standard.
- ▶ Applicability: only apply to people in that profession.
- ▶ Consequence: formal discipline (including loss of license); law may provide for additional consequences.



Question #1:

Do case managers owe a duty  
to patients?



Posted on Apr 12, 2022

You might try, but the Case Manager owes you NO DUTY. Nurse Case Manager's duty is to SAVE THE INSURER MONEY. That means you get less care, sometimes sub-standard care. If you have video of her promising she is going to get you all the treatment requested, you have a civil action for Misrepresentation. But you won't, because they have just one duty: save the insurer money. So she's basically a Used Car Salesman: telling you what you want to hear knowing it's not true. Unless there was a written contract between the two of you noting she was serving YOUR interests above that of the insurer, you will lose. SPREAD THE WORK: KICK THE NURSE CASE MANAGER OUT OF THE DOCTOR'S OFFICE. Don't let her address your doctor alone, ever. She is the AntiChrist.

[Less](#) ^

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Helpful



Unhelpful

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Private message

# Duties to Patient -- CDMS Code of Professional Conduct

- ▶ RPC 1.14 – Duty to disclose conflict of interest.
- ▶ RPC 2.01 – Duty to disclose dual relationship with payer.
- ▶ RPC 2.02 – Prohibition against entering business relationship.
- ▶ RPC 2.03 – Confidentiality.
- ▶ RPC 2.04 – Plan for continuity of care.
- ▶ RPC 2.05 – Notice of termination of services.

# Duties to Patient -- CDMS Code of Professional Conduct

RPC 1.12 – Prohibits misconduct:

- ▶ knowingly assisting or inducing another to violate or attempt to violate the Code, or doing so through the acts of another;
- ▶ committing a criminal act that reflects adversely on the Board-Certified Disability Management Specialist's honesty or trustworthiness;
- ▶ engaging in conduct involving dishonesty, fraud, deceit, or misrepresentation;
- ▶ engaging in conduct involving discrimination against a client because of race, ethnicity, religion, age, gender, sexual orientation, national origin, marital status, or disability
- ▶ failing to maintain appropriate professional boundaries with the client;
- ▶ engaging in sexually intimate behavior with a client; or accepting as a client an individual with whom the Board-Certified Disability Management Specialist has been sexually intimate.
- ▶ inappropriately disclosing information about a client by any means (including via social media).


# Duties to Patient -- CCMC

- ▶ S 6 – Duty to disclose conflict of interest.
- ▶ S 10 – Duty of objectivity; prohibitions on certain relationships.
- ▶ S 12 – Duty to comply with law.
- ▶ S 11 – Notice of termination of services.
- ▶ S 13 through S 17 – Duty of confidentiality.
- ▶ S 19 – Duty to disclose dual relationship.
- ▶ S 21 – Prohibition against fee arrangements that could “compromise health care for the patient.”

# Duties to Patient -- CCMC

## S 6: Prohibits misconduct

- ▶ Committing criminal acts;
- ▶ Engaging in conduct involving dishonesty, fraud, deceit, or misrepresentation;
- ▶ Discrimination against a client because of race, ethnicity, religion, age, gender, sexual orientation, national origin, marital status, or disability/handicap;
- ▶ Failing to maintain appropriate professional boundaries with the client;
- ▶ Engaging in sexually intimate behavior with a client; or accepts as a client an individual with whom the... (CCM) has been sexually intimate;
- ▶ Inappropriately disclosing information about a client via social media or other means.



COMMISSION FOR CASE MANAGEMENT  
CERTIFICATION  
(CCMC)

# CCMC: Principles vs. Rules of Conduct vs. Standards of Professional Conduct

- ▶ Principles
  - ▶ Eight (8) principles.
  - ▶ “Normative guidelines....” “...advisory in nature....”
    - ▶ Source: Preamble, CCMC Code of Professional Conduct
- ▶ Rules
  - ▶ Six (6) rules
  - ▶ “Mandatory”; disciplinary process to enforce them.
- ▶ Standards
  - ▶ Twenty-five (25) standards.
  - ▶ “Mandatory”; disciplinary process to enforce them.

# CCMC Principles

Board- Certified Case Managers will....

- ▶ 1.) ... place the public interest above their own at all times.
- ▶ 2.) ... respect the rights and inherent dignity of all of their clients.
- ▶ 3.)... always maintain objectivity in their relationship with clients.
- ▶ 4.)... act with integrity and fidelity with clients and others.
- ▶ 5.)... maintain their competency at a level that ensures their clients will receive the highest quality of service.



# CCMC Principles

Board- Certified Case Managers Will...

- ▶ 6.)... honor the integrity of the CCM designation and adhere to the requirements for its use.
- ▶ 7.)... obey all laws and regulations.
- ▶ 8.)... maintain the integrity of the Code, by responding to requests for public comments to review and revise the Code, thus helping ensure its consistency with current practice.

# CCMC Rules of Conduct

A CCM will not....

- ▶ 1.) ... intentionally falsify an application or other documents
- ▶ 2.)... be convicted of a felony\*
- ▶ 3.)... violate the Code of Ethics governing the profession upon which the individual's eligibility for the CCM designation is based.
- ▶ 4.)... lose the primary professional credential upon which eligibility for the CCM designation is based.
- ▶ 5.)... violate or breach the Standards of Professional Conduct.
- ▶ 6.)... violate the rules and regulations governing the taking of the certification examination and maintenance of CCM certification.

# CCMC Standards of Professional Conduct

- ▶ Twenty-five (total) standards governing:
  - ▶ Client advocacy;
  - ▶ Professional responsibility;
  - ▶ Case manager/client relationships;
  - ▶ Confidentiality, security, and recordkeeping;
  - ▶ Professional relationships.



CERTIFIED DISABILITY MANAGEMENT  
SPECIALIST  
(CDMS)

# CDMS Principles

Board Certified Disability Management Specialists shall...

- ▶ 1.)... place the public interests above their own at all times.
- ▶ 2.)... respect the integrity, dignity, and protect the welfare of those persons or groups with whom they are working.
- ▶ 3.)... always maintain objectivity in their relationships with clients.
- ▶ 4 .)... act with integrity and dignity in dealing with other professionals.
- ▶ 5 .)... keep their technical competency at a level that ensures their clients will receive the benefits of the highest quality of service the profession can offer.

(continued on next slide)

# CDMS Principles

Board Certified Disability Management Specialists shall...

- ▶ 6.)... honor the integrity of the CDMS credential and respect the limitations placed on its use.
- ▶ 7.)... obey all laws and regulations, avoiding any conduct or activity that could harm others.
- ▶ 8.)... help maintain the integrity of the CDMS Code of Professional Conduct.

# CDMS Rules

- ▶ Twenty eight (28) rules governing:
  - ▶ Relationship with All Parties
  - ▶ Provision of Services to Individual Clients
  - ▶ Provision of Services to Organizational Clients



COMMISSION ON REHABILITATION  
COUNSELOR CERTIFICATION  
(CRCC/CRC)



# CRCC Values

1. Respecting human rights and dignity
2. Ensuring the integrity of all professional relationships
3. Acting to alleviate personal distress and suffering
4. Enhancing the quality of professional knowledge and its application to increase professional and personal effectiveness
5. Promoting empowerment through self-advocacy and self-determination
6. Appreciating the diversity of human experience and appreciating culture
7. Emphasizing client strengths versus deficits
8. Serving individuals holistically
9. Advocating for the fair and adequate provision of services

# CRCC Standards

Sixty-five (65) standards governing:

- ▶ Counseling Relationship
- ▶ Confidentiality, Privileged Communication, and Privacy
- ▶ Advocacy and Accessibility
- ▶ Professional Responsibility
- ▶ Relationships with Other Professionals and Employers
- ▶ Forensic Services
- ▶ Assessment and Evaluation
- ▶ Supervision, Training, and Teaching
- ▶ Research and Publication
- ▶ Technology, Social Media, and Distance Counseling
- ▶ Business Practices
- ▶ Resolution of Ethical Issues

# Comparison of CCM, CDMS, and CRC Code of Ethics / Professional Conduct

CCM Code of Professional Conduct Principals	CDMS Code of Professional Conduct Principals	CRC Code of Professional Conduct Principals
Will place public interest above their own at all times	Shall endeavor to place the public interest at all times	Committed to facilitating the personal, social and economic independence of individuals with disabilities
Will respect the rights and inherent dignity of all their clients	Shall respect the integrity and protect the welfare of those persons or groups with whom they are working	Respect human rights and dignity
Will always maintain objectivity in their relationships with clients	Shall always maintain objectivity in their relationships with clients	Ensure the integrity of all professional relationships
Will act with integrity and fidelity with clients and others	Shall act with integrity and dignity in dealing with other professionals	Ensure the integrity of professional relationships
Will maintain their competency at the level that ensures Clients will receive the highest quality of service	Shall keep their technical competency at the level that ensures their clients will receive the benefit of the highest quality of service the profession can offer	Enhance the quality of professional knowledge and its application to increase professional and personal effectiveness.
Will honor the integrity of the CCM designation and adhere to the requirements	Shall honor the integrity and respect the limitations placed on the use of the CDMS credential	Rehabilitation counselors demonstrate adherence to ethical standards and make reasonable efforts to ensure the standards are vigorously enforced
Will obey all laws and regulations	Shall obey all laws and regulations, avoiding any conduct or activity that could harm others	Obey the laws of the legal jurisdiction in which they practice
Will help maintain the integrity of the Code by responding to requests for public comments to review and revises the Code, thus helping ensure its consistency with current practice	Certificates shall help maintain the integrity of the CMDS Code of Professional Conduct	Rehabilitation counselors provide services within the Scope of Practice for Rehabilitation Counseling

# Comparing Standards

- ▶ Remember that CRC is the oldest of the three credentials and has had a longer period to develop and refine the expectations for Certified Rehabilitation Counselors.
- ▶ The CRCC Code of Ethics is by far the longest and most demanding in terms of the expectations for CRC professional behavior.

# Comparing Standards

- ▶ Note that many of the terms used have specific definitions in the respective organizations' Code of Ethics/Code of Professional Conduct.

## Examples:

- ▶ “Autonomy”
- ▶ “Beneficence”
- ▶ “Justice”
- ▶ “Non-maleficence”
- ▶ “Veracity”

# Comparison of CCM, CDMS, and CRC Definitions

CCM	CDMS	CRC
Autonomy: <b>Agreement to respect another's right to self-determine a course of action; support of independent decision making</b>	Autonomy: To honor the right to make individual decisions	Autonomy: To respect the rights of clients to be self-governing within their social and cultural framework.
Beneficence: Compassion; taking positive action to help others; desire to do good; core principle of client advocacy	Beneficence: To do good to others	Beneficence: To do good to others; to promote the well-being of clients.
Fidelity: The ethical principle that directs people to keep commitments or promises	Fidelity: To adhere to fact or detail	Fidelity: To be faithful; to keep promises and honor the trust placed in rehabilitation counselors
Justice: The ethical principle that involves the idea of fairness and equality in terms of access to resources and treatment by others	Justice: To act or treat justly or fairly	Justice: To be fair in the treatment of all clients; to provide appropriate services to all
Non-maleficence: To do no harm to others	Non-maleficence: To do no harm to others	Non-maleficence: To do no harm to others
Veracity: Legal principle that states that a health professional should be honest and give full disclosure; abstain from misrepresentation or deceit; report know lapses of the standards of care to the proper agencies		Veracity: To be honest

# Example: “Fidelity to Facts” vs “Fidelity to a Person”

- ▶ *“Board-Certified Disability Management Specialists shall plan, design, conduct, and report research in a manner consistent with the ethical principles of autonomy, beneficence, nonmaleficence, justice, and fidelity....”*

-- CDMS Code of Professional Conduct, RPC 1.11

vs

- ▶ **“Fidelity:** *To be faithful; to keep promises and honor the trust placed in CRCs/CCRC.”*

-- CRCC Code of Professional Ethics for Certified Rehabilitation Counselors, Glossary of Terms



Question #2:  
Who is the client?



# Who Is the Client? (CCMC)

- ▶ CCMC:  
*“In this document, the term, ‘client,’ is used to refer to the individual to whom a Board-Certified Case Manager provides services.... ‘Payor’ is used to refer to the Board-Certified Case Manager’s (CCM) or the Client’s reimbursement source.”*  
  
-- CCMC Code of Professional Conduct for Case Managers, Preamble.
- ▶ *“‘Client’ means an individual who has received case management services from a CCM.”*  
  
-- CCMC Procedures for Processing Complaints, Section A, Definitions.

# Who Is the Client? (CDMS)

- ▶ *“In this document, the term, ‘client,’ is used to refer to the individual and/or organization to whom a Board Certified Disability Management Specialists provides services.... ‘Payor’ is used to refer to the Board-Certified Disability Management Specialists (CDMS) or the Client’s reimbursement source.”*

-- CDMS Code of Professional Conduct, Preamble.


- ▶ *“‘Client’ means an individual who has received case management services from a Board-Certified Disability Management Specialist.”*

-- CDMS Procedures for Processing Complaints, Section A, Definitions.

# Who Is the Client? (CRCC)

- ▶ *“CLIENTS: persons with or directly affected by a disability who receive services from CRCs/CCRCs. At times, rehabilitation counseling services may be provided to individuals other than those with disabilities.”*

-- CRCC Code of Professional Ethics for Certified Rehabilitation Counselors (version effective 1/1/2023), Glossary of Terms.



# PART 2: TENNESSEE REQUIREMENTS

# Case Management Defined

*“Case management” means medical case management or the ongoing coordination of medical care services provided to an injured or disabled employee and for the purpose of this chapter shall only be provided by a registered case manager or case manager assistant under the direct supervision of a registered case manager.”*

Tenn. Comp. R. & Regs. 0800-02-07-.01(3)

# Case Management Defined

*“(1) Case management services shall include, but not be limited to, the following elements...*

*(a) Developing a treatment plan to provide appropriate medical services to an injured or disabled employee;*

*(b) Systematically monitoring the treatment rendered and the medical progress of the injured or disabled employee;*

*(c) Assessing whether alternate medical care services are appropriate and delivered in a cost-effective manner based on acceptable medical standards;*

*(d) Ensuring that the injured or disabled employee is following the prescribed medical care plan;*  
*and*

*(e) Formulating a plan for return to work with due regard for the employee's recovery and restrictions and limitations, if any.”*

Tenn. Comp. R. & Regs. 0800-02-07-.04

# Case Management Prohibitions

## ***(2) A case manager shall not:***

- ▶ *(a) Prepare the panel of physicians or influence the employee's choice of physician;*
- ▶ *(b) Determine whether the case is work related;*
- ▶ *(c) Question the physician or employee regarding issues of compensability;*
- ▶ *(d) Conduct or assist any party in claims negotiation, investigation, or any other non-rehabilitative activity;*
- ▶ *(e) Advise the employee as to any legal matter including settlement options or procedures, monetary recovery, claims evaluation, or the applicability of the workers' compensation act to the employee's claim;*
- ▶ *(f) Accept any compensation or reward from any source as the result of settlement;*
- ▶ *(g) Discuss with the employee or physician what the impairment rating should be;*
- ▶ *(h) Reschedule medical appointments without first discussing the scheduling change with the employee;*
- ▶ *(i) Refuse to provide case management reports to parties to the claim;*
- ▶ *(j) Assist in any way in recording the employee's activity for the purposes of disproving the employee's claim; or*
- ▶ *(k) Deny or authorize treatment for the purpose of guaranteeing prepayment or precertification."*

# Case Management Prohibitions


- ▶ *“At the discretion of the Administrator, a report may be sent to the Board of Nursing or other certifying board for appropriate **disciplinary proceedings.**”*
- ▶ *“Failure by a party to comply with any requirement in this Chapter... shall subject such party to a penalty of not less than one hundred dollars (\$100.00) nor more than one thousand dollars (\$1,000.00) per violation at the discretion of the Administrator.”*
- ▶ *“The Bureau may also institute a temporary or permanent suspension of the right to perform case management services for workers' compensation claims, if the case manager or employing organization has established a pattern of violations.”*

-- Tenn. Comp. R. & Regs. 0800-02-07-.05






# PART 3: Dealing With Ethical Dilemmas



Tip #1:  
Prepare Ahead of Time

# Ten Steps to Prepare for Navigating Ethical, Challenges in Case Management

1. **Trust your clinical intuition.** If it doesn't feel right, exit from the situation.
2. **Talk to experts.** Consult those *in the know* versus *those you know*.
3. **Learn by teaching.** Teach case management competencies.
4. **Read the applicable law.** Statutes and regulations are published free of charge, but state agency websites are often a better starting point. When in doubt, contact an attorney
5. **Understand boundaries.** This can reduce a risk, improve communication, and improve quality of life
6. **Be a change advocate.** Stay informed of federal and state moves for multi-state licensing, changes in your occupation through professional organizations and involvement.
7. **Understand social media.** It is not appropriate to friend clients, former clients and some colleagues. Make sure your interactions on social media are appropriate.
8. **Build a network.** Be visible in the case management world. Learn through interaction.
9. **Embrace online resources.** CCMC, CDMSC and CRCC offer online learning opportunities. There are many other online resources for continuing education.
10. **Broaden your perspective.** Ethical and legal issues are joined; get educated and stay informed.



Tip #2:  
Have an Objective Approach

# The Decision Making Process

- ▶ Identify background information
- ▶ Identify the ethical dilemma
- ▶ Relate to the organization's ethical principles
- ▶ Review alternative options
- ▶ Recommend an option
- ▶ Reflect on the ethical decision

Nelson, W.A. (2015). Making Ethical Decisions. A six-step process should guide ethical decision making in healthcare. *Healthcare executive*, 30 4, 46-8 .

# The Decision Making Process (CRCC)

- ▶ “...When CRCs/CCRCs are faced with an ethical dilemma, they use and document an appropriate ethical decision-making model.”
- ▶ “When uncertain as to whether particular situations or courses of action may be in violation of the Code, CRCs/CCRCs consult with other professionals who are knowledgeable about ethics with supervisors, colleagues, and/or with appropriate authorities, such as CRCC, licensure boards, or legal counsel.

-- CRCC Code of Professional Conduct for Certified Rehabilitation Counselors, Section M.2.



Question #3:

Where interests conflict, should  
a case manager advocate for  
the patient or for the payor?

# Dealing With Conflicts (CCMC)

- ▶ *“Board-Certified Case Managers (CCMs) will serve as advocates for their clients and perform a comprehensive assessment to identify the client’s needs; they will identify options and provide choices, when available and appropriate.”*

-- CCMC Code of Conduct for Professional Case Managers, Section 1, The Client Advocate

- ▶ *“Dual relationships can exist between the Board-Certified Case Manager and the client, payor, employer, friend, relative, research study and/or other entities. All dual relationships and the nature of those relationships must be disclosed by describing the role and responsibilities of the Board-Certified Case Manager (CCM).”*

-- CCMC Code of Conduct for Professional Case Managers, S 19



# Dealing With Conflicts (CCMC)

**“We have to put the clients’ interests first....**As an employed case manager, I want to keep my job, and I want to fulfil my obligation to my employer. It’s a fine line. Sometimes, it means looking for alternatives that are not in conflict with either party’s interests. But when there is no middle ground, the Code is clear. As an advocate, I need to be able to go to my company and say, ‘I don’t agree with what we are doing.’ I must support optimal recovery for my client.”

-- Vivian Campagna, MSN, RN-BC, CCM  
Chair of the CCMC Committee on Ethics and Professional Conduct  
CCMC Issue Brief, Feb. 2015

# Dealing With Conflicts (CCMC)

“[The CCMC Code of Conduct] supports [Certified Case Managers] in their practice when an employer or colleague asks them to do something they feel uncomfortable doing. They can turn to the Code **and say with confidence, ‘I cannot do that, and this is why.’**”

-- Vivian Campagna, MSN, RN-BC, CCM  
Chair of the CCMC Committee on Ethics and Professional Conduct  
CCMC Issue Brief, Feb. 2015

# Dealing With Conflicts (CCMC)

- ▶ *“If a client, then, complains to the CCMC Ethics Committee that you have not helped, will you at least be able to show the [Ethics] committee that you performed a reasonably comprehensive **assessment of the client’s needs and that you took steps according** to case management standards of care to provide service options and access to resources? Your failing to do this would only corroborate your client’s allegations and might result in formal sanctions.”*

-- CCMC Commentary to Standards for Professional Conduct

# Dealing With Conflicts (CRCC)

▶ **“ORGANIZATION CONFLICTS.**

If the demands of organizations with which CRCs/CCRCs are affiliated pose a conflict with the Code, CRCs/CCRCs specify the nature of such conflicts and express their commitment to the Code to appropriate responsible officials. When possible, CRCs/CCRCs work to create change within organizations to allow full adherence to the Code. If the conflict cannot be resolved, CRCs/CCRCs evaluate the risks and benefits of continued affiliation with the **organization.”**


-- CRCC Code of Professional Conduct for Certified Rehabilitation Counselors, Section M.2.

# Dealing With Conflicts (CDMS)

## “RELATIONSHIPS WITH BOARD-CERTIFIED DISABILITY MANAGEMENT SPECIALISTS’ EMPLOYERS

*Board-Certified Disability Management Specialists shall alert their employers to conditions that may be potentially disruptive or damaging to the Board Certified Disability Management Specialist professional responsibilities or that may limit their effectiveness. In those instances where Board-Certified Disability Management Specialists believe their employers’ policies are in violation of the Code, they shall attempt to affect change through constructive action within the organization. Where such change cannot be affected, Board-Certified Disability Management Specialists shall take appropriate further action, which may include referral to appropriate certification, accreditation, or state licensure organizations for an advisory opinion. Under all circumstances, adherence to the Code of Professional Conduct is mandated.”*

-- CDMS Code of Professional Conduct (Oct. 2019), RPC 1.17



And now for some practice  
scenarios!

# Scenario 1:

## Facts:

- ▶ The patient lives in a rural area of TN and has both industrial injuries (accepted) and unrelated non-industrial injuries (not accepted).
- ▶ The same doctor is treating the patient or both the industrial and non-industrial injuries.
- ▶ Cost of treating the non-industrial injury is likely to be very high.
- ▶ Patient was already financially unstable prior to the workplace injury; they are concerned that they cannot afford treatment, or that medical bills would be crippling.
- ▶ The doctor's office is now billing the WC payor for treatment pertaining to the non-industrial injury.

# Scenario 1:

Regulation: Tenn. Comp. R. & Regs. 0800-02-07-.04

*“A case manager shall not...*

- ▶ *...(b) Determine whether the case is work related;*
- ▶ *(c) Question the physician or employee regarding issues of compensability;*
- ▶ *(d) Conduct or assist any party in claims negotiation, investigation, or any other non-rehabilitative activity....”*



# Scenario 1:

Remember the steps!

- ▶ Identify background information – Done.
- ▶ Identify the ethical dilemma – Done.
- ▶ Relate to the organization's ethical principles – Done.
- ▶ Review alternative options -- ?
- ▶ Recommend an option-- ?
- ▶ Reflect on the ethical decision -- ?

# Scenario 1:

What are the options in this scenario?

What options should we exclude?

What is the best option?

# Scenario 2:

## Facts:

- ▶ The patient has recently been making great progress in their recovery. For the first time in months, they are able to perform some of their old work duties – and even play with their grandkids.
- ▶ They credit you for a lot of that progress. The patient says that you are a “lifesaver” and that they never would have made it this far without you.
- ▶ After the claim settles, the patient reaches out to you on Facebook and asks if it’s ok to send you a “Thank You” card.
- ▶ You give them your mailing address. A week later, you receive a “Thank You” card from them containing a \$100 bill.

# Scenario 2:

- ▶ What is the dilemma?
- ▶ What standards likely apply here?
  - ▶ Are there legal considerations that apply?

*A case manager shall not... [a]ccept any compensation or reward from any source as the result of settlement....”*

-- Tenn. Comp. R. & Regs. 0800-02-07-.04

- ▶ What are the options?

# Other Common Scenarios.

- ▶ What common dilemmas do you often come across?
- ▶ How do you resolve those dilemmas?

# PART 4: Resources

# Primary Resources – Ethical Standards

- ▶ CCMC Code of Conduct:  
[https://ccmcertification.org/sites/ccmc/files/docs/2018/ccmc-18-code-of-conduct\\_1.pdf](https://ccmcertification.org/sites/ccmc/files/docs/2018/ccmc-18-code-of-conduct_1.pdf)
- ▶ CCMC Feb. 2015 Issue Brief  
[https://ccmcertification.org/sites/ccmc/files/issue\\_brief\\_pdfs/23\\_-\\_updated\\_code\\_of\\_conduct.pdf](https://ccmcertification.org/sites/ccmc/files/issue_brief_pdfs/23_-_updated_code_of_conduct.pdf)
- ▶ CCMC Code of Conduct FAQ:  
[https://ccmcertification.org/sites/ccmc/files/docs/2017/frequently\\_asked\\_questions\\_ccmc\\_code\\_of\\_conduct.pdf](https://ccmcertification.org/sites/ccmc/files/docs/2017/frequently_asked_questions_ccmc_code_of_conduct.pdf)
- ▶ CDMS Code of Conduct:  
[https://www.cdms.org/sites/default/files/docs/CCMC-19-CDMS-Code-Of-Conduct-Web%20\(1\).pdf](https://www.cdms.org/sites/default/files/docs/CCMC-19-CDMS-Code-Of-Conduct-Web%20(1).pdf)
- ▶ CRCC Code of Professional Ethics:  
[https://crccertification.com/wp-content/uploads/2021/03/CRC\\_CodeEthics\\_Eff2017-Finalnewdesign.pdf](https://crccertification.com/wp-content/uploads/2021/03/CRC_CodeEthics_Eff2017-Finalnewdesign.pdf)

# Advisory Opinions – When in Doubt, Ask!

- ▶ CCMC Advisory Opinions (non-binding):
  - ▶ “Questions may be submitted to Ethics & Professional Conduct Committee, CCMC, 1120 Route 73, Suite 200, Mt. Laurel, New Jersey 08054.”
  - ▶ Source:  
[https://ccmcertification.org/sites/ccmc/files/docs/2017/frequently\\_asked\\_questions\\_ccmc\\_code\\_of\\_conduct.pdf](https://ccmcertification.org/sites/ccmc/files/docs/2017/frequently_asked_questions_ccmc_code_of_conduct.pdf)
- ▶ CDMS Advisory Opinions (non-binding):
  - ▶ Follows CCMC process.
  - ▶ “An opinion can be requested from CCMC’s Ethics & Professional Conduct Committee.” (Preamble, CDMS Code of Conduct.)
- ▶ CRCC Advisory Opinions (non-binding):
  - ▶ <https://crccertification.com/code-of-ethics-4/advisory-opinions/>
  - ▶ CRCC recommends first consulting with “other rehabilitation counselors... who are knowledgeable about ethics...”  
<http://crccertification.com/wp-content/uploads/2020/10/Guidelines-for-Requesting-Advisory-Opinions.pdf>



# Professional Development

- ▶ CM Learning Network (webinars on-demand)
  - ▶ <https://www.pathlms.com/ccmc>
  - ▶ Includes CCMC and CDMS content
- ▶ CDMS webinars
  - ▶ <https://www.cdms.org/develop-others/webinar-recordings#>
- ▶ CRCC eUniversity
  - ▶ <https://crccertification.com/crcc-euniversity-1/>
- ▶ Workcompcollege.com (in development)
  - ▶ <https://workcompcollege.com/>
  - ▶ 3-month Workers' Recovery Professional Certification Course to become available in October of 2022

# Templates

- ▶ CRCC – Professional Disclosure Form (Private Sector; Workers' Compensation)
  - ▶ [http://crccertification.com/wp-content/uploads/2020/10/CRCC\\_Private\\_WC-LTDDisclosure-REV-201711-2.pdf](http://crccertification.com/wp-content/uploads/2020/10/CRCC_Private_WC-LTDDisclosure-REV-201711-2.pdf)

Questions?

We hope you enjoyed this session. Please enjoy a 30-minute Networking Break. Coming up next:

**“Keynote: Leadership Traits, a Q&A with former Belmont basketball coach, Rick Byrd”**



Agenda



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**COMPl**ete